



PUBLIC HEALTH CONNECTIONS

H1N1- WEEKLY EDITION



JANUARY 11, 2010 - VOLUME 20

H1N1 INFLUENZA PARTNER CONFERENCE CALL FROM FRIDAY, JANUARY 8, 2010

The Kansas Department of Health and Environment (KDHE) has moved to a monthly schedule for the H1N1 conference calls. The next conference call will be Feb. 5.

We encourage you to participate in the monthly call or play back the recording to keep abreast of new information and updates in policy, guidance and resources.

Window of Opportunity

*presented by Jason Eberhart-Phillips, MD, MPH
Kansas State Health Officer, Director of Health, KDHE*



Pandemic flu activity is down, but the H1N1 virus is still here and is likely to remain with us through the winter months. Our key message now is that in early Jan. there is a window of opportunity to get more people vaccinated, before an anticipated third wave of flu activity. Flu seasons typically peak in Feb. In 1957-58 the big wave was in Oct., just like in 2009, but there was another wave late in

the winter.

No one can say what will happen now, but there is plenty of opportunity for this pandemic to come roaring back. We estimate that two-thirds of the Kansas population has neither had the vaccine nor the disease, and remains susceptible. The vaccine is an excellent match to the virus; it works very well and it is safe. Beyond that, the vaccine is finally here in ample supply for everyone who wants it. That's our primary message for National Influenza Vaccination Week, which runs Jan. 10-16.

Other news: An article in the Dec. 30 issue of the New England Journal of Medicine found that the 2009 H1N1 virus was not as infectious as the strains found in some regular flu seasons. Following 216 index cases infected in Apr. and May, researchers found that only 13 percent of 600 household members became ill. The rate was 20 percent in the 1957 and 1968 pandemics, and can be as high as 40 percent in some flu seasons. In 72 percent of the 216 households, no one caught the flu from the infected family member at all. Young people were no more likely to transmit the flu than older family members, but they were more likely to catch the flu. Children and teenagers were twice as likely to catch the bug at home, compared to adults.

Another study, based on a computer simulation, was reported in the Journal of Public Health Management and Practice and showed that closing schools for periods less than two weeks may do more harm than good in a flu outbreak. Such policies return susceptible kids to school when transmission is still occurring, the authors said. To significantly decrease the spread of flu, schools may need to be closed for eight weeks or more once cases are identified, the authors noted.

Finally, a pathology report on a 47-year-old man who died from pneumonia caused by the pandemic strain was dis-

cussed. Of note was the inflamed, tomato-red color of the airways of the lungs, the increased overall weight of the lungs and the presence of blood where there should have been air. This is a very different picture from a typical bacterial pneumonia.

EPIDEMIOLOGY/SURVEILLANCE

Bureau of Surveillance and Epidemiology Briefing

*presented by Charlie Hunt, State Epidemiologist and Director
Bureau of Surveillance and Epidemiology, KDHE*

Update on mortality

- 26 confirmed deaths to date.
- Death announced 1/8/2010
 - 52-year-old male from southwest Kansas; no underlying health conditions
- Status report
 - ILINet
 - Statewide rate = 1.2 percent
 - Fifth week below 2 percent
 - Kansas reporting "sporadic" activity
 - National rate: 3.2 percent for week ending 12/26/2009
 - Comment: Only 43 (61 percent) of 70 sites reported by deadline, which can cause substantial variation in results
 - Hospital admissions for pneumonia or influenza
 - Statewide rate remained steady (0.52 per 100 bed days)
 - Southwest, north central, and Kansas City regions reported increases
 - No school absenteeism data because of winter break
 - No new Behavioral Risk Factor Surveillance System (BRFSS) data to report this week
- Laboratory surveillance
 - The percentage of specimens that tested positive for influenza A (2009 H1N1) increased for the second consecutive week. The percentage rose from 10.5 percent during the week ending Dec. 26 to 16 percent during the week ending Jan. 2. During the week ending Jan. 2, 50 specimens were tested at KDHE Laboratories (KHEL). Of these, seven were positive for influenza A (2009 H1N1).
 - Since Oct. 4, a total of 2,084 specimens have been submitted to KHEL for testing. Of these, 877 (42 percent) have tested positive for influenza A (2009 H1N1).



Resources

[Previous Issues of H1N1 Public Health Connections](#)

[Public Health Connections](#) [KSDE Website](#)

[CDC Website](#) [ASTHO H1N1 Daily Update](#)

[Index of KDHE Publications](#)

[Flu.gov](#) [KDHE Website](#)

OPERATION UPDATES

Personal Protective Equipment and Kansas Antiviral Dispensing Program

*presented by Michael McNulty, Operations Director
Bureau for Public Health Preparedness (BPHP), KDHE*

PPE update 1-27-2010

California's Department of Public Health recently recalled 3M N95 respirators personal protective equipment (PPE) in the "8000" series. Note that this includes models such as the 8210, 8211, 8511, etc. The recall relates to recent reports of "low success rate in fit-testing" in the 8000 series in California. The State of California, 3M and NIOSH are all aware of this issue and are working together to determine solutions. While California is not prohibiting the use of 3M 8000 series respirators, it "strongly recommends against using this model for prevention of aerosol-transmitted disease." California also reminds employers to assure successful fit tests of employees prior to exposure.



Kansas did receive some 3M 8000 series respirators as part of the Strategic National Stockpile (SNS) deployment to the state. KDHE has decided to temporarily suspend filling SNS requests for these respirators pending further information regarding the California situation. To date, no requests have been made to KDHE for 8000 series respirators.

KDHE recommends that facilities continue to follow their written respiratory protection programs and provide correctly fit tested respirators to employees. Fit testing of tight fitting respirators, including all N95s, is a requirement of the Occupational Safety Health Administration (OSHA) Respiratory Protection Standard. While the 3M 8000 series respirators are reportedly having low success rates in fit testing, ensuring a fit test with these or other models of respirators will provide protection to employees exposed to aerosol-transmitted diseases. With respect to 2009 H1N1, vaccination still provides the best level of protection and all Kansans are encouraged to get vaccinated.

Also, KDHE this week began contacting local health departments to initiate moving antiviral medication to facilities participating in the Kansas Antiviral Dispensing Program. Bureau of Public Health Preparedness (BPHP) planners will be engaging local health departments to encourage participating facilities to receive their allotment of antivirals. If participants do not wish to receive their current allowance at this time, KDHE encourages local health departments to continue to serve as storage locations for this medication. As KDHE continues to evaluate the current and projected use of antiviral medications, strategy modifications may be necessary. As those strategy modifications are determined, KDHE will continue to communicate to partner organizations. BPHP staff are also beginning to plan for the disposal of the antiviral medication as the end of shelf life approaches and the pandemic slows.

Survey for Community Mitigation Measures

*submitted by Cyndi Treaster
Director of the Farmworker, Immigrant, and Refugee Health,
Bureau of Local and Rural Health, KDHE*

The KDHE Community Mitigation Team has developed a short survey to assist in evaluating our efforts with schools that will be distributed through United School Administrators. The survey seeks to gather information on schools' utilization of face to face H1N1 community mitigation presentations, websites, letters and guidance provided this past summer and fall. The survey also requests feedback on community mitigation measures that were implemented in schools as well as utilization of resources. Lastly, we are requesting ideas on what additional resources, information or support services would have been helpful during the H1N1 pandemic flu outbreak.



Public Health Emergency Response Phase 4 Funding Announced

*presented by Alicia Parkman
Director of Administration & Evaluation
Bureau of Public Health Preparedness, KDHE*

The Centers for Disease Control and Prevention (CDC) has announced that Phase 4 funding for the H1N1 Public Health Emergency Response (PHER) is being made available to states for H1N1 mass vaccination implementation. The CDC has indicated that it will not approve applications for funding where applicants have not adequately demonstrated:

- That currently awarded PHER funds (Phases 1-3) will be expended appropriately by Jul. 30, 2010, and
- That any PHER Phase 4 funds awarded will be necessary for proper H1N1 response and will be expended appropriately by Jul. 30, 2010.

At this point, it is unlikely that KDHE will request any of the Phase 4 funding for state use, so the state's application will be based on clearly identified local needs for additional Phase 4 funding. Local health departments that believe they will need additional funding to continue their vaccination program through spring 2010 will be submitting financial information on the previous three phases of funding to KDHE, along with a proposed budget (with justifications) for Phase 4 funding; by Jan. 8, 2010.

PHER Phase 4 awardees will be required to submit a written plan justifying how the funds will be used before restrictions can be lifted and funds are released. The activities of the PHER Phase 4 are limited to vaccination efforts and activities that support vaccination efforts (e.g., community campaigns, vaccination dose tracking/monitoring). These funds may not be used for epidemiology, surveillance, laboratory support or community mitigation activities.

CDC expects that funds will be used to assure vaccination services are available through the spring of 2010 for all who wish to be vaccinated. To accomplish this, CDC expects that funds will be used to develop and implement strategies, includ-

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OPERATION UPDATES

ing communications strategies, to address gaps in vaccine coverage for high-risk populations and to develop and implement strategies for transition of vaccine administration to the private sector (e.g., OB/GYNs, pediatricians, and other private healthcare providers; retail pharmacies; “big box” retailers; and employers).

Kansas will submit the application for PHER Phase 4 by Jan. 21, 2010.

PUBLIC INFORMATION

Notes from the H1N1 PIO Call

presented by Maggie Thompson, Director of Communication, Office of the Secretary, KDHE

KDHE held a news conference Mon., Jan. 11, in recognition of National Influenza Vaccination Week. National Influenza Vaccination Week takes place Jan. 10-16. The event was established to highlight the importance of influenza vaccination, especially after the holiday season. KDHE will be distributing daily news releases statewide Mon. through Fri. during the week.

KDHE is filming new H1N1 public service announcements (PSAs) focusing on getting people vaccinated. These will be testimonials from people on why they got vaccinated and why it is important for others to do the same. The PSAs will include a pregnant woman, a high school/college age person, a doctor, and a person with a chronic health condition. Once finalized, these PSAs will be running on broadcast and cable stations statewide.

KDHE is placing newspaper advertisements, both print and online, across the state encouraging people to be vaccinated against the H1N1 virus.

H1N1 vaccination messages have been airing on public radio stations across the state reminding people to get vaccinated against the H1N1 virus. Those messages have been extended to continue through at least the end of Feb.

The H1N1 vaccine public television service announcement with Coach Bill Snyder of Kansas State University, is airing on broadcast and cable stations across the state and is posted on the Web site. The PSA reminds people of the target groups and that being vaccinated is the best defense against the H1N1 virus.



**KDHE H1N1 Vaccine
Clinic Registration**

KDHE is asking all counties to submit information on H1N1 vaccine availability to be included on the

H1N1 Vaccine Locator Web site. KDHE has received a lot of great information from many counties, but we still need information from others. Information can be submitted online by clicking the button above or emailed to H1N1ClinicLocator@kdheks.gov.

PLANNING UPDATE

Vaccination Campaign Report

presented by Sue Bowden, Director Immunization Program
Bureau of Disease Control and Prevention, KDHE

Vaccine Manufacture & Availability

- There is more vaccine being produced than can fit in the warehouses at this time, so vaccine is being held at the manufacturers until orders from existing vaccine inventories at McKesson occur. Allocation amounts will still be submitted to states daily. However, states may now submit orders for the amounts needed versus staying within their allocation limits for each given week since vaccine supplies are so plentiful. To date, orders submitted to KDHE by local health departments have not exceeded the state's allocated amounts.
- KDHE is no longer sending out the county-specific allocation reports each week. Due to the large amount of vaccine in inventory, the Kansas Immunization Program (KIP) will submit all orders placed by local health departments for their partners regardless of county population size.
- Beginning Mon., Jan. 11, KIP will be able to fill orders in quantities, less than 100 doses.
- Vaccine orders will not be placed by KIP for delivery on Jan. 18 due to the Martin Luther King holiday. Since state offices are closed on that date, vaccine orders will not be placed by KIP on Mon., Jan. 18.



Vaccine Target Groups and Recommendations

- A study recently published by CDC showed that Native Americans and Alaska Natives are four times more likely to die from H1N1 than members of other racial and ethnic groups. If possible, vaccination outreach should include opportunities for these groups in your areas.

Vaccine Administration & Recommendations

- KIP has received some inquiries about returning vaccine that is no longer needed. KDHE encourages providers to maintain current inventory and to continue efforts to vaccinate as many people as possible.
- As part of the Federal Pharmacy Vaccine Distribution Program, pharmacists may only administer vaccine to individuals 18 years of age and older. However, if immunizations are given in those facilities through a Take Care Clinic (Walgreens) nurse or a community vaccinator like Mollen (Walmart) by nurses, vaccine may be administered to all ages.

Ancillary Supplies

- During the next several weeks, some of the ancillary supply kits that grantees receive may not include the “Influenza Vaccination Record” cards (read the full KIP report for details).

Vaccine Documentation

- 488,589 doses of H1N1 vaccine have been reported as administered since the first week of Oct. 2009. Click the image of Sue Bowden to view KIP full report.