PUBLIC HEALTH CONNECTIONS
H1N1– MONTHLY EDITION

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H1N1 INFLUENZA PARTNER CONFERENCE CALL FROM FRIDAY, FEBRUARY 5, 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 Mar. 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.

H1N1 Influenza A Update

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

Since we last spoke, the activity around the H1N1 Influenza A pandemic in our state has been low, but steady. No states have had widespread flu activity for several weeks, but a handful of states have continued to report a "regional" level of activity.

Feb. is traditionally the peak month for seasonal influenza, so we will watch what happens this month, and into Mar. So far, among all the influenza A specimens being typed around the United States, there has been no uptick in the seasonal strains. Nearly every isolate tested remains the pandemic strain.

Resistance to antivirals is still present, but it remains rare. The genetic make-up of the virus remains stable and is still a good match with our vaccine.

The Centers for Disease Control and Prevention (CDC) now estimates that as of the end of Jan. approximately 75 million doses of H1N1 vaccine have been administered to Americans, or roughly one quarter of the U.S. population. Compare that to the 114 million doses of seasonal flu vaccine that were given earlier in the flu season when demand was higher.

Nationally, about two thirds of the doses have been given through private providers, with the remaining third administered through local health departments, schools and other public settings. To date, 601,000 doses are reported to have been administered to Kansans. This is probably a slight underestimate, since not all providers are reporting in a timely fashion.

Polling results show that a large majority in the U.S. who indicated that they would definitely get this new vaccine have already received it. So the market among those most interested in the vaccine is rapidly drying up. Some individuals tell pollsters they may possibly be interested in getting the vaccine, but their numbers appear to be dropping fast. So we have a true communications challenge. We have plenty of vaccine, but a dampened public demand. This is quite an opposite picture from Oct. and Nov. when demand was huge and we had little vaccine. A relative lack of cases removes the public's sense of urgency to get vaccinated. We know from history that demand for flu vaccine goes down after the first of the year.

What can we expect now? Clearly, the likelihood of a so-called "third wave" declines with each passing day. All evidence is based on a lot of assumptions and is open to debate. Every infectious agent has a basic reproductive rate, which is the number of individuals that will become infected when coming in contact with an infectious case in a completely susceptible population. The reproductive rate for this virus is about 1.3 to 1.8. That means that in a completely susceptible population, the average infected person will transmit the virus to 1.3 to 1.8 others. Over time that can lead to an explosive outbreak of disease. As immunity of population grows, the reproductive rate falls. If it falls below the number "1," then there is no longer a risk of a widespread outbreak, although small clusters of cases can still occur.

Because of the hard work local health departments have been doing to vaccinate approximately one quarter of the population, together with the fact that a fifth of the population has experienced disease (and in addition to the fact that an unknown number of the population were infected but not symptomatic) it is now estimated that the level of immunity in Kansas is over 50 percent. If true, that level of immunity is sufficient, given what we know about the reproductive rate of this virus, to nearly eliminate the risk of widespread disease. But, there is still some uncertainty in some of the assumptions going into that calculation, so our message is still one of continued vigilance.

We need to continue monitoring the occurrence of disease in our population. We need to continue to promote immunization because people have nothing to lose by protecting themselves. We need to communicate that while the risk may be less than it was, there is still continued risk for individuals. Anyone not immunized could still become seriously ill if exposed to this virus, which remains in every part of the state.

Our message about the vaccine is unequivocally positive. We know it works and works with greater efficacy than many seasonal vaccines of the past. It will likely give protection into next year's flu season. We can be almost positive that the 2009 H1N1 flu virus will occur again in future flu seasons, so vaccination now is a wise investment in gaining at least partial immunity against this virus when it returns.

CDC estimates that through Jan. 22, using the Vaccine Adverse Event Reporting System (VAERS), with nearly 122 million doses distributed (and 75 million known to be administered), there was a national total of 8,755 adverse events reported. Ninety four (94) percent are considered minor non-serious, mostly about soreness at injection site. Five hundred and sixty four (564) reports were considered serious, but none of these reports point to a new or unusual pattern that would indicate these events were actually associ-

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ated with the vaccine being given. This rate is very typical of the rate we see every year with seasonal flu vaccine.

Many people ask about what will happen with the flu vaccine that we will recommend next season. In all likelihood that vaccine will be a multivalent one, and one of the components will be our pandemic strain. Whether that will be a slightly modified version or what we are giving now is yet to be determined. The composition of the 2010-11 Northern Hemisphere flu vaccine will probably be decided by the end of Mar. or early Apr. We will watch that and keep you informed, but we can be certain that there will not be dual vaccination campaigns in the next flu season, except in the unlikely event that there is a new pandemic strain!

EPIDEMIOLOGY/SURVEILLANCE

Bureau of Surveillance and Epidemiology Briefing

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

- Overall H1N1 Influenza A activity remains low.
- ILINet – overall rate was 1.7 percent of patients seeking care at outpatient ILINet clinics for influenza-like illness (ILI). National baseline is approximately 2.3 percent. If you look at the graph in the 2009-10 Influenza Epidemiology and Surveillance Weekly Status Report, even though the rate is low, it is the third week in a row that there has been a slight increase.
- Hospital admissions for children under 5 years of age does appear to be elevated for the last couple of weeks. KDHE will continue to keep an eye on this.
- A note about hospital situational awareness – next week's report will not contain that section because the hospitals are no longer reporting this data.
- KDHE reported during the week of Jan. 25 one additional confirmed death related to H1N1, a 78 year-old woman from the Wichita MSA.
- No new information from the self-reported Behavioral Risk Factor Surveillance System (BRFSS). The percentages change slightly when KDHE receives an updated file, but there are no significant differences to report.
- Laboratory surveillance – last week the Kansas Health Environmental Laboratories tested 59 specimens with 13 percent having positive results. Because KDHE continues to see laboratory confirmed cases, Kansas's activity remains "sporadic."

OPERATION UPDATE

Survey for Community Mitigation Measures

submitted by Karl V. Milhon, Director of Policy and Planning Bureau of Disease Control and Prevention, KDHE

Community Mitigation reported that the school targeted survey on community mitigation activities will be distributed to the education sector, with responses to be received by Mar. 1. Results will then be analyzed and disseminated. KDHE is also looking at doing some focus groups on the same issue in the coming year and will be working with the education sector on this.

PLANNING UPDATE

Vaccination Campaign Report

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

The Kansas Immunization Program (KIP) H1N1 briefing for Fri., Nov. 20 includes the following information. Click the image on the left to read the complete report.

Vaccine Manufacture & Availability: Vaccine that continues to be available for 6-35 month-old infants is the Sanofi and CSL multidose vials. As with all multidose vials of vaccines, these contain thimerosal as a preservative. A resource to assist with parental questions regarding thimerosal is located at http://www.cdc.gov/h1n1flu/vaccination/thimerosal_qa.htm. The use of the Sanofi single-dose syringes is being discontinued before the potency of the vaccine falls below the licensed levels.

Beginning Mon., Jan. 11, KIP began filling orders in quantities less than 100 doses through the GIV distributor. This process has assisted in meeting the needs of providers requiring smaller amounts of vaccine and is going very well.

Vaccine Administration & Recommendations: KIP has received inquiries about providers redirecting unused vaccine to Haiti or other underdeveloped countries as medical assistance from volunteer groups. On the CDC conference call Thurs., Feb. 04, CDC said that individuals or groups are not to engage in such redistribution due to concerns about storage and handling and maintenance of vaccine viability. HHS is working towards shipment of vaccines still at the manufacturers for this purpose.

Vaccine Documentation: As of Jan. 30, a total of 600,931 doses of H1N1 vaccine have been reported administered since the first week of Oct. The doses administered reports and inventory reports continue to require a large amount of staff time to assure that all providers with inventory complete their reports. Fewer providers required follow-up this week, so we appreciate the efforts of all those providers who complete the reports through the Countermeasure Response Administration system (CRA).

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 UPDATE

Personal Protective Equipment and Kansas Antiviral Dispensing Program

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

On the Jan. 8, conference call, KDHE discussed the recent situation in California related to 3M model 8000 respirators. Since that time, some clarifying information has become available. California – Occupational Safety and Health Administration (Cal-OSHA) indicates that the only respirators affected by a recent recall in California are the 3M model 8000 respirators, and NOT the 8000 **series** of respirators as originally indicated. It is also important to note that this recall was issued by the California Department of Public Health, and not the 3M Company.

Following the original release of this information, the National Institute for Occupational Safety and Health (NIOSH) conducted tests on the two affected lots of N95 respirators. The N95s from both lots passed NIOSH approval and certification requirements for filtration and inhalation/exhalation resistance. The NIOSH testing criteria currently do not include an evaluation for fit. Nevertheless, the NIOSH N95 certification of the 3M model 8000 respirator is valid and has been verified. No respirator can be guaranteed to fit every potential user, because faces differ in size and shape.

KDHE continues to recommend that facilities follow their written respiratory protection programs and provide correctly fit tested respirators to employees. Employers must provide respirators from a sufficient variety of models and sizes so that respirators are acceptable to and correctly fit intended users.

In response to the verification of the filtration tests conducted by NIOSH, KDHE will again process orders for Strategic National Stockpile (SNS) assets that include 3M model 8000 respirators. Requests for any N95 respirators within the Kansas SNS inventory should follow standard Kansas SNS requesting procedures.

KDHE continues to work with local health departments and Kansas Antiviral Dispensing Plan participating sites to distribute antiviral medication. Most local health departments have been contacted by their BPHP planner to try and facilitate transfer of the medication to those participating sites. KDHE understands that many sites do not wish to receive additional state cache supplies at this time and we urge the understanding of local health departments in continuing to host the medication should the need arise within their communities. KDHE has also been contacted by the Centers for Disease Control and Prevention (CDC) concerning the April expiration date of the medication. While no final decision has been made on what to do with the antiviral medication, KDHE and partners are considering all options for disposal. KDHE will continue to provide updates on these decisions as they are made.

KDHE would like to also take this opportunity to commend all who have a part in the antiviral dispensing plan for Kansas. BPHP has spoken to a number of individuals who have communicated that new bridges have been built or reinforced between health departments, hospitals and other partners in the distribution effort.

Finally, beginning this week, the weekly HAvBED polls of the hospitals related to H1N1 have stopped. Thank you to all the hospitals in Kansas for participating in these weekly polls and providing a wealth of information to KDHE and the U.S. Department of Health and Human Services (HHS).

If you have questions regarding PPE or state antiviral medication, please contact Michael McNulty, Operations Director, at (785) 291-3065, or mmcnulty@kdheks.gov.

PUBLIC INFORMATION

Notes from the H1N1 PIO Call

presented by Mindee Reece, Director BPHP, KDHE

1. KDHE has launched a statewide advertising campaign in print and online newspapers. The campaign promotes H1N1 vaccination and targets women 25-49 years of age as well as college students. The ads will direct readers to the KDHE H1N1 Website and vaccine clinic locator page. The campaign will continue into late Feb.
2. Starting the week of Jan. 25, KDHE began airing four new "testimonial" public service announcements (PSAs) on statewide radio and television stations. The goal for the PSAs is to encourage all Kansans to seek out an H1N1 vaccination. The PSAs will run through late Feb./early Mar. The PSAs include:
   - The perspective of a physician who was vaccinated to protect himself and his patients, and who is encouraging all of his patients to be vaccinated.
   - The perspective of a woman with asthma, who encourages others to be vaccinated.
   - The perspective of a pregnant woman, who also has a young child, who encourages others to be vaccinated.
   - The perspective of two teenage girls, who encourage others to be vaccinated.
3. The winter 2010 edition of KS Preparedness Times is available at www.ksprepared.org.

The Public Information Officer call scheduled for Friday, February 5 was cancelled and will take place this Friday, February 12 at 11:30 a.m. The dial-in information for the call is:

- Toll free dial-in number: (866) 620-7326
- At prompt, enter the Conference Code : 942 710 026
- Press # key.
- Press * key when asked if you are the leader of the call (at this point, ignore the question, don't press any buttons, and stay on the line)
- At the next prompt, state your name and press the # key.
- Participants will be placed in a holding que, if the host has not signed in yet. If the host has already arrived, you will be put directly into the conference call.
- The conference call will end when the host hangs up.