



PUBLIC HEALTH CONNECTIONS

H1N1- MONTHLY EDITION



MARCH 8 - VOLUME 22

H1N1 INFLUENZA PARTNER CONFERENCE CALL FROM FRIDAY, MARCH 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 Apr. 2. The expectation is that call will be the final call in this series, unless something unexpected happens between now and then.

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.

*Jason Eberhart-Phillips, MD, MPH
Kansas State Health Officer, Director of Health,
Kansas Department of Health and Environment (KDHE)*

As of the first week of Mar., the H1N1 virus remains present in every corner of our state, but overall activity continues at a much lower level than in the fall. In the Epidemiology and Surveillance update you will learn how influenza-like illness (ILI) has ticked upwards a little bit in the last few weeks. This is consistent with what is being heard from the rest of the U.S.



Around the country flu activity is at most at the local or regional levels by Centers for Disease Control and Prevention (CDC) definitions, and that is primarily in the southeast United States and New England. Worldwide, the most activity is in Southeast Asia and Eastern Europe, but this too is down from peak levels.

Overwhelmingly the flu around the world is the pandemic strain, with the exception of parts of China which have seen an upsurge in seasonal flu type B.

Still, here in the U.S., seasonal flu has been rarely detected, although not completely absent. The pandemic virus remains stable and closely matched to the vaccine.

Tamiflu resistance remains limited, with just 250 cases of Tamiflu resistance detected around the world to-date, and all of those have been sensitive to Relenza.

More than 80 million people in the U.S. have now received the H1N1 vaccine. Demand has dropped off sharply since Jan., with declining public interest in vaccine. In all, we estimate that 37 percent of Americans under 18, and 23 percent of adults over 18, have received at least one dose of vaccine.

The H1N1 vaccine remains a very safe vaccine. As of Feb. 26, 127 million doses have been delivered and at least 80 million administered, with only 10,172 adverse events reported. Ninety-three percent of these have been classified as non-serious, most being soreness at injection site. A total of 636 reports, of the more than 80 million doses administered, are considered serious events. Of those, 51 are reports of death. These cases are investigated closely and to-date there has

been no pattern or suggestion that these events are related in any way to the vaccine. There have been 103 reports of Guillain-Barre Syndrome, and those cases are each being investigated. But this does not exceed the number we would expect under normal conditions, and therefore suggests no direct link between the vaccine and Guillain-Barre Syndrome.

On Feb. 22 the Food and Drug Administration (FDA) confirmed the recommendations made earlier in the month by the World Health Organization (WHO) to include the H1N1 virus in next season's flu vaccine. It can be announced to patients and members of the public that when they receive next year's flu vaccine they will be covered for H1N1.

There is an expectation that seasonal flu vaccine will be shipped by mid- to late-Aug., which is earlier than usual but would have been great to have last year at that time. It will also contain an H3N2 virus, and the same B virus as last year's seasonal flu vaccine. The 2010-11 U.S. vaccine is essentially the same as the one that people in the Southern Hemisphere are beginning to receive now for their upcoming flu season.

In other flu news, the Advisory Committee on Immunization Practices, the 15 member panel guiding vaccine policy in the U.S., has voted to recommend that everyone in the U.S. over six months of age receive the seasonal flu vaccine in the next flu season. This extends the guidelines to cover 100 percent of population over six months of age (guidelines covered about 85 percent before). This will make public health messaging easier. If you are over six months of age, you should get the vaccine. Part of the reason for this change was that healthy adults aged 19 to 49 years (who hadn't previously been included in flu shot recommendations) suffered some of the most severe disease during the 2009 H1N1 event.

Next season there will also be a special high-dose flu vaccine. It is said to be able to induce an antibody response four times greater than standard vaccine. It will cost a little more, and we are not sure what types of supplies will be available. The elderly and individuals with compromised immune systems may show improved immune responses with this high-dose vaccine.

For now, the plan at KDHE is to close the Department Operations Center (DOC). The DOC has been open almost continually since Apr. 2009.

KDHE asks that local partners continue the surveillance and response work that they are doing through the end of this month. Because Mar. is still a month of potential high flu activity, the state will continue to monitor the activity of this virus and encourage Kansans everywhere to avail themselves of the vaccine. KDHE will continue to advertise and promote this message through the end of the month.

The evaluation and lessons learned from H1N1 will begin in earnest soon, and will be discussed more on the next call.

EPIDEMIOLOGY/SURVEILLANCE

Epidemiology and Surveillance Update

*submitted by Jennifer Schwartz, Senior Epidemiologist
Bureau of Surveillance and Epidemiology, KDHE*

1. Update on mortality
 - a. 28 confirmed deaths released to date
2. Status report
 - a. ILINet
 - (1) Statewide rate = 2.4 percent
 - (2) 4 consecutive weeks at 2 percent or greater
 - (3) KS reporting "sporadic" activity
 - (4) National rate: 2.3 percent for week ending 02/27/10
 - (5) Comment: Only 50 (71 percent) of 70 sites reported by deadline, which can cause substantial variation in results
 - b. Hospital admissions for pneumonia or influenza
 - (1) Statewide rate remained steady (0.75 per 100 bed days)
 - (2) 85 (22 percent) of admissions were among children less than 5 years of age.
 - (3) 6 consecutive weeks in which greater than 20 percent of cases was among this age group. Increase may be due to other seasonal causes of pneumonia such as Respiratory Syncytial Virus (RSV)
 - (4) Northwest, north central, southeast and south central reported increases
 - c. School absenteeism data
 - (1) Percentages for elementary and middle schools decreased slightly from 11 to 9 and 10 respectively
 - (2) Percentages for high schools remained at 14
 - (3) Comment: only 76 (72 percent) of the 105 counties reported
 - d. Behavioral Risk Factor Surveillance System (BRFSS) data
 - (1) Data for interviews conducted during Jan. are included.
 - (2) CDC has change its method of sharing and it is no longer timely data. The BRFSS data still included for informational purposes.
 - (3) Percentage of adults with reported ILI in previous two weeks decreased from 2.2 percent (Dec. 16-31, 2009) to 1.2 percent (Jan. 1-15) and 1.4 percent (Jan. 16-31) respectively.
 - (4) Percentage of adults reporting ILI in the previous four weeks continued to decrease to 4.6 percent for interviews conducted Jan. 16-31.
 - (5) Percentage of children reporting ILI in the previous four weeks also continues to decrease but remains above 20 percent.
 - (6) Percentage of households with at least one person experiencing ILI in the previous four weeks decreased slightly to 24.9 percent for those interviewed from Jan. 16-31.
 - e. Laboratory surveillance

- (1) The percentage of specimens that tested positive for Influenza A (2009 H1N1) remained steady at 15 percent. It has been around 15 percent for the past six weeks. Eight of the 53 specimens tested were positive for Influenza A (2009 H1N1).
- (2) Since Oct. 4th, a total of 2,484 specimens have been submitted to Kansas Health and Environment Laboratories (KHEL) for testing. Of these, 926 (37 percent) have tested positive for influenza A (2009 H1N1).
- f. Population Vaccinated
 - (1) As of Feb. 26, 571,485 doses of 2009 H1N1 vaccine were reported to have been administered to Kansans, which comprises 20 percent of the state's population.
 - (2) Last week, 5,661 doses were administered.
 - (3) The proportion of persons vaccinated ranged from 16 percent in the southeast region to 25 percent in the northwest region.

PUBLIC INFORMATION

Notes for the H1N1 PIO

*presented by Mike Heideman,
Communication and Training Specialist,
BPHP, KDHE*

KDHE intensified the airing of the four testimonial public service announcements (PSAs) on statewide radio and television stations to encourage Kansans to seek H1N1 vaccination. These PSAs have been posted on the KDHE H1N1 Website and will continue to air during Mar.



**BEAT THE
BAD BUG!
GET VACCINATED**

The H1N1 flu vaccine is widely available and recommended for everyone, including:

- Pregnant women
- Healthcare workers
- All children and young adults ages 6 months through 24 years of age
- Caregivers for children under 6 months of age
- People ages 25-64 years of age with certain high-risk medical conditions
- Anyone wanting to protect themselves against H1N1 influenza

For more information, call the Kansas H1N1 Hotline at 1-877-427-7317, visit www.kdheks.gov, or contact your healthcare provider.

STAY INFORMED AND STAY AWARE!

OPERATION UPDATES

Kansas Antiviral Dispensing Program

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

The Food and Drug Administration (FDA) has reassessed the Shelf Life Extension Program (SLEP) test results of Tamiflu for Oral Suspension lots B1045, B1046, B1047 that are currently authorized for use under the Tamiflu Emergency Use Authorization, click the image to the right. The “Date Supported by SLEP Testing” for these three lots has been updated from Feb. 28 to Jun. 28.



The current authorized for use dates covered by the Tamiflu and Relenza Emergency Use Authorizations (EUAs) can be found by click the FDA logo. Additional information on the EUAs for these drugs can be found by clicking the CDC logo.



In anticipation of EUA termination, additional guidance regarding authorized stockpiled antiviral medication will be forthcoming as it becomes available. If you have any questions concerning H1N1 related antiviral medications please contact Michelle Wishon, SNS Coordinator, at (785) 296-7428 or mwishon@kdheks.gov, or Michael McNulty, Operations Director, at (785) 291-3065 or mmcnulty@kdheks.gov.

Survey on H1N1 Funding and Public Information Activities

*presented by Mindee Reece, Director
Bureau of Public Health Preparedness (BPHP), KDHE*

It is still very important that all local health departments have their Public Health Emergency Response (PHER) funds expended by Jul. 30, and it is also important that health departments have enough funds to support their mass vaccination efforts through this date.

To this end, KDHE and the Kansas Association of Local Health Departments (KALHD) are in the process of developing a survey that will be sent out to local health departments to determine which health departments will not spend all of their awarded PHER funds by Jul. 30 and which health departments may need additional funding, to be spent by the deadline, to complete their mass vaccination campaigns.

The survey will be going out electronically to local health departments from KALHD by the end of next week, and responses will be due back to KALHD by Apr. 1.

This will allow KDHE to redirect funds as needed.

The survey will also contain questions on local public information activities.

Community Mitigation Team

*submitted by Cait Puriton-Day, Contingency Planner
Bureau of Public Health Preparedness (BPHP), KDHE*



The Community Mitigation Team recently conducted a survey of schools to identify which resources provided to the schools from KDHE were most beneficial during the H1N1 response. The survey was disseminated through the United School

Administrators and school nurses. The mitigation team has collected the responses and is currently working on analyzing the data. Of the 407 responses received, 385 (94.6 percent) were from school nurses.

PLANNING UPDATE

Kansas Immunization Program (KIP)

*submitted Debbie Baker, Program Assistant
Kansas Immunization Program (KIP), KDHE*

- 1 The number of available H1N1 vaccine doses is 39,770 (includes 24,500d at GIV)
- 2 Number of doses available is virtually the same as previous weeks
- 3 Number doses distributed the week of Mar. 1 was 580
- 4 Most orders continue to be processed through GIV in amounts under 100 doses
- 5 There were 6,943 doses administered the week of Feb. 22 that were reported to KIP
- 6 641,560 doses of H1N1 vaccine have been administered during this campaign
- 7 H1N1 will be part of the seasonal flu vaccine for 2010-11

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](#)