



# PUBLIC HEALTH CONNECTIONS

## H1N1- WEEKLY EDITION



APRIL 5, 2010 - VOLUME 23

### MESSAGE FROM THE SECRETARY OF HEALTH

#### What We Have Learned

Jason Eberhart-Phillips, MD, MPH

Kansas State Health Officer, Director of Health,  
Kansas Department of Health and Environment (KDHE)

Update on what's going on and what we have learned in the month since the last call:

• H1N1 virus activity remains low in Kansas and around the country, but in recent weeks there have been increases in total visits to doctors and increased hospitalizations in certain states, particularly in the southeast region – Alabama, Georgia and South Carolina. This is a region of the country that has had relatively low immunization rates. This mild resurgence is thus explicable, but will be followed closely.



• The virus here and around the world remains stable and remains a good match to the monovalent vaccine.

• In the U.S. and the rest of the world there is almost no seasonal flu. KDHE will continue to monitor national surveillance reports. Low levels of influenza B are circulating, but in very small numbers. Cases being detected are a good match for the B strain in the seasonal flu vaccine.

Looking at the H1N1 Influenza pandemic one year later:

• Nearly 60 million infections have occurred in the U.S., with about 265,000 hospitalizations.

• Approximately 12,000 deaths have occurred.

That's the toll from what has been a relatively mild pandemic strain, but one that for certain people has been very serious. To put in perspective, the rate of death from H1N1 flu has been five times higher in persons under the age 65 than you would normally expect from flu.

The international picture:

• The Southern Hemisphere flu season has not yet started, but will begin to appear there later this month or in May.

• The H1N1 Influenza pandemic remains active in tropical regions of the world, such as Southeast Asia, West Africa and South America. In all of these places, it is still the pandemic strain that is dominant.

• In China, Mongolia, Iran and parts of Europe there are B strains that are predominant.

• With the coming flu season in Southern Hemisphere, the Soccer World Cup in South Africa in Jun. gives the virus an opportunity to move between hemispheres. This bears watching.

The U.S. picture:

Last week's Morbidity and Mortality Weekly Report (MMWR), [http://www.cdc.gov/mmwr/mmwr\\_wk/wk\\_cv01.html](http://www.cdc.gov/mmwr/mmwr_wk/wk_cv01.html), provided useful information on H1N1 immunization rate data. This is the most complete survey data available, and is the data with the lowest margin of error so far.

- Overall, there have been 72-81 million doses of vaccine administered through Feb.
  - ◊ Vaccination rates among children, ages 6 months to 18 years average 37 percent
  - ◊ High-risk adults ages 25-64 have a rate of 25 percent
  - ◊ In those over age 65 the rate is 22 percent
  - ◊ Overall, the rate for everyone over 6 months of age was 24 percent (almost 1 in 4 persons). With 60 million infections, or 20 percent of the population getting natural immunity, this means that many people (still greater than 50 percent) remain susceptible to H1N1.

The MMWR report indicates that there is a huge variation in coverage across the different states, ranging from 13 percent in one southern state to 39 percent in a number of states in the northeastern part of the U.S. There could be many explanations to this variance. Part could be attributed to the level of disease activity in different parts of country varying in relation to availability of vaccine. Variances can also be attributed to a difference in vaccine strategies and public health systems. One clear finding is that good uptake in school-age children is connected to a strong commitment from the public health system to work with schools to hold school-based clinics. Rhode Island had an 85 percent vaccination rate for school-age children, in large part due to school-based clinics. The Kansas rate for children was 39 percent.

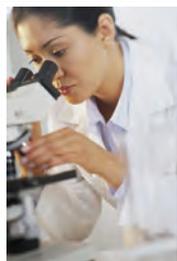
Kansas fared a little better than the national average for children, healthy adults under age 65, and adults over age 65. We were below the national average for high-risk adults under age 65 (Kansas immunized only about 19 percent, versus 25 percent nationally).

One finding of great importance is the relatively poor uptake of vaccine among healthcare personnel. This past year's seasonal flu vaccine uptake for healthcare workers the highest ever recorded at 62 percent. However, only 37 percent of healthcare workers nationally received the H1N1 vaccine, meaning 63 percent turned it down. Those healthcare workers who were more likely to get the vaccine included those who worked in hospitals, cared for more severely ill patients and whose employers required the vaccine. Healthcare workers in long-term care facilities were among those who were less likely to get vaccinated. Among all healthcare workers surveyed, 81 percent believed that the seasonal flu vaccine was safe, but only 67 percent believed that the H1N1 vaccine was safe.

With 72-81 million doses being administered through Mar. 26, the Vaccine Adverse Event Reporting System (VAERS) reports a total of 10,772 adverse events, with 93 percent classified as non-serious, and 7 percent classified as serious. In Kansas, we've had 141 adverse events reported, of which 11 have been serious. Reporting of adverse events is something anyone can do but does not imply a definite link to vaccine, just an indicator that someone believes there could be a

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## MESSAGE FROM THE SECRETARY OF HEALTH



link. No evidence of new or unusual pattern of events is emerging. Included in the adverse events are 132 reports of Guillain-Barre Syndrome, which may or may not be associated with flu vaccine. This number is well below the expected number of Guillain-Barre Syndrome cases that occur every week in the U.S.

New research findings since we last spoke:

- Why is it that so few people over 50 are getting infected? It appears that the immune response that people developed if they were around in the 1950s or earlier has protected them, as suspected. New molecular evidence shows that the new H1N1 virus has an area on one of its proteins that is similar to a target area for antibodies that the 1918 virus had. Descendants of the 1918 virus were still circulating as late as 1957. People exposed to the old virus in the 1950s produce antibodies today that are still able to target that area on the new strain, keeping them well.
- Using hand hygiene and surgical masks appeared to offer the same level of protection for healthcare workers in one hospital in Singapore as N-95 respirators, at much lower cost.
- We have long wondered if recongregation is a problem with school dismissals. Research shows that the number of contacts that schoolchildren have with school dismissals is lowered by 67 percent. There are still some chances for transmission, but they are much reduced.
- Household secondary attack rates could be significantly reduced if household members practiced frequent hand washing and wearing of face masks while the index patient is ill.
- Across the population, behaviors viewed as typical (like hand washing, covering coughs, etc.) were much better accepted during the pandemic than behaviors such as wearing face masks.

Where public health thinks it is with H1N1 flu now, and where public health might be going:

- Right now, the clear message is that the virus remains present and still poses a risk of serious illness and death to those susceptible to it. There is a good, safe and effective vaccine which can prevent that from happening. Public health should still be immunizing high-risk persons and giving children who need it a second dose.
- Public health does not know what the virus will do next, or when it will re-erupt. It could happen at a time out of the normal season, or wait until fall. KDHE will continue to monitor the virus carefully.
- If the H1N1 Influenza does re-erupt early, providers of the vaccine should be ready to administer the monovalent vaccine to the public again in large numbers. If this virus re-emerges before next year's seasonal flu vaccine becomes widely available, this is the vaccine that will be used in Kansas.

- Unlike in previous flu years, the multi-dose vials of H1N1 vaccine do not expire Jun. 30. There is no reason for anyone to dispose of this vaccine. Public health should keep the vaccine ready and available to use in the event that it is needed to prevent spread of disease before next year's seasonal flu vaccine is available.

KDHE is anticipating that the phone call last Fri. will be the final one. Many thanks to all of you for joining in over the many previous months with your questions and comments. And thank you for all your good work to help control this pandemic in Kansas.

## 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., Apr. 2, includes the following information. Click the image of Sue Bowden to read the complete report.



### Vaccine Manufacture & Availability

- Vaccine inventory at the distribution depots has been reduced since the middle of Feb. due to the expiration of vaccines. The Centers for Disease Control and Prevention (CDC) is monitoring inventory on a regular basis, but is not currently ordering vaccine/supplies to replenish the depots. However, in the event that product demand increases, CDC will resume replenishment orders.
- Providers are encouraged to continue vaccinating people with high-risk conditions and should retain unexpired 2009 H1N1 vaccine as a reserve in the event that demand for vaccination increases before seasonal vaccine becomes available.
- States will continue to see reductions in their allocation (both for vaccine and corresponding supply kits) based on product expiration. CDC will block the shipment of H1N1 vaccine doses once they reach a shelf life of one month.
- Beginning in Apr., the McKesson shipping schedule will change, resulting in longer shipping times and consolidation of H1N1 shipping activity to one distribution depot.
- MedImmune recently issued a field correction for 47 lots of 2009 LAIV influenza vaccine (FluMist) that communicates new expiration dates. Expiration dates have been moved up two weeks.
- Unlike seasonal influenza vaccine which typically expires on Jun. 30, the 2009, H1N1 vaccine expiration dates range from Feb. 2010 to early 2011.
- CDC is developing a national H1N1 vaccine return and disposal program to assist with the disposal of large amounts of provider vaccine inventory.

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## PLANNING UPDATE

### Vaccine Documentation

- According to the Counter Response Administration (CRA), as of Mar. 27, a total of 654,185 doses of H1N1 vaccine have been reported as administered since the first week of October. Eleven serious events (equal to 0.00002 percent of doses administered) were reported.
- A CDC post-event analysis of CRA reporting activities in Kansas was very positive.

## OPERATION UPDATES

### Tamiflu Antiviral Medication and Personal Protective Equipment

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

As many are aware, some of the Tamiflu antiviral medication has been under an Emergency Use Authorization (EUA) and was scheduled to have its shelf life expire on Apr. 26. On Mar. 31, CDC communicated to BPHP that all CDC-sponsored EUA anticipated termination dates have been extended. The previously anticipated termination date of Apr. 26 has been extended to Jun. 23. CDC-sponsored EUAs will remain in effect through **Jun. 23**, unless the declaration of



emergency is terminated, the EUAs are revoked sooner or the declaration of emergency is extended. The CDC EUA Website has been updated to reflect this information

and may be accessed by clicking the CDC logo. For Tamiflu and Relenza EUAs – updated product expiration dates have been posted on the Food and Drug Administration (FDA) Website by clicking the FDA logo.

The current expiration dates for Kansas Antiviral Dispensing Program medications are:

- Tamiflu 75: Jun. 23, 2010
- Relenza: Nov. 2010
- Tamiflu 30 and 45: Nov. 2014
- Tamiflu oral suspension: Jun. 28, Aug. 31, and May 31, 2011



According to a study by Cynthia Santos of Weill Cornell Medical School, nearly half of the reported cases of H1N1 among hospital healthcare workers occurred in emergency medicine, pediatrics, ambulatory care and anesthesiology, with emergency medicine workers having the highest infection rates. Click the image on the right to view the study.



This information is a reminder of how important it is that healthcare workers received the vaccination and utilizing the proper personal protective equipment (PPE) when dealing with suspect cases. If you have any questions regarding the Kansas Antiviral Dispensing Program or H1N1-related PPE, please contact Michael McNulty, Operations Director, BPHP, at (785) 291-3065 or [mmcnulty@kdheks.gov](mailto:mmcnulty@kdheks.gov).

## OPERATION UPDATES

### Remaining Funds

presented by Maggie Thompson, Assistant Director,  
BPHP, KDHE

Many counties are still looking for ways to spend down the remainder of their H1N1 funds. If your county has a unique idea that other counties may be able to use, please email Maggie Thompson at [mthompson@kdheks.gov](mailto:mthompson@kdheks.gov) as soon as possible to share the suggestion.

KDHE has not yet received word from CDC about allowing carryover of H1N1 funds. Local health departments will be advised as soon as communication has been sent from CDC. Until that point, we are encouraging everyone to spend down the balances of their H1N1 funding.

The next H1N1 affidavit of expenditures is due May 15, covering the Feb. 1 – Apr. 30 time period.



Local health departments interested in attending the National Association of County and City Health Officials

(NACCHO) Annual Conference in Memphis from Jul. 14-16 can use H1N1/PHER funds to pay the associated costs. Information on the conference can be found by clicking the NACCHO logo.

## PUBLIC INFORMATION

### Notes for the H1N1 PIO

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

The KDHE Public Information team announced on Mar. 31 that a 71-year-old woman from northeast Kansas had died from infection with the 2009 H1N1 Influenza A virus. This death brings the total number of confirmed deaths from the pandemic strain statewide to 29. The woman's infection was confirmed by the KDHE laboratory on Mar. 19, and her death reported to KDHE on Mar. 30. The woman had underlying health conditions that placed her at greater risk for severe complications of influenza.

Also, the H1N1 Public Information Officer conference calls that had followed the regular H1N1 conference calls have been discontinued.

Thank you very much to everyone across Kansas who has contributed to the H1N1 communications effort!

## EPIDEMIOLOGY/SURVEILLANCE

### Epidemiology and Surveillance Update

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

#### Surveillance overview

- Overall influenza activity in Kansas remains low.
- The Southeastern U.S. has seen increased levels of influenza activity in the last few weeks, with three states reporting “regional” activity (Alabama, Georgia, South Carolina) and several others reporting “local” activity, but most of the rest of the U.S. has been experiencing low levels of activity.
- The statewide rate of influenza-like illness (ILI) through ILINet in Kansas decreased from 1.3 percent to 0.9 percent compared to the previous week.
- The statewide rate of hospital admissions per 100 bed-days decreased slightly, from 0.68 last week to 0.46 this week.
- New data from Behavioral Risk Factor Surveillance System (BRFSS) are available in this week’s report; data suggest higher levels of ILI in February, but this is a lagging indicator.
- The statewide absenteeism percentages for elementary and high schools increased slightly from 3 percent to 5 percent and 5 percent to 7 percent, respectively. High schools reporting 10 percent or greater absenteeism decreased from 7 percent to 6 percent.
- 36 specimens were tested at the Kansas Health and Environmental Laboratories the week ending Mar. 27; two were positive.
  - ◊ Four specimens were positive on Thur., Apr. 1.

#### Evaluation plans

- KDHE is planning a comprehensive report to document what occurred in Kansas as well as an evaluation of the public health / healthcare response to the pandemic.
- KDHE will be hiring contractors to write the historical document as well as conduct the evaluation.
- The evaluation will include analyses of existing KDHE data / information as well as collection of data through surveys of various groups involved in response, e.g., local health departments, private providers, ILINet sites, hospitals and others.
  - ◊ Surveys will include two components – one component will be designed to document what activities organizations carried out (e.g., number of school-based vaccination clinics conducted by local health departments), and one component will be designed to gather opinions about KDHE’s response, communications, guidance, etc.
  - ◊ Additional information will be forthcoming in the next few days, so please respond when you are invited to participate in the surveys so we can get a good response.

#### 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](#)