



PUBLIC HEALTH CONNECTIONS

H1N1- WEEKLY EDITION



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POLICY - NATIONAL/INTERNATIONAL NEWS

A WORD FROM THE STATE HEALTH OFFICER

submitted by Dr. Jason Eberhart-Phillips

When pollsters ask people to describe what public health departments do, the most commonly given response is "control epidemics of communicable diseases."

Obviously public health professionals do much more than that to prevent disease, promote health and protect their communities. And it could be argued that those other things we do are just as important – or more so – than responding to outbreaks.

But like it or not, we are judged by how well we step forward to control high-profile epidemics. Policy makers, community partners and the public at large know us and remember us for the expertise, determination and grace that we show in times when new or dangerous microbes appear on the scene.

The pandemic of H1N1 flu is just such a time. This fall, if the current outbreak escalates as expected, public health departments will face a disease control challenge unlike anything most of us have ever seen. In all likelihood, the level of influenza disease in coming months will substantially exceed that seen in a normal season. A significant minority of cases will become severely ill, and some will die.

In every Kansas community, public health departments will soon take center stage. How well we communicate with knowledge and compassion, how well we serve as the go-to public health experts in our communities, will shape the landscape for achieving other crucial community health goals long after H1N1 has receded into history. How well we organize ourselves, our partners and community volunteers today to meet the challenges of medical surge and mass flu immunization will influence the success of other important health initiatives for years to come.

I am convinced that local public health in Kansas is up to the task at hand. I believe your readiness will make this a moment for public health to shine. Reviewing and updating your pandemic preparedness plans this summer, reaching out to reacquaint yourself with officials in schools, leaders in business and active partners in community organizations, you are doing what you need to do now so that you can step confidently into the spotlight when the time for decisive action is at hand.

As demanding as the pandemic response appears, it is also a terrific opportunity, one that will yield dividends in good will and public support well into the future. I am glad that every one of you is willing to step forward to meet this challenge, and I am really glad for what our success will mean for public health in Kansas this year and beyond.

Resources

[KDHE Website](#)

[CDC Website](#)

[Flu.gov](#)

PUBLIC INFORMATION

submitted by Maggie Thompson

Starting last week, the Kansas Department of Health and Environment (KDHE) made some changes to its H1N1 communications activities. KDHE is now updating the H1N1 case counts on its Web site (www.kdheks.gov) weekly instead of daily. The case counts information will now be updated once a week on Mondays. Another change is that KDHE will no longer be issuing news releases whenever a case of H1N1 is confirmed for the first time within a given county. Instead, KDHE will issue a news release each Monday that will include any new H1N1-related information and the latest confirmed case counts.

KDHE staff is working on developing a number of communication pieces to share with local health departments and other public health partners regarding H1N1. Those resources will include public services announcements, education materials that can be printed and news release templates. As those pieces become available KDHE will communicate how to access the new resources.

As a reminder, please continue to let people know that KDHE has established a phone number for concerned Kansans to call with questions about the 2009 H1N1 influenza A virus. The toll-free number is 1-877-427-7317. Operators will be available to answer questions from 8 a.m. – 5 p.m. Monday through Friday. Persons calling will be directed to press "1" on their touch-tone phone to be directed to an operator who can answer questions. Kansans with questions about the virus can email H1N1fluinfo@kdheks.gov. Information is also available from KDHE at www.kdheks.gov which includes several multilingual resources.

NATIONAL H1N1 VIRUS CAMPAIGN



submitted by Linda Frazier

Health and Human Services Secretary Kathleen Sebelius announced that the Department of Health and Human Services (HHS) is joining the Ad Council and Sesame

Workshop, the nonprofit educational organization behind Sesame Street, to launch a national public service advertising campaign designed to encourage American families and children to take steps to protect themselves from the 2009 H1N1 flu virus and continue to practice healthy habits.

As part of HHS and the Ad Council's campaign, Sesame Workshop produced a television public service announcement (PSA) featuring Sesame Street's Elmo and Gordon explaining the importance of healthy habits such as washing your hands, avoid touching your eyes, nose and mouth and sneezing into the bend of your arm. To view the PSA, visit: <http://www.sesamestreet.org/parents/topics/health/flu/>

OPERATION HIGHLIGHTS

submitted by Cyndi Treaster

The Centers for Disease Control and Prevention (CDC) will be releasing their updated Guidance for Schools (K-12) in the next week or two. This new guidance is being developed with a goal of reducing transmission of the influenza virus rather than stopping it entirely. The CDC guidance will recommend a variety of interventions to reduce transmission of the influenza virus, ranging from mild to moderate — such as the current H1N1 — to the most severe (like the 1918 Flu). Recommended interventions for mild/moderate flu are made with every effort to prevent school dismissals. This is because there are many unintended consequences to school dismissal such as food insecurity among low-income students, potentially greater exposure to violence in the community or a lack of adequate supervision of children. Too often students congregate outside of school in child care settings or at the mall, undermining the social distancing goal of dismissal. Students' educational progress may be impacted while some parents and staff may experience a loss of income.

The draft CDC Guidance for Schools will likely recommend basic non-pharmaceutical interventions including appropriate respiratory etiquette, hand hygiene and routine cleaning but also exclusion for individuals with influenza like illness (ILI). Individuals will be directed to remain home for at least 24 hours after they are free of fever or feverishness without the use of fever-reducing medications, or longer if returning to a setting with high-risk persons. As a result, most sick individuals will be excluded from school for 3 to 5 days. Schools should designate an isolation or "sick" room to move students and staff with ILI symptoms to immediately and have them wear masks as tolerated when near others. Schools may want to consider personal protective equipment, such as surgical masks, for nurses and those caring for persons with ILI. Just as soon as this guidance is finalized and released, KDHE will distribute it to local health departments, school professionals and other community partners.

In the meantime, local health departments are encouraged to reach out to their community partners with information on preparedness for H1N1, and to open and/or strengthen communication channels with all county schools (including childcare and college level). You may want to check on the ability of schools in your county to conduct mass phone calls (called "school reach" in some areas). Reach out and educate your schools and local providers about H1N1.

Finally, a new resource has been added to the KDHE website in the H1N1 section at http://www.kdheks.gov/H1N1/download/20_Steps.pdf entitled "20 Steps Child Care Providers Can Take Now to Reduce the Spread of H1N1 Flu." This document was created in response to requests from numerous childcare providers and childcare licensing staff. It offers simple, concrete actions that can be taken to discourage the transmission of H1N1 like wiping down surfaces, avoiding over-crowded conditions, teaching children to use a tissue and cover their cough and more. As children return to school and childcare, this information can help you prepare and support facilities in your area.

PLANNING UPDATE

submitted by Sue Bowden

Novel H1N1 influenza vaccine is currently being manufactured by five companies and the initial vaccine product is moving to clinical trials that will be conducted by both the federal government and vaccine manufacturers. Seed viruses are growing well. At this time, planning is primarily for use of un-adjuvanted vaccine licensed by FDA through a supplement to existing manufacturers' seasonal influenza biologics licensed as a strain change supplement because manufacturing processes are the same as for seasonal vaccine (i.e., egg-based only). Post-licensure studies including dosing (immunogenicity) will become available in mid-late September and may require changes in dosing, etc. The current estimate is that 120 million doses (approximately 1.2 million doses for Kansas) will be available for distribution in October followed by an additional 80 million doses (800,000 doses for Kansas) per month. Since two doses of vaccine are anticipated, this amount of vaccine would provide for vaccination of 100% of the population in approximately six months. Influenza immunization rates for seasonal influenza are between 20-50%. A total of 113 million doses of seasonal influenza vaccine were distributed during the 2008-2009 influenza season for use by public and private providers.

CDC announced late Thursday that the federal government will contract for centralized distribution of the vaccine, thus eliminating the need for states to plan for receipt and redistribution of vaccine through state receipt, staging and storing (RSS) sites. States will submit vaccine orders to the distributor and the vaccine will be shipped directly to vaccine administration sites to be determined by each state. This mechanism will allow both state and local health departments to focus on vaccine administration rather than the receipt, storage and redistribution of massive quantities of H1N1 influenza vaccine.

The Advisory Committee on Immunization Practices (ACIP) met on July 29 and made recommendations for target groups for novel H1N1 vaccination. The ACIP recommended that initial vaccination efforts should focus on vaccination of as many people as possible in initial target groups and provide flexibility for those situations where supply and demand are not equal. To view this list click [here](#).

H1N1 vaccine supply and availability is projected to increase quickly over time, and vaccine *should not* be kept in reserve for later administration of a second dose. Once vaccine supplies increase, vaccination efforts should focus on the remainder of the population, but focusing on the above target groups will protect those identified as the most vulnerable to Novel H1N1 disease to date.

Current studies indicate that the risk for novel H1N1 infection among persons age 65 or older is less than the risk for younger age groups. Many older adults seem to already have some existing immunity to the novel H1N1 virus. However, as vaccine supply and demand for vaccine among younger age groups is being met, programs and providers should also offer vaccination to people 65 years and older.

Seasonal influenza vaccination should begin as soon as it is available for ALL groups currently recommended for seasonal vaccine.