PUBLIC HEALTH CONNECTIONS
H1N1– WEEKLY EDITION

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POLICY - NATIONAL/INTERNATIONAL NEWS

New HIN1 Guidance for Schools

submitted Jason Eberhart-Phillips, MD, MPH, State Health Officer and Director of Health

Kansas Department of Health and Environment (KDHE) wholeheartedly supports new guidance to limit the spread of flu in school settings, which was released Friday, August 7, by the Centers for Disease Control and Prevention. We believe the guidance will be a useful tool for Kansas public health departments and school districts alike, as we all gear up for the start of school and the probability of increased pandemic flu transmission in the weeks and months ahead.

We encourage you to read the guidance now at:

http://flu.gov/plan/school/schoolguidance.html
http://flu.gov/plan/school/k12techreport.html

The incidence of H1N1 flu so far has been highest in school-aged children. Fortunately the overwhelming majority of cases have been mild and self-limited. The new guidance gives schools clear recommendations for 2009-2010 that will avoid unnecessary school dismissals and the negative consequences that such dismissals could have on parents and the wider community. Assuming that disease severity this fall is no worse than it is now, the new guidance emphasizes the importance of keeping schools open for well children and staff, while keeping those who are ill at home. Should disease severity worsen, the guidance suggests additional ways that schools can decrease the spread of flu, including targeted school dismissals, if necessary.

Control of pandemic flu in school settings must be a collaborative effort between local public health departments and the school districts and other education providers in their counties. Please make sure that schools in your counties are aware of the new guidance, and let them know – if they don't know it already – that you are a trustworthy resource for them on all matters related to flu.

As always, KDHE is ready to provide technical support and consultation at any point in the local dialogue. We think the new approach outlined in these documents is the best way to limit the pandemic among Kansas schoolchildren, at least until we can cover the population with a vaccine. Please remember we are ready to help you implement the new guidance in any way we can.

PUBLIC INFORMATION

submitted by Maggie Thompson Public Office Director

KDHE's Office of Communications is scheduling a conference call with local health department public information officers (PIO) to discuss upcoming fall activities. Any PIOs interested in participating should email Maggie Thompson, Director of Communications for KDHE, at mthompson@kdheks.gov.

PLANNING UPDATE

submitted by Sue Bowden Director Immunization Program

Does getting vaccinated against flu early in the season pose a risk that immunity may wane before the end of the season?

The following statement is from the CDC Influenza Q&A website: www.cdc.gov/flu/about/qa/fluvaccine.htm

> Flu vaccination provides protection against the influenza strains contained in the vaccine through one influenza season. Vaccination can begin as soon as vaccine is available.

The ACIP recommendations for Prevention and Control of Seasonal Influenza with vaccines for the 2009-2010 influenza season can be found at MMWR July 24, 2009:

Timing of Vaccination

Vaccination efforts should be structured to ensure the vaccination of as many persons as possible over the course of several months, with emphasis on vaccinating before influenza activity in the community begins. Even if vaccine distribution begins before October, distribution probably will not be completed until December or January. The following recommendations reflect this phased distribution of vaccine.

In any given year, the optimal time to vaccinate patients cannot be determined precisely because influenza seasons vary in their timing and duration, and more than one outbreak might occur in a single community in a single year. In the United States, localized outbreaks that indicate the start of seasonal influenza activity can occur as early as October. However, in >80% of influenza seasons since 1976, peak influenza activity (which often is close to the midpoint of influenza activity for the season) has not occurred until January or later, and in >60% of seasons, the peak was in February or later (Figure 1).

In general, health-care providers should begin offering vaccination soon after vaccine becomes available and if possible by October. To avoid missed opportunities for vaccination, providers should offer vaccination during routine health-care visits or during hospitalizations whenever vaccine is available. The potential for addition of a novel influenza A (H1N1) vaccine program to the current burden on vaccination programs and providers underscores the need for careful planning of seasonal vaccination programs. Beginning use of seasonal vaccine as soon as available, including in September or earlier, might reduce the overlap of seasonal and novel influenza vaccination efforts.

Resources

KDHE Website	Flu.gov
CDC Website	Kansas Public Health Connections

OPERATION HIGHLIGHTS

submitted by Cyndi Treaster
Director of Farmworker, Migrant and Refugee Health
and Jane Shirley
School and Community Based Health Promotion

The Secretaries of Health and Human Services, Homeland Security and Education and The Centers for Disease Control and Prevention held a briefing last Friday to announce the release of the *CDC Guidance for School (K-12) Responses to Influenza for the 2009-2010 School Year*. This new guidance reflects what was learned about the virus last spring and how we need to prepare for this fall. To help prepare schools KDHE is also developing a letter (along with a sample parent letter) that will be distributed to all school administrators throughout the state. This letter recommends the following school measures at the start of the school year which will help prepare the district for an effective H1N1 response.

* Distribute a letter to parents and guardians of students about H1N1.
* Be sure to obtain accurate and current parent or guardian contact numbers for all children.
* Revisit cleaning practices and the availability of hand hygiene materials (be sure all dispensers are filled and working, supplies readily available).
* Plan for designation of space for holding ill, potentially contagious children (a designated sick room in all attendance centers).
* Consider increased acquisition of supplies of fever-monitoring supplies and acquisition of surgical masks for respiratory protection.
* Pre-identify high risk students and staff.

Work and communicate regularly with local county health department.

Communicate with families and staff members:

* Respiratory etiquette and hand washing are most important.
* Stay home when ill in order to reduce exposures and help schools stay open
* If children or staff needs to stay home, avoid contact with others in order to minimize transmission.

The letter to school administrators also informs them that we anticipate vaccine supplies are going to be available for use in response to this virus. In most communities, school facilities and school populations will be recruited for distribution of these immunizations. While recognizing that some disruption of school routines may occur with these efforts, the increased resistance to the virus will produce a valuable benefit to the school population.

submitted by Shannon Gabel
Laboratory Program Manager
submitted by Shannon Gabel

The Kansas Health and Environmental Laboratories continue to gear up for the next surge of H1N1. With staffing issues a main concern even during a regular flu season, the Virology/Serology laboratory section continues to train extra staff to run the analysis of the H1N1 specimens.

Because the H1N1 specimens are analyzed in a highly complex and time-consuming three-step process, the virology staff has come to rely on the extra assistance. The extra staff members being trained to run the H1N1 specimens are predominately coming from the Diagnostic Microbiology Section and must spend significant time learning the methodologies associated with H1N1. While the Diagnostic Microbiology Section has seen its share of outbreaks, they are usually associated with foodborne illnesses, parasite infestations and Tuberculosis. Other sections in the laboratory that are helping to assist with H1N1 efforts are the Environmental Health section, which includes the Neonatal laboratorians who test the State of Kansas new born baby populations, and the Environmental Chemistry section.

CDC PODCASTS ON H1N1 INFLUENZA VIRUS

Available Through TRAIN, http://ks.train.org

* Novel H1N1 Flu - Creating a Safe and Healthy Workplace – Course # 1017734
* H1N1 Message from the Acting Surgeon General – Course # 1017717
* How to Prevent Getting and Spreading Novel H1N1 Flu – Course # 1017656
* Crisis and Emergency Risk Communications: Countering Stigmatization – Course # 1017532
* Mask and Respirator Usage – Course # 1017529
* H1N1 Flu and Antiviral Drugs – Course # 1017515
* H1N1 Influenza (Gripe porcina) (Swine Flu) – Course # 1017478
* Symptoms of H1N1 (Swine Flu) – Course # 1017425
* H1N1 (Swine Flu) – Course # 1017426

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