



PUBLIC HEALTH CONNECTIONS

H1N1- WEEKLY EDITION



POLICY - NATIONAL/INTERNATIONAL NEWS

It's Not Just the "Ordinary Flu"

submitted by Jason Eberhart-Phillips, MD, MPH
KDHE, State Health Officer

As I took a call today from a specialist in infectious diseases, the somberness in his voice was palpable. He was reporting on the acute respiratory failure of a young, otherwise healthy Kansan whose tests had just revealed H1N1 flu.

The sadness of the story caught me off guard. I've been talking about the flu all week, talking from my head. Suddenly I was feeling it in my heart.

As I write this, my thoughts and prayers are with this patient's family, whose fear and anguish I cannot even imagine. Tonight as they sit beside their loved one in intensive care, they understand better than anyone in Kansas why fighting this new virus with all we've got is so important.

Don't let anyone tell you this disease is no different than the "ordinary flu." Yes, I am thankful that as pandemics go, this one is milder than most so far.

But that doesn't mean that we are coming into just another flu season. If you need any convincing that this isn't the flu as we usually know it, simply look at who's getting ill.

Instead of the extremes of the lifespan, with 90 percent of severe disease occurring in people over 65 years of age, it's children and adults in the prime of life who are being struck down. In just four months, hospitalization rates for people under 50 due to the pandemic strain are far ahead of what's expected in a typical flu season.

The propensity of this virus to infect deep in the respiratory tract in some people is another feature that sets it apart from its seasonal cousins.

No, this is not the commonplace flu with a new branding and whole lotta hype.

This is a virus that can and will kill Kansans, including young and healthy Kansans, and will disrupt countless lives in many other unpleasant ways unless – unless we professionals in public health rise to the challenge, do all we can do, and give this effort our very best.

Thanks for joining with me in the fight of our lives.

NATIONAL H1N1 VIRUS CAMPAIGN

General Business and Workplace Guidance for the Prevention of Novel Influenza A (H1N1) Flu in Workers. Click on the CDC logo.



Resources

[KDHE Website](#)

[Flu.gov](#)

[CDC Website](#)

[Kansas Public Health Connections](#)

OPERATION HIGHLIGHTS

submitted by Brenda Nickel, Child and School Nurse Consultant
KDHE, Bureau of Family Health

This past week, Kansas Department of Health and Environment (KDHE) community mitigation efforts have been directed toward schools as the 2009-2010 year has commenced. Dr. Jason Eberhart-Phillips, State Health Officer, presented information on pandemic influenza and the newly released Centers for Disease Control and Prevention's school guidance to the Kansas State Board of Education, Kansas State Department of Education, and the Kansas Association of School Boards.

A letter on H1N1 to school administrators and a parent letter, in English and Spanish, have been sent to schools across the state.

From Aug. 24 – Sept. 3, Cyndi Treaster and Brenda Nickel, joined by select school nurses, will present pandemic flu information and guidance for schools at eight regional United School Administrators of Kansas meetings in the following locations:

- ◇ Aug. 24 - Concordia
- ◇ Aug. 25 - Hays
- ◇ Aug. 26 - Oakley
- ◇ Aug. 27 - Garden City
- ◇ Aug. 31 - Lecompton
- ◇ Sept. 1 - Clearwater
- ◇ Sept. 2 - Hutchison
- ◇ Sept. 3 - Girard

These presentations will provide an opportunity to engage educators in the important role they have in prevention and health promotion efforts. These efforts include isolation of sick children prior to being sent home, keeping ill children home and well children in schools, teaching of health and hygiene habits that can help assure good health, and working collaboratively with community health partners during the anticipated H1N1 vaccination campaign this fall. The campaign will target the vaccine at populations identified at an increased risk of illness.

Members of the community mitigation group at KDHE have been working over the summer to develop guidance and materials for use by various groups that include: families and individuals, businesses, child care, schools and universities, faith-based and service organizations, and prisons. These guidance materials have been distributed to groups via the KDHE H1N1 web-site at <http://www.kdheks.gov/H1N1/index.htm>, as well as being sent directly to health providers and stakeholders for further distribution to their partners. A new educational resource has been developed by Maternal and Child Health summer intern Cortney Sostarich. A brochure for pregnant women, "H1N1 and Pregnancy: FAQ," will soon be available on the KDHE H1N1 web-site. The brochure is being translated and will soon be available in Spanish.

PLANNING UPDATE

H1N1 Vaccine

*submitted by Sue Bowden
Director Immunization Program*

Supply Update

HHS and CDC are discussing the possibility of distributing vaccine earlier than the original mid-October timeline. The rationale is that schools have started in some areas of the country and most schools will have started by late August. A resurgence of H1N1 is likely as schools begin because children are in a setting that facilitates the spread of the flu. Because of these concerns, there have been discussions to roll out the vaccine earlier than mid-October, though vaccines would be filled and finished before data from the clinical trials is available. Clinical trials are beginning and data would not be back by the third or fourth week of September. However, the vaccine will be licensed under a strain change under the existing Biologics License Application (BLA), similar to what occurs for the seasonal flu vaccine anytime there is a strain change. The immunogenicity of the H1N1 vaccine would not be known at that time. This means that a second dose may need to be administered.

If there is a late September rollout, there will be a limited amount of vaccine available. In the third week of September, 6 million doses of live attenuated vaccine would be released. In the fourth week of September, 12 million doses of inactivated vaccine would be available, some of which would be pediatric formulations of preloaded syringes, and some multi-dose vials. Thus, a total of 20 million doses would be available in late September, with 100 million doses available in October and 80 million doses in both November and December (and the following months until there is no vaccine remaining). The size of the program will depend on uptake. Early rollout is being considered but no decision has been made yet.

Shipment Size

The minimum vaccine shipment size is 100 doses, regardless of whether the vaccine is in multidose vials, preloaded syringes, or nasal sprayers, and the increments will also be in 100 doses. The kits of ancillary supplies will contain 100 alcohol swabs, 100 needles, and 100 syringes. The best method to distribute sharps containers is still being decided but they will be provided.

Private Provider Access to Vaccine

In an effort to create as many access points to vaccination as possible, state and local public health agencies will need to partner with private sector immunization providers to administer H1N1 vaccine. KDHE is extending the opportunity to receive and administer H1N1 vaccine to all interested immunizing healthcare providers (including hospitals, clinics, pharmacists and community vaccinators) once vaccine supplies are sufficient. Private sector providers will be permitted to charge an administration fee; however, the conditions of this federal program have not been finalized. KDHE invites healthcare providers interested in having vaccine and supplies shipped to their facility to pre-register to receive information about the program at no cost and with no obligation.

Pre-registered providers will receive email updates about the H1N1 vaccination program, including information to prepare for storing, handling and administering H1N1 vaccine properly. An H1N1 pandemic influenza vaccine provider agreement is in development by HHS and CDC. Pre-registered providers will receive the provider agreement through the local health department (LHD) in the county where immunizations will occur. Once finalized, the LHD will submit the agreement to KDHE and the provider will receive instructions for ordering vaccine. Only those providers who meet the conditions of the provider agreement will receive vaccine. Because the federal program is under development, KDHE cannot guarantee that all pre-registered providers will receive vaccine directly shipped to them or what the timing or size of vaccine shipments will be. Vaccine may be available for distribution to private providers by mid-October. To register interest in the administration of H1N1 vaccine, go to <https://www.dhe.state.ks.us/>.

H1N1 Vaccination Campaign

*submitted by Michael McNulty, Operations Director
KDHE, Bureau of Public Health Preparedness (BPHP)*

Local health departments that utilize their mass dispensing guides and evaluate the criteria as outlined in the grant deliverables may utilize their H1N1 vaccination clinics as Points of Dispensing (POD) exercises for the year, even if the clinic happens in a school or other location not previously identified as a POD.

Many local health departments are looking to the H1N1 vaccination campaign as an opportunity to utilize mass dispensing plans. For years the local and state public health workforce has been working together with preparedness partners to refine these into operational guides to be implemented for the needs of the community. We all also recognize the Public Health Preparedness Grant requirements that direct the evaluation of many functions and tasks associated with these partners' mass dispensing clinics.

To utilize the H1N1 clinic as a POD exercise, local health departments must evaluate functions and tasks listed in Row I of the Public Health Preparedness and Response Local Health Department Work Plan. It is acceptable to evaluate all or some of the criteria using this H1N1 incident-related clinic. Evaluated clinic tasks must be reported using an approved After Action Report and Improvement Plan format and submitted to BPHP as normal.

When planning the evaluation of your clinic or POD please understand that BPHP staff will likely not be able to serve as evaluators for local PODs associated with H1N1 response, or anytime in October to December timeframe. If you have any questions, please contact BPHP at (785) 296-8605.

NATIONAL H1N1 VIRUS CAMPAIGN

Going Back to School With Swine Flu: How Parents Can Prepare



Now's a good time to check to see if your employer has a pandemic flu plan that will let you work at home. To read more on this article click on the U.S. News logo.