PUBLIC HEALTH CONNECTIONS
H1N1– WEEKLY EDITION

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FROM THE STATE HEALTH OFFICER

submitted by Jason Eberhart-Phillips, MD, MPH
Kansas State Health Officer/Director of Health, KDHE

This week's news brought word that Tamiflu-resistant H1N1 flu has now been detected in the United States. Viruses infecting two immunosuppressed patients in Seattle had developed resistance while the patients were receiving the drug as part of their treatment.

Fortunately there is no evidence that transmission of drug-resistant viruses has occurred, as no signs of infection have been found in healthcare workers or other close contacts of the two case-patients. These cases bring to 11 the total number of Tamiflu-resistant infections uncovered so far worldwide. Every case except one has occurred in conjunction with exposure to the drug.

Such news is a stark demonstration of the power of natural selection. Just think: in only a matter of months this newly minted organism is starting to acquire the ability to fend off one of our most effective drugs. Today we may just be seeing the beginning of H1N1, yet already this virus is finding ways to outsmart our cleverest defenses.

Ongoing testing throughout the world shows that novel H1N1 viruses remain overwhelmingly sensitive to Tamiflu. Instances of resistance, while of great concern, are still extremely rare.

But news of drug resistance should come as a warning to all of us that drugs like Tamiflu should be used with care. In fighting this pandemic, physicians must restrict the use of antiviral drugs to flu patients with severe disease, or to those whose underlying medical conditions put them at risk of serious complications from influenza infection.

Routine prescription of antivirals for mild disease, or for any case in an otherwise healthy person where hospitalization is not being considered, should be discouraged. Beyond this, prophylactic uses of the drugs should be limited to specific, high-risk situations.

Overuse of antivirals like Tamiflu at this time is dangerous and counter-productive. It depletes the supply of a potentially life-saving resource, and it exposes patients and their contacts to unnecessary costs and unwanted side effects. Most importantly, over time it promotes the development of antiviral resistance, which one day may rob us of an effective tool in controlling the disease.

In the arms race between humans and microbes, the bugs will carry the day if we overuse our best weapons. Prudent use of these precious drugs will keep them effective for almost everybody until the pandemic runs its course.

PUBLIC INFORMATION

H1N1—A New Kind of Flu

submitted by Maggie Thompson
Public Information Director, KDHE

The Kansas Department of Health and Environment (KDHE) has produced a new public information flyer, "H1N1—A New Kind of Flu."

This document is targeted towards the general public, and explains that separate vaccinations are needed. "H1N1—A New Kind of Flu" will soon be posted in English and Spanish versions to the KDHE Web-site. Click the KDHE logo to view.

UPDATED GUIDANCE FOR INSTITUTIONS OF HIGHER EDUCATION

Flu.gov has posted updated guidance for institutions of higher education. This includes the CDC Guidance for Responses to Influenza for Institutions of Higher Education during the 2009-2010 Academic Year; and a Communication Toolkit for Institutions of Higher Education. To learn more check out the links.

KEY FLU INDICATORS

Each week CDC analyzes information about influenza disease activity in the United States and publishes findings of key flu indicators in a report called FluView. During the week of August 9-15, a review of these key indictors found that influenza activity had decreased slightly in the United States from the previous week. However, there were still higher levels of influenza activity than is normal for this time of year. Below is a summary of the most recent key indicators:

Visits to doctors for influenza-like illness (ILI) were highest in February during the 2008-09 flu season, but rose again in April after the new H1N1 virus emerged. Current visits to doctors for influenza-like illness are down from April, but are higher than what is expected in the summer.

Almost all of the influenza viruses identified were the new 2009 H1N1 influenza A viruses. These 2009 H1N1 viruses remain similar to the viruses chosen for the 2009 H1N1 vaccine and remain susceptible to antiviral drugs (oseltamivir and zanamivir).

To read more about the weekly reports click on the FluView logo below.

FLUVIEW

OPERATION HIGHLIGHTS

New H1N1 Resources to Educate Your Community

submitted by Cyndi Treaster
Director of the Farmworker, Immigrant, and Refugee Health, Bureau of Local and Rural Health, KDHE

Great resources continue to be developed and released to help us inform our communities about the spread of H1N1 and promote preparation. This week CDC released "Guidance for the Businesses and Employers to Plan and Respond to the 2009-2010 Influenza Season." The guidance encourages all employers to balance a variety of objectives when determining how best to decrease the spread of influenza and lower the impact of influenza in the workplace. Employers should consider the following: (a) reducing transmission among staff, (b) protecting people who are at increased risk of influenza-related complications from getting infected with influenza, (c) maintaining business operations, and (d) minimizing adverse effects on other entities in their supply chains.

Key indicators for employers to consider when making decisions on appropriate responses include: disease severity, extent of disease, amount of worker absenteeism, impact of disease on vulnerable or at-risk workforce populations and factors that may affect employees' ability to get to work, such as closures due to high levels of illness in children or school dismissals. The guidance is designed to help employers develop flexible capabilities to respond to either the current severity of H1N1 or an increase in severity. Businesses are strongly encouraged to coordinate with state and local officials so they can have timely and accurate information to guide their response. For more information refer to the CDC guidance at http://www.cdc.gov/h1n1flu/business/guidance/. A toolkit filled with posters, fact sheets and other resources is available at http://www.cdc.gov/h1n1flu/business/toolkit/.

Many people are confused about H1N1 versus the seasonal flu. A new document made available this week may be helpful to educate individuals in your community. "Seasonal and Novel H1N1 Flu: A Guide for Parents" has just been released by CDC to explain both seasonal flu and H1N1 in a colorful, low literacy format. It offers basic information such as how influenza spreads and how parents can protect their children. The pamphlet describes what to do if your child gets sick, when to consult your doctor, how to care for children at home, and when to get medical attention right away. It also informs parents when they can allow their children to return to school. This resource can be found at http://www.cdc.gov/flu/professionals/flugallery/2009-10/parents_guide.htm.

Resources

Previous Issues of H1N1 Public Health Connections

KDHE Website | **CDC Website**

Flu.gov | **Public Health Connections**

PLANNING UPDATE

KDHE: VFC Program and Immunizations Administration Technique Basics

submitted by Martha Froetschner,
Assistant Director, Immunization Program,
Bureau of Disease Control & Prevention (BDCP), KDHE

The Kansas Immunization Program has developed a new one-hour online course as basic training for new immunization personnel and/or refresher training for seasoned immunization staff. The course is available on KS-TRAIN, at http://ks.train.org, course number 1018610.

The course objectives are to:

1) List VFC program basics;
2) List patient screening and education needs;
3) List vaccine documentation requirements;
4) Describe appropriate vaccine storage and handling processes;
5) Identify vaccine reportable events;
6) Describe standards of immunization practice;
7) Show step by step vaccination procedures.

Continuing Nursing Education (CNE's) credits have been applied for. Contact Martha Froetschner, RN, BSN, VFC Manager, at (785) 296-0869 or mfroetschner@kdheks.gov with questions about the course.

Clinical Trials and Vaccine Manufacture & Availability H1N1 Information

submitted by Sue Bowden
Director Immunization Program, BDCP, KDHE

KDHE would like to share recent communication on H1N1 clinical trials and vaccine manufacture & availability from the National Institutes of Health (NIH). The outlined information can be found by clicking on the NIH logo.

Clinical trials are designed to answer three primary questions: are the H1N1 vaccines safe in healthy people of various ages; how large a vaccine dose and how many doses of vaccine are needed to induce an immune response that is predictive of protection; and can 2009 H1N1 vaccine be safely administered at the same time or sequentially with the seasonal flu vaccine, and will both vaccines induce protective immune responses.

Information in the outline includes who is conducting the trials, what NIH trials are being initiated to evaluate H1N1 influenza vaccines, and specific details on vaccine manufacture & availability.

Toolkit for Businesses and Employers

The purpose of "Preparing for the Flu: A Communication Toolkit for Businesses and Employers" from CDC is to provide businesses and employers information and resources for planning and responding to the 2009-2010 Influenza Season. Click on the CDC logo to view the Toolkit.