



# 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*

"I will be 68 in a week, have heart problems and work full time out of necessity. I feel I should be included in the group for priority flu shots."

So began an e-mail I received today from a member of the public under the heading "Priority Age for Flu Shots." My e-mail address is readily available from the Kansas Department of Health and Environment (KDHE) website, and each week I typically receive a few unsolicited messages from Kansans I've never met.

Sometimes the authors of these messages are angry. Many are simply lost in the bureaucratic maze, with nowhere else to turn. Most of them raise concerns in their messages that are actually unrelated to the mission and purpose of our agency.

But not so with this writer. This older Kansan hit the proverbial nail on the head with a concern that soon will confront all of us working in public health. Who should get the new H1N1 vaccine first, and why?

For those of us living in the United States, the enormous responsibility for answering that question falls on the shoulders of the 15 vaccine experts who comprise the federal Advisory Committee on Immunization Practices (ACIP). Their guidance sets the standards that determine vaccine policies in Kansas and other states.

In late July, this committee carefully reviewed the unique epidemiology of H1N1 infections to date. On the basis of their findings, the ACIP decided that persons over 65 years of age should not be among those who initially receive the vaccine, when demand may well exceed available supply. The ACIP may eventually modify its priority list, but for now the committee's decision stands as the guidance we shall follow.

Setting priorities for those who should or should not receive a potentially life-saving vaccine is no easy task. The fact about H1N1 flu that the ACIP couldn't avoid is that older people have markedly less risk of infection than children and young adults. Certainly some people over 65 have been infected, and some of them have developed very serious disease.

But thankfully the case numbers among older people have been very small compared to younger age groups. People over 65 usually account for nearly half of all flu-related hospitalizations, but in the H1N1 outbreak their share of hospitalizations so far is only six percent.

In coming months it will be difficult for vaccinators to turn away Kansans like the writer of this e-mail, when the demand for vaccine from younger people in the priority groups has not yet been met. Until vaccine supplies improve, many people who are denied immunization will be unhappy. Some may get angry or even threatening.

Our challenge will be to help the public understand why faithfully immunizing the priority groups first, will reduce the overall disease burden fastest, and why abiding by the expert recommendations of the ACIP will do the most to protect the whole community against this new threat.

It won't be any easy message to deliver. It requires that we trust the process that public health leaders have created in granting the authority for these decisions to the world-class scientists and clinicians who comprise the ACIP.

I trust them to make the right decisions, and for the sake of your communities I ask that you trust them too.

### OPERATION HIGHLIGHTS

*submitted by Charles E. Moore, Director  
Medical Facilities and Survey Support,  
Bureau of Child Care and Health Facilities, KDHE*

In anticipation of a possible significant increase in demand for emergency services due to H1N1 influenza resurgence this fall, several federal agencies, state health departments and hospitals have expressed concerns about compliance with Emergency Medical Treatment and Labor Act (EMTALA) requirements during an outbreak. Many stakeholders perceive that EMTALA imposes significant restrictions on hospitals' ability to provide adequate care when emergency departments experience extraordinary surges in demand.



The attached fact sheet clarifies options that are permissible under EMTALA and should reassure the provider community and public health officials that there is existing flexibility under EMTALA. Among other things, the fact sheet notes that an EMTALA-mandated medical screening examination (MSE) does not need to be an extensive work-up in every case, and that the MSE may take place outside the emergency department, at other sites on the hospital's campus.

The fact sheet also summarizes the provisions governing EMTALA waivers. Surveyors and managers responsible for EMTALA enforcement are expected to be aware of the flexibilities hospitals are currently afforded under EMTALA and to assess incoming EMTALA complaints accordingly in determining whether an on-site investigation is required. They are also expected to keep these flexibilities in mind when assessing hospital compliance with EMTALA during a survey. The fact sheet may be accessed by clicking on the CMS logo above.

### Resources

[Previous Issues of H1N1 Public Health Connections](#)

[KDHE Website](#)

[CDC Website](#)

[Flu.gov](#)

[Public Health Connections](#)

[KSDE Website](#)

PLANNING UPDATE

*submitted by Sue Bowden*

*Director Immunization Program, BDCP, KDHE*

**Q:** Every flu year, a new strain is added to the flu vaccine – without any hoopla, so to speak. [Can you explain why there is so much more concern, information, etc..., with the H1N1?](#)

**A:** There is probably more attention given to the development of this vaccine due to the fact that everyone is hoping it becomes available before a wave in the incidence of H1N1 influenza hits this fall. Many people who are already concerned about vaccine safety in general are using this as an opportunity to challenge the safety of H1N1 and question the need for the development of this vaccine. The problems with the Swine flu vaccine administered in 1976 are still in the minds of some and since the current pandemic influenza was originally called the swine flu, there is naturally an association with the previous vaccine safety concerns. In reality, Novel H1N1 Influenza A today is a different organism than the 1976 swine flu. You are right. Current H1N1 vaccine development is underway using the same process as seasonal vaccine development and licensure when there is a strain change, except seasonal vaccine is trivalent and contains three strains. In that respect, the H1N1 vaccine is simpler because it just contains the H1N1 strain. Clinical trials are underway. If the trials prove that the current vaccine being manufactured produces an adequate antigenic response, production will continue using the current methods. There will be intensive scrutiny of vaccine reactions and safety to help allay any ongoing concerns about the vaccine. If, however, the vaccine is not efficacious in its current form, alternate methods of vaccine development will be explored that are not currently used for influenza vaccine – such as the use of adjuvants to boost immune response.

**Q:** In the past, we have always been told that seasonal vaccination confers immunity for 4-5 months and that vaccinating too early in the year will lead to waning immunity late in the season. In the past three years, our bulk of influenza cases have been in the late spring. From the new information being disseminated, I have concerns about conflicting information from past flu seasons and current recommendations. [Can you please explain why we now are being encouraged to vaccinate early?](#)

**A:** This is a common question this year since the recommendation is to give seasonal influenza vaccine as early as it becomes available. Seasonal influenza vaccine will confer immunity to the three strains contained in the vaccine throughout the influenza season. Click on the following CDC and MMRW logos for a source of confirmation for the recommendation.



There is also a reference in the July 24, 2009, Morbidity and Mortality Weekly Report (MMWR) that contains the Advisory Committee on Immunization Practices



(ACIP) recommendations for seasonal influenza.

Occasionally, an individual will become ill with one of the seasonal influenza strains sometime during the flu season in spite of having received the vaccine. Rather than waning immunity to the vaccine that was delivered, it is likely that there was not an adequate immune response to the vaccine to begin with. All individuals do not experience the same level of vaccine efficacy. Healthy individuals less than 65 years of age have the highest antigenic response, while persons with certain chronic diseases have lower serum antibody responses after vaccination. No vaccine is 100 percent effective, but it is important to immunize prior to exposure to the disease since it takes approximately two weeks after vaccination to mount an adequate level of protection against disease. Early vaccination for seasonal influenza will help assure protection prior to an increase in seasonal flu activity. More detailed information is also contained in the MMWR.

OPERATION HIGHLIGHTS

**Community Mitigation – Everyone’s Responsibility**

*submitted by Jane Shirley, Program Manager, Office of Health Promotion, KDHE*



Statistics, case counts, and medical experts together indicate that all signs point to a record flu season. Community “mitigation” (to lessen in force or intensity) is the responsibility of us all; and public health is taking the lead.

Valuable resources continue to become available for use in educating our residents to “mitigate” the impact of this pandemic. Materials repeat the messages of promoting good health habits and learning about necessary steps to take for caring for someone who becomes ill. A series of two recently released documents that can be downloaded and printed for distribution are: [H1N1 Flu \(Swine Flu\): A Guide for Individuals and Families – “Caring for Someone At Home”](#) and [“Prevention and Preparation.”](#) Click on the logo above.

Successful community mitigation will help our communities blunt the effects of this pandemic. Clear messages must continue to be delivered that assist with the understanding that seasonal influenza and H1N1 will require different vaccinations, for different priority groups even though the symptoms and treatments of the diseases may appear very much the same. The handout, [H1N1: A New Kind of Flu](#) is a short Q and A that can provide clear explanations.

Schools will be in the front lines of mitigation through minimizing the transmission of disease and in prevention with vaccination campaigns. It is urgent that local health departments and school administrators reach out to each other with communications and plans for response. The Kansas State Department of Education is working closely with KDHE in ongoing development of resources and plans. Additional materials, including posters and educational videos can be found at: <http://www.ksde.org/Default.aspx?tabid=3739>