



# PUBLIC HEALTH CONNECTIONS

## H1N1- WEEKLY EDITION



OCTOBER 5, 2009 - VOLUME 10

### H1N1 INFLUENZA A PARTNER CONFERENCE CALL FROM FRIDAY, OCT. 2, 2009

The Kansas Department of Health and Environment (KDHE) will provide, each week, key points that were shared with local health departments and community partners during the previous week's Friday H1N1 influenza conference call.

We encourage you to participate in the weekly call or playback the recording to keep abreast of new information and updates in policy, guidance and resources.

#### State Health Officer Statement on LAIV

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



In coming months, approximately 20 percent of the entire H1N1 flu vaccine supply will be in the form of live attenuated influenza vaccine (LAIV). For better or worse, the live vaccine comprises nearly the entire early allotment of pandemic vaccine to states.

Several medical providers around Kansas have indicated to me or to local public health directors that they will discourage healthy patients and health care workers from receiving LAIV on the mistaken belief that the vaccine is ineffective or unsafe. I am also aware that some local health department administrators have been unable to convince their medical consultants to sign standing orders to give LAIV as part of their county H1N1 flu vaccination campaigns.

As state health officer these reports concern me. This vaccine is both safe and effective in preventing pandemic influenza. It has been licensed through a rigorous process involving more than 20 clinical trials. The live viruses contained in the vaccine are attenuated, unable to cause influenza illness. They are cold adapted, so that they only cause infection at the cooler temperatures found in the nose. Side effects are generally very mild, limited in most cases to a runny nose and nasal congestion lasting no more than a few days.

By law the package insert for LAIV must state that a person can shed the vaccine virus for up to three weeks, but shedding alone should not be equated with person-to-person transmission. In fact, studies have found that transmission is very rare. In one large study designed to maximize the chance of detecting vaccine virus transmission, there was actually only one documented case of LAIV transmission.

The vaccine virus is shed in lower titers than typically occur with shedding of wild-type influenza viruses. So even if transmission were to occur, there are not enough viral particles to make a person ill. The virus also retains its attenuated characteristics, thus cannot replicate in the lower respiratory tract. This means that shedding and any rare cases of subsequent transmission cannot be presumed to cause disease. Only people with regular, ongoing contact with others who have **severely** weakened immune systems (such as caregivers for patients in a bone marrow transplant unit) should not get LAIV. People in contact with persons having lesser degrees of immunosuppres-

sion, such as diabetes, pregnancy, people taking corticosteroids or people infected with HIV can get LAIV. Of course, no one should receive LAIV if they have had another live vaccine during the previous four weeks, as the protection LAIV provides could be diminished.

Because there is no sound medical reason not to give LAIV to those groups for which it is licensed, counties that refuse LAIV or fail to administer their doses, will not be able to make up those doses with additional doses of inactivated vaccine. I personally stand ready to speak with any medical consultant who is confused about the safety and efficacy of LAIV, and will do everything I can to ensure that this life-saving vaccine is used to its full advantage in Kansas.

At a time like the present, when total H1N1 vaccine supplies fall well short of demand, healthy health care workers and others in priority groups who accept receipt of LAIV will be helping to conserve the limited supplies of inactivated H1N1 vaccine for high-risk persons who do not have the option of using LAIV. Their decision to do the right thing could possibly save a life.

### H1N1 INFLUENZA A PARTNER CONFERENCE



#### Emergency Declarations Overview

*presented by Angee Morgan, Deputy Director  
Kansas Division of Emergency Management*

Decision makers at the KDHE and the Adjutant General's Department, Division of Emergency Management (KDEM), are working closely on H1N1-related issues. One discussion has revolved around the need for a county disaster declaration or a Governor's Disaster Declaration of Emergency.

A concern of county emergency managers and local public health departments has been whether federal and state law provides immunity from potential tort claims for individuals participating in the administration of the H1N1 influenza vaccine. Kansas Attorney General Steven Six's opinion is that the federal Public Readiness & Emergency Preparedness Act (PREP Act) protects a "covered person" from suit and liability under federal and state law with respect to all claims for loss caused by, arising out of, relating to, or resulting from the administration to or the use by an individual of the H1N1 vaccine. The immunity period begins Jun. 15, 2009 and extends through Mar. 31, 2013.

A "covered person" is defined as "H1N1 vaccine program planners including state and local governments and their employees, individual tribes, supervisors and administrators of H1N1 vaccine programs, individuals who provide policy guidance, including technical or scientific advice and individuals providing facilities for administration or use of the H1N1 vaccine."

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The term "covered person" also includes licensed health care professionals and individuals authorized to prescribe, administer, or dispense the H1N1 vaccine.

If expanding the pool of professionals who can administer the vaccine because necessary, a Governor's declaration of disaster emergency may be issued, followed by an Executive Order.

Refer to [http://www.kdheks.gov/H1N1/H1N1\\_guidance.htm](http://www.kdheks.gov/H1N1/H1N1_guidance.htm) for a copy of Attorney General Six's opinion.

## PLANNING UPDATE

### Vaccination Campaign

*presented by Sue Bowden, Director Immunization Program Bureau of Disease Control and Prevention, KDHE*



Included in last week's detailed conference call report: CDC communication on the first allocation of vaccine and other H1N1 Influenza vaccine manufacture and availability specifics; vaccine target groups and recommendations; a review of the vaccine distribution process; vaccine administration, documentation, safety, and training; and H1N1 Influenza vaccine financing information posted to the CDC H1N1 Website. Click the picture above to read the full report.

## EPIDEMIOLOGY/SURVEILLANCE

### 2009 H1N1 Influenza A Epi and Surveillance Weekly Status Report—10/2/2009

*presented by Charlie Hunt, State Epidemiologist and Director Bureau of Surveillance and Epidemiology, KDHE*



Information reported this week from the Bureau of Surveillance and Epidemiology includes ILINet, hospital and school surveillance activity, pneumonia and influenza mortality data, and results received from the CDC Behavioral Risk Factor Surveillance System (BRFSS) with ILI surveillance data and pandemic influenza knowledge and attitudes. More in-depth information from the BRFSS data will be forthcoming. Click the EPI logo to read the weekly briefing notes.



The Bureau of Surveillance and Epidemiology at KDHE produces and publishes the 2009 H1N1 Influenza A Epidemiology and Surveillance Weekly Status Report every Wednesday. Data collected from Influenza-like Illness Net (ILINet) sites, hospital emergency departments, and the Kansas Health and Environmental Laboratories (KHEL) are used to generate this report. To view the current or previous reports, click the picture above. Questions regarding this report can be directed to the Epidemiology Hotline at (877) 427-7317.

## COMMUNITY MITIGATION

### School Communications

*submitted by Cyndi Treaster*

*Director of the Farmworker, Immigrant, and Refugee Health, Bureau of Local and Rural Health, KDHE*

On Wed., Sept. 29, the Kansas State Department of Education (KSDE) sent out H1N1 influenza information to superintendents and principals throughout the state. Included in the information was:



1. School absenteeism surveillance protocol and data that local health departments will be submitting to KDHE weekly for schools exceeding 10 percent absenteeism for the previous week. School districts have been told to anticipate contact from

their local health department regarding this. The documents can be found by clicking the KSDE logo above.

2. Public Service Announcements (PSAs) and other media materials on H1N1 found by clicking the H1N1 One Bad Bug logo. Versions are available for radio,



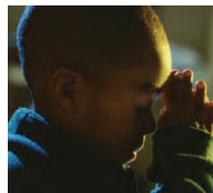
TV, print and movie theatre advertisements.

3. School vaccination clinic guidance that can be used to assist with planning and conducting school-based vaccination clinics found by clicking the schoolhouse.

Schools are being encouraged to work with their local health departments as plans are discussed to provide H1N1 immunizations to school children when supplied become available.

The community mitigation team wants to bring to your attention a new H1N1 influenza resource released a little over a week ago from the Centers for Disease Control and Prevention title the, "H1N1 Flu: A Guide for Community and Faith-Based Organizations." The highlights of this document are the special role that these organizations can play in planning and response. Trusted community leaders can communicate important health information in an effective and motivating way at gatherings, through newsletters, and other means. They can support vaccination efforts, link vulnerable and hard-to-reach populations to vital information and resources, and expand and adjust their organization activities in churches, childcare centers, and community programs, to help people stay healthy.

This document is full of great information and as with most of the CDC guidance, encourages the target audience to connect, collaborate and support local health departments in H1N1 influenza response and vaccine activities. This guidance can be found by clicking the child image on the left.



Lastly, the H1N1 generic power point has been updated and has been approved for the KDHE Website. It should be available within a few days.

## PUBLIC INFORMATION

### Notes for the HINI PIO Call

*presented by Maggie Thompson, Director of Communication, Office of the Secretary, KDHE*

- The Public Information Officer (PIO) conference call is now being held every Fri. at 11:30 a.m., following the conclusion of the weekly HINI Influenza conference call. A different call-in number will be used and a reminder with that information will be sent out each week. To be included on the weekly reminder, please email [mthompson@kdheks.gov](mailto:mthompson@kdheks.gov).
- KDHE held a news conference on Wed., Sept. 30 to announce the ordering of the HINI Influenza vaccine. The event received good coverage with several members of the media attending in person as well as by phone.
- In conjunction with the news conference, KDHE produced new information pieces on the HINI Influenza vaccine:
  - ◊ Vaccine key messages provided to local health departments, hospitals, primary care clinics, and emergency management staff
  - ◊ Comparison chart of seasonal flu and HINI Influenza which is posted in the vaccination section of the HINI Influenza Website
  - ◊ HINI Influenza Vaccine distribution flow chart which is posted in the Vaccination section of the HINI Influenza Website
  - ◊ News release regarding the ordering of the HINI Influenza vaccine
- In addition to the public service announcements being placed through the Kansas Association of Broadcasters, KDHE will also be placing spots through the network of public radio stations across the state.
- KDHE is working through contracts to place advertisements in movie theatres. More specifics soon.
- KDHE has ordered bookmarks, stickers and temporary tattoos featuring the HINI – One Bad Bug logo. These will be made available to local health departments and hospitals with instructions coming soon on how to order supplies.
- A vaccination poster is being finalized and will be posted to the KDHE Website.

Every Friday KDHE sponsors a “2009 HINI Influenza Pandemic, Briefing and Group Discussion” for local health departments and community partners. The call is scheduled for Oct. 9, 10 - 11:30 a.m. The new conference call number is **(866) 725-4463**, code **33278129**.

A recording of the Friday, Oct. 2, HINI update conference call is now available. To access the recording and playback by phone, please follow these instructions:

1. Dial (800) 642-1687
2. Enter the conference ID for the call, 33274712.

If you have questions concerning this Friday’s call, please contact Mindee Reece, Director, Bureau of Public Health Preparedness, KDHE, at (785) 296-0201.

## OPERATIONS

### HINI Local Health Department Funding Overview

*presented by Mindee Reece, Director, Bureau of Public Preparedness, KDHE*

During the Fri. conference call, I gave a detailed overview on current HINI funding to local health departments. The money was received from CDC in three phases, but is tracked by focus area. Included in my report were aid-to-local totals for each focus area, specifics on distribution of Focus Area 1 and Focus Area 2 funds, unallowable expenditures, and upcoming distribution of Focus Area 3 Funds and allowable activities. Click the [here](#) to view the full report.

### Kansas Antiviral Dispensing Plan

*presented by Michael McNulty, Operations Director Bureau for Public Health Preparedness, KDHE*

The Kansas Antiviral Dispensing Plan is in full swing as reported during the Oct. 2 conference call. The goal of the plan is to recruit retail and hospital pharmacies, as well as primary care clinics to dispense state-provided antiviral medications. Local health departments, primary care clinics, and hospitals received the plan and a cover letter from Dr. Jason Eberhart-Phillips via a KS-HAN, with emergency managers receiving the plan via the Kansas Division of Emergency Management. Pharmacists are receiving hard copies of these same materials via U.S. mail from the Kansas Board of Pharmacy. Other plan details communicated include:

- A pre-registration Web page is active and providers are already signing up to participate in the same fashion for vaccine providers
- Participating pharmacies and primary care clinics must sign a contract with KDHE and adhere to all requirements as outlined in the plan
- The KDHE Website will incorporate a statewide map that shows participating pharmacies by county
- Antiviral medications from the state cache can be used for uninsured or underinsured patients and in circumstances of supplier disruption or supply unavailability, as determined by the State Health Officer
- An administration fee of no more than \$5 per prescription may be charged to each patient, but no one may be turned away based on inability to pay this fee
- For more information, contact Michael McNulty, Operations Director for KDHE’s Bureau of Public Health Preparedness, at (785) 291-3065 or [mmcnulty@kdheks.gov](mailto:mmcnulty@kdheks.gov).

### Resources

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

[Public Health Connections](#) [KSDE Website](#)

[CDC Website](#) [ASTHO HINI Daily Update](#)

[Index of KDHE Publications](#) [Flu.gov](#) [KDHE Website](#)