



# PUBLIC HEALTH CONNECTIONS

## H1N1- WEEKLY EDITION



OCTOBER 12, 2009 - VOLUME 11

### H1N1 INFLUENZA PARTNER CONFERENCE CALL FROM FRIDAY, OCTOBER 9, 2009

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

#### What You Should Know About the H1N1 Flu Vaccine

*Jason Eberhart-Phillips, MD, MPH*

*Kansas State Health Officer, Director of Health, KDHE*



This month marks the start of the largest vaccine deployment in history. As the first shipments of the H1N1 flu vaccine are arriving in Kansas, it's worth noting that a new chapter in humanity's long struggle with influenza viruses has begun.

For the first time ever, people have come together to stop a flu pandemic dead in its tracks by taking away the one thing the virus needs to survive: susceptible human hosts. As the vaccine induces ever-wider immunity in the population, it promises to bend down the curve of the current epidemic, leaving the H1N1 virus with no place to go.

With all the attention the vaccine is getting, many Kansans are asking good questions about it. Is the vaccine really necessary? Will it work to protect me or my children against illness? How do I know it is safe?

A majority of Kansans have indicated that they will likely obtain the vaccine. For now they need to be patient as we await larger supplies of the vaccine in coming weeks, and as we distribute available doses initially to target groups who are at especially high risk of complications from H1N1 flu infections.

Meanwhile, a vocal minority has already begun an active campaign against the vaccine. Many others remain undecided about it.

It's easy to get confused, so now is a good time to review what we know about the vaccine and what we can expect about its safety and effectiveness:

1. The vaccine is needed. While the H1N1 virus has not been as lethal as the virus that caused the dreaded 1918 pandemic, for a fraction of cases it causes a very serious disease, even death. As of the end of last week we know of at least 146 reported hospitalizations related to H1N1 flu, and believes that the actual number is really much higher. We also know of six H1N1-related deaths in Kansas. It is extraordinary to see so much influenza as early as mid-Oct., and the impact of this flu virus on children and young adults is unprecedented in modern times. Without the protection of the vaccine, the potential for significant absenteeism in coming weeks is high, causing disruption to

schools, businesses and normal community activities throughout the state.

2. The vaccine is effective. Clinical trials conducted on volunteers during the summer months yielded a pleasant surprise about the H1N1 vaccine: It produces a robust immune response that should prevent disease in most people after a single dose. Children under ten need two doses, given at least three weeks apart, but we can expect nearly everyone else to be protected against H1N1 flu within a couple weeks of receiving a single dose of the vaccine.



3. The vaccine is safe. The H1N1 vaccine really isn't a "new" vaccine at all. It has been manufactured using the same processes used for making seasonal flu vaccines for years. Hundreds of millions of people have received these vaccines with very few serious adverse effects. We expect the H1N1 vaccine to have a similar safety profile, with only mild, localized reactions, such as soreness or swelling at the injection site as was seen in the clinical trials. Click on the little girl to read more on the "Use of Influenza A (H1N1) 2009 Monovalent Vaccine." Click on the group of children image to read more on the "Updated on Influenza A (H1N1) 2009 Monovalent Vaccine."



4. Vaccine safety will be monitored carefully. Information on adverse events following H1N1 vaccination throughout the United States will be analyzed thoroughly to ascertain if such events are coincidental or possibly related to the vaccine. With so many people being immunized, it is almost certain that a few vaccine recipients will suffer unfortunate outcomes that are probably not related to the vaccine. For example, every day in Kansas there are on average 27 heart attacks, 20 strokes, five first-time seizures, and 22 pregnancies that end in miscarriages. It is inevitable that some of these unwanted events will occur in someone recently immunized with the H1N1 vaccine. Judgments about whether a certain outcome is actually related to the vaccine will require a formal comparison between the observed rate in vaccinated people versus the expected rate in the general population.

I cannot say that the H1N1 vaccine will prevent the flu in everyone who gets it, nor can I say that getting the vaccine entails absolutely no risk. There are no risk-free options in life.

What I can say is that the odds of avoiding a potentially serious disease will be much better this flu season for those who are vaccinated against H1N1 influenza compared to those who are not. I can also say that the chances of serious adverse outcomes after getting infected with the flu itself are immensely greater than any theoretical risk of harm associated the vaccine.

For me and my family, the choice is clear. I'll take my chances with the H1N1 vaccine over my chances with this year's flu

PLANNING UPDATE

**Antiviral Update**

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

On Oct. 8, Kansas received our final allocation of Tamiflu Oral Suspension which consisted of 153 cases. The Bureau of Public Health Preparedness (BPHP) staff is currently working on plans to distribute the suspension to registered safety net clinics serving uninsured/underinsured pediatric populations. It is expected that this distribution will be within the next two weeks.

As of Oct. 9, Kansas has 207 pre-registered Antiviral Dispensing Sites signed up via the Website. Registration will continue until 5 p.m. on Wed., Oct. 14. KDHE is beginning to receive signed contracts from pharmacies. Contracts are included in the Kansas Antiviral Distribution Plan and can be completed and faxed to BPHP at (785) 296-2625.

KDHE has been in discussions with two large corporate pharmacies about registering all of their sites in Kansas as antiviral distribution sites. Between the two organizations, this will be approximately 120 commercial sites. One of those organizations has already signed up their 73 sites.

After the Oct. 14 registration deadline, BPHP planning staff will determine the most effective way to re-allocate the antiviral medication distributed in May.

**LHD Preparedness Work Plan Modifications**

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



In recognition of the fact that LHDs will be engaging in additional H1N1 response activities this fall and winter, KDHE has reviewed and changed some of the work plan activities attached to this year's annual local and regional preparedness con-

tracts. The changes are designed to reduce the work plan requirements for LHDs, allowing for more time to be spent on valuable local H1N1 response activities.

The following is a summary of the changes to the local and regional work plans:

- Local Work Plan:
  - ◇ #1 – Exercise requirement changed to be more flexible and allow H1N1 response activities to meet the exercise requirement.
  - ◇ #2 – Requirement for just in time (JIT) training for points of dispensing (POD) volunteers removed.
  - ◇ #6 – Strategic National Stockpile (SNS) technical assistance review (TAR) assessments (for non-cities readiness initiative (CRI) counties) that were due this year will be postponed until next year. CRI counties are still required to have a TAR assessment.
  - ◇ #7 – Continuity of Operations Plan (COOP) requirement will be postponed until next year.
- Regional Work Plan:

- ◇ #1 – The requirement that each regional coordinator evaluate at least two POD exercises is being removed.
- ◇ #3 – SNS TAR Assessments (for non-CRI counties) that were due this year will be postponed until next year. CRI counties are still required to have a TAR assessment. The updated work plans are available on the KDHE Bureau of Public Health Preparedness (BPHP) Website by clicking on the BPHP logo.

Please contact Alicia Parkman at [aparkman@kdheks.gov](mailto:aparkman@kdheks.gov), (785) 296-8115 if you have any questions regarding preparedness contracts or work plan requirements.

BPHP staff members are currently reviewing the Cities Readiness Initiative and Hospital Base Preparedness Work Plan items to determine if changes to them are also needed and possible. More information will be forthcoming.

**H1N1 Immunization Update**

*presented by Sue Bowden  
Director Immunization Program, BDCP, KDHE*



Important items presented during the Oct. 9 conference call were, vaccine manufacture and availability/vaccine target groups and recommendations, and vaccine distribution.

The Kansas Immunization Program has requested information on a point of contact from LHDs for private provider order issues. This information needs to be emailed Erica Hutton at [ehutton@kdheks.gov](mailto:ehutton@kdheks.gov).

LHDs must submit their LHD or approved private provider vaccine order via email to [h1n1vaccineorder@kdheks.gov](mailto:h1n1vaccineorder@kdheks.gov). All orders must fit within the LHD's vaccine cache/allocation.

Other Kansas Immunization Program briefing topics included a vaccine provider update and vaccine documentation details. To view the full briefing, click the picture above.

**H1N1 Influenza A Vaccination Training**

*Presented by Debbie Nickels, TRAIN Administrator  
Bureau of Local and Rural Health, KDHE*

Now on KS-TRAIN, "H1N1 A Vaccination Training" sponsored by the Bureau of Disease Control and Prevention and Control and the Kansas Immunization Program, KDHE.

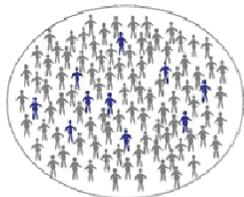


This training is to be used in the clinic setting to provide instructions for those that have limited knowledge on how to administer H1N1 Monovalent Influenza vaccine. Completion of this training will qualify those eligible persons specified by executive order to administer H1N1 vaccine to all persons five years and older. Click on the logo to go to the KS-TRAIN Website to complete this course. Course # 1019464.

## EPIDEMIOLOGY/SURVEILLANCE

### Bureau of Surveillance and Epidemiology Briefing

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



Key epidemiology and surveillance points discussed during the Fri., Oct. 9, conference call included ILINet activity in Kansas, hospital surveillance activity and changes in reporting protocols, Kansas pneumonia and influenza mortality and Behavioral Risk Factor Surveillance System

(BRFSS) data results. LHDs will begin next week to report school absenteeism. This data will be in the weekly Surveillance and Epidemiology Summary Report. It was reported to the Bureau of Epidemiology and Surveillance (BES) that Ness County public schools closed Wed. and Thurs., Oct. 7-8, due to high absenteeism. This is the first known public school to close due to influenza-like illness in the state this flu season. To view the briefing report, click the Epi logo above.

## OPERATION UPDATES

### Community Mitigation Team Highlights

*presented by Karl V. Milhon, Director, Policy and Planning Section  
Bureau of Disease Control and Prevention, KDHE*

The community mitigation team, in conjunction with the Kansas Immunization Program and Bureau of Surveillance and Epidemiology, provided a technical assistance and situation update conference call to community and technical colleges.

A member of the Community Mitigation team presented information on H1N1 to a group at the Kansas Interhab Disability Conference in Wichita, Oct. 8.

Mitigation team members have been listening to 12 conference calls sponsored by the White House Office of Public Engagement and CDC addressing specific targeted population groups ranging from diabetes to cancer/immunocompromised populations. National, regional and local community organizations were present and urged to use all communications means at their disposal to present information to their members. This could result in some grass roots responses that might affect LHDs.

From the calls KDHE is expecting some new and/or updated (more detailed) guidance from the Center on Disease Control and Prevention (CDC) on the following issues:

1. How to handle infants born to symptomatic mothers (at hospitals and birthing centers).
2. Intervals between giving vaccines (for example FluMist for seasonal flu followed by FluMist for H1N1) or interrupting the seasonal flu vaccine series to give an H1N1 vaccine.
3. The first updated guidance on the nasal spray came out on Oct. 8, Questions & Answers: 2009 H1N1 Nasal Spray Vaccine. To view the Q & A click on the picture above.



## PUBLIC INFORMATION

### Notes from the H1N1 PIO Call

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

The Public Information Office (PIO) conference call is now being held every Fri. at 11:30 a.m., following the conclusion of the weekly H1N1 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 has posted a new link on the H1N1 Website for people to find out where to receive the H1N1 vaccine; click the map of Kansas to view the locations. Currently, the Website has language that explains that there are very limited supplies at this time, but provides people a place to check back for more information. KDHE will be asking LHDs for their help in keeping this Website updated and will let you know the specific process to do this. In the meantime, if you already know of clinics scheduled in the coming weeks, please let Maggie Thompson know by emailing [mthompson@kdheks.gov](mailto:mthompson@kdheks.gov) to get the information posted.



1. Posters, stickers, temporary tattoos, bookmarks and CDs with the PSAs are coming soon. KDHE expects delivery of the items next week and will start shipping them out and letting people know of their availability.
2. KDHE is finalizing a contract with a movie theatre advertising company in the state. Public service announcements should begin running Nov. 20 and for the following five months. KDHE will provide a complete list of theatres once the contract is finalized.

### Conference Call Information

Every Friday KDHE sponsors a "2009 H1N1 Influenza Pandemic, Briefing and Group Discussion" for LHDs and community partners. The call is scheduled for Oct. 16, 10 - 11:30 a.m. The new conference call number is **(866) 725-4463**, code **33278130**.

A recording of the Fri., Oct. 2, H1N1 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, 33278129

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

### Resources

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

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

[CDC Website](#) [ASTHO H1N1 Daily Update](#)

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