



PUBLIC HEALTH CONNECTIONS

H1N1- WEEKLY EDITION



OCTOBER 19, 2009 - VOLUME 12

H1N1 INFLUENZA PARTNER CONFERENCE CALL FROM FRIDAY, OCTOBER 16, 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 Friday H1N1 Influenza conference call.

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

Deputy Director of Health Report

*presented by Richard Morrissey, Deputy Director
Division of Health, KDHE*



This has been another busy week for the H1N1 response, with new Centers for Disease Control and Prevention (CDC) guidance and progress in vaccinating health care providers in some areas of the state.

Dr. Jason Eberhart-Phillips and Secretary Roderick L. Bremby participated in a press conference in Wichita hosted by the Via-Christi Regional Medical Center. The press conference featured physicians and other health care providers being vaccinated with H1N1 live attenuated influenza vaccine (LAIV) to reinforce the priority for health care providers to get vaccinated and the safety of the LAIV vaccine. Dr. Eberhart-Phillips has consulted with numerous health care providers about the safety of the LAIV vaccine for both providers and their patients.

CDC issued updated guidance for "Infection Control in Health Care Settings for H1N1 Influenza." There are on-going concerns about the use and supply of N-95 respirators (see the [Epidemiology/Surveillance Briefing](#) and [Operations Briefing](#)).

KDHE Epidemiology and Surveillance staff have been working diligently this week to update and expand the weekly H1N1 EPI & Surveillance Report.

CDC has issued new questions and answers concerning the application of the CMS Free Care Rule for H1N1 Influenza Vaccination. In a nutshell, providers will be able to bill Medicaid and Medicare for vaccine administration, so long as they are not using CDC H1N1 funds for those patients ([click the CMS logo on page 3](#)).

Finally, KDHE is still planning to recommend to Governor Parkinson an Executive Order authorizing additional professionals and students to administer H1N1 vaccinations. The issuance of the Executive Order will require that the Governor first declare a disaster emergency. KDHE will initiate those actions closer to the time when vaccine supplies will be adequate to support large public health clinics across the state.

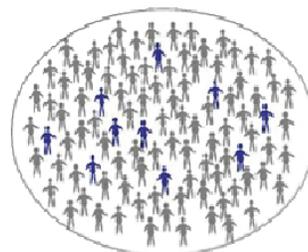


EPIDEMIOLOGY/SURVEILLANCE

Bureau of Surveillance and Epidemiology Briefing

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

There is new guidance from CDC for health care workers (HCW). One of the changes is that HCW may return to work after they are fever free for 24 hours. Previously the recommendation had been seven days. Included in the Oct. 14, 2009, "Interim



Guidance on Infection Control Measures for 2009 H1N1 Influenza in Health care Settings, Including Protection of Health care Personnel," are revisions from earlier guidance on criteria for identification of suspected influenza patients; recommended time away from work for health care personnel; changes to isolation precautions based on tasks and anticipated exposures; expansion of information on the hierarchy of controls which ranks preventive interventions in the following order of preference: elimination of exposures, engineering controls, administrative controls, and personal protective equipment; and changes to guidance on use of respiratory protection. To see the full interim guidance, click the Epi logo above.

Highlights from the Epidemiology and Surveillance Fri., Oct. 16 briefing:

- The seventh 2009 H1N1 Influenza A death in Kansas had no underlying risk factors.
- EPI & Surveillance Report: The Executive Summary is a new feature and will be in front of the report.
- H1N1 in Kansas remains widespread: 37 states report widespread influenza-like illness (ILI) last week. Kansas now has 74 ILINet sites. About half of the ILI sites in Kansas submitted data last week.
- Hospitals now report their data based on International Statistical Classification of Diseases (ICD) codes for influenza or pneumonia. Data will be expressed per 100 bed days for comparisons over time and geographic area.
 - ◊ 205 (corrected from 241 reported during the call) admissions reported with greater numbers in the southern half of the state.
- School absenteeism – 95 local health departments reported data this week.
- Laboratory – confirmed cases:
 - ◊ Half greater than 5 – 24 years of age.
 - ◊ 15 percent less than 5 years of age.
- Influenza cases continue to increase in Kansas. There is a pdf. file posted to KS-HAN by county that contains raw hospital and ILINet data. These data are for LHD use only and are not for redistribution.

OPERATION UPDATES

Updated Guidance on Infection Control Measures Related to Personal Protective Equipment (PPE)

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

On Oct. 14, the CDC released updated "Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Health Care Settings;" (click the CDC logo to view).



The document identifies health care personnel as "all persons whose occupational activities involve contact with patients or contaminated material in a health care, home health care, or clinical laboratory setting." The guidance recommends the use of a hierarchy of controls to prevent influenza transmission.

These are, in order of preference:

- 1 Elimination of potential exposures: this would include such activities as taking steps to minimize outpatient visits for patients with mild influenza-like illness who do not have risk factors for complications.
- 2 Engineering controls: this would include utilization of partitions in triage areas to reduce exposure to employees and using closed suctioning systems for airway suction in intubated patients.
- 3 Administrative controls: these are workplace policies and practices that prevent exposures. A primary example of this is promoting and providing H1N1 vaccinations to health care personnel. An additional measure may be to have any patient with respiratory illness consistent with influenza promptly be asked to wear a facemask for source control.
- 4 Personal Protective Equipment (PPE): it should be considered the last line of defense in situations where exposures cannot otherwise be eliminated or controlled.

CDC continues to recommend the use of respiratory protection of at least a fit-tested N95 respirator for health care personnel who are in close contact with patients with suspected H1N1. KDHE and CDC recognize that some facilities are currently experiencing shortages of equipment like N95 respirators. Additional shortages are expected. A key strategy to assist with supply issues is aggressive use of source control, engineering, and administrative measures to reduce the consumption of respiratory protection devices.

Facilities may also implement a prioritized respirator use mode where shortages exist despite reasonable efforts to obtain and maintain a supply for anticipated needs. In this mode, respirator use is prioritized to ensure availability for health care personnel most at risk to exposure including those performing aerosolizing procedures. Facilities should also maintain a reserve of respirators for procedures where respiratory protection is most important, such as aerosol-generating procedures. This supply should be estimated to meet the needs personnel performing aerosol-generating procedures and handling patients with other diseases that require N95 usage.

If facilities implement a prioritized respirator use mode, facemasks should be provided to health care personnel who are not provided respirators. The use of facemasks will still provide some level of protection with respect to hand to face

contact. Routine chemoprophylaxis is not recommended for personnel wearing facemasks while caring for H1N1 patients.

Finally, facilities should document good-faith efforts to maintain a supply and use of N95 respirators. This may include order documentation and correspondence with suppliers concerning the status or N95 orders or requests.

Questions about PPE should be directed to Michael McNulty, Operations Director for KDHE's Bureau of Public Health Preparedness, at mmcnulty@kdheks.gov or (785) 291-3065.

Early Antiviral Use in Suspected Flu for Persons with Increased Risk of Developing Severe Disease

The Oct. 16, 2009, "Updated Interim Recommendations for the Use of Antiviral Medications in the Treatment and Prevention of Influenza for the 2009-2010 Season" from CDC has been updated to provide additional guidance for clinicians in prescribing antiviral medications for treatment and prevention of influenza during the 2009-2010 season. In general, the priority use of antiviral medications during this season continues to be in people who are hospitalized with influenza and those at increased risk of influenza-related complications as outlined in the recommendations last updated on Sept. 22, 2009. This document has been updated to:



1. Clarify treatment and chemoprophylaxis considerations for persons vaccinated with the 2009 H1N1 and seasonal influenza vaccines.

2. Include women up to 2 weeks postpartum at higher risk for complications from 2009 H1N1 influenza.
3. Provide additional oseltamivir dosing instructions for children younger than 1 year of age.
4. Review adverse events and contraindications associated with oseltamivir and zanamivir.

This document should be considered interim, and will be updated as needed. Click on the picture above to read the full updated interim recommendations.

Resources

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

[Public Health Connections](#)

[CDC Website](#)

[Index of KDHE Publications - Updated Weekly](#)

[KDHE Website](#)

[KSDE Website](#)

[Flu.gov](#)

[ASTHO H1N1 Daily Update](#)

PLANNING UPDATE

H1N1 Immunization Campaign

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

The H1N1 vaccination campaign report includes:

- Current Kansas vaccine dose data
- Specific details on vaccine target groups and recommendations
- Vaccine allocation and ordering process
- Updates on vaccine providers
- Links to vaccine documentation forms and safety information.



2009 seasonal influenza information shared during the Oct. 16. The conference call included specific concerns for the supply and demand of the seasonal vaccination, manufacturer's production estimates, and future availability of the vaccine. Click the picture above to read the full vaccination campaign report.

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 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. Click on the logo to go to the KS-TRAIN Website to complete this course. Course # 1019464.

Hospital Preparedness Work Plan Modifications

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



In recognition of the fact that hospitals will be engaging in additional H1N1 response activities this fall and winter, KDHE and the Kansas Hospital Association (KHA) have reviewed and changed some of the work plan activities attached to this year's local and regional preparedness contracts. The changes are designed to reduce the work plan requirements for hospitals, 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:

- Community Hospital Work Plan:
 - ◊ #3 – Removing the requirement to complete an inventory of resources based on provided purchase history documentation. Hospitals may still continue this activity if they desire, however, the requirement is being pushed to the 2010-2011 grant cycle.
 - ◊ #8 – Removing the requirement to have at least one per-

son from the hospital to attend the Homeland Security Exercise and Evaluation Program (HSEEP) Exercise and Evaluation and After Action Report for Health Care Entities class. The two classes will still be available, however, the requirement to attend is being removed. Hospitals which have not yet attended are encouraged to do so. The classes will be held in the second half of the grant cycle, with registration through KS-TRAIN. The requirement for this training is being pushed to the 2010-2011 grant cycle.

- ◊ #9 – Removing the requirement to have at least one person attend one of the Alternate Care Site Planning Seminars. The seminars will be held in April 2010 in all seven regions. However, it is now recommended instead of required that hospitals attend.
- Regional Work Plan:
 - ◊ #7 – Removing the requirement to complete a regional inventory of resources based on community. This requirement is being pushed to the 2010-2011 grant cycle.
 - ◊ #8 – Removing the requirement to complete Regional Resource Request Procedures for the region. Regional coordinators are encouraged to work on these procedures.

If you have questions about the changing requirements, please contact Jo Millett, Grants & Contract Specialist for KDHE's Bureau of Public Health Preparedness, at jomillett@kdheks.gov or (785) 291-3367, or Dan Leong, Director of Emergency Preparedness for KHA, at dleong@kha-net.org or (785) 233-7436.

**Centers for Medicaid and Medicare Services (CMS)
Free Care Rule for H1N1 Vaccination**

Medicaid's long-standing policy requires that legally liable third parties be billed for the services for which Medicaid is to be billed. In the face of the H1N1 national health care emergency, the free care policy will be applied. Click the CMS logo to view the entire notice.



PUBLIC INFORMATION

Conference Call Information

Every Fri. KDHE sponsors a conference call on H1N1 for local health departments and community partners. The call is scheduled for Oct. 23, 10 - 11:30 a.m. The new conference call number is **(866) 725-4463**, code: **33278132**.

A recording of the Fri., Oct. 16, 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, 33278130.

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