



PUBLIC HEALTH CONNECTIONS

H1N1- WEEKLY EDITION



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H1N1 INFLUENZA PARTNER CONFERENCE CALL FROM FRIDAY, OCTOBER 30, 2009

Each week the Kansas Department of Health and Environment (KDHE) will provide 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.

While We Wait for the Vaccine: Taking Charge of Your Health

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

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



Many Kansas families have been anxiously waiting this month to have their children and themselves vaccinated against the pandemic H1N1 flu virus. Regrettably, makers of the new H1N1 vaccine have found that production of the vaccine's active ingredient in their laboratories is occurring much slower than anyone expected.

As a result, the quantity of H1N1 vaccine produced so far – about 22.4 million doses – is lagging well below anticipated levels. At the same time, the level of disease due to the pandemic – including hospitalizations and deaths – has been steadily rising.

The shortage of vaccine is both frustrating and a bit scary.

The good news is that much larger quantities of H1N1 vaccine will become available during November and beyond. Eventually there will be enough vaccine for everyone in Kansas who wants it.

But in the meantime there is more good news: you can take charge of the situation now and reduce the risk your family faces from H1N1 flu, all without the vaccine.

Aside from the highly publicized importance of frequent and thorough hand washing and respiratory etiquette such as covering one's coughs and sneezes, you have got one other powerful tool to slow the spread of the flu and keep yourself safe. It's called social distancing.

- Social distancing is the idea that simply by reducing the frequency, proximity and duration of contact between yourself and others the chances of spreading the disease can be reduced. With a little vigilance wherever you go, such as in schools and childcare facilities, at work and in community gatherings, you can dramatically cut your risk of catching the flu.
- Start at home by monitoring yourself and your family members every day for symptoms of influenza. Remain home at the first sign of illness. Try to limit the interaction between family members who are ill and those who are well. Re-

member that individuals with symptoms of influenza should stay isolated and not return to school or work for at least 24 hours after the fever is gone without taking fever-reducing medicine.

- Check to see if the schools and childcare facilities where your children attend monitor for illness and immediately isolate symptomatic children until they can be picked up. Are concerts or athletic events postponed or altered when there are high levels of influenza-like-illness among students and staff?
- At work try to create as much space as possible between yourself and your co-workers, and always model good hand hygiene and respiratory etiquette. Are you knowledgeable about your employer's policies for sick leave, and do you know when you will be allowed to return to work? If illness is prevalent, is there any way you can work remotely from home?
- Community events may need to be re-structured or postponed during high levels of influenza-like-illness activity in the community. Individuals, especially those with underlying medical conditions that put them at high risk for complications of influenza, should be encouraged to avoid large gatherings. Information about precautions for mass gatherings can be found on the Centers for Disease Control and Prevention (CDC) Website, by clicking the CDC logo above.



No one likes to wait, and all of us – including me and my family – now find ourselves cooling our heels as we await ever-increasing amounts of vaccine to be produced and distributed. In the meantime, we can all be active participants in the fight against this virus by implementing preventive measures of good hygiene and other proven strategies to avoid exposure to the flu and stay well.



Until there is enough vaccine to put an end to this pandemic once and for all in Kansas, please join me in doing what we can to reduce the spread of H1N1 flu, protecting our families and ourselves. For more information on reducing the spread of H1N1 flu click on the H1N1 One Bad Bug logo above.

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](#)

PLANNING UPDATE

Kansas Department of Health & Environment Guidance on Restriction of H1N1 Vaccine to County Residents

Several local health departments have raised concerns about out-of-county residents traveling to clinics conducted in another county. The Kansas Department of Health and Environment recognizes that H1N1 vaccine was distributed nationally based on state population and within the state based on county population. We acknowledge the logic of restricting access to county residents in some situations. At the same time, it is important to remember that many Kansans live and work in different counties and many receive health care in a different county from where they reside. Our shared priority is to vaccinate the Kansans that are part of the designated high priority groups for receipt of H1N1 vaccine.

County vaccine allocations are a local resource. Decisions about H1N1 vaccine access will be made at the local level based on available vaccine supplies.

KDHE encourages local health departments to consider all of these factors as decisions are made about how H1N1 vaccine will be made available.

Vaccination Campaign Report

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

The Kansas Immunization Program (KIP) Director highlighted on Fri., Oct. 31, the high-priority target groups along with specific details on whether live or inactivated vaccine should be administered, vaccine availability, if there are preservatives in the vaccine, appropriate dosing and H1N1 vaccine safety. Both the inactivated injectable vaccine and Live Attenuated Influenza Vaccine (LAIV) vaccine will save lives. CDC has released a Questions and Answer (Q&A) document about LAIV that should be used to counter the misinformation and fear that has been created about this vaccine. Click the image of Sue Bowden above to view the Q&A information.



An ancillary supply kit update was presented. It included tips on preventing vaccine from leaking from the supplied syringes, how to activate the needle retraction mechanism and online education opportunities. To view a brief video demonstrating the appropriate use of the Becton Dickinson (BD) Inetgra needle, please click the image on the left.



Other key points reported on vaccine administration included:

- Simultaneous Administration of inactivated/injectable H1N1 vaccine with other inactivated

vaccines is acceptable. More than one immunization may be given in the same limb as long as injection sites are at least one inch apart.

- The CDC recommendation is to not pre-draw vaccine. Vaccine MUST be administered on the same day it was drawn up. If a single dose syringe form of vaccine is given, it must be administered on the same day the needle is attached to the syringe. If doses are not administered on the same day, the drawn syringes must be discarded. CDC has received reports of doses pre-drawn for mass vaccination clinics that were unused and had to be destroyed. These are doses that could save a life and must be used appropriately.



The Kansas plan, "[H1N1 Provider Enrollment and Vaccine Distribution](#)" has been updated and will be distributed to local health departments and approved H1N1 vaccine providers.

Please click the on the image above to read the full Vaccination Campaign Report.

KDHE has created two documents to help clarify questions related to 2009 H1N1 vaccine administration billing. These documents can be found on the [KDHE H1N1 Clinicians and Health Professionals Website](#) under the "Clinic Documents" subheading. These documents will be updated, as needed, to include any new guidance received from the CDC related to vaccine billing.

PUBLIC INFORMATION

H1N1 Public Information Officer Briefing Notes

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

KDHE gives a big thank you to everyone for providing information for the H1N1 vaccine clinic locator. Technical updates are being finalized to the Website which will enable KDHE staff to post your clinic information as quickly as possible. Please continue to submit vaccination information by clicking on the green button image above. Any questions regarding information posted to H1N1 vaccine locator should be sent to H1N1ClinicLocator@kdheks.gov.



A reminder email will be sent out to all local health departments that have not ordered their allotment of H1N1 promotional items (stickers, posters, bookmarks, and etc.). Any promotional items that are left over will be re-allocated and offered to interested health departments.

KDHE has begun mailing the CDs with the public service announcements to all local health departments, public schools, hospitals and primary care clinics in Kansas.

EPIDEMIOLOGY/SURVEILLANCE

Epidemiology and Surveillance Update

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



During the Fri., Oct. 30, conference call it was reported that there were three additional confirmed deaths due to the H1N1 Influenza A Virus. None of the persons had underlying health conditions

known to increase risk for serious complications due to the virus. Other report information includes hospital admissions, mortality, self-reported ILI, school absenteeism, and laboratory-based surveillance from the weekly "Epidemiology and Surveillance Status Report." Click the image above to read the full briefing.

Updated 2009 H1N1 Disease Investigation Guideline

This guide was created to provide a resource for clinicians and public health on managing H1N1 Influenza A viral infections. It replaces the 2009 H1N1 Disease Investigation Guideline. Click the KDHE logo below to view the complete document.

Updates to the resource guide include:

- Links to the referenced CDC Web pages have been added throughout.
- Case definition: Removed geographic and travel information for suspect cases.
- Laboratory:
 - ◊ Discussion of the possible future need to prioritize specimens for testing and the importance of medical providers informing KDHE of any change in patient status that would result in testing being a higher priority.
 - ◊ Addition of a listing of approved alternative specimens.
- High-risk groups and pregnant women: Inclusion of women two weeks post-partum and special emphasis on treating empirically.
- Patient management: Links added to CDC algorithms for patient management.
- Exclusion period for ill healthcare workers: Modified to agree with new CDC guidance released Oct.14, 2009.
- Antiviral treatment: Modified with CDC guidance released Oct. 16, 2009, with emphasis placed on treating empirically and references to Peramivir IV use.
- Infection Control Guidelines in Healthcare: Modified based on CDC guidance released Oct. 14, 2009, and edited by addition of direct links to CDC Web-site.



The Bureau of Surveillance and Epidemiology at KDHE produces and publishes the 2009-10 Influenza Epidemiology and Surveillance Weekly Status Report every Thur. Data collected from several sites are used to generate this report.

To view the current or previous reports online, please click the Epi logo above. Questions regarding this report can be directed to the Epidemiology Hotline at (877) 427-7317.

Conference Call Information

Every Fri. KDHE sponsors a conference call on H1N1 for LHD and community partners. The call is scheduled for Nov. 6, 10 - 11:30 a.m. The new conference call number is **(866) 725-4463**, code is **33278135**.

A recording of the Fri., Oct. 30, 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, 33278134

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

OPERATION UPDATES

Antiviral Medication and Personal Protective Equipment Briefing

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

KDHE continues to work with commercial pharmacies, hospitals, and safety net clinics for full participation in the Kansas Antiviral Dispensing network. To date 48 pharmacies, 30 hospitals, and 17 safety net clinics have enrolled and signed contracts. KDHE staff will continue to follow up with interested facilities to promote their completion of the enrollment process including registering of Kansas Countermeasure Response Administration System (KS-CRA) users.

KDHE conducted a survey of hospitals to determine the types and supply of N95 respirators currently being used. KDHE is attempting to anticipate the equipment needs of healthcare facilities for respirators. KDHE is working with federal partners at the Strategic National Stockpile (SNS) to fulfill respirator needs if required. However, please note that some of the models of N95 respirators used by Kansas facilities are not available in the SNS. KDHE is developing a personal protective equipment (PPE)-specific SNS request form that will be distributed to local hospitals in the coming weeks. This request process will be as outlined in the Kansas SNS Plan. Facilities will send their completed requests to their county emergency manager who will then forward the request to the Kansas Division of Emergency Management for processing, which in turn will coordinate with KDHE.