PUBLIC HEALTH CONNECTIONS
H1N1– WEEKLY EDITION

NOVEMBER 16, 2009 - VOLUME 16

H1N1 INFLUENZA PARTNER CONFERENCE CALL FROM FRIDAY, NOVEMBER 13, 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.

Making Tough Choices in a Health Emergency

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

What ought to happen in a public health emergency if the number of patients needing acute medical care rapidly exceeds the capacity of hospitals to provide it?

What should be done if the health care needs of the community are suddenly so great that they overwhelm the ability of the health care system to provide care at the usual high standards?

In such a crisis – whether it's due to a natural disaster, a terrorist attack, or a flu pandemic – how should hospitals allocate scarce life-saving resources in the face of crushing patient demand?

These are not easy questions. In fact, they are downright uncomfortable for most people to think about. We Americans aren't used to dealing with shortages, least of all when we need emergency care in a hospital.

But in Kansas we know that good planning means that we think long and hard about tough questions like these, as many other states are doing in the name of preparedness.

Now, thanks to a team of experts in health care, law and ethics led by the Kansas Health Institute and KDHE, we are beginning to find some practical answers. The fruits of the panel's hard work can be found in a report entitled, "Guide for planning the use of scarce resources during a public health emergency," which was released Nov. 13.

During an overwhelming public health emergency there may not be enough medications, equipment or available hospital staff to offer everyone the same excellent care we are accustomed to receiving in Kansas hospitals. At such times, it may be necessary to shift the usual practice of hospitals doing everything to save each life to a model of allocating scarce resources in a different manner to save as many lives as possible.

For example, in Kansas hospitals there are only so many mechanical ventilators, machines that breathe for patients unable to breathe for themselves. If hospitals are flooded with patients in respiratory distress due to a severe flu pandemic or another disease, doctors will be forced to decide who gets hooked up to a machine and who doesn't.

Using sound ethical principles, the new guide provides some direction in solving such dilemmas. Instead of treating the sickest or most injured first, it suggests that doctors focus instead on reserving scarce treatment resources for individuals who have both a critical need and are likely to survive.

A person's gender, social class, race or insurance status would have no place in decisions about their access to critical treatments. Neither would considerations of patients' ages or judgments about their "quality of life." Instead, decisions about allocating scarce resources such as mechanical ventilators in an emergency would depend entirely on objective clinical evaluations, performed in each hospital by independent physicians.

In the case of patients vying for a finite number of breathing machines, each would be scored on the function of major organ systems. Those most likely to die without the use of a ventilator, but with a high probability of surviving if they can use one, would get the highest priority.

The guidance in the report is strictly voluntary. It doesn't lay down rules or mandates for hospitals to follow. The report is currently being shared with Kansas doctors and hospital administrators for their review and comments.

Members of the public will also be given an opportunity soon to offer their views. Understanding of this complex topic by both health care professionals and the public is essential well before there is an emergency that causes critical resources to become scarce.

No one likes to imagine such an emergency. For the moment, the H1N1 flu pandemic is not putting such a strain on our health care system that the measures proposed in the report would come into play. But we would be remiss not to plan for a day when lifesaving health care resources do fall short in the face of overwhelming needs.

This new report represents a significant step forward in such planning for Kansas. To read the full report, click the KHI logo on the right .

Conference Call Information

Every Fri. KDHE sponsors a conference call on H1N1 for LHDs and community partners. The call is scheduled for, 10 - 11:30 a.m. on Nov. 20. The new conference call number is **(866) 725-4463** and the code is **33278137.**

A recording of the Fri., Nov. 13, 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, 33278136

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

Community Mitigation Report

presented by Brenda Nickel, Child Health Consultant
Bureau of Family Health, KDHE

Updated, Interim Guidance: Considerations Regarding 2009 H1N1 Influenza in Intrapartum and Postpartum Hospital Settings

Updated guidance from the Centers for Disease Control and Prevention (CDC) clarifying clinical considerations related to management of suspected or confirmed maternal infection with 2009 H1N1 influenza virus infection within labor and delivery, postpartum, and newborn care settings in hospitals was released Nov.10. To view the document, click on the image above.

New *Resources for Businesses and Organizations*

The Center for Infectious Disease Research and Policy (CIDRAP) and the Society for Human Resource Management (SHRM) have released a new document called, ***Doing Business During an Influenza Pandemic: A Toolkit for Organizations of All Sizes.*** The toolkit provides human resource policies, protocols, templates, tools, and tips for use by businesses and organizations of any size. The document integrates federal guidance with practical suggestions to protect employee health, operations, and customer relations. The document can be accessed by clicking the image to the right.

New *Frequently Asked H1N1 Questions for Food Handlers*

The Frequently Asked Questions (FAQs) regarding 2009 H1N1 Flu and considerations for food handlers and food service is posted at Flu.gov under the Business Planning category. The U.S. Food and Drug Administration answers questions about employees who may be ill with H1N1, reinforcing that influenza viruses are spread through inhalation or through the touching of contaminated surfaces, then touching of the mouth, nose, or eyes. H1N1 is not transmitted through food. The transmission of the virus in a food-service venue could occur through the normal routes of infection that could happen in any public or private setting—inhalation of the virus expelled by infected individuals when coughing or sneezing or by touching any surface contaminated with the virus and then touching the mouth, nose, or eyes. To view the questions and answers, click the Flu.gov 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]

Antiviral Medication and Personal Protective Equipment Briefing

presented by Michael McNulty, Operations Director
Bureau for Public Health Preparedness (BPHP), KDHE

On Nov. 12 KDHE packed and shipped a case of Tamiflu 75mg to each of the 68 commercial pharmacies that are participating in the Kansas Antiviral Dispensing Program. Of these initial 68 pharmacies, 54 are Walgreens Stores. After KDHE has received confirmation that these facilities have received their shipment, a listing of facilities that provide state cache medication will be made available on the KDHE Website. As facilities continue to complete the registration process, including the Kansas Countermeasure Response Administration System (KS-CRA) user agreement, those facilities will be shipped a "starter" case of Tamiflu 75mg. The antivirals are to be used for uninsured and underinsured patients presenting a prescription written by an appropriate prescribing authority.

KDHE is continuing to recruit interested facilities to participate in the Kansas Antiviral Dispensing Program with a goal of providing as wide of coverage as possible for Kansans. As of Nov. 12, 183 pharmacies, 49 hospitals and 35 safety net clinics have contracted with KDHE to participate in the antiviral program.

The KS-CRA system training for participating antiviral sites, including commercial pharmacies, can be found on KS-TRAIN by clicking on the logo. The course is titled, "Countermeasure Response Administration, Antiviral Tracking Training," course number [1019768]. Facilities being provided state cache antiviral medications will receive a handout concerning this training, and are encouraged to complete the training and retain the material for reference. Please contact Sonia Jordan at sjordan@kdheks.gov or (785) 296-5201 if you have questions about the CRA system or the training.

PUBLIC INFORMATION

H1N1 Public Information Office Conference Call

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

KDHE is finalizing the reallocation of promotional materials for health departments that were interested in receiving additional supplies. These items will be mailed out the week of Nov. 16.

English- and Spanish-language vaccination posters as well as Spanish prevention posters will sent out to all local health departments. H1N1 public service announcements will begin running in some movie theatres across the state this week.

PLANNING UPDATE

Vaccination Campaign Report

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

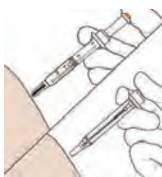
The Kansas Immunization Program (KIP) report for Nov. 13 included details on the Advisory Committee on Immunization Practices **(**ACIP**)** and KDHE recommendations for high priority groups for H1N1 vaccination, a vaccine distribution allocation update and clarification of **two** dose requirements for H1N1 vaccine:

- Children 6 through 35 months need **two** doses 0.25ml each
- Children 3 through 9 years need **two** doses 0.5ml each
- Vaccine doses should be separated by 28 days.
- If the second dose is given 21 days or more after the first dose, it does not need to be repeated.
- Although recommended, the second dose does not have to be the same vaccine type or brand as the first dose.

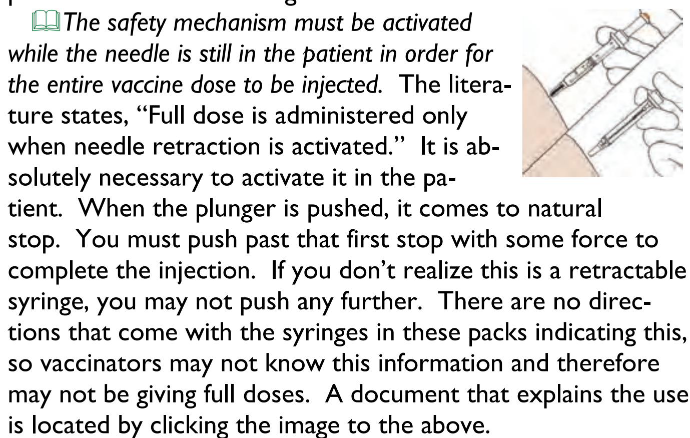
Please note the following procedures for the **Thanksgiving H1N1 Vaccine delivery schedule:**

- Orders placed on Fri., Nov. 20 and Mon., Nov. 23 will be delivered to providers on Tues, and Wed., Nov. 24-25. If submitting orders on Nov. 20 or 23, please ensure that providers will be available during all stated office hours on these dates to receive H1N1 vaccine shipments.
- The holiday shipping schedules for H1N1 vaccine and supplies are slightly different from those for routine Vaccine for Children (VFC) vaccines, including seasonal flu vaccine, and are being separately distributed and communicated.
- If your clinic will not be open at any time during Thanksgiving week, and you are placing a vaccine order, please make note of this information on your vaccine order form.

The KIP conference call also reported specific ancillary supply kit details on the VanishPoint syringes in H1N1 kits. Debbie McNary, RN, BSN from Jefferson County Health Department provided KIP the following information.



The safety mechanism must be activated while the needle is still in the patient in order for the entire vaccine dose to be injected. The literature states, "Full dose is administered only when needle retraction is activated." It is absolutely necessary to activate it in the patient. When the plunger is pushed, it comes to natural stop. You must push past that first stop with some force to complete the injection. If you don't realize this is a retractable syringe, you may not push any further. There are no directions that come with the syringes in these packs indicating this, so vaccinators may not know this information and therefore may not be giving full doses. A document that explains the use is located by clicking the image to the above.



Influenza Vaccination Information

Vaccine	Dose	Lot Number	Manufacturer	Date
2009 H1N1	1st			__/__/__ mm dd yy
2009 H1N1	2nd			__/__/__ mm dd yy
2009–10 Seasonal	1st			__/__/__ mm dd yy
2009–10 Seasonal	2nd			__/__/__ mm dd yy

Attention: Complete this section if a second dose is recommended.
Reminder! Return for a second dose! / ¡Recuerde! ¡Regrese por la segunda dosis!
☐ 2009 H1N1 influenza vaccine / Vacuna contra la influenza H1N1 2009 Date/Fecha: __/__/__
☐ 2009–2010 seasonal influenza vaccine / Vacuna contra la influenza estacional 2009–2010 Date/Fecha: __/__/__

Per the request of listeners this newsletter includes the following Influenza Vaccination Record information. CDC recently made a slight revision and posted its Influenza Vaccination Record card on the "2009 H1N1 Flu: Free Resources" section of its Website, click the vaccation chart to view. When you are on the Free Resources Web-page, scroll down to the item titled "2009-10 Influenza Vaccination Record Card, Oct. 30, 2009." The card previously was not available on the CDC Website.

Please click the image on the right to view the complete KIP report.

EPIDEMIOLOGY/SURVEILLANCE

Epidemiology and Surveillance Update

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

Dr. Joseph "Buzz" Prejean of CDC is on field assignment to assist with epidemiology and surveillance in Kansas. Dr. Prejean's projects include: improvements in weekly epidemiology and surveillance report; improvements in process documentation and efficiencies; evaluation of surveillance activities; and special projects.

Confirmed pandemic H1N1 Influenza A deaths announced for the week of Nov. 7 include a 53 year-old woman from south central Kansas with underlying health conditions and a 48 year-old woman from the Topeka metropolitan area with no underlying health conditions.

CDC has issued new estimates of cases, hospitalizations, and deaths on Nov. 12, 2009 for the period covering Apr. – Oct. 17, 2009:

- Total cases: ~22 million (range: ~14 million - ~34 millions)
- Hospitalizations: ~98,000 (range: ~63,000 - ~153,000)
- Deaths: ~3,900 (range: ~2,500 - ~6,100)

Highlights from Epidemiology and Surveillance Weekly Status Report (week ending 11/07/2009)

- Influenza activity remains extremely high and widespread
- 11th straight week of elevated activity
- Apparent decline in activity across several indicators needs to be kept in context
  - ◊ Typically, percent of visits to outpatient clinics in ILINet is two percent this time of year, but we are currently at 5.6 percent
  - ◊ School statewide absenteeism
    1. 16 percent of high schools reporting 10 percent or higher absenteeism
    2. 15 percent of middle schools reporting 10 percent or higher absenteeism
    3. 11 percent of elementary schools reporting 10 percent or higher absenteeism
    4. Average absenteeism rate is ~5 percent, so substantial percentage of schools are reporting absenteeism rates that are at least twice normal rate
  - ◊ There can be considerable variation by geographic area
    1. Example: southeast region rate for influenza like illness (ILI) was 12 percent last week (ILINet data)
    2. Southeast region also had high rates of school absenteeism