



PUBLIC HEALTH CONNECTIONS

H1N1- WEEKLY EDITION



NOVEMBER 23, 2009 - VOLUME 17

H1N1 INFLUENZA PARTNER CONFERENCE CALL FROM FRIDAY, NOVEMBER 20, 2009

Due to the Thanksgiving Holiday there will be no H1N1 Conference Call on Fri., Nov. 27. The next conference call will be Fri., Dec. 4.

A Message from the State Health Officer

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

Kansas Department of Health and Environment (KDHE)



Despite tremendous efforts by local health departments (LHDs) and others, there is a widespread perception that public health is falling short in decreasing the spread of H1N1 Influenza A. The unexpectedly low supply of vaccine has forced us to focus, until now, on narrower populations, that are deemed most severely impacted by the disease. The result is a scramble to promote

the vaccine and its efficacy while simultaneously restricting access.

This has led to a confused, frustrated public, who may be losing interest. A recent poll indicated that 46 percent of adults who would be identified in the Advisory Committee on Immunization Practices (ACIP) five priority groups said they do not plan on getting the vaccination. Of those, 38 percent worry that the vaccine isn't safe, and 32 percent don't believe they need vaccine because they do not believe the disease is serious enough. A full 62 percent of U.S. adults are telling pollsters they do not want the vaccine.

Every person makes their own cost-benefit analysis in deciding about the vaccine. Is getting the vaccine worth the risk of side effects? Is it worth the trouble? Stories about long lines deter people from receiving vaccine. We have to say resolutely that the risks are far greater when you take your chances with the wild virus, and that getting the vaccine is definitely worth the trouble.

It is very likely that there will be a third wave with this pandemic, and there are plenty of susceptible people to allow this wave to occur, either because of holiday travel or later for reasons we can't fully explain. As much as 80 percent of the population is not immunized, and have not been infected, so they are susceptible. This includes many thousands in Kansas who many think they had H1N1 flu, but in fact have not. Our laboratory, every day, tests many dozens of specimens all from patients suspected of having H1N1, but only a minority are now testing positive for H1N1.

With the poll results we just looked at and the low perception of risk in the public, many counties around the state are asking if they should expand their target populations. Probably there are still 1 million Kansans in the five priority groups who have not been offered this vaccine. Lower risk individuals have been contacting health departments, and I can well imagine they can be hard to refuse and turn away. Also, do-

ing more intensive outreach to the priority groups that are not presenting themselves is a labor-intensive process.

We would like to suggest that each LHD consider expanding target populations to everyone in the five ACIP groups, including adults with chronic conditions up to age 64. If you have persons outside these groups actively seeking vaccine, we would prefer that they not be turned away. Of course, the decision about who receives vaccine in each county is up to each LHD. This is only our recommendation at this time, given what we are hearing about the level of demand around the state and what we can anticipate in terms of supply through December.

In the next few days we will point you toward promising practices for reaching out to specific groups that need this vaccine but may not present themselves easily due to various socioeconomic and/or physical or medical constraints.

KDHE staff have been meeting with the Kansas Division of Emergency Management and members of Governor Parkin-



son's office to set clear guidelines as to where and when a Declaration of Emergency can be made and the potential for issuing of executive orders. Under Kansas law, the available time we have for a state declaration of emergency is limited, so the timing of this is important.

Because of the unexpectedly low allotments of vaccine, it appears that we have been more limited by number of doses of vaccine available rather than the number of vaccinators. If we get to the point where we could use additional immunizers, then we have been assured that a declaration can be made. In the meantime, we would appreciate getting information on your needs for additional professional staff to vaccinate, beyond those who are now legally permitted to do that. Please communicate your needs via H1N1flu-info@kdheks.gov.

Briefing Notes

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

- Approximately 200 days into pandemic with the H1N1 virus as the dominant strain worldwide. The H1N1 has not mutated significantly since the spring. The virus remains closely matched to the strain in the vaccine and remains susceptible to antivirals, with few exceptions.
- H1N1 activity has dropped, but is still at record levels for this time of year.
- So far, the increased patient loads in Kansas hospitals have been manageable and hospitalizations have declined from rates seen a couple of weeks ago.
- Traveling increases during the holidays, and public health can expect the virus to take advantage of this.

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- Upwards of 40 million Americans have received the vaccine. The vaccine is extremely effective in protecting against disease.
- Reports of adverse events are generally mild and similar to what would be seen with seasonal flu vaccine. The World Health Organization (WHO) reviewed adverse events reports from around the world and came to the same conclusion.
- Federal stockpile antivirals have been dispensed to 89 pharmacies in Kansas, in addition to safety net clinics and hospitals. Another 189 pharmacies are in the process of enrolling. These can be located on the KDHE Website at www.kdheks.gov/H1N1.
- The world learned last week about an interesting covariance of pneumococcal disease with flu. Public health is being asked to remind people that there are two pneumococcal vaccines that can help prevent the disease.

- Vaccine administration and recommendations including:
 - ◊ An updated guidance for the use of CSL H1N1 vaccine was released 11/19/09;
 - ◊ CDC issued clarification of the dose spacing for the two-dose requirement for H1N1 vaccine for children 6 months through 9 years of age;
 - ◊ CDC guidance was issued for administration of seasonal influenza and other vaccines with pandemic H1N1 influenza vaccines;
- Vaccine documentation and **IMPORTANT** administration reporting.

PLANNING UPDATE

Vaccination Campaign Report

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

The Kansas Immunization Program H1N1 briefing for Fri., Nov. 20 includes the following information. Click the image on the right to read the complete report.



- Specific details on the ACIP and KDHE recommendations for targeted groups to be vaccinated;
- New information resources from CDC on H1N1 and people with disabilities and persons with asthma;
- Vaccine allocation, distribution and **Thanksgiving H1N1 Vaccine Delivery Schedule:**
 - ◊ Orders placed on Fri., Nov. 20 will be delivered to providers on Tues., Nov. 24. Orders placed on Mon., Nov. 23 will be delivered to providers on Wed., Nov. 25. If LHDs submitted orders Nov. 20 or Mon., Nov. 23, please ensure that providers will be available during all stated office hours on these dates to receive H1N1 vaccine shipments.
 - ◊ 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.
- Ancillary supply kit update:
 - ◊ CDC has provided an updated overview of the content of the ancillary supply kits. Click the CDC logo to link to the KDHE H1N1 Website then to the CDC document.



Influenza Vaccination Resources

"Fundamentals of Influenza Vaccine Administration, Storage, and Handling (Seasonal and H1N1)", initially presented on Fri., Nov. 13 is now available. Vaccinators can view the Webinar, download the presentation slides and quick reference chart for needle length and injection site for inactivated influenza vaccine.



"2009 H1N1 Monovalent Influenza Vaccine Ancillary Supply Kit Overview November 12," is available by clicking the syringe. Vaccinators can download the full description of all possible items provided in the H1N1 Vaccine Ancillary Supply Kits.

"The Becton Dickinson (BD), Just-in-time Training," Website is now available by clicking on the image to the right. Vaccinators can download BD product-specific training materials and videos.



Pneumococcal Vaccination Recommended to Help Prevent Secondary Infections



The Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) recommends a single dose of pneumococcal polysaccharide vaccine (PPSV) for all people 65 years of age and older and for persons 2 through 64 years of age with certain high-risk conditions. Among those with high-risk conditions for pneumococcal disease, most are also at high risk for severe complications from influenza. Special emphasis should be placed on vaccinating adults under 65 years of age who have established high-risk conditions for pneumococcal disease. PPSV coverage among this group is low and this group may be more likely to develop secondary bacterial pneumonia after an influenza infection. All children younger than 5 years of age should continue to receive pneumococcal conjugate vaccine (PCV7) according to existing recommendations.

OPERATION UPDATES

Community Mitigation Report

presented by Mary Murphy, Director Compliance and Regulation Bureau of Child Care and Health Facilities, KDHE



The Centers for Disease Control and Prevention (CDC) recently updated guidance for Pregnant Women Working in Educational, Child Care, and Health Care Settings, (click the image to the left to view the updated guidance). There is

also a link for this information on the KDHE H1N1 Website under Schools, Educational Institutions and Child Care Providers, www.kdheks.gov/H1N1/H1N1_guidance_schools.htm.



As a reminder, CDC has a number of helpful resources available regarding H1N1 and children with high-risk medical conditions including:

- Action Steps for Parents of Children at High Risk for Flu Complications can be viewed by clicking the image to the right.
- Brochure for Parents : Seasonal and 2009 H1N1 Flu can be viewed by clicking on the image to the left.



Antiviral Medication Briefing

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



On Nov. 17, KDHE began listing those commercial pharmacies that have state cache medications on the Website to assist underinsured patients in locating prescribed antiviral medication. Click the H1N1 One Bad Bug logo to view this Web page. This map will be updated every Tues. to include new locations that

receive state cache medication. Last week, KDHE shipped antiviral medication to an additional 21 commercial pharmacies across the state. There are currently over 180 commercial pharmacies in the process of becoming approved sites for antiviral distribution. In addition, 92 hospitals have registered, and 52 of those have signed contracts.

On Nov. 16, KDHE sent to hospitals and emergency managers a Kansas Health Alert Network (KS-HAN) notice that included the 2009 H1N1 Kansas Medical Material Request Form. This form is to be used by medical facilities when making requests for personal protective equipment from the SNS that KDHE has received. KDHE requires that facilities and counties use all local and commercial avenues for providing this material prior to making an SNS request.

PUBLIC INFORMATION

H1N1 Public Information Office

presented by Mike Heideman, Communication and Training Specialist, BPHP, KDHE



Advertisements to encourage H1N1 awareness and vaccination will begin showing this week in many movie theaters across the state.

KDHE has worked with Envision, the company that provides printed materials to Vaccine for Children (VFC) providers, to make H1N1 health education materials available for ordering. VFC providers can now access the order site through the Immunization Program's regular materials ordering page. Public Information Officers (PIO) and VFC coordinators at larger facilities should make an effort to coordinate with one another to make sure the publications available through the VFC publication ordering site are distributed.

KDHE is distributing H1N1 vaccination posters to all LHDs and have allocated all the other promotional items available. Those interested in ordering more items using their H1N1 funding can contact Brush Art, the vendor that developed the materials under KDHE contract.

Lastly, there will not be a PIO conference all on Fri., Nov. 27 due to the Thanksgiving Holiday.

View the latest updates and resources on the H1N1 flu outbreak in Kansas.



Where can I receive the H1N1 vaccine?

State Antiviral Medication Sites

PUBLIC INFORMATION

Local Health Departments



Many of Kansas' LDHs are finding creative ways to inform the public on the H1N1

virus. Click on the Lawrence-Douglas County Health Department logo to view their Website. They have included a video by Dr. John Clarke who was the Department of Health and Human Services' flu video contest winner this year. Entrants were asked to create a video to inform people about the flu and motivate them to take steps to prevent its spread.

Conference Call Information

Every Fri. KDHE sponsors a conference call on H1N1 for LHDs and community partners. The next call is scheduled for 10 - 11:30 a.m. on Dec. 4. The new conference call number is **(866) 725-4463** and the code is **[33278144]**.

A recording of the Fri., Nov. 20, 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, **[33278137]**

If you have questions 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](#)

EPIDEMIOLOGY/SURVEILLANCE

Bureau of Surveillance and Epidemiology Briefing

*presented by Daniel Neises, Epidemiologist
Bureau of Surveillance and Epidemiology, KDHE*

Although influenza activity is declining by several measures as detailed below, influenza activity throughout Kansas remains high and widespread, particularly for this time of year.

The percentage of influenza-like illness (ILI) visits at outpatient clinics decreased for the third consecutive week and is currently at 4.6 percent. Since the peak that occurred the week ending Oct. 24, the rate of ILI has declined by an average of 25 percent per week. Despite the downward trend, the percentage of ILI visits remains above the expected levels during a normal influenza season.

The statewide rate of hospital admissions for pneumonia or influenza per 100 bed days decreased from 0.80 compared to 0.56. The percentage of hospitals reporting increased demand for patient care services decreased throughout the state for the third week in a row. Seven (5.7 percent) hospitals reported an increased demand for patient care services.

Twenty-four (6.5 percent) of the 367 deaths reported to KDHE during the week ending November 14 were due to pneumonia or influenza, a decrease compared to the previous week.

The statewide percentages of schools reporting 10 percent or greater absenteeism continued to decrease for all categories compared to the previous week: from 10.3 to 9.9 percent for elementary schools, from 14.2 to 13.6 percent for middle schools, and from 15.4 to 12.8 percent for high schools. Absenteeism was regionally variable; increases were reported in all schools in the northeast region, in elementary schools in the southeast region, middle schools and high schools in the Kansas City region, and high schools in the south central region.

The percentage of submitted specimens which tested positive for influenza A (2009 H1N1) decreased for the third consecutive week. During the week ending Nov. 14, 193 specimens were tested by Kansas Health and Environmental Laboratories (KHEL). Of these, 49 (29 percent) tested positive for influenza A (2009 H1N1).

Since Oct. 10, a total of 1,543 specimens have been submitted to the KHEL for testing. Of these, 810 (52 percent) have tested positive for influenza A (2009 H1N1).