



# PUBLIC HEALTH CONNECTIONS

## H1N1- WEEKLY EDITION



DECEMBER 7, 2009 - VOLUME 18

### H1N1 INFLUENZA PARTNER CONFERENCE CALL

Starting on Fri., Dec. 18, the Kansas Department of Health and Environment (KDHE) is moving to a bi-weekly schedule for the H1N1 conference calls. Due to the New Year's holiday, it will be three weeks until the next call on Fri. Jan. 8.

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

#### Third Wave is Expected

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



The second wave of the H1N1 is waning, but a third wave is expected later this year or early in 2010. Our emphasis now is to mitigate against a steep and severe third pandemic wave. This presents a real challenge with regard to communicating the importance of getting vaccinated.

To decrease the rise of a third wave, the Kansas Department of Health and Environment is beginning a statewide media campaign to reach the priority groups while continuing to support local efforts to expand community vaccine availability (see the Kansas Immunization Program Report for specific details). KDHE is also working with the Kansas Health Institute on a plan for allocating scarce resources in the event of a severe pandemic.

National highlights:

- As of the week of Nov. 23, the second wave of the H1N1 pandemic had decreased. Case numbers are still unusually high for this time of year, but nothing like what was seen in Oct. In other good news, Dec. 2 was the first day since Aug. 26 in which zero H1N1 cases were reported in Kansas.
- 32 states in the west and northeast are still reporting "widespread" activity. "Widespread" influenza activity reports are down from 48 states five weeks ago.
- Hospitalizations around the country continue to drop.
- At least 22 million Americans have been infected with H1N1 Influenza A, and 98,000 have been hospitalized. About 4,000 have died.
- Only a quarter of the U.S. population has some level of immunity, leaving the remaining 75 percent unprotected.
- Seasonal flu remains insignificant compared to H1N1 activity, but there have been a handful of confirmed H3N2 cases in recent weeks. One case resulted in a death in Oklahoma.
- There are a number of news stories of influenza viral mutations around the world. One is related to Tamiflu resistance with 75 cases around the world.

- It is not clear what kind of threat the D222G virus mutation presents and it remains extremely rare. It may be a mutation that helps the virus attach to the lungs. This mutation has appeared in the U.S., Norway, Brazil, Ukraine, China, Japan and Mexico.



- New Mexico sees higher rates of H1N1 flu deaths among American Indians click the Daily Times logo to view article.
- The MMWR published on Dec. 4 includes a vaccine safety summary. To view this summary, click the image on the left.
  - As of Nov. 20, after administration of 46 million doses of vaccine, a total of 3,182 adverse reports have been received. Ninety-four percent of those reports have been judged to be non-serious events such as soreness in the arm. All but 6 percent (177) involve serious health events such as hospitalizations. Among the 177, 11 ended in death. To date, there is no common cause or pattern.
- Ten reports of Guillian-Barre syndrome have been reported in vaccine recipients. There are 80 to 160 cases of Guillian-Barre that are expected to occur in the U.S. every week.



#### Conference Call Information Date Change

Every other Fri., KDHE sponsors a conference call on H1N1 for LHD and community partners. Next call is scheduled for 10 - 11:30 a.m. on **Fri., Dec. 18**. The new conference call number is **(866) 725-4463** and the code is **33278146**.

A recording of the Fri., Dec. 4, 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, which is **33278144**.

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

[Flu.gov](http://Flu.gov)

[CDC Website](http://CDC Website)

[KDHE Website](http://KDHE Website)

[Public Health Connections](#)

[ASTHO H1N1 Daily Update](#)

[Index of KDHE Publications](#) [KSDE Website](#)

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

## OPERATION UPDATES

### Antiviral and Personal Protective Equipment Points

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

KDHE distributed antiviral medication to an additional 22 commercial pharmacies during the week of Nov. 30. That brings the total number of commercial sites in the Kansas Antiviral Dispensing Program with materials in stock up to 111. Wed., Dec. 2, was the last day that KDHE actively recruited commercial pharmacies to become contracted participants in the program. From this point forward, KDHE will focus on encouraging contracted facilities to complete the Kansas Countermeasure Response Administration (KS-CRA) process and distribute starter kits of antiviral medication. Beginning next week, KDHE will finalize plans for redistributing antiviral medication among participating commercial and hospital pharmacies.

According to CDC infection control guidance for H1N1, "reasonable efforts" for obtaining additional N95 respirators are described as follows:

"where a shortage of respirators exists despite reasonable efforts to obtain and maintain a sufficient supply for anticipated needs, in particular for very high exposure risk situations such as some aerosol-generating procedures, a facility should consider shifting to a prioritized respirator use mode. In this mode, respirator use is prioritized to ensure availability for healthcare personnel at most risk from 2009 H1N1 influenza exposure...If a facility is in prioritized respirator use mode and unable to provide respirators to healthcare personnel who provide care to suspected and confirmed 2009 H1N1 influenza cases, the facility should provide those personnel with facemasks."



According to an Oct. 14, 2009, statement by the Occupational Safety and Health Administration (OSHA), "OSHA inspectors will ensure that healthcare employers implement a hierarchy of controls, including source control, engineering, and administrative measures, encourage vaccination and other work practices recommended by the CDC. Where respirators are required to be used, the OSHA Respiratory Protection standard must be followed, including worker training and fit testing."

The letter goes on to state, "that where respirators are not commercially available, an employer will be considered to be in compliance if the employer can show that a good faith effort has been made to acquire respirators. The employer will also need to implement a hierarchy of controls such as feasible engineering controls, administrative controls, and the use, as appropriate, of personal protective equipment, such as gloves and respirators to protect workers while providing close-contact care."

Finally, "an employer must prioritize use of respirators to ensure that sufficient respirators are available for providing close-contact care for patients with aerosol-transmitted diseases such as tuberculosis."

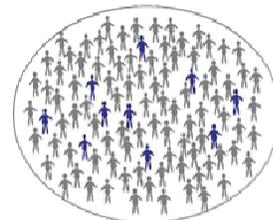
If facilities can document efforts to maintain supplies of N95 respirators utilized in the facility's respiratory protection program through order confirmations, order backlog statements, telephone notes, and appropriate requests to regional and state stockpiles, then the facility has likely made a good faith or reasonable effort to maintain their supply. This does not necessarily mean that the facility is required to change to different models of respirators if those models are not addressed in the facility's respiratory protection program. Facilities should continue to use the implemented hierarchy of controls and respirator prioritization use mode to promote the safety of the employees and patients.

## EPIDEMIOLOGY/SURVEILLANCE

### Epidemiology and Surveillance H1N1 Briefing Notes

*presented by Cheryl Banez-Ocfemia, Senior Epidemiologist  
Bureau of Surveillance and Epidemiology, KDHE*

The weekly Epidemiology and Surveillance Report is complete and can be accessed by clicking on the image to the right. Overall, influenza activity has continued to decrease in Kansas as measured by KDHE's various surveillance methods. Summarized below is the data for each of these methods.



1. Data reported through the outpatient, ILINet sites revealed a decrease in the percentage of ILI visits, from 3.0 percent the week ending Nov. 28, to 2.1 percent the week of Dec. 5, which is a level normally expected during this time of year.
2. The statewide rate of hospital admissions per 100 bed days decreased by almost 50 percent, from 0.60 the week of Nov. 21 to 0.33 the week ending Nov. 28.
3. The number of deaths due to pneumonia and influenza reported in Kansas also decreased by almost 50 percent (from 32 to 22); however, the proportion of all Kansas deaths caused by pneumonia and influenza increased from 5.9 percent to 7.7 percent. This might be a reflection of the fewer number of deaths that were registered, most likely because of the Thanksgiving holiday.
4. New data were available for persons reporting influenza like illness (ILI), as collected through the Behavioral Risk Factor Surveillance System (BRFSS) during the first two weeks of Nov. The percentage of adults reporting ILI in the previous two weeks (Oct. 16-31) decreased from 5.6 percent to 3.5 percent. The percentage of adults and children reporting ILI during the previous four weeks decreased from 11.2 percent to 9.3 percent for adults and from 42.6 percent to 37.5 percent for children. The percentage of households with at least one person experiencing ILI in the previous four weeks decreased from 33.5 percent to 27.5 percent.
5. The percentage of schools reporting 10 percent or greater absenteeism decreased for all categories compared to the previous week, from 6.2 percent to 4.3 percent for elemen-

*continue on next page*

continued from previous page

## EPIDEMIOLOGY/SURVEILLANCE

tary schools, from 9.0 percent to 4.1 percent for middle schools, and from 11.2 percent to 4.7 percent for high schools.

6. Since the last conference call, no new confirmed pandemic H1N1 influenza A deaths have been announced.

The Bureau of Epidemiology and Surveillance would like to reiterate how much KDHE relies on local partners, and appreciates your efforts in assisting to maintain the robust surveillance system that Kansas has. Only through systematic, ongoing collection of data (even during this period of decreased activity) will the state be able to quantifiably detect and monitor even the slightest decrease or increase in activity. Thank you for your commitment and dedication to the state's surveillance efforts.

### KHEL H1N1 Update

*Stacey Sandstrom, Health Chemistry*

*Kansas Health and Environmental Laboratories (KHEL), KDHE*

KHEL provided an update on the laboratory's testing algorithm that will be changing the week of Dec. 7. There were two considerations in making this decision. First, the Centers for Disease Control and Prevention (CDC) asked KHEL to conserve testing resources as much as possible. Second, as Kansas moves further into the normal influenza season, KHEL will most

likely be receiving a mix of novel H1N1 and seasonal influenza A and B specimens.

The laboratory's current algorithm does not detect for influenza B, only H1N1 and a generic influenza A. The algorithm has worked well so far because the prevalence of seasonal influenza has been minimal. However, this will most likely change and CDC still wants the surveillance data for both novel and seasonal influenza.

Starting next week, the state laboratory will test for influenza A and B on all samples that are received and approved for testing. Those samples that are negative for both influenza A and B will be reported as negative for influenza. The samples that are positive for influenza B will be reported as positive for influenza B. Samples that are positive for influenza A will be re-reflexed into a novel H1N1 panel and a seasonal A panel for confirmation and then results will be reported.

This new algorithm will add an additional three hours of testing to positive influenza A samples however, we will still achieve our 48-hour turn-around time under normal capacity situations. If the prevalence of H1N1 returns to higher levels, the laboratory may have to switch back to testing for influenza A only. Currently, KHEL will be testing for influenza B and influenza A, which includes novel H1N1.

The laboratory would like to thank everyone for their hard work and support throughout the last several months.



## PUBLIC INFORMATION

### Notes from the H1N1 PIO Call

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

The schedule for the Public Information Officer (PIO) conference will be changed to match the schedule of the weekly H1N1 call. The PIO call will now be held every other Fri. at 11:30 a.m., following the conclusion of the weekly H1N1 call. The next PIO call will be held Fri., Dec. 18.

The new H1N1 vaccine television public service announcement (PSA) with Bill Snyder, Coach, Kansas State University, has been finished and will begin airing across the state in the next few days. We will post the PSA on the KDHE Website where it will be available for viewing and download. The PSA will remind people of the target groups and that being vaccinated is the best defense against the H1N1 virus.



H1N1 vaccination messages will start airing on public radio stations across the state during the week of Dec. 2.

Just a reminder that KDHE has worked with Envision, the company that provides printed materials to Vaccine for Children (VFC) providers, to make available for ordering some of the H1N1 health education materials posted on the KDHE Website. VFC providers can now access the order site through the Kansas Immunization Program's regular materials ordering page (click the Bee).



The materials are provided free of charge to VFC providers. Topics include H1N1 prevention/education information targeted towards parents, pregnant women and seniors, as well as general questions and answers, and information on how to appropriately seek care for H1N1 flu. You will need to enter your VFC provider number to gain access to the ordering page. PIOs should talk with the VFC program coordinator at your facility about obtaining these materials so that they can be distributed to clients and within the community.

All information being submitted to us for publishing on KDHE's H1N1 vaccine locator Web page is also being uploaded to Google for posting on the Flu.gov vaccine locator.

KDHE is looking into additional advertising opportunities including billboards, newspapers, etc.

KDHE has added a question and answer section regarding pneumococcal/pneumonia vaccination to the Frequently Asked Questions list on the H1N1 Website (Individuals, Families and Communities page) and has also made this information available to KDHE phone bank operators. Click the H1N1 One Bad Bug logo to view.



## PLANNING UPDATE

### Vaccination Campaign Report

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

Kansas is going from a time with a lot of disease and not enough vaccine to a time where disease is gradually decreasing and the amount of available vaccine is steadily increasing. That leaves a window of opportunity for people to be protected by getting the vaccine. Providers should exercise clinical judgment in assuring that vaccine is administered to individuals in the high-risk groups as soon as possible.



Some counties' current vaccine allocation amounts are exceeding the vaccination demands of individuals in the five target groups, and therefore they are beginning to offer the vaccine to all who want it. Other counties still lack sufficient vaccine supplies to immunize all individuals in the five target groups.

As a result, a letter was distributed on Wed., Dec. 2 to all local health departments asking them to communicate unmet vaccine needs to Sue Bowden, Director, KIP, at [sbowden@kdheks.gov](mailto:sbowden@kdheks.gov). The letter also asked counties with vaccine supplies greater than the current week's needs to communicate a willingness to loan or reallocate vaccine doses to another county.

CDC issued clarification of the two-dose spacing for the two-dose requirement for H1N1 vaccine for children 6 month through 9 years of age. Click the link to read more.

There are nearly 44,000 Kansas children in the 6 month-9 year age group who have received H1N1 vaccination and will need the second dose, so instructions regarding the need to return once the first dose is given are very important and should be considered as part of vaccination clinic announcements or other publicity.

The Food and Drug Administration recently approved an-



other seasonal influenza vaccine, Agriflu, which is for people 18 years and older. It is manufactured in Italy and will be made available through Novartis as soon as all testing is complete.



The CDC has received reports of fraudulent emails (phishing) referencing a CDC-sponsored State Vaccination Program for H1N1. The messages request that users create a personal H1N1 (swine flu) Vaccination Profile on the CDC.gov Website.

CDC has **NOT implemented a state vaccination program requiring registration** on [www.cdc.gov](http://www.cdc.gov). Users that click on the email are at risk of having malicious code installed on their system. CDC reminds users to take the following steps to reduce the risk of being a victim of a phishing attack:

- Do not follow unsolicited links and do not open or respond to unsolicited email messages.
- Use caution when visiting un-trusted websites.
- Use caution when entering personal information online.

## OPERATION UPDATES

### UPDATED H1N1 Influenza A Vaccination Training

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

The course, "H1N1 A Vaccination Training" has been updated on KS-TRAIN. This 15-minute on-line course is sponsored by the Bureau of Disease Control and Prevention and the Kansas Immunization Program, KDHE.



The updated 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 and enter course # **1019464**.