



# PUBLIC HEALTH CONNECTIONS

## H1N1- WEEKLY EDITION



DECEMBER 21, 2009 - VOLUME 19

### H1N1 INFLUENZA PARTNER CONFERENCE CALL FROM FRIDAY, DECEMBER 18, 2009

Starting Fri., Dec. 18, the Kansas Department of Health and Environment (KDHE) moved 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, 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.

#### Vaccine Finally Arriving

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

If you've been putting off getting the vaccine against H1N1 flu, you needn't wait any longer.

In the past month, supplies of the H1N1 vaccine have doubled. Both the injected and nasal spray forms of the vaccine are now available in more places from more providers than at any time since immunization activities began in early Oct.



The vaccine is remarkably effective in preventing disease, almost perfectly matched to protect us against the target virus. And new data show that the H1N1 vaccine is also incredibly safe.

Pregnant women, children, and those with chronic medical conditions remain the priority groups for vaccination, but many Kansas counties have recently expanded availability to everyone who wants it. If predicted supplies materialize in coming weeks, there won't be a shortage of the vaccine in any Kansas community.

So what are you waiting for? Three reasons come to mind:

**Perhaps you don't think that H1N1 flu is a serious enough disease to bother getting the vaccine.** True, several new analyses of the mortality associated with this novel virus suggest that it is about 100 times less lethal than the strain that caused the 1918 pandemic, with only one death occurring in every 2,000 cases.

But consider this: While this flu bug doesn't kill a large share of the population it infects, it infects so many people that so far nearly 10,000 Americans have died from H1N1-related causes. Another 213,000 are thought to have been hospitalized, most of whom are much younger than those who typically suffer serious flu infections in a normal year.

If you can avoid even a small risk of hospitalization or death from H1N1 flu with a single dose of a safe vaccine, what have you got to lose in getting immunized?

**Perhaps you believe that the epidemic is over, so that immunization isn't necessary.** True, virus activity has dropped off sharply in Kansas and most other states since peaking in late Oct. Doctors and hospitals are seeing significantly fewer patients with flu-like illnesses now, and absenteeism in schools and workplaces has returned to normal levels.

But consider this: While autumn's so-called "second wave" of H1N1 flu is clearly over, pandemics are notorious for re-emerging in unpredictable ways. Many experts believe that a third wave is coming, perhaps in response to holiday travel and the return of millions of schoolchildren in January.

Three-quarters of Kansans have neither had this disease nor gotten the vaccine. That leaves about two million people in Kansas who remain susceptible to infection, more than enough human hosts to sustain a large third wave of infections.

Why take your chances with a possible third wave? Every additional vaccine given now will reduce the odds of a serious re-emergence of the pandemic later this winter.



**Perhaps you are unsure about the safety of the vaccine.** True, the vaccine was licensed for use on millions of people after clinical trials could demonstrate safety on only a few thousand study participants. While there was every expectation that the new vaccine was as safe as each year's seasonal flu vaccines, there has always been a slight possibility that a rare, unanticipated side effect would emerge.

But consider this: It hasn't happened. As of Dec. 4, after nearly 64 million doses of vaccine had been distributed, fewer than 5,000 reports of possible adverse reactions had been reported to federal authorities. That's less than one-hundredth of one percent reporting a problem. Of those, all but 277 reactions have been classified as "non-serious," such as soreness at the site of injection. Among the reports that could be considered serious health problems, no unusual events or patterns have emerged. The reported events do not appear to have a common cause, and are most likely coincidental with vaccination, but safety monitoring continues.

While no vaccine, or any medical intervention, is completely without risk, the H1N1 vaccine is proving to be a very safe and very effective product. This much is certain: getting the vaccine is far safer than getting infected with the pandemic virus.

So I ask you again: What are you waiting for?

**Included in Dr. Jason Eberhart-Phillips' comments during the Fri., Dec. 18 conference call were topics on:**

- H1N1 Influenza activity
- Influenza susceptibility
- Vaccination campaign promotion in Kansas
- Vaccine recall

Please click the H1N1-I Bad Bug logo to read the full report.



## OPERATION UPDATES

### Antiviral and Personal Protective Equipment

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

For facilities participating in the Kansas Antiviral Dispensing Program, please remember that all state-provided antiviral medication must be tracked in the Kansas Countermeasure Response Administration (KS-CRA) program. This may require back dating of material that was provided during the summer, prior to the full implementation of the KS-CRA program. It is a requirement of the federal program to track antiviral medication to the patient level. This information also helps provide KDHE leadership a more complete understanding of the impact of H1N1 on Kansans.

KDHE conducted the final antiviral distribution from the state warehouse to retail pharmacies the week of Dec. 10. Currently, BPHP staff members are verifying antiviral medication supplies with each facility. BPHP staff members are drafting the antiviral redistribution plan to be implemented after the first of the year. A top priority of the redistribution campaign will be to keep antiviral medication in counties that previously received it. If no facilities in a county choose to participate in the antiviral program, planners will consider travel patterns of county residents to guide the redistribution planning. Please remember that all commercial pharmacies participating in the Kansas Antiviral Dispensing Program that have state cache materials in stock are listed at the KDHE Website. Click the image at the right for details.



KDHE continues to receive requests from hospitals via the Kansas Division of Emergency Management for personal protective equipment (PPE) from the Strategic National Stockpile (SNS). Facilities requesting equipment should recall that all commercially, locally, and regionally available supplies should be exhausted or nearing immediate exhaustion prior to making a SNS request. In addition, facilities must ensure that the hierarchy of control measures and respirator prioritization use, as outlined by the Occupational Safety and Health Administration (OSHA), have been and will continue to be in place until non-SNS PPE is available to the facility.

### 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](#)

## 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 call 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., Jan. 8.

The new H1N1 vaccine public television service announcement (PSA) with Bill Snyder, Coach, Kansas State University, has started airing across the state and is posted on the KDHE Website (click the image to the right). The PSA reminds people of the target groups and that being vaccinated is the best defense against the H1N1 virus.



H1N1 vaccination messages have started airing on public radio stations across the state reminding people to get vaccinated against the H1N1 virus.

H1N1 fact sheets and brochures in English and Spanish can now be ordered free of charge by all local health departments and hospitals. Click the Vaccines for Children logo to go to the ordering Website.



KDHE is asking all counties to submit information on H1N1 vaccine availability to be included on the Vaccine Locator Website. We have received great clinic information from many counties but still need dates and sites from others. Information can be submitted online by clicking the button above or emailed to [H1N1ClinicLocator@kdheks.gov](mailto:H1N1ClinicLocator@kdheks.gov).



Please submit articles and photos for the Winter 2010 edition of the KS Preparedness Times newsletter by emailing Mike Heideman, Communications and Training Specialist, at [mheideman@kdheks.gov](mailto:mheideman@kdheks.gov). The deadline for submissions is 5 p.m. on Wed., Dec. 23.

### Conference Call Information

KDHE sponsors a bi-weekly conference call on H1N1 for local health departments and community partners. The next call is scheduled for 10 - 11:30 a.m. on Jan. 8, 2010. The conference call number is **(866) 725-4463** and the code is **4581771**.

A recording of the Fri., Dec. 18 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, **33278149**

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

## 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 course is sponsored by the Bureau of Disease Control and Prevention and the Kansas Immunization Program, KDHE. We encourage you to share the attached [registration tool](#) with your volunteers and the TRAIN Quick Guide (click the KS-TRAIN logo).

The updated training is to be used in the clinic setting to provide instructions for those who have limited knowledge on how to administer H1N1 monovalent influenza vaccine. Click on the title above to go to the KS-TRAIN Website to complete this course (#1019464).



## EPIDEMIOLOGY/SURVEILLANCE

### Bureau of Surveillance and Epidemiology Briefing

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

Highlights from the Epidemiology and Surveillance Fri., Dec. 18 briefing:

- Deaths reported since last teleconference
- New model-based estimates on cases, hospitalizations, and deaths released by the Centers for Disease Control and Prevention (CDC) on Dec. 10
- Two new surveillance priorities from CDC
- Highlights from Epidemiology and Surveillance Weekly Status Report (week ending 12/12/2009)
- Importance of reporting on time (by Tue. noon deadline)
- School-based absenteeism reporting

Click on the image of Charlie Hunt to view the full report.



## PLANNING UPDATE

### Vaccination Campaign Report

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

To read the full Kansas Immunization Program (KIP) conference call information for Fri. Dec. 18, click the image of Sue Bowden.



Vaccination campaign highlights include:

1. Vaccine manufacture and availability with specific details on the Sanofi vaccine recall; vaccine reallocation among counties; and the McKesson holiday vaccine shipping schedule for H1N1 vaccine and supplies
  - Week of Dec. 21 (Christmas Week)
    - Regular shipping on Mon.-Wed., Dec. 21-23 (with vaccine arriving during stated business hours on Dec. 24)
    - No shipping on Dec. 24-26
    - Shipments resume Dec. 27
  - Week of Dec. 28 (New Year's Week)
    - Regular shipping on Mon.-Wed., Dec. 28-30 (with vaccine arriving during stated business hours on Dec. 31)
    - No shipping on Dec. 31-Jan. 2
    - Shipments resume Jan. 3

**If your clinic will be closed additional days due to the holidays, please let the KIP office know so that other shipping arrangements can be made.**

2. Vaccine target groups and recommendations, including private provider enrollment
3. Vaccine administration and recommendations with new updates on the inactivated H1N1 vaccine standing orders; CDC guidance regarding dose spacing and administration with seasonal influenza; new document on differentiation between the appearance of seasonal influenza and H1N1 influenza vaccine packaging
4. Ancillary supply feedback information
5. Vaccine administration reporting