



# Public Health Message

## from the Fort Wayne-AlLEN County Department of Health

Human Influenza A Virus (H1N1)

Deborah A. McMahan, MD – Health Commissioner

STATUS REPORT – 10/07/0909

John Silcox – Communications Director

### GLOBAL UPDATES:

- The 2009 H1N1 influenza virus remains the predominant influenza virus in circulation worldwide and has not demonstrated significant mutation.

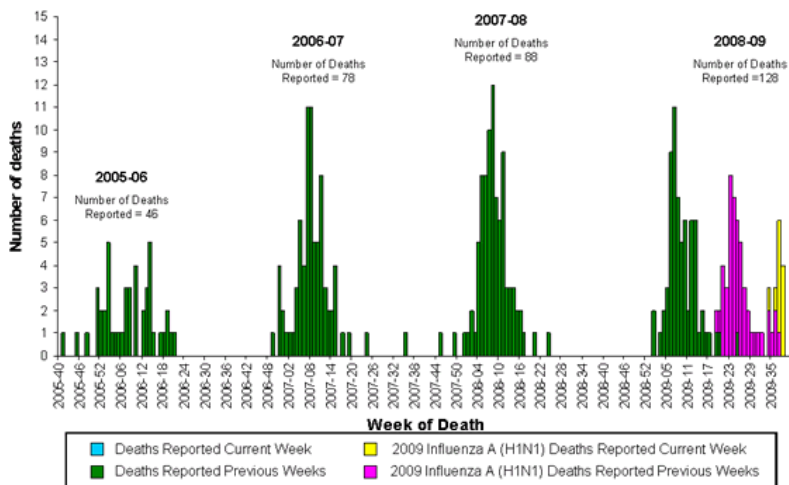
### NATIONAL UPDATES:

#### Current Flu Epidemiology

Week ending September 26, 2009

- 99% of all subtyped influenza A viruses being reported to CDC were 2009 influenza A (H1N1) viruses.
- The proportion of outpatient visits for influenza-like illness (ILI) was above the national baseline. Indiana increased to widespread activity.
- H1N1 virus remains sensitive to Tamiflu and Relenza
- Eleven influenza-associated pediatric deaths were reported and all eleven were associated with 2009 influenza A (H1N1) virus infection.
- Twenty-five (41.7%) of the 60 children with confirmed 2009 influenza A (H1N1) infection had a specimen collected from a normally sterile site; seven (28.0%) of the 25 children had a positive bacterial culture; five of which were positive for *S. aureus*. Two of the *S. aureus* isolates were sensitive to methicillin and three were methicillin resistant. Other bacteria identified include *Streptococcus constellatus*, *Pseudomonas aeruginosa*, *Streptococcus*, and *Enterococcus*.

**Number of Influenza-Associated Pediatric Deaths  
by Week of Death:  
2005-06 season to present**



### New Recommendations:

Questions and Answers on 2009 H1N1 Vaccine Financing

[http://www.cdc.gov/H1N1flu/vaccination/statelocal/vaccine\\_financing.htm](http://www.cdc.gov/H1N1flu/vaccination/statelocal/vaccine_financing.htm)

Vaccine administration can be billed to public and private insurance in much of the same way that they currently are billed for the seasonal influenza vaccine.

**Can vaccination providers charge or bill for the 2009 H1N1 vaccine?**

No. 2009 H1N1 influenza vaccine and ancillary supplies (syringes, needles, sharps containers, and alcohol swabs) have been purchased by the federal government and provided free of charge to all providers participating in this voluntary vaccination effort. Therefore, it will not be permissible to charge for the 2009 H1N1 vaccine itself.

**Can vaccination providers charge or bill for administration of the 2009 H1N1 vaccine to patients?**

Yes. While every effort is being made to ensure that cost is not a barrier for patient receipt of vaccine, providers may charge or bill for vaccine administration. Any public or private provider who is designated as a 2009 H1N1 vaccinator by the public health authority in the jurisdiction where they practice can participate in the 2009 H1N1 vaccination program. In addition to physicians, private providers may include commercial community vaccinators (CCV) such as pharmacies, retail-based clinics, urgent care centers, and medical services firms. Public providers may include state and local health departments and Health Centers (HCs), including any federally qualified health center (FQHC) whether public or private.

**What Current Procedural Terminology (CPT) codes are available for submitting a claim for administration of 2009 H1N1 vaccine to a private health insurance plan?**

The currently established CPT code for 2009 H1N1 vaccine is s90663 (influenza virus vaccine, pandemic formulation, H1N1). This code may be reported in conjunction with the unique CPT code for H1N1 vaccine administration: I90470, H1N1 immunization administration (intramuscular, intranasal), including counseling when performed. Providers should follow instructions provided by the health plans with whom they contract related to billing for 2009 H1N1 vaccine administration. Additional CPT codes for different formulations of 2009 H1N1 vaccine are currently under consideration.

**Why aren't people 65 and older recommended to get early doses of 2009 H1N1 vaccine?**

([http://www.cdc.gov/H1N1flu/vaccination/vaccine\\_seniors.htm](http://www.cdc.gov/H1N1flu/vaccination/vaccine_seniors.htm))

Good talking points for why your older patients are not first in line

There are two main reasons why people age 65 and older are not included in the groups recommended to get the initial doses of 2009 H1N1 vaccine:

- People age 65 and older are least likely to get sick with this virus, and,
- There will be limited amounts of vaccine available at first, so the first doses are recommended to go to those who are most likely to get infected and become very ill.

**What does CDC recommend this season regarding testing for influenza?**

([http://www.cdc.gov/h1n1flu/diagnostic\\_testing\\_clinicians\\_qa.htm](http://www.cdc.gov/h1n1flu/diagnostic_testing_clinicians_qa.htm))

This season CDC recommends that influenza diagnostic testing be prioritized for 1) hospitalized patients with suspected influenza; 2) patients for whom a diagnosis of influenza will inform decisions regarding clinical care, infection control, or management of close contacts; and 3) patients who died of an acute illness in which influenza was suspected. Most patients with a clinical illness consistent with uncomplicated influenza who reside in an area where influenza viruses are circulating do not require diagnostic influenza testing for clinical management. Clinical judgment is another important factor in making decisions regarding testing.

**Patients with Asthma: Considerations for Clinicians Regarding 2009 H1N1 Influenza Virus**

([http://www.cdc.gov/h1n1flu/asthma\\_clinicians.htm](http://www.cdc.gov/h1n1flu/asthma_clinicians.htm))

- **2009 H1N1 MONOVALENT FLU VACCINE:** Persons with asthma aged 6 months through 64 years are listed in the priority groups to receive initial doses of the injectable, inactivated, 2009 H1N1 influenza A monovalent vaccine when it becomes available in their community. At this time, FDA has approved two doses for children 6 months through 9 years of age. Immunogenicity data for the 2009 flu H1N1 vaccine among adults is similar to that for seasonal influenza vaccines. If this is also the case among children, then it is likely that younger children will require two doses and older children will require one dose. As with seasonal vaccine, children 6 months through 35 months of age should get two doses of 2009 H1N1 flu vaccine, which contains one-half of the dose used for older children and adults. Persons with asthma should not use a nasal spray vaccine.
- **ANTIVIRAL MEDICATIONS:** Zanamivir (trade name, "Relenza") is not recommended for treatment in patients with underlying airways disease (including asthma), because of the risk for adverse events, such as bronchospasm.

- Clinical judgment is of primary importance in making decisions regarding treatment and chemoprophylaxis of infection with 2009 H1N1 influenza virus.
- Treatment with antiviral medication should be initiated as early as possible and should not wait for laboratory confirmation of influenza. A negative rapid test for influenza does not rule out influenza. The sensitivity of rapid tests can range from 10 % to 70%.

**The H1N1 Vaccine Information Sheets are completed and can be found at:**

<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-inact-h1n1.pdf> and

<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-laiv-h1n1.pdf>

**2009-2010 Influenza Season Triage Algorithm for Adults (>18 Years) With Influenza-Like Illness**

<http://www.cdc.gov/h1n1flu/clinicians/pdf/adultalgorithm.pdf>

**LOCAL EFFORTS:**

- We are now offering H1N1 nasal spray vaccine and seasonal flu shots for children and young adults at Carew Medical Park, 1818 Carew St. See [www.fighttheflu.org](http://www.fighttheflu.org) for clinic times and dates.
- An important note about H1N1 vaccine – it is being manufactured by the same manufacturers of seasonal flu and will be licensed for the same age groups. This means that some of the manufacturers will be produce vaccine for those 18 years and over. We need to make sure that we use our supply licensed for 6 months and older for kids! That is also why we are using our limited supply of Flumist for kids as they are at risk and I do not know how much of the Sanofi we will be receiving. Thanks for your patience. We will get out to the

Deb McMahan, MD