



# Public Health Message

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

### H1N Update

October 26, 2009

#### Local Updates:

- Protocol for distribution of H1N1 vaccine: Each county is able to determine who they will distribute the H1N1 vaccine to as it arrives. Our process is that we will distribute vaccine within 24 -48 hours of receiving it – keep in mind we do not know when or how much we will get from week to week. Furthermore, we keep half of the injectable doses to distribute in our 1818 Carew site for high risk patients and distribute the other half to hospitals and private providers. We provide the same percentage of vaccine to all hospitals with each distribution, although it varies based on the amount we receive with each shipment. We take the remaining amounts and are going down the list to provide to those docs who have agreed to become providers. The amount of vaccine we are receiving is frustratingly small, but please be patient as we continue to distribute.
- For those who provide care to the indigent or uninsured, if you need Tamiflu to provide to your patients, please contact Brad Witte at 449-7151 to become a provider. Please follow the CDC recommendations for administration of Tamiflu.
- The ISDH would like to know if any community is having trouble with Medicaid covering Tamiflu expenses. We need this information to find the trouble spots and get them fixed. Please call or email me and let me know ([ddebmcmaahan@aol.com](mailto:ddebmcmaahan@aol.com))
- We are collaborating with Associated Churches, St Joseph Community Foundation, and Lutheran Hospital to provide “pediatric flu kits” for indigent children. The kit will contain a thermometer, children’s Motrin, infant’s Tylenol and pedialyte. If you would like to have some kits for indigent children, please contact Joanna Baker at 449-4371.
- Our local Metropolitan Medical Response System (MMRS) will be issuing Tamiflu to those first responders who have H1N1 and meet the criteria for treatment. They may be assessed by their family doctor or Business Health. If you provide services to a first responder and determine they need Tamiflu, please provide them with a written prescription. They will then take the prescription to the appropriate location to be filled.

#### Local Epidemiology:

- **Deaths:**  
On deaths filed 10/16 thru 10/22 we filed 72 deaths, 4 pneumonia deaths 3 over 65 years and one under. No influenza deaths.
- **School Absenteeism**  
Non-public schools averaging 8% absence.  
  
Public schools averaging 11.4% absence.  
  
Highest percentage of students absent at a single school: 30% (However, I did have a couple in the 80%'s, but I did not know if this was an error or not).  
  
Staff are absent across the board pretty evenly. Nothing too dramatic. PHESS data: increased number of fever and respiratory ER visits in children of all ages.
- PHESS data: continue to see increased cases presenting to EDS, especially children.

#### Local Encouragement:

After dealing with difficult people that I couldn't satisfy, my heart was filled with bitterness. As I felt violated and wronged I looked for guidance. It was for my own well being that I needed to change my attitude toward those whom I serve. It was a difficult trade off.

I countered resentment with kindness and understanding, opening my heart to letting a Devine Creator work through me. To my surprise, there was a change in my patient's attitude toward me; with time, we reached the point that we could joke and be friendly with each other.

I found that being kind to someone who mistreats me is easier if I remember that from time to time everyone feels insecure and needs to be cared for.

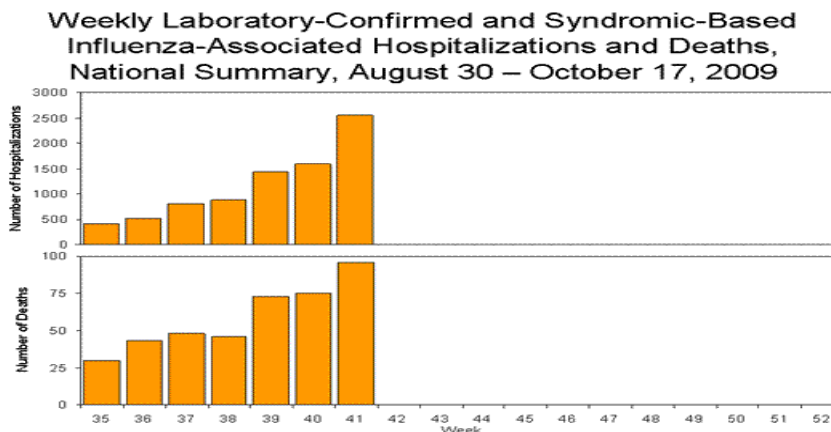
Author: Someone "in the trenches" like you. Thanks for what you do.

## National Updates

President Obama has declared the pandemic a national emergency. The effort is designed to make critical decisions easier when they need to be made. This would facilitate the treatment to infected people. The declaration authorizes Health and Human Services to bypass federal rules when opening offsite hospital centers. Hospitals could then change patient rules to allow them faster access to treatment.

As of October 17<sup>th</sup>: overall: influenza activity increased in the U.S.

- All subtyped influenza A viruses being reported to CDC were 2009 influenza A (H1N1) viruses.
- The proportion of deaths attributed to pneumonia and influenza (P&I) was above the epidemic threshold. From August 30 – October 17, 2009, 8,204 laboratory-confirmed influenza associated hospitalizations, 411 laboratory-confirmed influenza associated deaths, 21,823 pneumonia and influenza syndrome-based hospitalizations, and 2,416 pneumonia and influenza syndrome-based deaths, were reported to CDC. CDC will continue to use its traditional surveillance systems to track the progress of the 2009-10 influenza
- Eleven influenza-associated pediatric deaths were reported. Nine of these deaths were associated with 2009 influenza A (H1N1) virus infection and two were associated with an influenza A virus for which subtype is undetermined. A total of 95 deaths in children associated with 2009 H1N1 virus have been reported to CDC.
- The proportion of outpatient visits for influenza-like illness (ILI) was above the national baseline. All 10 regions reported ILI above region-specific baseline levels.



## Hospitalized Patients with 2009 H1N1 Influenza in the United States, April–June 2009

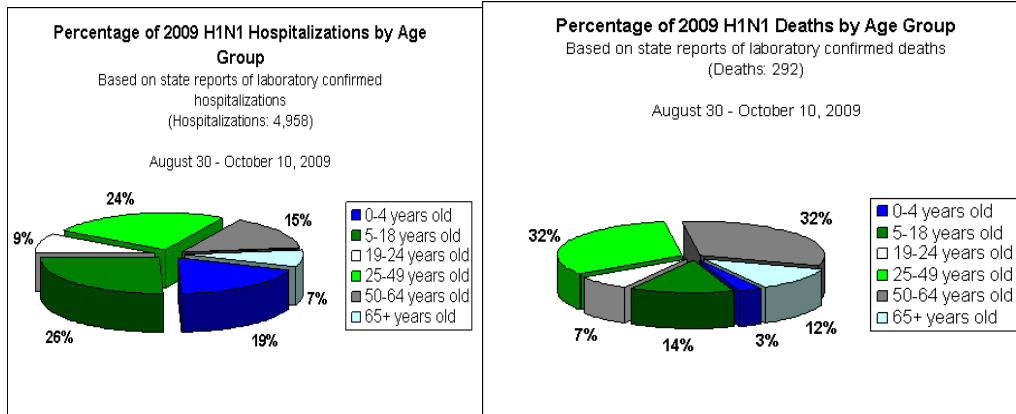
**Seema Jain, M.D., Laurie Kamimoto, M.D., M.P.H., et al**

<http://content.nejm.org/cgi/content/short/NEJMoa0906695?resourcetype=HWCIT>

Good review article of hospitalized patients with H1N1:

*Results* Of the 272 patients we studied, 25% were admitted to an intensive care unit and 7% died. Forty-five percent of the patients were children under the age of 18 years, and 5% were 65 years of age or older. Seventy-three percent of the patients had at least one underlying medical condition; these conditions included asthma; diabetes; heart, lung, and neurologic diseases; and pregnancy. Of the 249 patients who underwent chest radiography on admission, 100 (40%) had findings consistent with pneumonia. Of the 268 patients for whom data were available regarding the use of antiviral drugs, such therapy was initiated in 200 patients (75%) at a median of 3 days after the onset of illness. Data suggest that the use of antiviral drugs was beneficial in hospitalized patients, especially when such therapy was initiated early.

**Conclusions** During the evaluation period, 2009 H1N1 influenza caused severe illness requiring hospitalization, including pneumonia and death. Nearly three quarters of the patients had one or more underlying medical conditions. Few severe illnesses were reported among persons 65 years of age or older. Patients seemed to benefit from antiviral therapy.



### Top 10 frequently asked questions on use of influenza A(H1N1) 2009 monovalent vaccines (2009 H1N1 vaccines): Practical considerations for immunization programs and providers

October 21, 2009, 5:30 PM ET ([http://www.cdc.gov/H1N1flu/vaccination/top10\\_faq.htm](http://www.cdc.gov/H1N1flu/vaccination/top10_faq.htm))

Good update with some new info such as...

#### **Minimum Interval between Different LAIV Formulations**

What is the minimum interval between doses of seasonal LAIV and 2009 H1N1 LAIV?

There are no data on sequential administration of the two types of LAIV (seasonal and 2009 H1N1). The ACIP General Recommendations on live attenuated vaccines indicates that 28 days (4 weeks) is the recommended minimum interval, and can be applied to use of a seasonal LAIV and a 2009 H1N1 LAIV, because these are considered 2 different vaccines. The ACIP recommendations were developed based on data from studies using attenuated live virus vaccines such as measles, mumps and rubella vaccine that are injected. However, based on previous studies of LAIV replication and immune response, as little as 14 days (2 weeks) might be sufficient to allow for an appropriate immune response to both vaccines. Therefore, an interval between the two types of LAIV of 2 weeks or more may be acceptable, although an interval of 28 days is preferred.

#### **Using an Inactivated 2009 H1N1 Vaccine and a Live Attenuated 2009 H1N1 Vaccine in the Same Series**

Can a child who requires 2 doses of a 2009 H1N1 vaccine and who received the first dose with a inactivated 2009 H1N1 vaccine complete the series with the 2009 H1N1 LAIV, or vice versa?

When feasible, the same type of vaccine (live attenuated or inactivated) should be used in a two dose schedule, but mixed schedules are preferable to not completing the series. A 28 day interval between doses is recommended, but 21 days is acceptable. There are limited data on mixed schedules.

#### **New H1N1 and You (<http://www.cdc.gov/h1n1flu/qa.htm>)**

CDC reports on 2009 H1N1-related deaths and hospitalizations by age group in the United States from August 30, 2009 through October 10, 2009.

Good Update

Questions call Deb McMahan, MD