



Regional Resource Center for
Public Health Emergency Preparedness

Weekly H1N1 Influenza (Swine Flu) Situation Update

October 23, 2009

About this Weekly Update

This publication will be released weekly throughout fall 2009 and early winter 2010 to assist healthcare and emergency medical services organizations and personnel in preparing for and responding to Novel H1N1 Influenza (Swine Flu) in Southern Maine.

Each update will contain:

- Influenza surveillance data for U.S. and Maine
- Important dates of upcoming meetings, conference calls, and trainings
- Updated news and guidance regarding vaccination, testing, reporting, treatment, personal protection, etc.
- Strategies to keep you informed

Remember that the best ways to protect yourself from flu are:

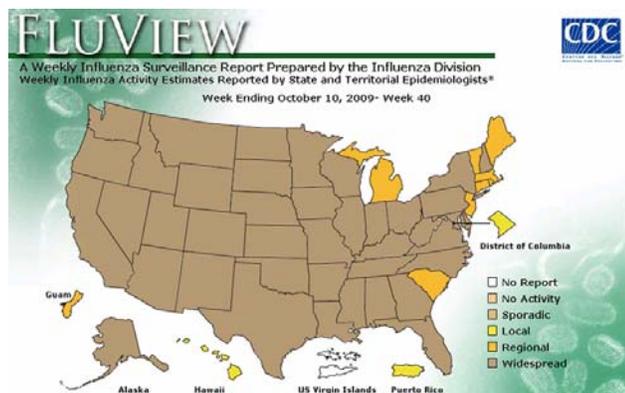
- **WASH** your hands
- **COVER** your cough
- **STAY HOME** if you're sick
- **GET VACCINATED**

View all *SMRRC H1N1 Influenza (Swine Flu) Situation Updates* (including archives) at: www.smrrc.org

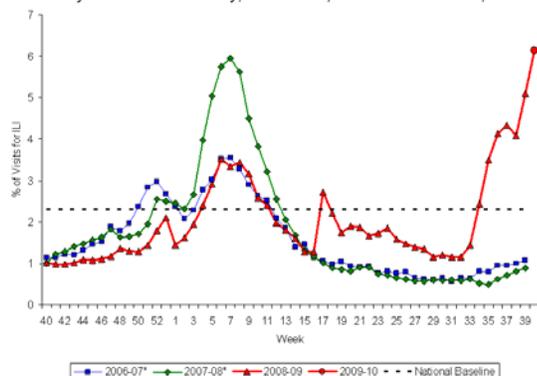
Surveillance

National

The 2009 novel H1N1 influenza A virus is the predominant influenza virus in circulation in most countries worldwide. These viruses remain similar to the virus chosen for the 2009 H1N1 vaccine, and remain susceptible to the antiviral drugs oseltamivir and zanamivir with rare exception. US CDC reports that influenza activity remained elevated in the U.S. during week 40 (October 4-10, 2009). A review of key indicators found that influenza activity increased in the U.S.



Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, October 1, 2006 - October 10, 2009



*There was no week 53 during the 2006-07 or 2007-08 influenza seasons, therefore the week 53 data point for those seasons is an average of weeks 52 and 1.

- [Visits to doctors](#) for influenza-like illness (ILI) continued to increase in the United States, and overall, are higher than what is expected for this time of the year. ILI activity now is equal to or higher than what is seen at the peak of many regular flu seasons.
- Total influenza [hospitalization](#) rates for lab-confirmed flu are climbing and are higher than expected for this time of year.
- The proportion of [deaths](#) attributed to pneumonia and influenza (P&I) based on the 122 Cities Report has increased and exceeds what is normally expected at this time of year. In addition, 11 flu-related pediatric deaths were reported this week; 10 of these deaths were confirmed 2009 H1N1, and one was influenza A virus, but untyped. Since April 2009, there have been 86 confirmed pediatric 2009 H1N1 deaths; 39 of these have been reported to CDC since August 30, 2009.
- Forty-one states are reporting [widespread influenza activity](#) at this time. (Source: US CDC, 10/16/09)

Maine

Outpatient visits for influenza like illness (ILI) continue to increase in much of New England. "Maine continues to see overall increases in outpatient visits for ILI. Much of this is most likely due to novel H1N1. The vast majority of people with ILI are not being tested, and do not need to be. People with confirmed H1N1 are primarily children and young adults. The first confirmed person with H1N1 in Aroostook County was reported in the northern part of that county this week. Gould Academy has had 3 students confirmed with H1N1 as well as 2 other students and 2

staff with the symptoms. Two cases of seasonal influenza have been confirmed this last week in Maine, in individuals in Cumberland and Androscoggin counties. The vast majority of cases in Maine – as well as across the country – are novel H1N1.” (Source: Maine DHHS/MCDC, 10/22/09)

Maine CDC reports 487 confirmed and probable cases of H1N1 total to date [up 72 from last week]

- 325 in Maine residents; 16 Maine residents have been hospitalized
- 162 in out of state residents tested in Maine; 5 Out of state residents have been hospitalized in Maine
- 1 death reported to date
- 91% of lab confirmed H1N1 cases in Maine residents and out of state visitors are under the age of 50 (range 0-81 years, mean of 22 years)

Characteristics of Lab Confirmed H1N1 Influenza Cases - Maine Residents, 2009

Age			Gender		At Risk		Hospital Care				Deaths	
Age group	N	%	Male	Female	HCW	Pregnant	Hospitalized	%	ICU	Ventilated	N	%
<5	19	6	14	5	0	0	1	5	0	0	0	0
5 to 18	119	37	66	53	1	0	1	1	0	1	0	0
19 to 24	70	22	28	42	4	0	3	4	0	0	0	0
25 to 49	83	26	32	51	15	2	6	7	1	1	0	0
50 to 64	32	10	17	15	6	0	4	13	2	2	1	3.1
>65	2	1	0	2	0	0	1	50	0	0	0	0
Total	325	~	157 (48%)	168 (52%)	26	2	16	5	3	4	1	0.3

(Source: Maine DHHS/MCDC, 10/21/09)

For more information on influenza disease activity, visit: www.cdc.gov/h1n1flu/update.htm (US); and www.mainflu.gov (ME)

Important Dates

Updated News and Guidance

NEW! US CDC, in collaboration with the Emory University School of Medicine, released the *2009-2010 Influenza Season Triage Algorithm for Children (≤18 years) With Influenza-Like Illness*. This clinical algorithm is available at: <http://www.cdc.gov/h1n1flu/clinicians/pdf/childalgorithm2.pdf>

Reminder, the adult (>18 years) algorithm is available at: <http://www.cdc.gov/h1n1flu/clinicians/pdf/adultalgorithm.pdf>

On October 21, 2009 US CDC published a helpful document entitled *Top 10 frequently asked questions on use of influenza A(H1N1) 2009 monovalent vaccines (2009 H1N1 vaccines): Practical considerations for immunization programs and providers*. This FAQ is available at: http://www.cdc.gov/H1N1flu/vaccination/top10_faq.htm and may be especially helpful to those holding H1N1 vaccine clinics. Dora Mills points out that Questions 6 and 10 have some new information that may be very relevant to many.

- Question 6 states that *the minimal interval between doses of seasonal LAIV (nasal spray) and H1N1 LAIV (nasal spray) may be as little as 14 days. 28 days is preferred, but 14 days may be acceptable.*
- Question 10 states that *because there are no known safety concerns with the use of inactivated vaccines in appropriate doses outside their labeled age indications, clinicians may use inactivated H1N1 vaccines for persons 6 months and older outside their labeled age range if a vaccine licensed for use in a particular age group is not available and the person otherwise would not receive a vaccine during that visit to the clinician.* In other words, a shot of a vaccine licensed for people 18 years and older may be given to a child (and a half dose, 0.25 mL, given if the child is 6 months – 35 months old).

H1N1 Vaccine Supply in Maine

Vaccine has begun to arrive in Maine and is slowly becoming available. Approximately 21,800 doses of H1N1 vaccine arrived this week, both injectable and nasal spray. This additional supply should bring the total to about 55,500 doses in the state, which are being shipped to registered health care providers immediately. It is estimated that Maine will receive about 340,000 doses of various formulations of H1N1 vaccine by early December (although this estimate could change). There are approximately 700,000 people in Maine who are in the high priority groups for receiving vaccine, out of about 1.3 million people total. We will eventually receive enough vaccine to be able to offer it to all Mainers who want it.

In the meantime, it is important that the vaccine be focused on those in the highest priority groups:

- **pregnant women;**
- **household members and caregivers of infants less than six months old;**
- **children ages six months to 25 years; people ages 25-65 with severe underlying conditions, especially respiratory and neurodevelopmental conditions; and**
- **health care workers, especially those with frequent direct contact with patients and infectious material who work in hospital emergency departments, pediatric, labor/delivery, and intensive care units.**

This list means that many people who work in health care settings, first responders, and even those administering vaccine at this point in time will not be vaccinated. Over the next few weeks, this will change, but it is very important to focus the limited vaccine supplies on where it will be most effective, and that is primarily protecting pregnant women as well as children who are both disproportionately affected by novel H1N1 and are also major transmitters of influenza to others.

It is important that health care providers who want to have H1N1 vaccine shipped directly to them register as an H1N1 provider and place orders as soon as possible. To register visit <http://www.maine.gov/dhhs/boh/maineflu/h1n1/provider-agreement-2009-2010.shtml>. Registered providers may find order forms and vaccine reporting forms here: <http://www.maine.gov/dhhs/boh/maineflu/h1n1/health-care-providers.shtml>.

H1N1 Vaccine Prioritization

The highest priority populations for H1N1 vaccine are **children and pregnant women**. Maine CDC asks that health care providers receiving shipments of this vaccine make sure it is **immediately available to schools** if they are serving as a distribution site for schools, and that in general, pregnant women and children are prioritized. About 90% of the H1N1 vaccine supply arriving in Maine these first few weeks should be directed to pregnant women and children. We encourage pediatric providers to collaborate with other practitioners who see relatively few pre-schoolers to ensure access to vaccine.

Because supplies are limited and 40% of the vaccine that is currently available is the nasal spray form that is contraindicated for pregnant women, children under two, and people with health conditions, it is possible that there will not be sufficient supplies of vaccine for even the highest priority people until December.

While waiting for your H1N1 vaccine, the best precautions you can take are to avoid close contact with those who are ill and to frequently wash or sanitize your hands. (Source: Maine DHHS/MCDC, 10/22/09)

Adjuvant Mixine Needles in Ancillary Supply Kits

On behalf of John Theofilos, Deputy, CDC H1N1 Vaccine Implementation Team. Please note that adjuvant needles / syringe mixing units were included in the ancillary supply kits **as a precaution** when the kit planning occurred (10 units per kit of 100 needles/syringes). Steps are being taken to **no longer include adjuvant needles/syringe mixing units in future packaged ancillary supply kits**; however, providers are receiving, and will continue to receive these units in the kits until the initial inventory is depleted. **Please make sure providers are aware that they were included as a precaution, and their use is not anticipated.**

Influenza triage algorithms for adults (>18) are available on the US CDC website at: <http://www.cdc.gov/h1n1flu/clinicians/pdf/adultalgorithm.pdf>

On October 14, US CDC released **updated interim guidance on infection control measures to help prevent transmission of 2009 H1N1 influenza in healthcare facilities**. This document can be found at: <http://www.cdc.gov/h1n1flu/guidance/ill-hcp.htm>

Seasonal Flu Vaccine Delay (Maine)

We received about 20,000 doses of pediatric seasonal flu vaccine early this week, and it was sent directly to schools that have ordered vaccine for clinics. It appears there will be continued delays in obtaining expected seasonal flu vaccine. Very recent information indicates it may be until late November when all the remaining shipments of our seasonal flu vaccine supply will arrive. Privately ordered vaccine has also been reported to be delayed. Currently, the predominant virus is novel H1N1, so it is important to offer children and others at risk the H1N1 vaccine as soon as possible. (Source: Maine DHHS/MCDC, 10/22/09)

Remember there is excellent information, guidance, and forms for **Health Care Providers, Clinicians, and EMS**, including a continuously updated FAQ available from Maine CDC at: <http://www.maine.gov/dhhs/boh/maineflu/h1n1/health-care-providers.shtml> and a **Health Care Provider Toolkit for H1N1 Vaccine Clinics** at: <http://www.maine.gov/dhhs/boh/maineflu/h1n1/hc-providers/index.shtml>

- More information, including consent forms and billing information, will be found at: www.maineflu.gov
- **Updated** CDC guidance on H1N1 influenza vaccine including vaccine handling: <http://www.cdc.gov/h1n1flu/vaccination>
- FAQ on H1N1 vaccine safety can be found at: http://www.cdc.gov/h1n1flu/vaccination/vaccine_safety_qa.htm
- For other questions: Contact the Maine CDCs Immunization Program at 287-3746 or the public information line at 1-888-257-0990; or Email questions at: flu.questions@maine.gov

Stay Informed

Maine CDC General Public Call-In Number: 1-888-257-0990 (M-F, 9-5)

Maine CDC Healthcare Provider Disease Reporting and Information Line:

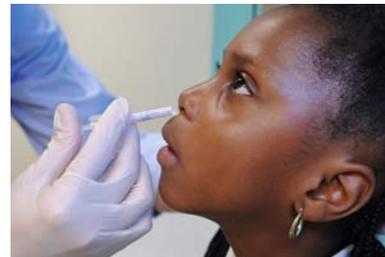
1-800-821-5821 (24/7)

Maine CDC General Influenza Questions: flu.questions@maine.gov

Maine CDC Medical/Clinical Influenza Questions: disease.reporting@maine.gov

Maine CDC H1N1 Information: www.maineflu.gov Press Releases: <http://bit.ly/2zSpJC>

U.S. CDC H1N1 Information: www.cdc.gov/h1n1flu and www.flu.gov



*** REMINDER: It is very important that the school-located flu clinics and other clinics offering H1N1 vaccine are posted on the Maine CDC **Public and School Influenza Vaccine Clinic Calendar**. This is true for clinics both open and closed to the public. Instructions for posting the clinics:

Go to: <http://www.maine.gov/dhhs/boh/maineflu/fluclinics/index.shtml>

Click on “add my clinic” button at the bottom of the page

Password is: addmyclinic

If you're a clinic organizer and need help posting a clinic, please email flu.questions@maine.gov for assistance.

Publisher

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