

# Weekly H1N1 Influenza (Swine Flu) Situation Update

October 16, 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

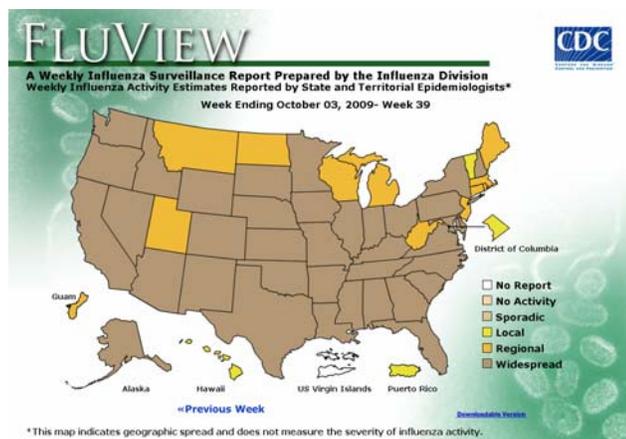
Remember that the best ways to protect yourself from flu are:

- **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](http://www.smrrc.org)

## Surveillance

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 39 (September 27-October 3, 2009). A review of key indicators found that influenza activity increased in the U.S.



- [Visits to doctors](#) for influenza-like illness (ILI) continued to increase in the United States, and overall, are higher than levels expected for this time of the year.
- Total influenza [hospitalization](#) rates for laboratory-confirmed influenza are higher than expected for this time of year for adults and children. And for children 5-17 and adults 18-49 years of age, hospitalization rates from April – October 2009 exceed average flu season rates (for October through April).
- The proportion of [deaths](#) attributed to pneumonia and influenza (P&I) has increased and now exceeds what is normally expected at this time of year. In addition, 19 flu-related pediatric deaths were reported this week; 16 of these deaths were confirmed 2009 H1N1 and 3 were untyped influenza A and likely to be 2009 H1N1. A total of 76 laboratory confirmed 2009 H1N1 pediatric deaths have been

reported to CDC since April.

- Thirty-seven states are reporting [widespread influenza activity](#) at this time. Any reports of widespread influenza activity in September and October are very unusual. (Source: US CDC, 10/9/09)

Outpatient visits for influenza like illness (ILI) continue to increase in much of New England. “For the fourth week in a row, Maine has seen increases in outpatient visits for influenza like illness in emergency departments. 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. Proportion of deaths due to pneumonia has also increased, but much of this is most likely due to small overall numbers of deaths last week. There have been no new specific reports of deaths due to H1N1. There was an outbreak of H1N1 last week at Bates College in Lewiston, with approximately 180 students affected as of October 14. The administration and health staff responded quickly, working with state and local public health providers to vaccinate students this past weekend and this week. Because the vaccine takes 1 – 2 weeks to take full effect, more cases are expected. There have been additional, isolated cases of H1N1 confirmed in several areas of the state, with a continued predominance in children and young adults.” (Source: Maine DHHS/MCDC, 10/15/09)

Maine CDC reports 415 confirmed and probable cases of H1N1 total to date

- 258 in Maine residents; 15 Maine residents have been hospitalized
- 157 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) (Source: Maine DHHS/MCDC, 10/14/09)

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

## Important Dates

### Updated News and Guidance

Approximately 14,800 doses of **H1N1 nasal spray vaccine** arrived in Maine as of the end of last week. Maine CDC anticipates another 18,900 doses of H1N1 vaccine arriving this week, both injectable and nasal spray. This additional supply should bring the total to about 33,700 doses in the state by the end of this week. This vaccine is being distributed to almost 400 health care providers thus far, and this number is expected to increase in the coming weeks. We estimate 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. It remains important that the vaccine be focused on those in the highest priority groups for now. A Health Alert on this topic was issued 10/7/09 and can be found at: <http://bit.ly/z53qH> (Source: Maine CDC, 10/15/09)

While Maine CDC anticipates that the state will eventually have enough vaccine for everyone, we also need to keep in mind that H1N1 disproportionately affects certain groups of people, and we need to focus on vaccinating these populations first. There are five priority groups for vaccination for the first 3 – 4 months. They are: pregnant women; people who live with or provide care for infants aged less than six months (such as parents, siblings, and daycare providers for young infants); children and young adults aged six months through 24 years; people aged 25 through 64 years who have medical conditions that put them at higher risk for flu-related complications; and health care and emergency medical services personnel.

**However, because of very limited supply, at this point in time, the focus of H1N1 vaccine needs to be on:**

- pregnant women;
- children >6 months old;
- household contacts and caregivers of young infants <6 months old;
- residential school students;
- a few high-risk adults <65 years of age; and
- certain health care workers who have **direct and frequent contact with high-risk patients and infectious materials** – that is, inpatient pediatric, maternity, ICU, and emergency departments

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. For more information on how to register, see the section for health care providers at: [www.maineinflu.gov](http://www.maineinflu.gov). If you are aware that your agency/practice has already submitted an H1N1 Vaccine Provider Agreement, there is no need to do so again. Additionally, if your agency/practice is part of a larger medical group or practice organization please verify that a Provider Agreement has not already been submitted on your behalf. This is important because there are a limited number of H1N1 vaccine ship-to sites available.

**New for providers! 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> *Revisions from earlier guidance include: criteria for identification of suspected influenza patients; recommended time away from work for healthcare personnel; changes to isolation precautions based on tasks and anticipated exposures; expansion of information on the hierarchy of controls which ranks preventive interventions in the following order of preference: elimination of exposures, engineering controls, administrative controls, and personal protective equipment; and changes to guidance on use of respiratory protection.*

### Important highlights:

US CDC recognizes that some facilities are currently experiencing shortages of respiratory protection equipment and that further shortages are anticipated.

- Where a shortage of respirators exists despite reasonable efforts to obtain and maintain a sufficient supply for anticipated needs, a health care facility may shift to **Prioritized respirator use mode**. Key elements include the following:
  - In this mode, respirator use is prioritized to ensure availability for healthcare personnel at *most risk* from 2009 H1N1 influenza exposure.
  - **Healthcare facilities can consider steps to extend the existing supply of disposable N95 respirators by either training personnel to wear them during serial patient encounters (“extended use,” i.e. without removing or re-donning between encounters) or to re-use them (“re-use,” i.e. removing and re-donning between patient encounters).** Although these practices have the potential benefit of providing respiratory protection with limited supplies of respirators, there is the risk of respirator contamination and contact transmission.
  - When in prioritized respirator use mode, respirator use **may be temporarily discontinued** for employees at **lower risk of exposure to 2009 H1N1 influenza or lower risk of complicated infection.**
  - 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.** Although they do not filter small particles from the air and they allow leakage around the mask, they are a barrier to splashes, droplet sprays, and autoinoculation of influenza virus from the hands to the nose and mouth.
  - **Other classes** of disposable respirators (e.g., N99s, N100s), which are similar in design and shape to N95s, **can be considered.** Alternatives to disposable respirators, such as powered air purifying respirators (PAPRs), or elastomeric half-mask and full facepiece respirators, can also be considered, especially in settings such as procedure rooms (e.g. bronchoscopy suites) where higher-risk activities such as aerosol-generating procedures are intermittently performed, and in facilities that have prior experience with these respirators.
  - Healthcare personnel conducting the highest exposure risk activities (i.e., aerosol-generating procedures) should only wear fit-tested N-95 respirators.

As a supplement to this interim guidance document, CDC also released Questions and Answers Regarding Respiratory Protection For Preventing 2009 H1N1 Influenza Among Healthcare Personnel. This document can be found at: [http://www.cdc.gov/h1n1flu/guidelines\\_infection\\_control\\_qa.htm](http://www.cdc.gov/h1n1flu/guidelines_infection_control_qa.htm)

US 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. For more information please see the complete set of guidelines at: [http://www.cdc.gov/h1n1flu/guidance/diagnostic\\_tests.htm](http://www.cdc.gov/h1n1flu/guidance/diagnostic_tests.htm)

US CDC also released **Interim Guidance for Influenza Surveillance: Prioritizing RT-PCR Testing in Laboratories:** <http://www.cdc.gov/h1n1flu/screening.htm>

Additional information, guidance, and forms for Health Care Providers, Clinicians, and EMS are available from Maine CDC at: <http://www.maine.gov/dhhs/boh/maineflu/h1n1/health-care-providers.shtml>

US CDC recently published **2009 H1N1 Influenza Vaccine and Pregnant Women: Information for Healthcare Providers.** This document can be found at: [http://www.cdc.gov/h1n1flu/vaccination/providers\\_qa.htm](http://www.cdc.gov/h1n1flu/vaccination/providers_qa.htm)

Related, CDC updated their **2009 H1N1 Influenza Shots and Pregnant Women: Questions and Answers for Patients.** This document can be found at: [http://www.cdc.gov/h1n1flu/vaccination/pregnant\\_qa.htm](http://www.cdc.gov/h1n1flu/vaccination/pregnant_qa.htm)

**Research Article: Hospitalized Patients with 2009 H1N1 Influenza in the United States, April-June 2009.** (N Engl J Med. 2009 Oct 8). *Background* During the spring of 2009, a pandemic influenza A (H1N1) virus emerged and spread globally. We describe the clinical characteristics of the patients who were hospitalized with 2009 H1N1 influenza in the United States from April 2009 to mid-June 2009. *Methods* Using medical charts, we collected data on 272 patients who were hospitalized for at least 24 hours for influenza-like illness and who tested positive for the 2009 H1N1 virus with the use of a real-time reverse-transcriptase–polymerase-chain-reaction assay. *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.

\* Full text available at: <http://content.nejm.org/cgi/content/full/NEJMoa0906695v1>

**Research Article: *Critical Care Services and 2009 H1N1 Influenza in Australia and New Zealand.*** (N Engl J Med. 2009 Oct 8). *Background* Planning for the treatment of infection with the 2009 pandemic influenza A (H1N1) virus through health care systems in developed countries during winter in the Northern Hemisphere is hampered by a lack of information from similar health care systems. *Methods* We conducted an inception-cohort study in all Australian and New Zealand intensive care units (ICUs) during the winter of 2009 in the Southern Hemisphere. We calculated, per million inhabitants, the numbers of ICU admissions, bed-days, and days of mechanical ventilation due to infection with the 2009 H1N1 virus. We collected data on demographic and clinical characteristics of the patients and on treatments and outcomes. *Results* From June 1 through August 31, 2009, a total of 722 patients with confirmed infection with the 2009 H1N1 virus (28.7 cases per million inhabitants; 95% confidence interval [CI], 26.5 to 30.8) were admitted to an ICU in Australia or New Zealand. Of the 722 patients, 669 (92.7%) were under 65 years of age and 66 (9.1%) were pregnant women; of the 601 adults for whom data were available, 172 (28.6%) had a body-mass index (the weight in kilograms divided by the square of the height in meters) greater than 35. Patients infected with the 2009 H1N1 virus were in the ICU for a total of 8815 bed-days (350 per million inhabitants). The median duration of treatment in the ICU was 7.0 days (interquartile range, 2.7 to 13.4); 456 of 706 patients (64.6%) with available data underwent mechanical ventilation for a median of 8 days (interquartile range, 4 to 16). The maximum daily occupancy of the ICU was 7.4 beds (95% CI, 6.3 to 8.5) per million inhabitants. As of September 7, 2009, a total of 103 of the 722 patients (14.3%; 95% CI, 11.7 to 16.9) had died, and 114 (15.8%) remained in the hospital. *Conclusions* The 2009 H1N1 virus had a substantial effect on ICUs during the winter in Australia and New Zealand. Our data can assist planning for the treatment of patients during the winter in the Northern Hemisphere.

\* Full text available at: <http://content.nejm.org/cgi/content/full/NEJMoa0908481>

**Billing information:** A new CDC Q&A on billing and finances of H1N1 vaccine is available at [http://www.cdc.gov/H1N1flu/vaccination/statelocal/vaccine\\_financing.htm](http://www.cdc.gov/H1N1flu/vaccination/statelocal/vaccine_financing.htm) Roster billing instructions are on the **MaineCare** website, and as providers are enrolling to do this they are receiving personal instructions with their provider number notification. Call MaineCare customer service for details (1-800-321-5557).

- More information, including consent forms and billing information, will be found at: [www.maine-flu.gov](http://www.maine-flu.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](http://www.cdc.gov/h1n1flu/vaccination/vaccine_safety_qa.htm)
- Vaccine Information Statement (VIS) for intranasal H1N1 influenza vaccine ([pdf](#))
- Vaccine Information Statement (VIS) for Injected H1N1 influenza vaccine ([pdf](#))
- 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](mailto:flu.questions@maine.gov)
- A continuously updated FAQ for Maine healthcare providers and EMS personnel, plus additional updates and planning documents, are accessible at: [www.maine.gov/dhhs/boh/maine-flu/h1n1/health-care-providers.shtml](http://www.maine.gov/dhhs/boh/maine-flu/h1n1/health-care-providers.shtml)

US CDC *Update on Influenza A (H1N1) 2009 Monovalent Vaccines* was published in MMWR October 9, 2009 / 58(39);1100-1101. Available at: <http://bit.ly/AtJ55>



Healthcare workers who volunteer to provide vaccinations in school or community clinics must register with MAINE RESPONDS ([www.maineresponds.org](http://www.maineresponds.org)) to receive state liability protection. Maine Responds will verify the credentials of registered volunteers, and names of verified volunteers will be added to a list posted by Maine

Emergency Management Agency (MEMA) at: [www.maine.gov/mema](http://www.maine.gov/mema) If the volunteer is not on this list, he or she should not assume that they are covered by the Governor's declaration. Healthcare workers who will administer vaccine as part of their regular employment are not required to register with Maine Responds, as liability coverage is traditionally provided by the employer for healthcare providers working within their normal scope of practice.

MAINE RESPONDS reached a milestone this week, verifying Randy Gauvin, PA-C from Franklin Memorial Hospital and member of the [NNE-MMRS](#) Maine Task Force 1 as volunteer #500! The list now includes 538 verified MDs, DOs, PAs, NPs, and RNs with new volunteers completing registrations each day. Additionally, over 400 EMS personnel are registered, bringing the statewide total to almost 1,000. For additional information, or to access potential volunteers for clinics, please contact Amanda Walker, Maine Responds Program Coordinator at (207) 662-5142 or by email at [walkea2@mmc.org](mailto:walkea2@mmc.org)

Updated CDC Q&A on the H1N1 vaccine for clinicians. These include answers to some of the most common questions from providers and the public about the vaccine – if it can be given with other vaccines, what the intervals must be between vaccines, egg allergies, etc. [http://www.cdc.gov/h1n1flu/vaccination/clinicians\\_qa.htm](http://www.cdc.gov/h1n1flu/vaccination/clinicians_qa.htm)

Note: Seasonal LAIV and 2009 H1N1 LAIV should not be administered during the same visit, and should be separated by at least 4 weeks.

It appears there will be **continued delays in obtaining some pediatric seasonal flu vaccine**. Therefore, we recommend that schools which have not yet received their seasonal flu vaccine supplies start preparing for offering H1N1 vaccine, and not necessarily wait until both vaccines are available. Very recent information indicates it may be until late November when all the remaining shipments of our seasonal flu vaccine supply will arrive. Additionally, the predominant virus being seen at this point in time is novel H1N1. It is important to offer children the H1N1 vaccine as soon as possible. (Source: Maine CDC, 10/15/09)

## Stay Informed

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

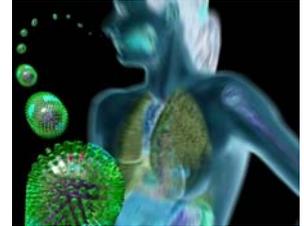
Maine CDC Healthcare Provider Disease Reporting and Information Line: 1-800-821-5821 (24/7)

Maine CDC General Influenza Questions: [flu.questions@maine.gov](mailto:flu.questions@maine.gov)

Maine CDC Medical/Clinical Influenza Questions: [disease.reporting@maine.gov](mailto:disease.reporting@maine.gov)

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

U.S. CDC H1N1 Information: [www.cdc.gov/h1n1flu](http://www.cdc.gov/h1n1flu) and [www.flu.gov](http://www.flu.gov)



Maine CDC is now publishing an online [flu clinic calendar](#). To locate a clinic, visit [www.maineflu.gov](http://www.maineflu.gov), click on the “Public Influenza Vaccine Clinic Calendar” link. Info about all public or school H1N1 clinics will be listed on this site, and clinics offering just seasonal flu vaccine are also welcome to post, as well. If you’re a clinic organizer and need help posting a clinic, please email [flu.questions@maine.gov](mailto:flu.questions@maine.gov) for assistance.

## Publisher

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