



Weekly H1N1 Influenza (Swine Flu) Situation Update

November 20, 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:

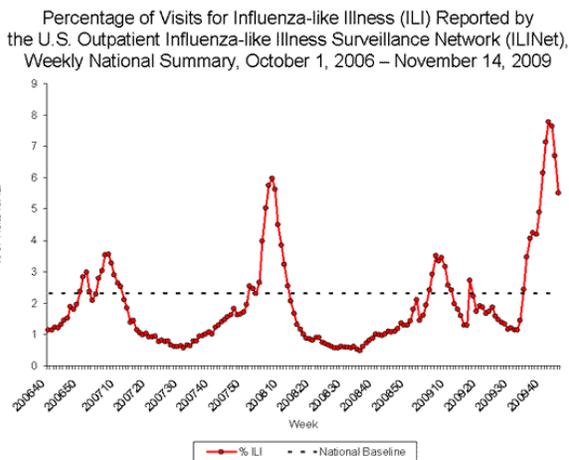
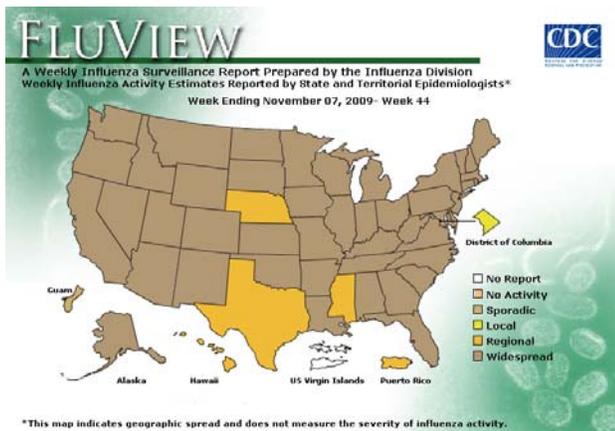
- **WASH** your hands
- **COVER** your cough
- **STAY HOME** if you're sick
- **GET VACCINATED**

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

Surveillance

National

During the week of November 8-14, 2009, influenza activity decreased across all key indicators, but overall remained very high for this time of year. Flu activity is widespread in 43 states. Nationally, visits to doctors for influenza-like-illness decreased again this week over last week. This is the third consecutive week of national decreases in ILI after four consecutive weeks of sharp increases. While ILI declined slightly, visits to doctors for ILI remain at much higher levels than what is expected for this time of year. Flu-related hospitalizations are beginning to decline but remain high for this time of year. 21 flu-related pediatric deaths were reported this week. Since April 2009, CDC has received reports of 129 laboratory-confirmed pediatric 2009 H1N1 deaths. 15 of these deaths were associated with laboratory confirmed 2009 H1N1; 6 were influenza A virus but not subtyped. 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. (Source: US CDC, 11/20/09)



Maine

The 2009 H1N1 flu continues to be widespread in Maine, as it is in 43 U.S. states. “Two deaths this week were reported publicly over the weekend, bringing the total deaths due to H1N1 in the state since August to five. Four of these have been in the past two weeks. The average age among those who have died is 47; by comparison, 90% of deaths related to seasonal flu are among those older than 64. There were 50 hospitalizations this week, accounting for more than half of the hospitalizations

due to H1N1 since April. Half of the new hospitalizations were children, two of whom have been or currently are in intensive care; 23 were adults ages 19-65, seven of whom were or are in intensive care; and 2 people were older than 65, neither of whom needed intensive care. One in every six visits to an emergency department this week was flu-related, and rates of visits to other outpatient settings continue to be elevated. A total of 143 schools have reported high absenteeism (> 15%) due to flu, and 44 of them were from this past week. A school in Kennebec County and another in Washington County chose to close as a result of absenteeism. An outbreak of H1N1 in a long-term care facility was reported over the weekend. There were five other institutional outbreaks this week.”
(Source: Maine DHHS/MCDC, 11/20/09)

Maine CDC reports 1562 lab tested cases of H1N1 among Maine Residents since 4/27/09

- 97 Maine residents have been hospitalized
- 5 deaths reported to date
- 92% of lab confirmed H1N1 cases in Maine are under the age of 50 (range 0-76 years, mean of 20 years)

New This Week in Maine

- Federal Flu Code: Widespread
- **421** new confirmed and probable cases of H1N1 this week
 - 50 new hospitalizations
- 51 new outbreaks reported, 44 of which were in school settings.

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

Age Group	Age		At Risk				Hospital Care				Deaths	
	#	New	HCW	New	Pregnant	New	Hospitalized	New	ICU	New	#	New
<5	149	58	0	0	0	0	17	12	0	0	0	0
5 to 18	802	200	1	0	0	0	21	13	3	2	0	0
19 to 24	173	37	7	1	3	1	7	1	1	1	1	0
25 to 49	309	90	30	7	17	9	23	11	3	2	1	1
50 to 64	115	30	10	0	0	0	24	11	8	4	2	0
≥65	14	6	0	0	0	0	5	2	1	0	1	1
Total	1562	421	48	8	20	10	97	50	16	9	5	2

(Source: Maine DHHS/MCDC, 11/18/09)

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

Important Dates

Monday, November 23, 2009: 12:00-1:00 **Maine CDC H1N1 Conference Call:** This is a time to receive H1N1 updates from Dr. Dora Mills and participate in question and answer session. Conference call: 1-800-914-3396 passcode 473623#. During calls, please press *6 to mute your line un-mute when you are actively participating.

Updated News and Guidance

Pneumococcal Vaccine to Reduce Secondary Infections (summarized by MaineHealth, 11/20/09)

- Influenza predisposes individuals to developing bacterial community-acquired pneumonia. During each of the influenza pandemics of the 20th century, secondary bacterial pneumonia was a frequent cause of illness and death and *S. pneumoniae* was reported as the most common etiology. These findings also apply to seasonal influenza. Recently, pneumococcal infections have been identified as an important complication in severe and fatal cases of 2009 H1N1 influenza virus infection.
- The US CDC's Advisory Committee on Immunization Practices (ACIP) recommends a single dose of pneumococcal polysaccharide vaccine (PPSV) for all people 65 years of age and older and for persons 2 through 64 years of age with certain high-risk conditions. Among those with high-risk conditions for pneumococcal disease, most are also at high risk for severe complications from influenza. **Special emphasis should be placed on vaccinating adults under 65 years of age who have established high-risk conditions for pneumococcal disease; PPSV coverage among this group is low and this group may be more likely to develop secondary bacterial pneumonia after an influenza infection.** All children younger than 5 years of age should **continue** to receive pneumococcal conjugate vaccine (PCV7) according to existing recommendations.

- Although there is no evidence that the pneumococcal vaccine is harmful to either a pregnant woman or to her fetus, **it is not recommended during pregnancy**. Women who have underlying conditions known to put them at risk of pneumococcal disease should be vaccinated before becoming pregnant, if possible.
- **The complete Health Alert on pneumococcal vaccine and prevention of secondary bacterial infections can be found at the following site:** <http://www.cdc.gov/H1N1flu/HAN/111609.htm>. The CDC has also issued a Q&A on influenza and invasive pneumococcal disease (http://www.cdc.gov/h1n1flu/vaccination/qa_pneumococcal_disease.htm).

H1N1 Vaccine Supply and Prioritization

The US Food and Drug Administration (FDA) this week approved an additional vaccine for H1N1 flu (<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm190783.htm>). Maine CDC expects this vaccine to arrive sometime in **mid-late December**.

The FDA also approved the use of an additional vaccine already in use for those 18 and older to be administered to infants and children. It is produced by the company CSL.

(<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm190359.htm>) **Vaccine administrators should note that this new approval for CSL vaccine is not reflected on the vaccine's package inserts as of yet.**

Maine has received 210,500 doses of H1N1 vaccine to date— **which is about 30% of what is needed for priority populations in the state**. For this reason, Maine CDC has had to prioritize within US CDC's priority groups for vaccine, based on trends in infections, the type and amount of vaccine available, and readiness of partners to administer vaccine.

Currently, Maine CDC priority groups for vaccination are:

- **All children 6 months – 18 years of age**
- **Pregnant women**
- **Caregivers and household members of infants younger than 6 months old**
- **Adults 18 – 64 years of age with the most severe chronic medical conditions****
- **Health care personnel with frequent direct contact with infectious materials and hospital inpatients who are at high risk (pregnant women, children, and high-risk adults older than 65)**

**At this point in time we are only distributing vaccine for this category to some specialists who care for adults with the most severe chronic medical conditions. Chronic medical conditions that confer a higher risk for influenza-related complications include chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, cognitive, neurologic/neuromuscular, hematologic, or metabolic disorders (including diabetes mellitus) or immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus). (Source: Maine DHHS/MCDC, 11/20/09)

!!! IMPORTANT: Reporting Vaccine Administration !!!

U.S. CDC has discovered that there is a lack of reporting when vaccine is administered, which could impact the flow of vaccine to those states that are not showing evidence of using it.

- The Maine CDC is requesting that **all H1N1 vaccine providers and/or administrators submit vaccine administration data into the Maine CDC's weekly vaccine reporting system**. The weekly vaccine reporting form can be found at: <http://www.maine.gov/dhhs/boh/maineflu/h1n1/health-care-providers.shtml>. The vaccine reporting periods on the form are the same timeframe as the dates for the vaccine clinics. It is not too late to report doses administered in past weeks as well.

Empiric Antiviral Treatment: (summarized by MaineHealth, 11/20/09)

When treatment of influenza is indicated in a patient with suspected influenza, health care providers should **initiate empiric antiviral treatment as soon as possible**. Early empiric treatment with oseltamivir or zanamivir is **recommended for all persons with suspected or confirmed influenza requiring hospitalization**. Prompt empiric outpatient antiviral therapy is also recommended for persons with suspected influenza who have symptoms of lower respiratory tract illness or clinical deterioration regardless of previous health or age. Early empiric treatment should be considered for persons with suspected or confirmed influenza who are at **higher risk for complications**, even if not hospitalized, including:

- **Children younger than 2 years old**
- **Adults 65 years and older**
- **Pregnant women**
- **Persons with the following conditions: chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), or metabolic disorders (including diabetes mellitus); disorders that can compromise respiratory function or the handling of respiratory**

secretions or that can increase the risk for aspiration (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders); immunosuppression, including that caused by medications or by HIV;

- Persons younger than 19 years of age who are receiving long-term aspirin therapy, because of an increased risk for Reye syndrome.

Oral Tamiflu suspension: (summarized by MaineHealth, 11/20/09)

Tamiflu® suspension is **now available at many Hannaford pharmacies across the state.** MaineCare is promulgating emergency rules to increase the reimbursement for compounding pediatric suspension from \$4.35 to \$10. The FDA has issued guidance on compounding an oral suspension of Tamiflu® to provide multiple prescriptions which can be found at the following website: <http://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm188629.htm>.

Other Important Educational Resources: (summarized by MaineHealth, 11/20/09)

- **Mixing Tamiflu® with Sweet Liquids**, a short video that demonstrates how to prepare a sweet liquid mixture for children who cannot swallow capsules, is now available at: <http://www.cdc.gov/CDCTV/MixingTamiflu/index.html>.
- **Antiviral medications and patient safety:** The US CDC has posted information for providers on the safety and use of antivirals on its web site, http://www.cdc.gov/H1N1flu/antivirals/safety_info.htm.
- **Influenza triage algorithms** for adults (>18) and children (<18) are available on the US CDC website at <http://www.cdc.gov/h1n1flu/clinicians>.

Additional Resources for Health Care Providers: (Summarized by Maine CDC, 11/20/09)

- Maine CDC has updated its H1N1 web site for Health Care Providers (<http://www.maine.gov/dhhs/boh/maineflu/h1n1/health-care-providers.shtml>) to include links to current testing information, clinical guidance, billing information related to administration of H1N1 vaccine, and information on requested 1135 waivers.
- A webpage on Infection Control Measures, including the process for accessing the Strategic National Stockpile supply of N-95 respirators is now available at: <http://www.maine.gov/dhhs/boh/maineflu/h1n1/infection-control.shtml>.
- A fact sheet about H1N1 vaccine prioritization and health care workers in Maine can be found at http://www.maine.gov/dhhs/boh/maineflu/h1n1/factsheet_HCW.pdf.
- Current information on H1N1 vaccine for health care providers – including links to ingredients, training videos for vaccine administration, and information on reporting Vaccine Adverse Events can be found at: <http://www.maine.gov/dhhs/boh/maineflu/h1n1/hc-providers/vaccine-info-hcp.shtml>.
- Considerations Regarding 2009 H1N1 Influenza in Intrapartum and Postpartum Hospital Settings: <http://www.flu.gov/professional/hospital/index.html>
- FDA Questions and Answers for Health Care Providers: Renal Dosing and Administration Recommendations for Peramivir IV: <http://www.cdc.gov/h1n1flu/eua/peramivir.htm>

Flu.gov has a new Self-Evaluation widget: <http://www.flu.gov/news/socialmedia/index.html#evaluationwidget>

Maine CDC Press Releases (available at: www.maine.gov)

11/14/09 Maine records two more deaths linked to H1N1

Stay Informed

Maine CDC General Public Call-In Number: 1-888-257-0990 (M-F, 9-5) / Deaf and Hard of Hearing: 1-800-606-0215

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.maine.gov Press Releases: <http://bit.ly/2zSpJC>

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

Many Maine CDC posters and magnets are now available for order online:

<http://www.maine.gov/dhhs/boh/flu-poster-orders.shtml>

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