



Regional Resource Center for
Public Health Emergency Preparedness

Weekly H1N1 Influenza (Swine Flu) Situation Update

December 8, 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:

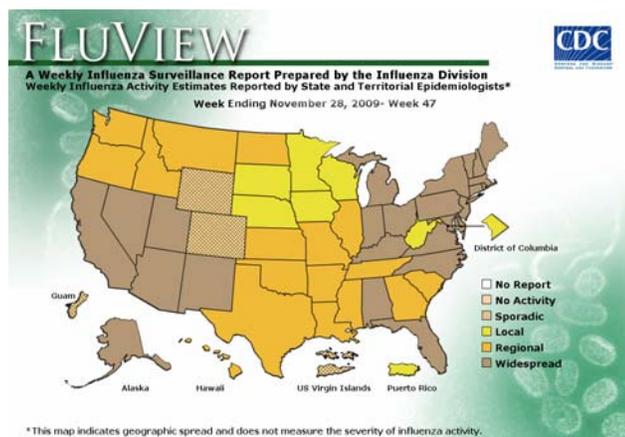
- **WASH** your hands
- **COVER** your cough
- **STAY HOME** if you're sick
- **GET VACCINATED**

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

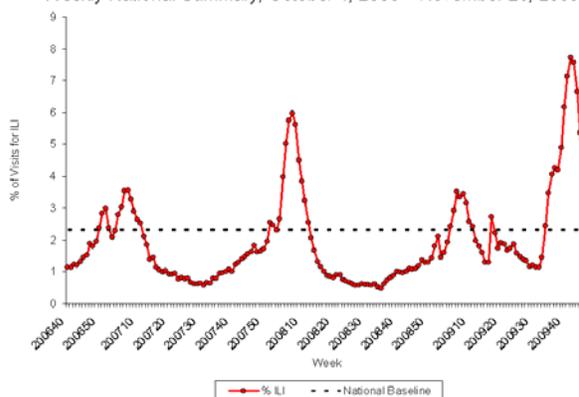
Surveillance

National

During the week of November 22-28, 2009, flu activity declined in the United States as reported in [FluView](#). The number of states reporting widespread flu activity decreased from 32 to 25 and visits to doctors for influenza-like illness declined nationally from the previous week. In addition, flu-related hospitalizations and deaths continue to decline, but remain high compared to what is expected for this time of year. The proportion of deaths attributed to pneumonia and influenza (P&I) was above the epidemic threshold for the ninth consecutive week. Seventeen influenza-associated pediatric deaths were reported during this period. Since August 30, 2009, CDC has received 189 reports of influenza-associated pediatric deaths that occurred during the current influenza season (34 deaths in children less than 2 years old, 20 deaths in children 2-4 years old, 71 deaths in children 5-11 years old, and 64 deaths in children 12-17 years old). One hundred fifty-two (80%) of the 189 deaths were due to 2009 influenza A (H1N1) virus infections, and the remaining 37 were associated with influenza A virus for which the subtype is undetermined. A total of 210 deaths in children associated with 2009 influenza A (H1N1) virus infection have been reported to CDC. (Source: US CDC, 12/04/09)



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 – November 28, 2009



Maine

The 2009 H1N1 flu continues to be widespread in Maine, as it is in 25 U.S. states. There have been six additional deaths due to H1N1, bringing the total to 11 reported since August 2009. All of the recent deaths have occurred in people over the age of 25. All deaths related to H1N1 in Maine have occurred among people with underlying health conditions. "There were 25 new

hospitalizations due to H1N1 in the last week (down from 50 two weeks ago). Of those hospitalized, all were adults and five were admitted to intensive care units. Counties of those hospitalized this past week are: York, 5; Cumberland, 4; Androscoggin, 3; two each in Franklin, Kennebec, Penobscot, Piscataquis, and Washington counties; and one each in Knox, Oxford, and Waldo counties. Seventeen schools reported absenteeism greater than or equal to 15% due to influenza-like illness in the past week. In a normal flu season in Maine, fewer than half a dozen schools usually report high absentee rates. High absenteeism was reported in Androscoggin, Aroostook, Cumberland, Kennebec, Knox, Oxford, Somerset, Waldo, and Washington counties.” (Source: Maine DHHS/MCDC, 12/04/09)

Maine CDC reports 2007 lab tested cases of H1N1 among Maine Residents since 4/27/09

- 160 Maine residents have been hospitalized
- 11 deaths reported to date
- 92% of lab confirmed H1N1 cases in Maine are under the age of 50 (range 0-84 years, mean of 21 years)

New This Week in Maine

- Federal Flu Code: Widespread
- **177** new confirmed and probable cases of H1N1 this week
 - 25 new hospitalizations
- 18 new outbreaks reported, 17 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	216	22	0	0	0	0	23	1	1	0	0	0
5 to 18	976	66	1	0	0	0	26	3	3	0	0	0
19 to 24	200	6	8	0	4	0	11	0	1	0	1	0
25 to 49	411	52	32	2	20	2	43	9	7	2	2	1
50 to 64	168	21	13	1	0	0	41	8	12	1	5	2
≥65	36	10	0	0	0	0	16	4	5	2	2	0
Total	2007	177	54	3	24	2	160	25	29	5	10	3

(Source: Maine DHHS/MCDC, 12/1/09)

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

Important Dates

H1N1 Conference Calls: Maine CDC will be holding conference calls to provide updates and take questions on H1N1. The next call will be held from **noon to 1 p.m. Monday, December 14**. In addition, a call for **Child Care Providers** will be held from **2-3 p.m. Thursday, December 10**. The phone number for both calls is 1-800-914-3396 with the pass code 473623#. During calls, please press *6 to mute your line un-mute when you are actively participating.

Updated News and Guidance

The Maine CDC released a Health Alert on 12/4/09 regarding the improved status of H1N1 supply. This week Maine CDC reports approximately 390,000 doses in Maine, which is enough to cover a little more than 1 dose per 2 people in the high priority groups and 1 dose per 3 people in the general population. As a result, **the CDC has expanded the priority groups for Maine**. For a full review of the CDC Health Alert, please see the attached document or go to the Maine CDC website at www.maineflu.gov.

Vaccine Administration – Priority Groups Expanded

Because of the expansion of H1N1 vaccine availability in many places in the state and the expected continued expansion throughout all of Maine, the priority groups for H1N1 vaccine administration is **expanded** now to include the following:

- **Pregnant women** and recently pregnant women because they are at higher risk of complications and can potentially provide protection to infants who cannot be vaccinated. Note that pregnant women should **not receive the nasal-spray flu vaccine LAIV**.

- **Household contacts and caregivers for children younger than 6 months of age** because younger infants are at higher risk of influenza-related complications and cannot be vaccinated. Vaccination of those in close contact with infants less than 6 months old may help protect infants by “cocooning” them from the virus.
- **All people from 6 months through 24 years of age.**
 - **Children from 6 months through 18 years of age** because there have been many cases of H1N1 flu in children and they are in close contact with each other in school and day care settings, which increases the likelihood of disease spread. Children 6 months – 10 years of age should receive a booster dose. Some schools will be hosting clinics for the second doses soon.
 - **Young adults 19 through 24 years of age** because there have been many cases of H1N1 flu in these healthy young adults and they often live, work, and study in close proximity, and they are a frequently mobile population.
- **Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.** 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).
- **Healthcare personnel working in inpatient and outpatient settings with frequent direct contact with high priority patients and infectious materials. This includes, for instance, all EMS as well as nurses and doctors working in outpatient primary care practices, specialty practices, and schools.** This is because infections among healthcare workers have been reported and this can be a potential source of infection for vulnerable patients.

NOTE: Maine CDC has been receiving a large amount of nasal spray, which is licensed for otherwise healthy non-pregnant 2 – 49 year olds. **This is a very appropriate formulation for many health care workers.** Therefore, they request that the nasal spray formulation be given to health care workers whenever possible so that their vaccination is not taking away from those who are at highest risk of being hospitalized or dying from H1N1.

Second Doses: Children nine and younger require a second dose of vaccine at least 21 days after the initial dose for full immunity; US CDC recommends a period of 28 days between doses. There is no maximum number of days between doses. Although it is preferable to receive the same type of vaccine (nasal spray or injection) for both doses, it is not required. Due to the formulation of vaccine currently coming into the state, the CDC is now able to begin offering second doses for children nine and younger in some areas. Vaccinators should follow the vaccine screening form to determine if sufficient time has passed between doses. Documentation of the first dose should not be required before administering a second dose. If a second dose is inadvertently administered early, it will not cause harm. In settings where supply is limited, first doses should still be prioritized. For more information on the spacing of second doses of H1N1 and Seasonal Flu Vaccine please go to the CDC web site at: http://www.cdc.gov/H1N1flu/vaccination/dosespacing_admin.html

Health Care Providers:

For those providers planning clinics for preschool aged children, Maine CDC learned Friday evening (10/4) that the formulation of **0.25 mL pre-filled syringes licensed for children 6 - 35 month of age is no longer available.** There were problems on the production line, though not problems that affect any of the existing formulation. Two options exist for providers:

1. Use multidose vials for children 6 months and older, although this results in drawing up 0.25 mL into the relatively large syringe that accompanies the vaccine (unless one purchases smaller syringes).
2. Use nasal spray if the child is at least 2 years of age and otherwise healthy.

For health care providers who have not used their supply, CDC requests that they consider donating them to a mass clinic.

OSHA issues flu prevention compliance directive

The U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) issued a compliance directive to ensure uniform procedures when conducting inspections to identify and minimize or eliminate high to very high risk occupational exposures to the 2009 H1N1 influenza A virus. The directive, which closely follows the Centers for Disease Control's (CDC) guidance, is available online at: http://www.osha.gov/OshDoc/Directive_pdf/CPL_02_02-075.pdf.

OSHA inspectors will ensure that health care employers implement a hierarchy of controls, and encourage vaccination and other work practices recommended by the CDC. Where respirators are required to be used, the OSHA Respiratory Protection standard must be followed, including worker training and fit testing.

Where respirators are not commercially available, an employer will be considered to be in compliance if the employer can show a good faith effort has been made to acquire respirators.

Where OSHA inspectors determine that a facility has not violated any OSHA requirements but that additional measures could enhance the protection of employees, OSHA may provide the employer with a hazard alert letter outlining suggested measures to further protect workers.

Press Release: http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=NEWS_RELEASES&p_id=16749.

Maine CDC has posted a new infection control webpage that can be found on the health care provider webpage on: <http://www.maine.gov/dhhs/boh/maineflu/h1n1/N-95-Prioritization-Algorithm.pdf>. It contains information on how health care facilities can document a shortage of N95s and how they can access the state's stockpile. There is an algorithm describing the prioritized use of N95s. The stockpile can only be used when a shortage is documented and for very highly prioritized uses such as aerosolized procedures.

REMINDER: Reporting Vaccine Administration !!!

U.S. CDC has indicated that there remains 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. Detailed instructions are also available at: <http://www.maine.gov/dhhs/boh/maineflu/h1n1/H1N1-Weekly-Reporting-Form-instructions.pdf>.

H1N1 Call Center

The Maine CDC announced a new partnership with **211 Maine** to provide the public with greater access to information and guidance about H1N1 via telephone and the web. With the Maine CDC's oversight, the trained staff at 211 Maine will provide free, confidential flu-related information and referrals between 8 a.m. and 8 p.m., seven days a week. 211 Maine will also maintain up-to-date information on flu vaccine clinics on its website. The Maine CDC has been fielding about 200 calls per day.

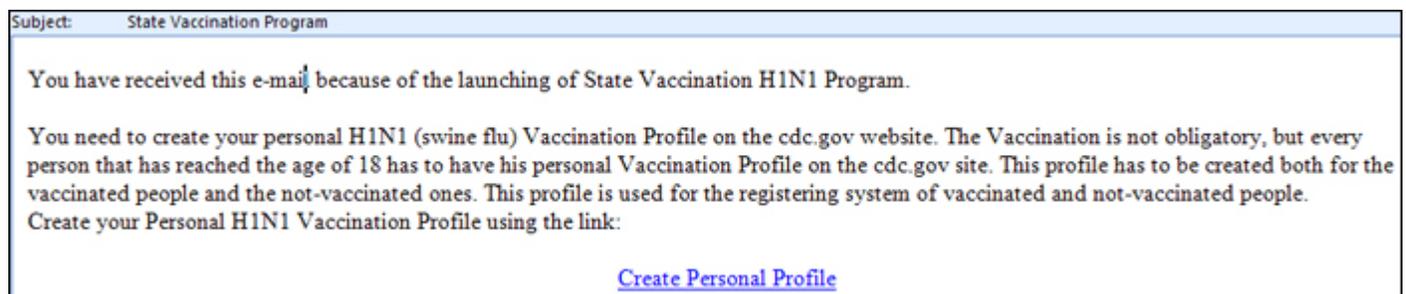
E-mail Hoax

US CDC has received reports of fraudulent emails referencing a CDC-sponsored State Vaccination Program. The messages tell people to create a personal H1N1 Vaccination Profile on the cdc.gov website. The message then states that anyone that has reached the age of 18 has to have his/her personal Vaccination Profile on the cdc.gov site. CDC has **not** implemented a state vaccination program requiring registration on www.cdc.gov. Users that click on the e-mail are at risk of having a computer virus installed on their system. To prevent computer viruses:

- Do not follow unsolicited links and do not open or respond to unsolicited email messages.
- Use caution when visiting untrusted websites.
- Use caution when entering personal information online.

For more information: http://www.cdc.gov/hoaxes_rumors.html

An example of the Phishing email follows:



Additional Resources for Health Care Providers (source: Maine CDC, 12/4/09)

Antiviral Treatment: Utilization of prescription antivirals to treat people at risk for complications has increased. Maine CDC continues to encourage physicians to prescribe antivirals as appropriate. For more information about antivirals, visit our web site: <http://www.maine.gov/dhhs/boh/maineflu/h1n1/anti-viral.shtml>

Resources for Health Care Providers: Many recent updates have been posted on our **Health Care Providers** web page, including links to infection control information, antiviral treatment information, and the most recent guidance from US CDC: <http://www.maine.gov/dhhs/boh/maineflu/h1n1/health-care-providers.shtml>

US CDC has issued a number of new guidance documents related to H1N1 **vaccine dosage, storage, and administration**. Updated information can be found on our web site at: <http://www.maine.gov/dhhs/boh/maineflu/h1n1/hc-providers/vaccine-info-hcp.shtml>

Maine CDC has established a web page for **pharmacists** that includes information related to administration of vaccine, billing for compounding Tamiflu® suspension, and other important guidance documents: <http://www.maine.gov/dhhs/boh/maineflu/h1n1/pharmacists-information.shtml>

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

12/3/09 H1N1 Declines Slightly as Vaccine Supply Slowly Increases; Maine CDC Partners with 211 Maine
12/3/09 Two More H1N1 Deaths Reported in Maine – Total Now Stands at 11

Stay Informed

NEW!! General Public Call-In Number: **2-1-1** (8A-8P daily)

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 available for order online:

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

Publisher

Southern Maine Regional Resource Center, Maine Medical Center, Portland, Maine
phone (207) 662-5142 | web www.smrrc.org | twitter www.twitter.com/SMRRC