

MAINE HEALTH ALERT NETWORK



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****ADVISORY – Important Information****

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TO: All HAN Recipients
FROM: Dora Anne Mills, M.D., M.P.H., Public Health Director
SUBJECT: Update on H1N1 and Seasonal Influenza Vaccine
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SUMMARY

There is a lot of new information contained in the health advisory below, especially: new information on the anticipated distribution of H1N1 vaccine; resulting guidance on the administration of the H1N1 vaccine; ongoing delays in seasonal flu vaccine distribution; and emergency rules related to health care and some other facilities offering H1N1 vaccine to direct patient staff similar to what they are now required to do for seasonal influenza vaccine. We anticipate information to continue to change rapidly, so please stay informed. We at Maine CDC are greatly appreciative to all Maine health care providers, schools, emergency management, public health, and many other stakeholders for being patient and flexible and for your continued dedication to effectively addressing this pandemic.

H1N1 VACCINE DISTRIBUTION

Approximately 14,800 doses of H1N1 nasal spray (LAIV=live attenuated influenza vaccine) is arriving in Maine this week. We are ordering about another 20,000 doses of H1N1 vaccine this week, both injectable and nasal spray. This additional supply should arrive in Maine next week, for a total of about 35,000 doses in the state. While this may seem like a lot of vaccine, it is not, when one considers there are 1.3 million people in Maine.

These first few weeks of H1N1 vaccine distribution are likely to be a bit unpredictable, and will require close coordination among health care providers, many stakeholders, and Maine CDC. As we learn about the availability and timeline of different formulations of the vaccine, we will all need to revise and adapt our plans as necessary. Staying informed and being flexible are key.

Our goal remains the same: to vaccinate as many high priority populations as soon as possible. While we anticipate there eventually being sufficient vaccine for everyone, we also need to keep in mind that this pandemic is disproportionately affecting pregnant women, children, and young adults. Therefore, the emphasis within the high priority populations should be to focus on protecting these populations.

- The overall 5 priority groups with Maine estimates of numbers for fall, 2009 in parentheses are:
 - Pregnant women (8,500);
 - Persons who live with or provide care for infants aged <6 months (e.g. parents, siblings, and daycare providers) (18,500);
 - Children and young adults aged 6 months through 24 years (390,000);
 - Persons aged 25 through 64 years who have medical conditions* that put them at higher risk for influenza-related complications (155,000); and
 - Health care and emergency medical services personnel (122,000).

*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) and immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus).

Current estimates (that are likely to change) indicate that Maine will receive about 340,000 doses of various formulations of H1N1 vaccine in the next 8 weeks. The above 5 groups represent

about 700,000 people in Maine. Therefore, over the next 8 weeks, if current estimates of vaccine distribution continue, we need to prioritize some within these 5 overall priority groups.

In terms of those populations at highest risk, it appears pregnant women, infants and children are at high risk for complications. As a result, our distribution plans for the next several weeks focus on settings where these populations can be most easily reached, such as obstetrical and pediatric practices and schools.

Additionally, we also recommend focusing this vaccine efforts in K-12 schools and residential schools with children and young adults because of the potential positive impact on the entire community. Offering H1N1 vaccine in school settings will have the most immediate and biggest impact on protecting the health of our children and youth as well as providing protection for the entire community. Studies show children are the major transmitters of influenza in a community. If Maine experiences a surge in H1N1 in the coming weeks as is happening in much of the country, it will also be prudent to have large scale clinics in non-health care settings, which may be busy with treating people with H1N1 infection.

For these next several weeks we also recommend focusing the vaccination efforts on those health care workers who have direct contact with patients and infectious material, especially those who work on inpatient pediatric, maternity, intensive care units, and emergency departments. This may also mean that some health care workers administering vaccine will not be vaccinated themselves.

CURRENT H1N1 ADMINISTRATION RECOMMENDATIONS

Focus offering H1N1 vaccine these first several weeks to the following sub-priority groups:

- **Pregnant women;**
 - **Persons who live with or provide care for infants aged <6 months (e.g. parents, siblings, and daycare providers of young infants);**
 - **Children and young adults aged 6 months through 24 years;**
 - **Persons aged 25 through 64 years who have medical conditions that put them at higher risk for influenza-related complications;**
 - **Health care and emergency medical services personnel, especially those who work in hospital emergency departments, inpatient pediatric, maternity, and intensive care units.**
- Pre-Filled Syringe Vaccine 0.5 mL should be offered primarily to pregnant women and children 3 – 5 years old
 - Pre-Filled Syringe Vaccine 0.25 mL should be offered to 6months – 35 months old
 - LAIV (live attenuated influenza vaccine, nasal spray) should be offered primarily to healthy young children (ages 2 – 5 years old), household contacts and caregivers of infants <6 months old, then as supplies allow, to older children and young adults up to age 25, and health care workers. LAIV is only licensed for healthy non-pregnant 2 – 49 year olds.
 - Multi-dose vials should be prioritized for children, young adults, adults under 65 with severe underlying conditions, and high priority health care workers.

- All formulations of H1N1 vaccine should be carefully reviewed since each brand and each presentation has different populations it is licensed for.
- **Schools are a major priority for H1N1 vaccine administration, and more details should be forthcoming shortly, but we do ask interested schools, even if they do not yet have a clinic date for seasonal flu vaccine, to start readying for administering H1N1 vaccine, which should be available to some school districts in about 2 weeks.**
- Stay informed – the situation is likely to change frequently.

EMERGENCY RULES FOR HEALTH CARE FACILITIES

Maine CDC/DHHS issued emergency rules mirroring the long-existing rules for seasonal influenza that require licensed health care and certain other facilities to offer seasonal influenza vaccine to their employees with direct patient contact. The new rules require these facilities to offer H1N1 vaccine to these employees. They also require three quarterly reporting starting December 15th on the number of employees who are vaccinated and the total number of employees who are offered the vaccine.

Again, for the next few weeks, the H1N1 vaccine needs to be focused on the highest priority populations, so many of these facilities will not be able to offer the vaccine or direct staff to easily available vaccine. However, we want to make sure these facilities know that we expect H1N1 vaccine to be offered as is seasonal flu vaccine now.

In the new rule, "Designated Healthcare Facility" means a licensed nursing facility, residential care facility, Intermediate Care Facility for the Mentally Retarded (ICF/MR), multi-level health care facility, hospital, or home health agency. The rule states, "All Designated Healthcare Facilities shall adopt and implement a policy that recommends and offers immunization against 2009 Novel H1N1 Influenza to all personnel who provide direct care to residents of the facility."

It also states, "The chief administrative officer of each designated healthcare facility is responsible for submitting a summary report by December 15, 2009, March 15, 2010, and June 15, 2010 on the number of employees who are vaccinated and the total number of employees who are offered the vaccine for 2009 Novel H1N1 Influenza." We ask that facilities submit their reports to flu.questions@maine.gov.

The revised rules can be found under Chapter 264 at: <http://www.maine.gov/sos/cec/rules/10/chaps10.htm#144> as well as on www.maine flu.gov.

CONTINUED SEASONAL FLU VACCINE DELAYS

It appears there will be continued delays in obtaining the pediatric seasonal flu vaccine. Therefore, we recommend schools that have not received their seasonal flu vaccine supplies yet 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.

FLU CLINIC LOCATOR ON www.maine flu.gov:

We have required anyone putting on public or school clinics with H1N1 vaccine to notify us of the clinic locations and times so we can post them on the statewide scheduler, found at

www.maine flu.gov. Clinics offering just seasonal flu vaccine are also welcome to be posted, and we strongly urge schools to do so. If you do not have directions on how to post a clinic, then please email flu.questions@maine.gov. We have advertisements completed that will be aired on tv, radio, and the web when public clinics for H1N1 vaccine begin. We are not airing them now since it is too early for these public or school clinics.

CLARIFICATIONS ON COMMON QUESTIONS

H1N1 Surveillance:

- More than half of the country is seeing widespread influenza, with nearly all of it the 2009 novel H1N1 influenza strain. Very little seasonal flu strains are being detected at this time.
- Maine has seen some increases in outpatient visits for influenza like illness, and can expect to see further increases.
- We hear people say “H1N1 (or ‘swine flu’) is mild”. It is not always mild, and is disproportionately affecting pregnant women, children and young adults. About one-third of pregnant women with diagnosed H1N1 are severely enough affected they need to be hospitalized.

H1N1 Vaccine:

- Children ages 6 months through 9 years of age (<10) may need TWO doses of H1N1 flu vaccine about 1 month apart (28 days, but if given at least 21 days apart they don’t need another dose).
- Children ages 6 months through age 8 years of age (<9) who have not received seasonal influenza vaccine in the past need two doses of seasonal flu vaccine given 28 days apart.
- You may administer other vaccines at the same time, except two nasal vaccines (live attenuated influenza vaccines) should not be administered at the same time.
- For patients with egg allergies, asking patients if they can eat eggs without adverse effects is a reasonable way to determine who might be at risk for allergic reactions from receiving influenza vaccines. Persons with symptoms of egg allergy or documented hypersensitivity should consult with a physician before the vaccine should be considered.

H1N1 Vaccine Safety:

- Each year, millions of Americans safely receive seasonal flu vaccines. The H1N1 vaccine is made the same way as seasonal flu vaccine by the same companies that make seasonal flu vaccine.
- H1N1 vaccine is fully licensed by the FDA (Food and Drug Administration) using the same licensure standards as are used for seasonal flu vaccine.
- The NIH (National Institutes of Health) has conducted clinical studies for the H1N1 vaccine. The vaccine has been tested and safely used in children, pregnant woman, and adults. These clinical studies represent an extra step taken since seasonal flu vaccine does not go through this step.

Summary Points for Patients:

- There are essentially two flus, seasonal flu and H1N1, circulating this year. Protecting against the two flus requires two vaccinations. Seasonal flu vaccine is currently available in many places. The H1N1 flu requires a separate vaccination that is starting to come into the state.

- As far as we know, the vaccine for one flu does not protect against the other flu. The two flus pose different risks to different groups of people. Most people should plan to eventually get both flu vaccinations.
- Some groups are more likely to have complications from the seasonal flu. These include:
 - Those age 65 and older
 - Children younger than 2 years old
 - People of any age who have chronic medical conditions (e.g. diabetes, asthma, congestive heart failure, lung disease) or who are pregnant.
- Some groups are more likely to have complications from the H1N1 flu or transmit it to vulnerable people and should get vaccine in the coming weeks:
 - Pregnant women
 - Children and young adults
 - Adults under 65 with a chronic medical condition
 - Household contacts and caregivers of young infants <6 months
 - Health care providers.

STAY INFORMED

- **WEEKLY UPDATES:**
Check Thursday updates on H1N1 in Maine on Maine CDC's H1N1 website, www.maineflu.gov.
- **HAN:**
Sign up to receive urgent updates from Maine CDC's Health Alert Network (HAN). The easiest and quickest way is to sign up is through the HAN Alert RSS feed at www.mainepublichealth.gov (midway down the center of the homepage).
- **CLINICAL CONSULTATION** 24 hours a day, 1-800-821-5821.
- **PUBLIC INFORMATION LINE AND CLINIC INFO LINE:** Monday-Friday 9 am -5 pm, toll free 1-888-257-0990.
- **WEEKLY CONFERENCE CALLS:** See Thursday update for schedules
- **BASIC WEBSITE:** www.maineflu.gov and www.flu.gov