

MaineHealth

Weekly H1N1 Update Newsletter
October 16, 2009

Welcome to the MaineHealth H1N1 Weekly Update Newsletter
A Publication of the MaineHealth H1N1 Workgroup

About this Newsletter:

This publication will be released each Friday morning throughout the fall and early winter to assist healthcare providers and infection prevention specialists in preparing for the effects of the H1N1 virus on the Maine population.

Each issue will contain:

- updates from national and state-wide public health organizations
- timely information related to workforce and target population vaccinations
- supply considerations

If you have additional questions or suggestions for this newsletter, please feel free to contact the publisher.

In This Issue:

- Maine CDC Update
- Health Care Providers Update

Quick Hits:

- Translated H1N1 documents available
- New CDC interim guidelines for health care facilities
- H1N1 vaccine distributed to health care sites

For more information regarding these important points, please review the Maine CDC Update and Health Care Provider sections below.

Maine CDC Update:

Outpatient visits for influenza like illness (ILI) increased in much of New England. For the 4th 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. The 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 14th. There have been additional, isolated cases of H1N1 confirmed in several areas of the state, with a continued predominance in children and young adults.

- **H1N1 Vaccine Arrives in Maine!** Approximately 14,800 doses of H1N1 nasal spray vaccine arrived in Maine as of the end of last week. The CDC anticipates another 18,900 doses of H1N1 vaccine arriving this week, in both injectable and nasal spray forms. The additional supply should bring the total to about 33,700 doses in the state by the end of this week.
- **Vaccine distribution:** Vaccine has been distributed to almost 400 health care providers thus far, and this number is expected to increase to close to 900 in the coming weeks.
- It is estimated that Maine will receive about 340,000 doses of various formulations of H1N1 vaccine over the next eight weeks (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. Although Maine will eventually get enough vaccine to be able to offer it to all those who want it, it is important that the **distribution of the vaccine be initially focused on those in the highest priority groups**. A health advisory on this topic was issued October 7th and can be found at:
- <http://www.maine.gov/tools/whatsnew/attach.php?id=80502&an=2>.
- Health care providers who would like to have H1N1 vaccine shipped directly to them need to **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.maineflu.gov.
- **Vaccinating Priority Population:** Although Maine will eventually get enough vaccine to be able to offer it to all those who want it, it is important that the **distribution of the vaccine be initially focused on those in the highest priority groups**. They include:
 - **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 (since one of the main reasons for health care workers to be vaccinated is to protect the patients with whom they work).**

- It is very important to focus the currently limited vaccine supply where it will be most effective, and that is primarily protecting children. This is because children are both disproportionately affected by novel H1N1 and are major transmitters of influenza to others. Approximately 85% of the doses of H1N1 vaccine available in October are anticipated to be administered to children and youth; with the remaining 15% being split between pregnant women, certain health care workers (as described), and very high priority adults <65 years of age.
- A **public flu clinic calendar** is now available on-line at www.maine flu.gov. The CDC requires anyone putting on public or school H1N1 vaccine clinics to notify the CDC of the clinic locations and times so they can be posted on the statewide calendar. Clinics offering just seasonal flu vaccine are also welcome to be posted.

Health Care Providers:

On October 14th the CDC released **updated interim guidance** on infection control measures to help prevent transmission of 2009 H1N1 influenza in healthcare facilities. Complete details of the interim guidelines can be found on the following links:

- **Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel**
- http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm
- Interim Guidance for Influenza Surveillance: Prioritizing RT-PCR Testing in Laboratories: <http://www.cdc.gov/h1n1flu/screening.htm>

Respiratory Guidance:

The 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 of prioritized respirator use mode 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.**
- For more information please see the following link: **Questions & Answers Regarding Respiratory Protection for Infection Control Measures for 2009 H1N1 Influenza among Healthcare Personnel**
- http://www.cdc.gov/h1n1flu/guidelines_infection_control_qa.htm

Monitor and Manage Ill Healthcare Personnel

Healthcare personnel who develop a fever and respiratory symptoms should be:

- Instructed not to report to work, or if at work, to promptly notify their supervisor and infection control personnel/occupational health.
- Excluded from work for at least 24 hours after they no longer have a fever, **without** the use of fever-reducing medicines.
- If returning to work in areas where severely immunocompromised patients are provided care, considered for temporary reassignment or exclusion from work 7 days from symptom onset or until the resolution of symptoms, whichever is longer.
- Clinical judgment should be used for personnel with only cough as a symptom, since cough after influenza infection may be prolonged and may not be an indicator of viral shedding.
- Healthcare personnel recovering from a respiratory illness may return to work with immunocompromised patients sooner if **absence** of 2009 H1N1 viral RNA in respiratory secretions is documented by real-time reverse transcriptase polymerase chain reaction (rRT-PCR). Additional information on diagnostic testing for 2009 H1N1 influenza infection can be found at http://www.cdc.gov/h1n1flu/guidance/diagnostic_tests.htm.

What's New!

- **New for providers! Influenza triage algorithms** for adults (>18) are available on the US CDC website at <http://www.cdc.gov/h1n1flu/clinicians>. Please find these triage algorithms attached to this week's newsletter.
- **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. 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).
- **Translated H1N1 documents available.** The Missouri Hospital Association, with approval from the Centers for Disease Control and Prevention (CDC), has translated four of the CDC H1N1 documents into eight different languages. The Association has posted the documents for public use at its translation site <http://www.healthtranslations.com>. The documents have been translated into **Arabic, Bosnian, Chinese, Farsi, Russian, Serbian, Spanish and Vietnamese**. The translated H1N1 documents are "Clean Hands Save Lives," the flu information brochure, information for people with medical conditions, and "H1N1 Take 3 Steps to Fight Flu".

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