

DIVISION OF PUBLIC HEALTH • COMMUNICABLE DISEASE • LABORATORY SERVICES
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////// PUBLIC HEALTH UPDATE ////

TO: Marin County Physicians, Clinics, and Infection Control Coordinators

FROM: Fred Schwartz, MD, Public Health Officer
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SUBJECT: Pandemic (H1N1) 2009 Influenza Situation Update

DATE: December 28, 2009

Dear Colleagues,

Influenza activity has been decreasing for the last 8 weeks throughout the United States. Currently, only 7 states have widespread activity, including California. The CDC reports that while most key indicators of flu activity in the U.S. are now approaching the normal range for this time of year, variable levels of flu activity are expected to continue for months, caused by either 2009 H1N1 or seasonal flu strains.

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Situational Update

Although flu activity remains widespread in California, it has abated since the peak experienced at the end of October. Most indicators show that levels of illness are approaching a normal range for this time of year. Rates of hospitalization for flu declined across all age groups, but remain highest for those under 1 year of age. To date, there have been 8,003 hospitalizations statewide (20.7/100,000 population), with 1,590 cases requiring intensive care, and a total of 449 deaths. Among those 18 years or younger, there have been 2,822 hospitalizations and 46 deaths. Among pregnant patients, there have been 528 hospitalizations and 17 deaths.

In Marin, the percentage of Urgent Care and Emergency Department visits for influenza like illness increased to 3.7% for the week ending 12/19/09, after several weeks of decline, and remains above the average for this time of year. A total of 64 Marin residents have been hospitalized with H1N1, with 19 of these in the ICU. Since April, five deaths, all adults with underlying conditions, have occurred in Marin; four of these were confirmed to be due to H1N1 and the fifth was due to influenza A that was not subtyped. No fatal cases have been reported in the last 7 weeks. (<http://www.marinflu.org/prevention-and-control/surveillance>).

Nationwide, almost all influenza identified this season has been 2009 H1N1, which remains the predominant flu virus in circulation world-wide. The virus remains similar to the virus chosen for the 2009 H1N1 vaccine; it has not undergone any significant changes since first identified in April 2009. The WHO, CDC, and California Department of Public Health (CDPH) continue antiviral susceptibility testing, and the virus remains susceptible to oseltamivir and zanamivir with rare exception. Based on the low incidence of resistance, treatment and prophylaxis guidelines have not changed.

H1N1 Vaccine Update

By the end of this week, Marin County will have received 89,000 doses of H1N1 vaccine. An additional 35,000 doses are expected by the end of January 2010. To date, we have been limiting vaccinations to those people in the CDC/ACIP priority/target groups, due to continued demand which was not being met by locally available supplies. A survey of vaccine providers in Marin indicates that they now have enough vaccine to meet the demand from those in the priority groups, and the majority of vaccine providers in Marin support lifting restrictions. Many California counties, and several in the Bay Area have recently lifted vaccination restrictions as supply gradually increases.

EFFECTIVE DECEMBER 28, 2009, MARIN COUNTY IS LIFTING VACCINATION RESTRICTIONS. ALL PERSONS WHO WOULD LIKE TO BE VACCINATED CAN NOW DO SO. For those patients who are unable to receive the vaccine elsewhere, the Marin Health Department will be holding **free vaccination clinics** December 29 (8am-12noon) and 31 (8am-12 noon), and on Tuesdays (8am-12noon) and Thursdays (8am-12noon and 1-5pm) throughout January 2010. The clinics will be located at the Marin Health and Wellness Campus at 3260 Kerner Blvd in San Rafael. Vaccination is by appointment only. **Please call (415) 473-6007 to make an appointment.**

Vaccinations will also be available at local **Walgreen's, Safeway, and Ross Valley pharmacies** beginning this week or next week. Please check our website or call the pharmacies for updates. Additional pharmacies may be added in January. Healthcare providers who still have a pending December vaccine order will receive it this week, and additional orders will be filled by CDPH in January.

Remember that children 9 years and younger need to receive two doses of H1N1 vaccine, separated by at least 21 days. California law normally requires that children under the age of 3 and pregnant women be offered flu vaccine without thimerosal preservative. However, such vaccine remains available in only limited supplies. Because both pregnant women and young children are at increased risk for influenza-related complications, the benefits of flu vaccine, with or without thimerosal, have been determined to outweigh the risk, if any, of thimerosal. The Governor of California has extended the statewide exemption on the use of thimerosal-containing H1N1 flu vaccine through September 2010.

A window of opportunity now exists for more people to get vaccinated for 2009 H1N1 flu, to provide protection against a possible third wave of disease.

Vaccine Recalls

Sanofi-Pasteur (12/15/09, 0.25 ml pre-filled syringes for ages 6 months-35 months) and MedImmune (12/22/09, monovalent nasal spray) have issued limited non-safety related recalls of certain lots of their H1N1 vaccines due to decreased potency. **The Marin Health Department has determined that none of the affected lots were shipped to us.** None were used by Public Health to vaccinate persons in our flu vaccine clinics held in November and December. We have also notified vaccine providers about the recall so that they may check their records and remaining supplies. While the antigen content of the affected lots is now below the specification limit for the products, **CDC and FDA are in agreement that the small decrease in antigen content is unlikely to result in a clinically significant reduction in immune response among persons who have received the vaccine. For this reason, there is no need to**

revaccinate persons who have received vaccine from these lots. People who received the vaccine do not need to take any action. For more information, please see:
<http://www2a.cdc.gov/HAN/ArchiveSys/ViewMsgV.asp?AlertNum=00303>.
http://www.cdc.gov/h1n1flu/vaccination/sprayrecall_qa.htm

New CDC Resources

The H1N1 situation is dynamic. The CDC is continually updating and creating new documents and guidance. In addition to those below, documents that have come out in December 2009 include: pediatric supplemental recommendations; Emergency Use Authorization (EUA) of medical products and devices; and infection control measures in healthcare settings. For the most current H1N1 flu clinical and public health guidance please see <http://www.cdc.gov/h1n1flu/guidance/>.

A. Antiviral Treatment

Most healthy persons who develop an illness consistent with influenza, or persons who appear to be recovering from influenza, do not need antiviral medications for treatment or prophylaxis. However, persons presenting with suspected influenza and more severe symptoms, such as evidence of lower respiratory tract infection or clinical deterioration, should receive prompt empiric antiviral therapy, regardless of previous health or age. The priority use for antiviral drugs this season is to treat people who are very sick (hospitalized) or people who are sick with ILI and who are at increased risk of serious flu complications.

The CDC updated its antiviral treatment guidance 12/4/09 to include information on IV peramivir, oseltamivir dosing for children under 1 year of age, treatment and prophylaxis for vaccinated patients, the use of early empiric treatment for patients both with and without risks for complications, and treatment for patients with illness longer than 48 hours. **Treatment should not wait for laboratory confirmation** of influenza because laboratory testing can delay treatment and because a negative rapid test for influenza does not rule out influenza.

For additional guidance on treatment, please see <http://www.cdc.gov/h1n1flu/recommendations.htm>.

B. Severely Immunosuppressed Patients

The CDC on Dec 16 outlined special considerations for severely immunosuppressed patients in its updated H1N1 guidance. The guidance addresses patients immunosuppressed as a result of receiving treatment for malignancies; as a result of receiving treatment related to solid organ or hematopoietic stem cell transplants; or as a result of autoimmune conditions and treatment. Such patients may be at high risk of influenza-related complications such as more severe illness and hospitalization. The CDC states that cancer chemotherapy patients, for example, are at increased risk of complications, and those with acute respiratory symptoms should receive empiric treatment, even when no fever is present. Infection control measures should be taken before test results are known to avoid spread of any resistant strains that may develop.

For the full document, please see <http://www.cdc.gov/h1n1flu/immunosuppression/index.htm>.

C. Pregnant and Postpartum Patients

Severe 2009 H1N1 Influenza in Pregnant and Postpartum Women in California

This study, just published in the NEJM (<http://content.nejm.org/cgi/reprint/NEJMoa0910444v1.pdf>) concludes that 2009 H1N1 influenza can cause severe illness and death in pregnant *and* postpartum (≤ 2

weeks since delivery) women; regardless of the results of rapid antigen testing, prompt evaluation and antiviral treatment of influenza-like illness should be considered in such women.

H1N1 Flu (Swine Flu): Resources for Pregnant Women (CDC 12/14/09)

This is a quick overview of what pregnant women need to know about 2009 H1N1 flu. It is in downloadable format for use in doctor's offices or by individuals:

http://www.cdc.gov/h1n1flu/pregnancy/?s_cid=ccu122109_PregnancyResource_e

H1N1 Flu (Swine Flu): Resources for Obstetric Health Care Providers (CDC 12/14/09)

Contains information and guidance for clinicians on H1N1 vaccine, antivirals, and considerations for the intrapartum and postpartum setting: http://www.cdc.gov/h1n1flu/clinician_pregnant.htm

Additional Resources

Phone Contact:

- Marin County H1N1 Information Line (Hotline) at (415) 473-6823 (staffed 24 hours a day, 7 days a week)
- Marin County HHS Communicable Disease Unit at (415) 473-2623
- CDPH H1N1 Flu Hotline at 1-888-865-0564 (Monday - Friday 9am-6pm, Saturdays 8:30am-5pm, closed on Sundays and state holidays).

Websites:

- Marin County Health and Human Services: <http://www.marinflu.org/>
- California Department of Public Health: <http://www.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenza.aspx>
- Centers for Disease Control and Prevention (CDC): <http://www.cdc.gov/h1n1flu/>
- World Health Organization (WHO): <http://www.who.int/csr/disease/swineflu/en/index.html>