

Monroe County Department of Public Health
2009 H1N1 Influenza
Fall Update # 1

This document provides a synopsis of the 2009 H1N1 guidance and planning efforts at the federal, state, and Monroe County levels. For more details, refer to the provided links.

CURRENT 2009 H1N1 DISEASE STATUS: The 2009 H1N1 influenza virus (previously novel H1N1) continued to circulate this summer. Widespread disease is presently reported in the Southeast United States, possibly related to the beginning of the school year.

The 2009 H1N1 virus has demonstrated no antigenic shift and no significant antigenic drift. In addition, the disease severity being reported in the southern hemisphere is similar to the mild-moderate severity the U.S. experienced in the spring.

VACCINE: The 2009 H1N1 vaccine will probably be available for distribution in late October. The CDC has allotted doses of vaccine to each state based on its population. New York State will apportion its share of the vaccine to counties and/or regions based on population. Locally, although planning is not yet finalized, it is likely that the vaccine will be distributed to hospitals, private practices, the Monroe County Department of Public Health, and perhaps mass vaccinators and pharmacies. Private practices affiliated with a hospital pharmacy will receive their vaccine directly through them. Non-affiliated practices will be able to use the Health Provider Network (HPN) to register to be a NYSDOH “ship-to” site. Not all practices will be selected to receive vaccine. In the extent possible, the MCDPH will provide vaccine to practices that are not selected as a “ship to” site. NOTE: as of this writing, the HPN registration site is not yet functional. Information on signing up for an HPN account is available at: http://www.health.state.ny.us/prevention/immunization/information_system/providers/hpn_account_instructions.htm

REPORTING OF VACCINE ADMINISTRATION: NYSDOH requires that all vaccinations with 2009 H1N1 influenza vaccine, regardless of age, be reported to NYSIIS, the NYS Immunization Information System. Access to NYSIIS is through the HPN, so an HPN account is necessary. Some hospital-affiliated practices will be able to perform an automatic upload of the required information using their billing system. Some practices might need assistance from their IT services to install a specific software patch to perform this upload into NYSIIS.

VACCINATION SITES: Once vaccine is available, vaccination will occur at a variety of sites: hospitals, doctor offices, and some colleges. In addition, The Monroe County Department of Public Health will assist several mass vaccinators to conduct large vaccination clinics across the county.

PRIORITY GROUPS FOR VACCINATION: Information regarding priority groups for vaccine administration and monitoring for adverse effect is available at <http://www.cdc.gov/h1n1flu/vaccination/>

People in the priority groups for vaccination who had an ILI or influenza A infection this spring will not be excluded from receiving the 2009 H1N1 vaccine.

TESTING: We still recommend testing for influenza in patients hospitalized for ILI. We believe that the CDC/NYSDOH will establish sentinel hospitals from which specimens will be sent for confirmation of 2009 H1N1 influenza. There will be limited or no ability to test for H1N1 from non-sentinel sites.

REPORTING: Please report non-family **clusters** of ILI or influenza and **deaths** related to ILI or influenza, to the Monroe County Department of Public Health Disease Control Unit at 753-5164.

NEW GUIDELINES FOR FLU ANTIVIRALS are now available, emphasizing **early treatment** (within 48 hrs of symptoms onset), for people at high risk of influenza complications, and patients requiring hospitalization. Treatment should not be delayed until testing results are available. The sensitivity of the rapid influenza tests varies between 10-70 %, so a negative test does not exclude infection.

Antiviral chemoprophylaxis generally should be reserved for persons at higher risk for influenza-related complications who have had contact with someone likely to have been infected with influenza.

An emphasis on early treatment is an alternative to chemoprophylaxis after a suspected exposure for some persons such as health care workers or people with high risk conditions for influenza complications. See details at: <http://www.cdc.gov/h1n1flu/recommendations.htm>