EPI Update for Friday, October 30, 2009
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI update include:

- **Health care provider conference calls**
- **H1N1 quick points for health care providers**
- **Results of rapid vs. PCR H1N1 tests**
- **Mandatory reporting of hospitalizations and deaths due to 2009 H1N1**
- **Seasonal influenza vaccination efforts**
- **Meeting announcements and training opportunities**

Health care provider conference calls Thursday (today) and Friday (tomorrow)

On Thursday, October 29 from 5:30-6:30 p.m. (today) and again on Friday, October 30 from 12:00-1:00 p.m. (tomorrow), there will be conference calls for health care providers (HCPs) around Iowa to update them on issues surrounding H1N1 influenza. There will be a limited number of lines, so each health care entity should try to call in on only one line, and interested local public health officials should call in with their local HCPs. Please send any questions or issues you wish to be discussed on this conference call to influenzaAH1N1@idph.state.ia.us

On Thursday 5:30-6:30 p.m.: conference call number is (866) 890-0086, ID# 38096455
On Friday noon-1:00 p.m.: conference call number is (866) 890-0086, ID # 38100627

H1N1 quick points for health care providers

Includes current "bottom line" information about H1N1 to provide the most updated information. Please forward these points on to any other HCP's that might find them useful. They will be also posted on the IDPH Web site.

Next week, health care providers across Iowa will be sent packets of information on H1N1 for themselves, their offices, and their patients. Please watch for them, and use as appropriate.

President Obama signed a National Emergency Declaration on H1N1 influenza allowing health care systems to quickly implement disaster plans if overwhelmed. www.flu.gov/professional/federal/h1n1emergency10242009.html

FDA has issued an emergency use authorization for Peramivir (an unlicensed IV antiviral). See www.cdc.gov/h1n1flu/EUA/peramivir_recommendations.htm or www.emergency.cdc.gov/h1n1antivirals/

Of the 200+ hospitalized patients in Iowa, 75 percent were <26 years of age and ~50 percent have chronic medical diseases. See www.idph.state.ia.us/adper/iisn.asp

Secondary infections due to pneumococci have been identified as a common complication of H1N1 influenza: Ensure that appropriate people are vaccinated. See www.cdc.gov/h1n1flu/vaccination/provider/provider_pneumococcal.htm

For young children and others who have trouble swallowing capsules, the Tamiflu capsule can be opened and mixed with liquids such as applesauce, corn syrup, pudding, or chocolate / caramel / butterscotch syrup (honey can be used for those over one year of age), but then ensure that all of it is eaten. See www.cdc.gov/H1N1flu/antivirals/mixing_tamiflu_qa.htm

Post-exposure antiviral chemoprophylaxis: 1) consider for those at high risk for complications and who have been exposed; 2) consider for health care providers with a recognized, unprotected close contact exposure to a person H1N1; 3) do not provide for healthy children or adults; and 4) in general, do not provide if more than 48 hours have elapsed since the last exposure. See www.cdc.gov/h1n1flu/recommendations.htm

Past pandemics have had several waves of activity. In the U.S., the first wave of H1N1 was in May; we are now in a second wave, and a third wave is possible before spring. H1N1 is also expected to return next fall as seasonal flu. Thus, as more vaccine becomes available, no matter when, we need to continue vaccinating those at high risk.

Even if a high risk patient thinks they already had illness caused by H1N1virus, they should be vaccinated. The only exception: if they had a positive PCR test for H1N1(in Iowa done at UHL), then immunity can be assumed. See www.cdc.gov/h1n1flu/vaccination/public/vaccination_qa_pub.htm

If both the H1N1nasal spray and the seasonal nasal spray were inadvertently given at the same time do not repeat the vaccines. However, efficacy may be compromised.

Results of rapid vs. PCR H1N1 tests
Patients tested using both a rapid antigen test and PCR: 1) 92 percent of the rapid tests were confirmed as positive by PCR, and only 7 percent were false positives, but 2) only 64 percent of the negative rapid tests were confirmed as negative by PCR, and 27 percent of the negative rapid tests were actually PCR positive.

Mandatory reporting of hospitalizations and deaths due to 2009 H1N1

Hospitalizations and deaths attributed to 2009 H1N1 were made mandatorily reportable on a temporary basis starting September 1, 2009, and should be reported into IDSS, but may also be faxed to CADE at 515-281-5698. Case report forms, typically filled out by the hospital's infection preventionist, can be found at
www.idph.state.ia.us/idph_universalhelp/main.aspx?system=IdphEpiManual

Seasonal influenza vaccination efforts

Seasonal influenza season typically begins in Iowa in late November or early December, peaking in January or February and ending in March or April. While H1N1 disease is widespread right now, seasonal influenza disease has not yet been seen in the state. More seasonal flu vaccine has been made this year than last year. Seasonal influenza vaccine supply continues to arrive in the state with additional vaccine expected in November and December (note the H1N1 vaccine does not provide protection from seasonal flu, or vice versa). It is anticipated there will be enough seasonal influenza vaccine for anyone wishing to be vaccinated.

Meeting announcements and training opportunities

None

Have a healthy and happy week!

Center for Acute Disease Epidemiology
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