

**EPI Update for Friday, November 20, 2009**  
**Center for Acute Disease Epidemiology (CADE)**  
**Iowa Department of Public Health (IDPH)**

Items for this week's EPI Update include:

- H1N1 quick points for health care providers
- Information on morbidity and mortality in Iowa due to H1N1
- Use of CSL 2009 H1N1 monovalent influenza vaccine
- Keeping holiday cooking safe
- Meeting announcements and training opportunities

**H1N1 quick points for health care providers**

- People age 65 and older are **NOT** in a vaccine target group, regardless of health status or underlying chronic conditions because of their low risk of developing 2009 H1N1. **Please do not tell them to go get the vaccine**, as they will be turned away at the immunization clinic. If and when enough vaccine is available for anyone of any age who wishes to be vaccinated, this will be made public. See [www.cdc.gov/h1n1flu/65andolder.htm](http://www.cdc.gov/h1n1flu/65andolder.htm)
- The risk of transmission of virus from the nasal spray vaccine is minimal, thus almost all health care workers, including those working in NICU, can safely receive the live attenuated influenza vaccine (LAIV). Only those HCPs working with patients in a protected environment (i.e. stem cell transplant units) are recommended to receive inactivated vaccine. See [www.cdc.gov/h1n1flu/vaccination/nasalspray\\_qa.htm](http://www.cdc.gov/h1n1flu/vaccination/nasalspray_qa.htm)
- Children 6 months through 9 years of age need two doses of influenza A(H1N1) monovalent vaccine. The two doses should be separated by four weeks (28 days) or longer. This spacing interval applies to both the injectable and mist vaccine presentations.
- See [www.cdc.gov/H1N1flu/vaccination/top10\\_faq.htm](http://www.cdc.gov/H1N1flu/vaccination/top10_faq.htm)
- People age 65 and older should be considered for empirical treatment with antivirals if they get sick with either seasonal or 2009 H1N1 flu this season. See [www.cdc.gov/h1n1flu/highrisk.htm](http://www.cdc.gov/h1n1flu/highrisk.htm).
- Recently, pneumococcal infections have been identified as an important complication in severe and fatal cases of 2009 H1N1. All children younger than 5 years of age should receive the pneumococcal conjugate vaccine (PCV7) according to existing recommendations. Persons up to 64 years of age with high risk medical conditions, and all those 65 and older should receive a pneumococcal vaccine. See [www.cdc.gov/h1n1flu/vaccination/provider/provider\\_pneumococcal.htm](http://www.cdc.gov/h1n1flu/vaccination/provider/provider_pneumococcal.htm).
- It is ok to give infants breast milk while the mother is sick with 2009 H1N1 or seasonal flu; however, infants are thought to be at higher risk for severe illness from 2009 H1N1 infection, so precautions should be taken. See [www.cdc.gov/h1n1flu/infantfeeding](http://www.cdc.gov/h1n1flu/infantfeeding).

- People with diabetes are at increased risk for severe disease and complications, such as hospitalization and death, from both seasonal flu and 2009 H1N1 flu. CDC recommends that people with all types of diabetes who are 6 months through 64 years get a 2009 H1N1 flu shot. See [www.cdc.gov/h1n1flu/diabetes/](http://www.cdc.gov/h1n1flu/diabetes/).

### **Information on morbidity and mortality in Iowa due to H1N1**

Hospitalizations by age groups:

- 5 to 18 years of age (24 percent)
- 25 to 49 years of age (22 percent)
- 50 to 64 years of age (15 percent)
- 1 to 4 years of age (15 percent)
- Younger than 12 months of age (9 percent)
- Greater than 64 years of age (8 percent)
- 18 to 24 years of age (7 percent)

One percent of hospitalized women were pregnant.

Hospitalizations by underlying medical conditions:

- immune-compromised, such as cancer
- respiratory conditions, such as asthma
- neuromuscular conditions

More than 50 percent of those hospitalized were overweight or obese, which may be associated with medical conditions, such as diabetes, which increase the chance of complications from H1N1.

Mortality by age groups (all major racial/ethnic groups have been affected):

- nearly half (11) of the deaths have occurred in adults ages 25 to 49
- five deaths were in the 50 to 64 age range
- three deaths were adults ages 18 to 24
- there was one death each in children ages 0 to 18
- there was one death in adults greater than age 64

Mortality by underlying medical conditions:

- pulmonary/respiratory conditions
- immune-compromised conditions, including cancer
- neuromuscular conditions
- diabetes and renal (kidney) disease

About half of the fatalities were obese or morbidly obese; obesity by itself is not identified as a risk factor; however, those who are obese, and especially those who are morbidly obese, often have underlying conditions that may put them at higher risk of complications.

Two of the H1N1 fatalities had no known underlying risk factors from medical complications.

### **Use of CSL 2009 H1N1 monovalent influenza vaccine**

On November 11, 2009, the FDA expanded the approved use of CSL's seasonal and 2009 H1N1 monovalent influenza vaccines to include children aged 6 months and older. Both vaccines had previously been approved only for use in adults, aged 18 years and older.

Pre-filled syringe presentation 0.5mL:

CSL H1N1 pre-filled syringe vaccine, 0.5mL, may be used in individuals 3 years of age and older.

Multi-dose vial presentation 5mL/vial:

CSL's H1N1 multi-dose vial vaccine is licensed for use in individuals aged 6 months and older.

Dosing:

6 - 35 months	0.25mL dose
3 years of age and older	0.5mL dose

The updated 2009 H1N1 monovalent influenza vaccine package insert is available on the Food and Drug Administration (FDA) Web site at [www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM182401.pdf](http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM182401.pdf)

**Keeping holiday cooking safe**

Thanksgiving dinner often means cooking for a large number of people and cooking less common foods, such as a 20 pound turkey. Information for health care providers and their patients can be found at [www.cdc.gov/foodsafety/holidaycook.htm](http://www.cdc.gov/foodsafety/holidaycook.htm).

**Meeting announcements and training opportunities**

2009 National Laboratory Network Flu Update: Utility of Research Influenza Diagnostic Tests (RIDTs) for H1N1 & Seasonal Influenza.

Are Rapid Influenza Diagnostic Tests (RIDTs) useful in diagnosing influenza A (H1N1) and seasonal influenza? Audience: This intermediate-level program is appropriate for clinicians, laboratory personnel and physicians from physician office laboratories and medical clinics. This program is available 24/7. Register online at [www.nltn.org/210-09.htm](http://www.nltn.org/210-09.htm).

**G-290 Public Information Officer (PIO)**

Nov. 11-12, 8 a.m. to 5 p.m. Norwalk, Iowa

Dec. 1-2, 8 a.m. to 5 p.m. Mason City, Iowa

Dec. 10-11, 8 a.m. to 4 p.m. Atlantic, Iowa

This free 16-hour course will assist participants with building the skills needed to be a full or part-time public information officer. Skills addressed include oral and written communications, understanding and working with the media, and the basic tools and techniques PIOs need. It covers the latest technology available so that PIOs can use those tools comfortably, and to their advantage. Register by contacting Lindsay Bollard at 515-574-1263 or [bollard@iowacentral.com](mailto:bollard@iowacentral.com) Space is limited, so please register as soon as possible.

Biosafety and Biosecurity: Minimizing the Risks in the Laboratory

Offered on January 13, 2010, at the University Hygienic Laboratory Ankeny facility, this course will cover the differences between biosafety and biosecurity, utilizing biosafety level (BSL) 3 practices in a BSL2 lab, and information on conducting risk assessments for both biosafety and biosecurity. For more information contact Rich Bonar at 319 335 4500 or [richard-bonar@uiowa.edu](mailto:richard-bonar@uiowa.edu).

**Have a healthy and happy week!**

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