

# Influenza Season 2009-2010: Preparing for H1N1 and Seasonal Influenza Viruses

*Register NOW for H1N1 Vaccine and Supplies*

## **H1N1 Influenza Update: August 28, 2009**

Throughout the summer, Maryland DHMH has continued to monitor H1N1 influenza virus. Outbreaks, especially in summer camps, have been reported, and Maryland's sentinel surveillance systems have documented ongoing H1N1 influenza activity. As of August 24, there have been 164 hospitalizations (approximately 40% among children) and 7 deaths identified in the state. At this time, no resistance to antivirals has been found in Maryland, although there are scattered instances of Oseltamavir (Tamiflu) resistance noted in NC, WA and CA. There is no data yet to indicate any change in severity or character of the H1N1 influenza virus, but this remains a legitimate concern. The outbreak continues to affect those in younger age groups, including pregnant women, and those with underlying medical conditions. Link to Maryland epidemiologic data: <http://www.marylandfluwatch.org>

## **Antiviral Resistance**

In light of documented Oseltamavir (Tamiflu) resistance, and since most otherwise healthy H1N1-infected children and adults have had uncomplicated illnesses, federal and state authorities warn healthcare providers to limit use of influenza antivirals, when possible, to decrease selective pressure and subsequent development of antiviral resistance. Post-exposure antiviral chemoprophylaxis is recommended for those at high risk of influenza complications (age < 5 years, pregnant females, those with underlying chronic medical conditions or immunosuppression). Treatment is recommended for those with risk of influenza complications and those severely ill or hospitalized with influenza-like symptoms (<http://www.cdc.gov/h1n1flu/recommendations.htm>).

## **Healthcare Workers**

Healthcare workers are a national priority for H1N1 vaccination. Additionally, other methods of influenza prevention are effective. Healthcare workers are strongly encouraged to utilize personal protective equipment, such as surgical masks or N95 respirators for prevention of influenza, thus sparing the need for chemoprophylaxis or treatment of healthcare workers. [http://www.dhmf.state.md.us/swineflu/pdf/DHMH\\_Revised\\_Infection\\_Control\\_Guidelines\\_050809a.pdf](http://www.dhmf.state.md.us/swineflu/pdf/DHMH_Revised_Infection_Control_Guidelines_050809a.pdf).

## **Prevention Vaccine**

Maryland DHMH encourages Maryland healthcare providers to offer both seasonal and H1N1 influenza vaccine to all at risk patients. Patients should be made aware that seasonal influenza vaccine offers no protection against H1N1 flu, and vice versa.

H1N1 vaccine is currently under production, and is expected to be available to the medical community *free of charge* (vaccine and vaccine supplies) by mid-fall. Pre-registration is currently underway for all medical providers at <http://www.dhmf.state.md.us/swineflu>.

**Health care facilities must register through the Maryland DHMH in order to receive H1N1 vaccine.** There are no other distributors of the vaccine planned at this time. Maryland DHMH will notify the medical community through its website as it learns more detail about anticipated reimbursement for vaccine administration.

The H1N1 vaccine is expected to be available in a two vaccine series, separated by 3 weeks duration. Injectable vaccine can be co-administered with seasonal influenza and pneumococcal vaccines. It is expected to be available in a nasal spray form (which cannot be co-administered with *seasonal* nasal spray vaccine) and a shot form: some shots will be available thimerosal-free. Clinical trials are underway. Vaccine adverse events can be reported through standard procedures, via the Vaccine Adverse Event Reporting System (VAERS), at <https://www.vaers.hhs.gov>.

CDC has identified priority groups for vaccine administration. This may change depending on availability, supply and acceptability of the vaccine but currently includes the following: healthcare workers, youth ages 6 months-24 years of age, pregnant women, household contacts of infants < 6 months of age, and adults < 65 years of age with chronic medical conditions that put them at higher risk of influenza complications.

### **Preparing for the Upcoming Influenza Season**

Maryland DHMH recommends that directors of healthcare facilities familiarize themselves with CDC and DHMH guidance for the anticipated increase volume in patients expected this flu season. Given the expected increase in patient volume already anticipated at emergency rooms, DHMH recommends outpatient clinics prepare for assessing patients in the office setting. Infection control guidance in the outpatient setting is available at and <http://www.cdc.gov/h1n1flu/>.

Maryland DHMH will continue to update clinicians with changing guidance, the primary means being through our website: <http://www.dhmf.state.md.us/swineflu>. These updates will include information on vaccine administration reimbursement and vaccine tracking mechanisms.