

The Carilion '09 - '10 Influenza Newsletter



Improper Respiratory Etiquette



Proper Respiratory Etiquette

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Editor's Note:

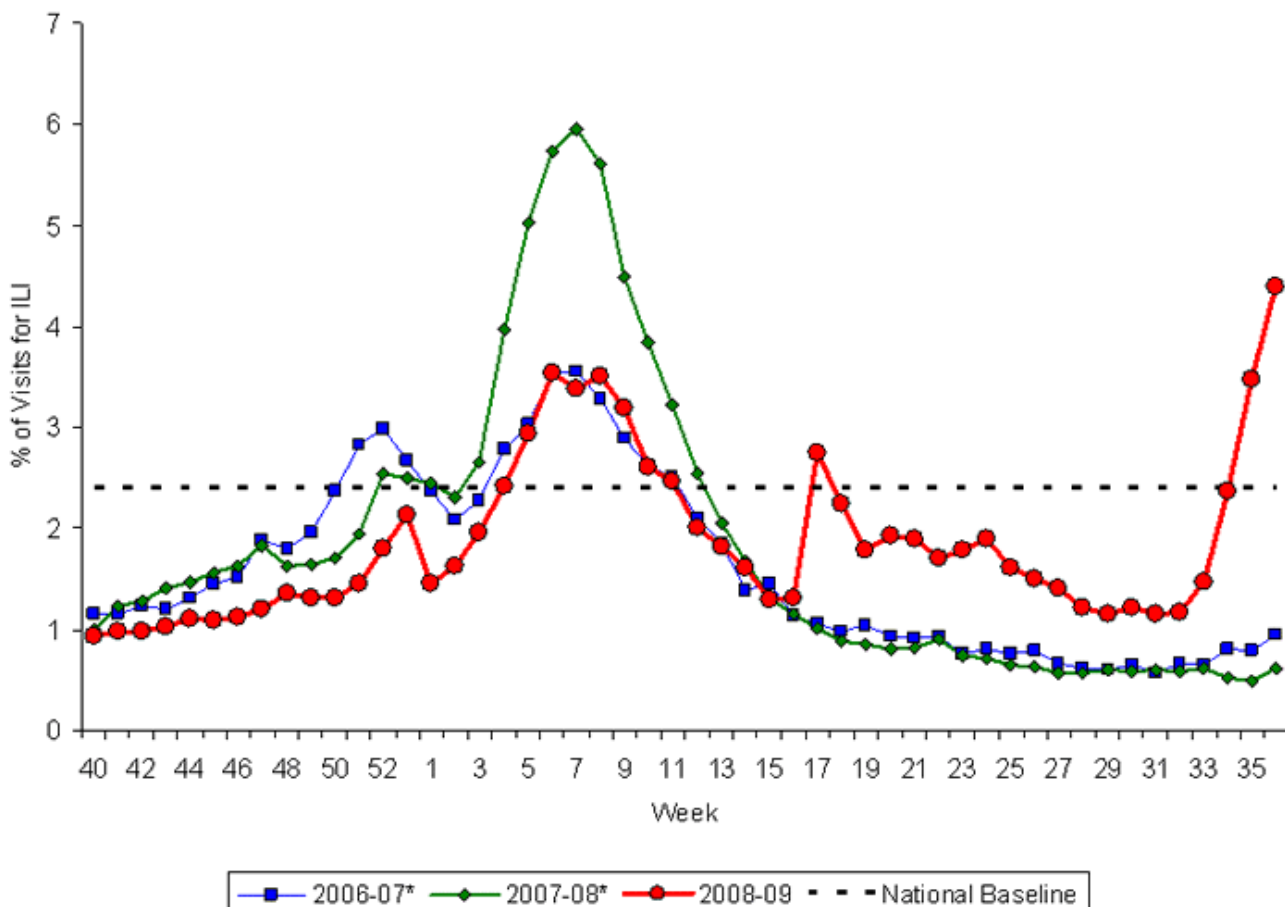
The fifth issue of the Newsletter is now off the press. Besides the epidemiology that shows a slowly growing presence of H1N1 in the region, this Issue # 5 contains a “heads-up” about possible dosing confusion when using the pediatric suspension of oseltamivir (Tamiflu). Both parents and providers should be aware. Lastly, the official “Pandemic Attendance Policy” appears in print. I urge you to continue to use the Newsletters for looking up answers to your questions and for a listing of informative Web sites. On the Carilion Intranet Home Page (<http://chsweb.carilion.com/>) the Influenza Information link is at the bottom right side of the page. The actual url for the information is:

<http://www2.carilion.com/hr/internal/html/influenzainfo.htm>

Epidemiology Notes:

Figure 1 shows the percentage of patients, presenting to outpatient office/clinics, with influenza like illness (ILI). This is nationwide. It covers the previous two years with the current year being in red. Note that seasonal influenza, for all three years, peaked in Weeks 5 to 9. However, this year there is another rise at Week 35 and this is the current H1N1. The rate of 4.4% for ILI office visits is generally only encountered with the seasonal flu.

Figure 1 Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), National Summary 2008-2009 and Previous Two Seasons (Posted September 18, 2009, 5:30 PM ET, for Week Ending September 12, 2009)

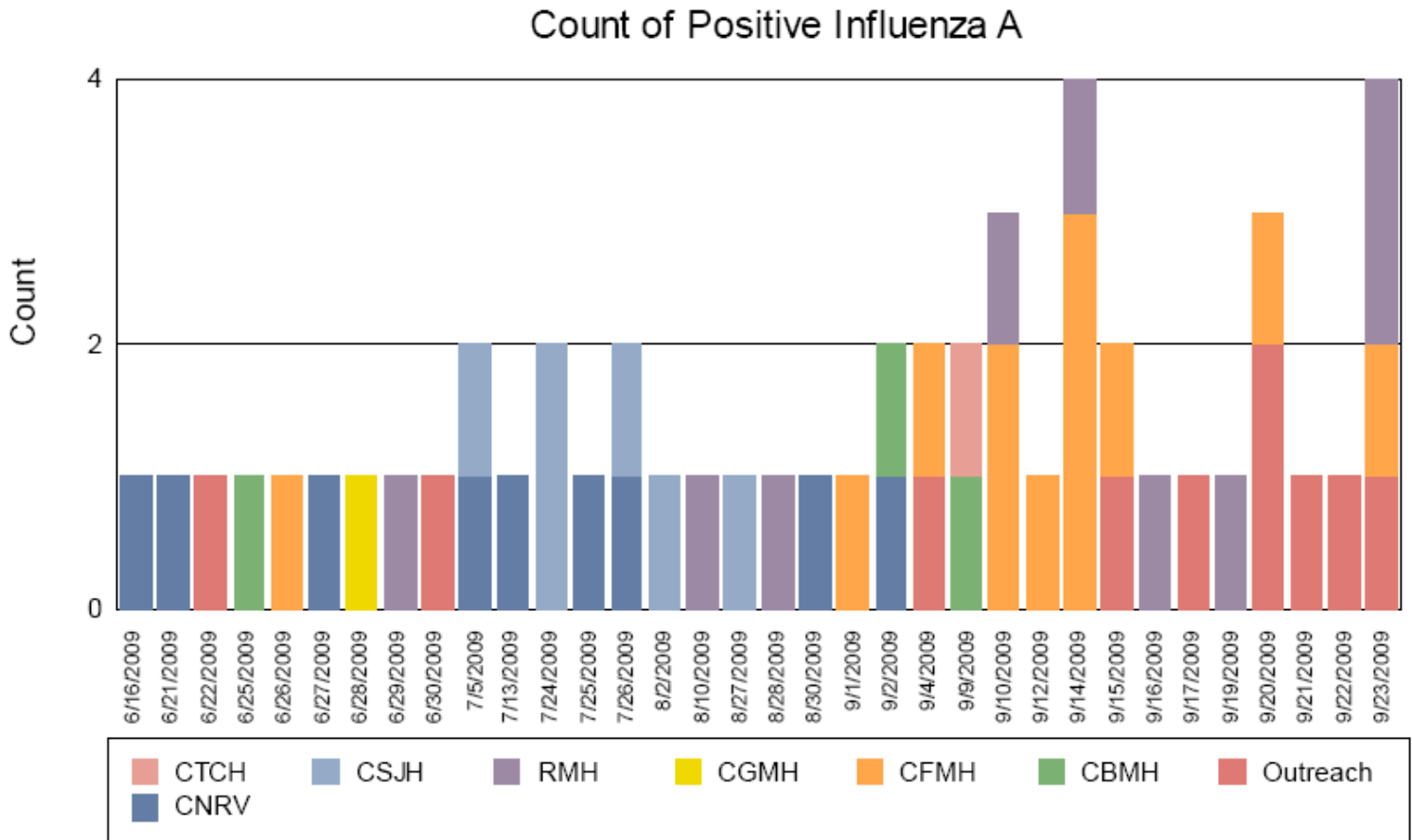


*There was no week 53 during the 2006-07 and 2007-08 seasons, therefore the week 53 data point for those seasons is an average of weeks 52 and 1.

At the Carilion regional level the numbers are slowly starting to creep up. Most of the local activity remains in Franklin County for now....must be the moonshine.

Figure 2:

Carilion Labs Positive Influenza A Results From 06/01/2009 to 09/23/2009



Remember:

- The Rapid Influenza tests are positive in only 40-69% of the cases of proven H1N1. Thus, it is not a sensitive test and means that a negative Rapid Influenza Test **DOES NOT** rule out H1N1.
- The Rapid Influenza A test could be positive due to an influenza strain other than the novel H1N1.

Patient Care & Safety Issues:

A. Warning On Confusion with Pediatric Dosing: Parents and providers please read the next two pages on how there could be confusion in delivering the correct dose of the Tamiflu suspension for children.

Risk of Confusion in Dosing Tamiflu Oral Suspension in Children

TO THE EDITOR: The medical community should be made aware of the serious potential for dosing errors in children prescribed Tamiflu (oseltamivir) oral suspension, as illustrated in the case described below.

After the diagnosis of novel H1N1 influenza, a 6-year old received a prescription for Tamiflu (oseltamivir) oral suspension (12 mg per milliliter) at a dose of 3/4 teaspoon PO BID. However, the parents, one a primary care physician and the other one of the authors, had great difficulty determining the correct dose to administer to their child. The medication bottle was accompanied by a prepackaged syringe with markings of 30, 45, and 60 mg (Fig. 1). The label attached by the pharmacy specified the dose in volume units ("3/4 teaspoonful") but the syringe provided only markings in mass units (milligrams). Despite the disparate directions, the parents were eventually able to determine the correct dose with the aid of 1 of 10 tables in the portion of the package insert intended for prescribers, not for parents. Specifically, they solved the following equation for the milligram equivalent of the 3/4-tsp dose: $5 \text{ ml (volume of a teaspoon)} \times 0.75 \times 12 \text{ mg per milliliter Tamiflu suspension} = 45 \text{ mg on the syringe}$.

Most families and caregivers would not be able to identify or perform the cumbersome calculations required to administer Tamiflu safely to children, because the instructions on the pharmacy label, on the manufacturer's printed label, and in the accompanying Consumer Medication Information and the prepackage dosing syringe are misaligned. Thus, there is a high chance for dosing errors, compromised treatment, or toxic effects. Even more complex dos-



Figure 1. Tamiflu Package, Label, and Syringe Included in Box.

ing and measurement calculations¹ will be required under the Emergency Use Authorization,² which has extended the use of oseltamivir to children under the age of 1 year.

Unless immediate steps are taken to improve the prescribing instructions for this drug in children, its safe use will be compromised. We recommend that all pharmacies be instructed to ensure that the label instructions for use are in the same dosing units as those on the measurement device dispensed with oseltamivir. For instance, in the present case, the instructions could have said, "fill the attached syringe to the level marked 45 mg and administer this amount twice a day for 5 days." If a prescription specifies the dose in teaspoons, only a syringe calibrated in fractions of a teaspoon should be dispensed and the instructions adjusted accordingly; if a prescription specifies the dose in milliliters, only a syringe calibrated in milliliters should be

used. In addition, the Consumer Medication Information must be improved and the public alerted to the potential for oseltamivir dosing errors. In the future, all measuring devices for use in children should be marked with volumetric doses (milliliters or teaspoons).

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Dr. Wolf reports receiving consulting fees from Abbott and Pfizer and grant support from McNeil Pharmaceuticals, and Dr. Wood reports being a partner and investor in Symphony Capital, serving as a director of Oxigene Pharmaceuticals, and receiving consulting fees from International Reinsurance companies. No other potential conflict of interest relevant to this letter was reported.

This letter (10.1056/NEJMc0908840) was published on September 23, 2009, at NEJM.org.

1. Centers for Disease Control and Prevention. Emergency use authorization of Tamiflu: fact sheet for patients and parents. July 14, 2009. (Accessed September 22, 2009, at <http://www.cdc.gov/h1n1flu/eua/pdf/tamiflu-patients.pdf>)

2. *Idem*. Emergency use authorization (EUA) of medical products and devices: Tamiflu (oseltamivir). (Accessed September 22, 2009, at http://www.cdc.gov/h1n1flu/eua/pdf/fda_letter_tamiflu.pdf)

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Employee Notes:

Carilion Clinic's Department of Human Resources along with CRMH's Employee Health Program have revised and had approved the special pandemic illness and absence policy.

Special Attendance Policy Covers Pandemic Illness Absences

As healthcare workers, it's important that we follow standard infection control practices to ensure we're not compromising our patients. This fall and winter, our community is at risk from both seasonal and novel H1N1 flu viruses. If you or a family member you need to provide care for becomes ill with a flu virus, you should follow the [CDC recommendations for return to work or school](#). Be sure to check guidelines often, because they may be updated as more information becomes available.

A special attendance policy has been developed that will be followed if we experience a surge in flu virus infections in employees and their family members they must provide care for. When the Attendance—Pandemic or Other Long Term Emergency policy is enacted, employees who are absent from work due to a personal or dependent family pandemic illness or other justifying reasons due to a pandemic event will be allowed one event of up to seven consecutive calendar days of absences that will not be considered as unscheduled absences. For work days missed for reasons other than pandemic illness, the regular attendance policy will apply. Employees who have absences due to pandemic "serious condition" illnesses may qualify under the Family and Medical Leave Act (FMLA) if eligible for FMLA.

When employees will miss work for any reason, they should continue to follow the call-in procedure for their unit or department and the PTO policy would apply. Employees returning to work from a pandemic illness should be free of any flu-like symptoms and must be cleared by Employee Health.

During a pandemic, the most important thing to keep in mind is your and your family's health and the health of our patients. You and your employees should stay at home if you have the flu so that you can get better and you will not infect any patients. Those who are not sick should remember that the health of the community depends upon all of us. Our neighbors and loved ones will need for us to be there for them.

Attendance—Pandemic or Other Long Term Emergency Conditions

KEY TERMS: Attendance; Pandemic; Emergency

I. PURPOSE:

Carilion must continue to provide quality patient care and services to the communities which it serves during periods of pandemic and other long term emergency conditions.

All employees are expected to make a reasonable effort to report to work as scheduled.

II. SCOPE:

This policy applies to all employees, excluding physicians, on the Carilion payroll and is applicable **ONLY** when pandemic or other long term emergency conditions **have been declared by Carilion's Chief Operating Officer, President or other designee.**

This policy is not invoked by employees who may have a seasonal or H1N1 flu UNTIL a Carilion Pandemic is declared by one of the designees previously listed. Pandemic designation may be applicable to a facility or Carilion wide.

Carilion will actively monitor developing events and take measures as circumstances warrant.

III. DEFINITIONS:

Pandemic—an epidemic occurring over a very wide area, crossing international boundaries and usually affecting a large number of people. The "black death" (bubonic plague) in the middle ages and the influenza strain that killed millions across the world in 1917-20 are examples.

IV. PROCEDURE:

Implementation

The pandemic attendance or long term emergency conditions requirements may be declared by Carilion's President, Chief Operating Officer, Chief Medical Officer and/or Carilion Clinic Medical Director of Infection Control or other designee. Pandemic designation may be called at a facility or Carilion wide.

- A. The appropriate Vice President or designee will be responsible for notifying the media and public agencies of appropriate announcements. Vice Presidents and managers will coordinate communication and implementation in their unit, department or geographic regions.

Staffing

- A. The manager or designee determines staffing levels necessary to carry out essential departmental functions and schedules staff accordingly.
- B. Employees needed for emergency staffing may be requested to stay at or near the facility should their manager or designee determine it necessary.
- Those employees should be completely relieved of work and allowed to leave the work area for appropriate rest periods.
 - The relief periods should be during a definite, specified time.
 - The relief period should be long enough for employees to use the time as they choose.
 - A manager may place employees in an on-call status and employees will be paid in accordance to Carilion's On-Call policy.
 - Overnight accommodations and/or subsidized meals may be arranged for employees who wish to stay, at the discretion of the Vice President or designee. Approved expenses will be paid by the department.

- C. Before releasing employees, the manager should work with the appropriate Vice President or designee to consider if:
 - An adequate number of relief staff has reported for duty.
 - Personnel can competently assist with other tasks as appropriate.
- D. Vice Presidents may allow employees the option for telecommuting from home (if feasible and based on department and individual responsibilities).
- E. Employees unable to report to work are required to follow departmental guidelines regarding call-in notice.

Compensation

- A. Employees will be paid according to standard pay practices and policies for all time worked during the plan's implementation.
- B. Non-exempt employees will use Paid Time Off (PTO) and/or Extended Illness Bank (EIB) hours (if available) if they do not report to work as scheduled.
- C. Non-exempt employees, who are not required to report for scheduled duty or who work in areas which are closed due to emergency conditions, may use PTO or take leave without pay (affects accrual of PTO). Refer to Staffing – Management of Low Work Volume policy for further guidance.
- D. Exempt (salaried) employees are not required to use PTO for a partial day absence of ½ day due to emergency conditions, but are required to use PTO and/or EIB (if available) for a full day not worked.

Disciplinary Action

- A. Employees who fail to report to work as scheduled once pandemic or other long term emergency conditions **have been declared by Carilion's Chief Operating Officer, President or other designee** due to a personal or dependent family pandemic illness or other justifying reason due to pandemic or other long term emergency will be allowed one event of up to seven (7) consecutive calendar days of absences that will not be considered as unscheduled absences. Carilion's normal Attendance Policy will apply to any absences that exceed seven (7) days.
- B. Employees who have absences due to pandemic "serious condition" illness may qualify under the Family and Medical Leave Act (FMLA) if eligible for FMLA. Human Resource Consultants are available to interpret policy and to assist managers in determining appropriate action.
- C. The disciplinary action policy may apply in some situations, such as abuse or falsified claims.

Return to Work

- A. Employees must schedule an appointment with the Employee Health office prior to returning from an absence that last longer than three consecutive days due to pandemic illness and being symptom free. Employee Health provides a release to return to work. Refer to Work with Non-work Related Illness, Injury or Disability policy for further guidance.
- B. Written release to return to work from employee's healthcare practitioner may not be required.

V. OTHER ISSUES / CONCERNS:

This policy may be changed by the President, Vice President of Human Resources or a designee as pandemic or emergency conditions warrant.

Other policy resources:

- Disaster Responsibilities for Volunteer Licensed Health Care Professionals
- Workers' Compensation
- Family and Medical Leave
- Employee Health (return to work process)
- Paid Time Off (PTO) policy
- Attendance policy
- On-Call policy
- Staffing – Management of Low Work Volume policy
- Work with Non-work Related Illness, Injury or Disability policy

Key Websites:

1. Main site with all of the necessary links: <http://www.cdc.gov/h1n1flu/>
2. General Information: http://www.cdc.gov/h1n1flu/general_info.htm

H1N1 Flu (Swine Flu): General Information

- [H1N1 Flu & You](#)
What is novel H1N1 flu? Updated August 5, 2009
 - [What To Do if You Get Flu-Like Symptoms](#) Updated August 5, 2009
 - [Antiviral Drugs](#)
 - [Taking Care of a Sick Person in Your Home](#) Updated August 5, 2009
 - [Novel H1N1 Vaccine: Q & A](#) Updated Aug 3, 2009
 - [Facemask & Respirator Use](#) Updated August 5, 2009
 - [Emergency Use Authorization \(EUA\) of Medical Products and Devices](#)
 - [Audio & Video Resources](#)
Podcasts, public service announcements, press briefings, and webcasts
 - [Social Media](#)
Widgets, mobile info, buttons, videos, podcasts, e-cards, RSS feeds, twitter/microblogs updates, image sharing, social networking
 - [Flyers & Other Print Materials](#)
3. Information for Specific Groups: <http://www.cdc.gov/h1n1flu/groups.htm>
 - [Parents and Caregivers](#)
 - [Pregnant Women](#)
 - [Day and Residential Camps](#)
 - [Child Care Programs, Schools, Colleges and Universities](#)
 - [Travelers and Travel Industry](#)
 - [Clinicians](#)
 - [Laboratorians](#)
 - [Adults with HIV Infection](#) Updated August 5
 - [People with Diabetes](#)
 - [People With Cardiovascular Disease](#)
 - Tribal Nations: [Preparing Tribal Nations to Receive Strategic National Stockpile Assets](#) [PDF 163KB]

That is all for Issue # 4 of the *Carilion '09-'10 Influenza Newsletter*. Feel free to direct any questions, suggestions or concerns to:

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