

# The Carilion '09 - '10 Influenza Newsletter



Improper Respiratory Etiquette



Proper Respiratory Etiquette

Issue Number 8:	October 15, 2009
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## Editor's Note:

Straight to the chase: **H1N1 HAS ARRIVED AND HAS SETTLED IN FOR AWHILE**

Thankfully, we continue to see rather mild disease, but admissions to hospitals are starting to pick up.

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>

Later this week and early next week treatment algorithms will be available for physicians treating children, those caring for pregnant women and others seeing only adults.

**Epidemiology Notes:**

Figure 1: Positive Number of Rapid Flu A tests by Date and Location

**Carilion Labs**  
**Positive Influenza A Results From 06/01/2009 to 10/14/2009**

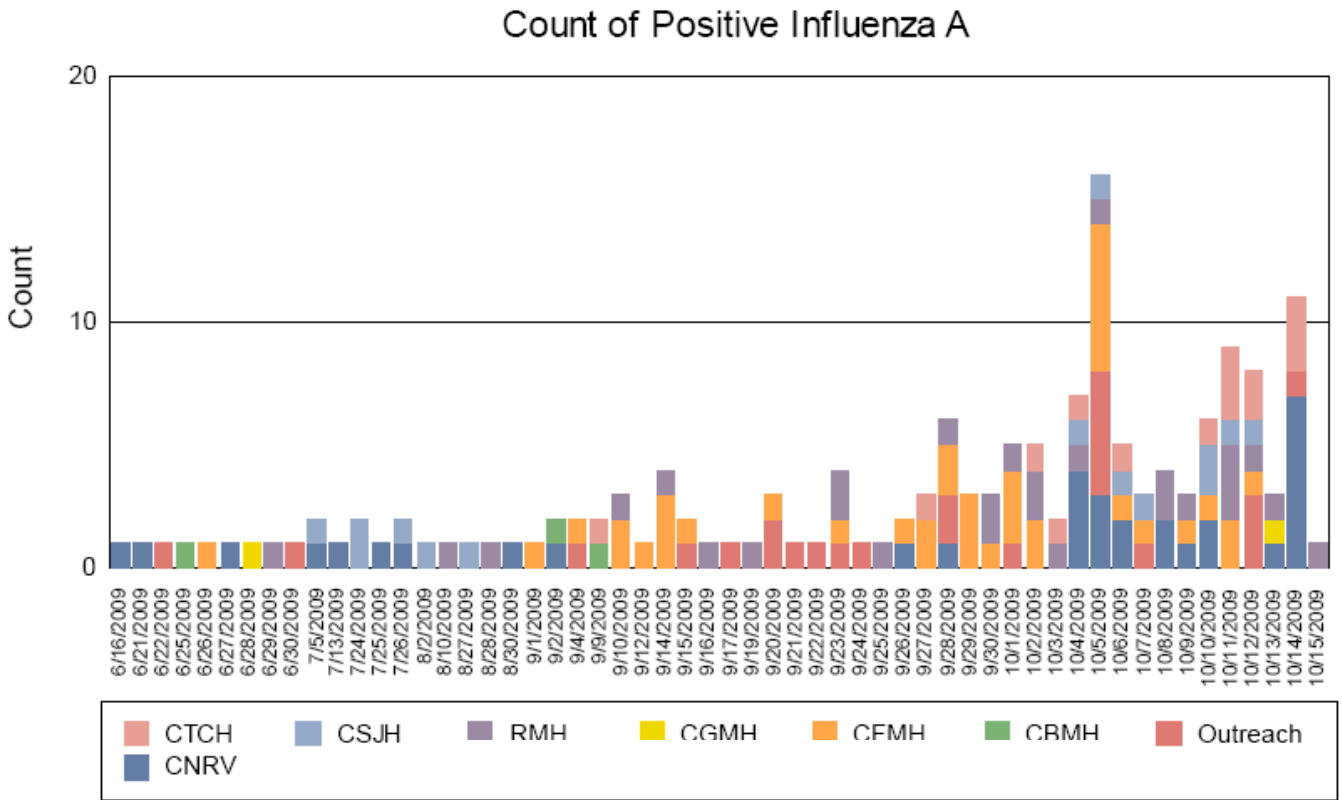
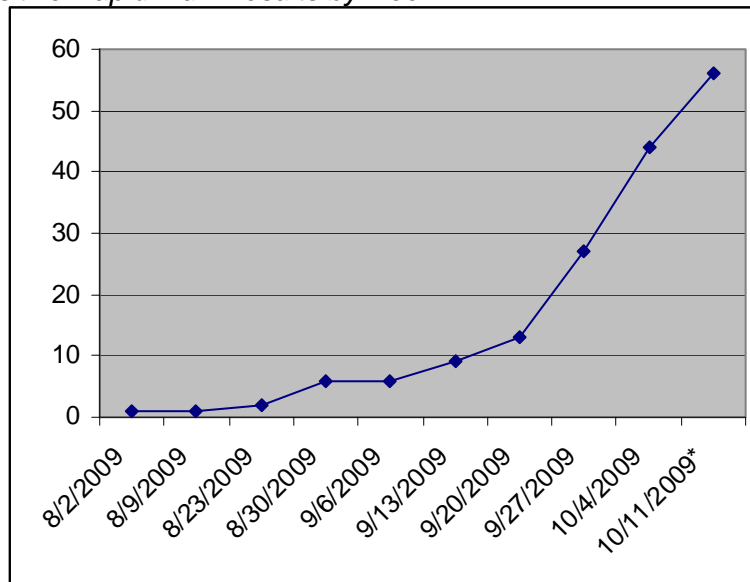


Table 1: Weekly Positive Rapid Flu A Results by Location

Week Beginning	Weekly Total	CBMH	CFMH	CGMH	CNRV	CSJH	CTCH	OUT Reach	CRMH
8/2/2009	1	0	0	0	0	1	0	0	0
8/9/2009	1	0	0	0	0	0	0	0	1
8/23/2009	2	0	0	0	0	1	0	0	1
8/30/2009	6	1	2	0	2	0	0	1	0
9/6/2009	6	1	3	0	0	0	1	0	1
9/13/2009	9	0	4	0	0	0	0	2	3
9/20/2009	13	0	3	0	1	0	0	6	3
9/27/2009	27	0	13	0	1	0	3	3	7
10/4/2009	44	0	10	0	14	6	3	6	5
10/11/2009*	32	0	3	1	8	2	8	4	6
Totals	141	2	38	1	26	10	15	22	27

\* Week of 10/11/2009 has only four days of data to date

Figure 2: Number of positive Rapid Flu A results by week



From the above Table 1 and Figure 2 one can see that we are now experiencing a doubling of the number of positive tests every week. When we begin to see this rate of increase drop and then an actual decrease from the previous week that will indicate when this H1N1 has finished in our area.

Remember, 50% or more of patients with H1N1 will have a negative Rapid Influenza A test. Therefore, it is recommended that treatment decisions be based clinical signs and symptoms. Because of this, many physicians and practices are no longer testing patients unless they require hospitalization. This is the case in Table 1 where it looks like Bedford is not affected by the outbreak. In fact, they are. They are just not testing. That is why the true indicator of disease activity is the presence of influenza like illness (ILI).

## **Vaccine Issues**

- Employee Vaccination Clinics commenced this week in some of the Carilion facilities. The schedule is included again below. Please see or contact your local facility for additional information, should you need it.
- The initial planning was to delay the seasonal flu vaccinations until Monday October 12<sup>th</sup> in order to have the H1N1 vaccine on board, so that both could be given at the same time. The H1N1 did not quite make it on time, so the vaccinations were started with the seasonal flu shots alone. The turnout of over 1,300 employees was great, and no arms fell off.
- You will see from the schedule that CRMH is scheduled to hold another vaccination clinic on Tuesday, October 20<sup>th</sup> from 0730 to 1600 in the 6<sup>th</sup> floor auditorium. At this clinic BOTH the seasonal influenza vaccine and the H1N1 vaccine will be offered. For those at CRMH who received the seasonal influenza vaccine this week, come back on the 20<sup>th</sup> and get the H1N1 vaccine. There will be two lines. One for both the vaccines and one for just the H1N1, until we are caught up.
- After the repeat of the schedule some facts about the vaccines will follow.

## Fall 2009 Influenza Vaccination Schedule

The following dates are planned for administering seasonal flu vaccines. All dates are pending vaccine availability. Please check with your local Employee Health department for further details.

We have submitted a request for a supply of the H1N1 currently being tested. When we receive our supply, we will provide the vaccine to patients and employees based upon CDC recommendations. More information will be communicated when details are finalized.

### Bedford Memorial Hospital

Flu vaccines will be available after Monday, Oct. 19 and will be provided within clinical departments.

### Carilion Giles Memorial Hospital

Check with your local Employee Health office for dates and times.

### Carilion Franklin Memorial Hospital

Check with your local Employee Health office for dates and times.

### Carilion New River Valley Medical Center

Flu vaccines will be administered during the annual Mass Prophylaxis Drill on Tuesday, Oct. 13, 6 – 11 a.m. Other times and dates when employees may receive a vaccine will be announced at a later date.

### Carilion Stonewall Jackson Hospital

The following flu vaccine clinics will be held in the hallway outside of the cafeteria.

- Monday Oct. 12: 7:30 – 8:30 a.m. and noon – 1 p.m.
- Tuesday Oct. 13: 7:30 – 8:30 a.m. and noon – 1 p.m.
- Wednesday Oct. 14: 7:30 a.m. – 8:30 a.m. and noon – 1 p.m.
- Thursday Oct. 15: 7:30 – 8:30 a.m. and noon – 1 p.m.
- Friday Oct. 16: 7:30 – 8:30 a.m. and noon – 1 p.m.

### Carilion Tazewell Community Hospital

Flu vaccinations will be given beginning Wednesday, October 14, pending vaccine availability. Vaccines will be given in the Employee Health office, the Med/Surg (for night shift) and via departmental rounds during the day.

### Roanoke-Based

- Tuesday, Oct. 20: 7:30 a.m. - 4 p.m., CRMH, Sixth Floor Auditorium
- Thursday, Oct. 22: 7 a.m. - 11 a.m., CRCH, Fourth Floor Private Dining Room (time change)
- Thursday, Oct. 22: 2 – 4 p.m., TSG, Room 242 Railroad Room (new)
- Saturday, Oct. 24: 3 - 7 p.m., CRMH, 5 S Employee Health Office
- Tuesday, Oct. 27: 2 – 4 p.m., Rehab Auditorium (time change)
- Wednesday, Oct. 28: 8 a.m. – noon, CASB, Jefferson Conference Room, 16<sup>th</sup> Floor (new)
- Friday, Oct. 30: 6 - 10 p.m., CRMH, 5 S Employee Health Office
- Thursday, Nov. 5: 7:30 a.m. – 4 p.m., Riverside 3, 2A Conference Room (new)

## Vaccine

- The H1N1 vaccine will be available in one of two forms: a nasal spray or as an intramuscular shot
- The nasal spray is a live attenuated virus vaccine and is also known as H1N1 FluMist (not to be confused with the seasonal influenza vaccine FluMist).
- The intramuscular shot (IM) H1N1 vaccine is a killed virus vaccine
- The seasonal influenza vaccine also comes in both forms, with nasal spray seasonal vaccine also referred to as FluMist.
- Be careful not to confuse the two.
- The H1N1 vaccines have components of just the 2009 H1N1 virus (monovalent)
- The seasonal flu vaccines have components of three viruses, two different Influenza A strains and one Influenza B strain (trivalent).
- Anyone who is not allergic to eggs can receive the IM form of either the H1N1 or seasonal flu vaccine.
- The nasal spray form, since it is a live virus vaccine, is reserved for healthy individuals between the ages of 2 years through 49 years.
- We encourage healthy employees 49 years of age or younger to receive the nasal spray form of the H1N1 vaccine. We actually have plenty of this while the IM form remains in limited supply.
- The nasal spray (FluMist) forms should not be given to
  - pregnant woman
  - children < 5 yrs of age with a history of at least one wheezing episode in the previous 12 months,
  - any child with asthma
  - children with developmental or neurological disorders
  - children with chronic heart or other lung problems
  - adults with COPD, or other chronic medical conditions of the heart, liver & kidneys
  - children and adults who are immunosuppressed (e.g., HIV, receiving chronic steroids, on chemotherapy)
- If a person is to get **BOTH** the seasonal and H1N1 vaccines in the **nasal form**, the vaccines must be given separately at least 4 weeks apart.
- Because the FluMist versions are a live virus that are squirted into the nose, any rapid testing for influenza (which involves a swab up the nose) may be falsely positive due to the vaccine strain being present.
- Employees who cannot take the FluMist form of the vaccine will be given the opportunity to receive the IM form when it becomes available.
- Adverse reactions to H1N1 vaccination are not expected to be any different than those associated with the seasonal flu vaccine. Over the years, the seasonal flu vaccine has been remarkably safe.

## B. Update on Return to Work and Attendance Policies:

Yesterday afternoon, October 14<sup>th</sup>, the CDC posted its revised guidelines for Health Care Workers who are sick with influenza. The previous recommendation had been for those with direct patient care duties to stay out of work for 7 (seven) days after the onset of symptoms or for 24 hours after the resolution of fever without the use of fever reducing medications.

This has been changed to: “Health Care Workers having patient care duties may return to work 24 hours after the resolution of fever without the use of fever reducing agents, except for those caring for severely immunosuppressed patients.”

### Immediately in effect are the following:

- Employees who develop an illness that is associated with fever, cough and sore throat are considered to have ILI.
- Stay home if you are sick
- If you have direct patient contact you are required to stay out for 24 hours after the fever has resolved without the use of fever reducing agents.
- You do not need a note from your physician to return to work, but you will have to first go through Employee Health on your return.
- If there is the possibility that an employee will be working with a severely immunosuppressed patient the unit's nursing manager or CTL may reassign that employee to other patients or patient duties.
- The “Pandemic Influenza Attendance Policy” that was published in Issue # 6 of the Newsletter and may be found at:

<http://www2.carilion.com/hr/internal/html/documents/eepandemicattendance.doc>

This policy is in effect.

## C. Prevention for Employees

- The CDC revision reiterates that the N-95 masks are to be used. This will most likely not change.
- It is no longer necessary to use protective eye wear **UNLESS** a procedure that produces aerosols is being done. Examples are suctioning of a patient, intubation, induced sputum.

Also yesterday, OSHA announced that it is getting involved and that the updated CDC **Guidelines** will now become enforceable OSHA **Regulations**. OSHA will ensure that healthcare employers implement a hierarchy of controls, including source control, engineering, and administrative measures, encourage vaccination and other work practices recommended by the CDC. Where respirators are required to be used, the OSHA Respiratory Protection standard must be followed, including worker training and fit testing. (N-95 masks).

Carilion's Pandemic Influenza Plan does address all of these issues.

## Key Websites:

1. Main site with all of the necessary links: <http://www.cdc.gov/h1n1flu/>
2. Revised Guidelines as of October 14, 2009: <http://www.cdc.gov/h1n1flu/guidance/ill-hcp.htm>
2. General Information: [http://www.cdc.gov/h1n1flu/general\\_info.htm](http://www.cdc.gov/h1n1flu/general_info.htm)  
**H1N1 Flu (Swine Flu): General Information**
  - [H1N1 Flu & You](#)  
What is novel H1N1 flu? Updated September 24, 2009
  - [What To Do if You Get Flu-Like Symptoms](#) Updated September 22, 2009
  - [Antiviral Drugs](#) Updated September 23, 2009
  - [Taking Care of a Sick Person in Your Home](#) Updated September 24, 2009
  - [Novel H1N1 Vaccine: Q & A](#) Updated **October 13, 2009**
  - [Facemask & Respirator Use](#) Updated September 24, 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 # 8 of the *Carilion '09-'10 Influenza Newsletter*. Feel free to direct any questions, suggestions or concerns to:

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