

# The Carilion '09 - '10 Influenza Newsletter



Improper Respiratory Etiquette



Proper Respiratory Etiquette

Issue Number 12:	November 12, 2009
------------------	-------------------

## FINAL ISSUE (FOR NOW)

### In this Issue:

	This Page
Note from the Editor	
Epidemiology Notes	1
For Employees & Staff	3
Key Websites (Updated)	6

### Editor's Note:

While there are still cases of H1N1 in the community and being admitted to the hospital, it appears that the “surge” is over for the moment. In Virginia, visit to outpatient clinics and Emergency Rooms for influenza like illness (ILI) peaked around 15.5% two weeks ago. Last week this figure was down to 10.2%. Remember, 4.5% defines an epidemic, so we are still at twice epidemic levels, but declining.

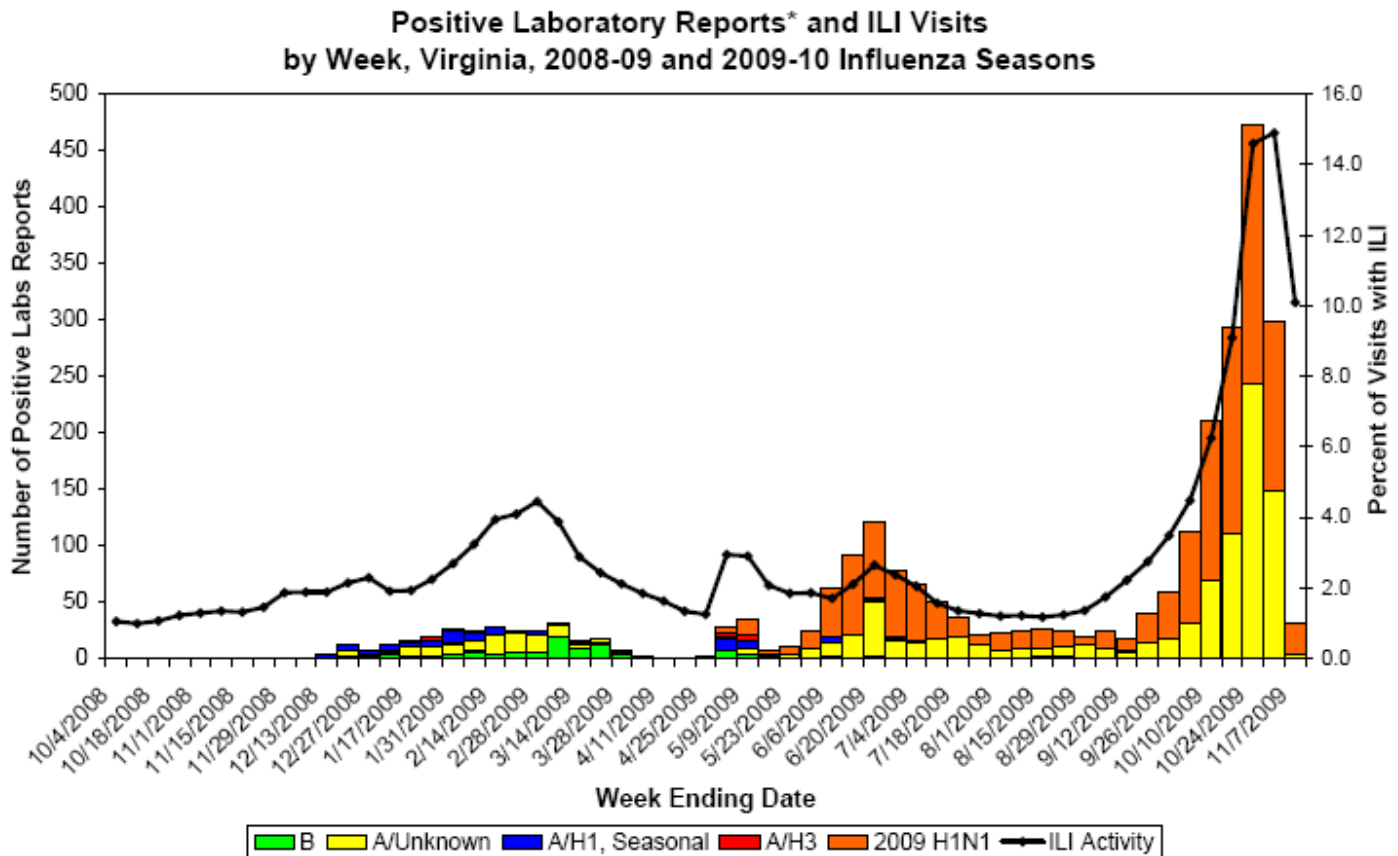
While these are encouraging signs, it is not time to let our vigilance down. Continue to practice the prevention of the transmission and spread of influenza through vaccination, respiratory etiquette, hand hygiene and infection control practices.

I urge you to continue to use the past issues of newsletter for looking up answers to your questions and for a listing of informative web sites. On the Carilion Intranet homepage (<http://chsweb.carilion.com/>) the Influenza Information link is at the bottom of the page. The actual URL for the information is:

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

## **Epidemiology Notes:**

Figure 1: Percent of Outpatient & ED Visits in Virginia related to ILI



\*Positive laboratory reports are presented by week of specimen collection. Data are added as new test results become available; therefore, information for the most recent week will always be incomplete.

Note that the peak was reached in the week ending Saturday, Oct. 24. By the week ending Saturday, Nov. 7 the ILI rate was down from 15.5% to 10.2%. Still at epidemic levels, but declining.

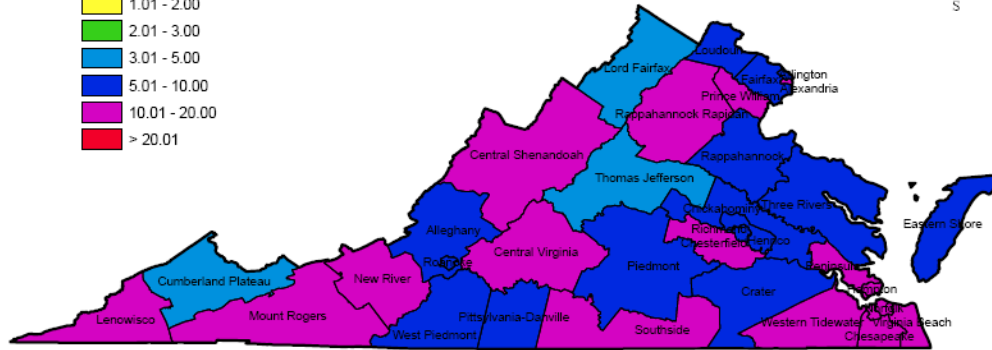
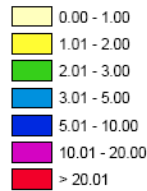
Figure 2 on the next page is a snapshot of one of ILI by age group. The light green line represents the 5 year to 25 year age group. For the week ending October 24th, fully 25% of patients between 5 and 25 years of age presented with ILI, while for the week ending Nov. 7, this was down 10 percentage points to 15%. There was an incremental drop in all of the age groups, except for those  $\geq 65$  years of age. This group never did experience H1N1 to any degree, probably because of some distant exposure to a similar virus.



## Percent of Emergency Department and Urgent Care Visits for Influenza Like Illness (ILI) by Health District in Virginia, 2009

Data for week ending November 7, 2009

### Percent of Visits Due to ILI



**VDH** VIRGINIA  
DEPARTMENT  
OF HEALTH  
Protecting Your and Your Environment  
www.vdh.virginia.gov

Office of Epidemiology - Division of Surveillance and Investigation  
Data mapped by Health District where patient resides

For the week ending Oct. 31, there were 19 purple health districts and one red. For the week ending Nov.7, this was down to 11 purples and no reds.

## For Employees & Staff

Although the Influenza newsletter will be put to rest for awhile, all policies and programs do remain in effect.

- On Oct. 14, the Centers for Disease Control (CDC) revised the [return to work recommendation for healthcare workers](#). Healthcare Workers may return to work 24 hours after the resolution of fever without the use of fever-reducing medication, except for those caring for severely immunosuppressed patients.
- The pandemic [attendance policy](#) remains in effect.
- [Visitation to our inpatient facilities continues to be limited to those 18 years of age and older](#). For the health of our patients, please help educate our visitors about this important measure.
- For patients admitted with suspected influenza the enhanced isolation precautions remain in effect.
- If you work in clinical areas or have contact with patients, be sure that you and your employees know the most current processes and plans regarding infection control issues, patient protocols and overflow plans. Knowing what to do when will ensure we're able to continue to provide timely and effective care and support.
- Please encourage your employees to educate themselves on the H1N1 and seasonal flu vaccines and consider getting both if they haven't already. The vaccines are considered safe for most people and are the best protection against getting the flu.
- Visit the CDC site for the most updated information on H1N1, including flyers and posters on [steps for preventing the flu](#), [clean hands](#) and [covering your cough](#). The [Virginia Department of Health's website](#) is the best site for Virginia-specific information.

- Visit our internal [influenza information site](#) for Carilion-specific information including our pandemic attendance policy and the weekly flu updates featuring clinical treatment protocols, timely statistics and more.

## More about the Vaccine

Due to the limited supplies of both seasonal and H1N1 vaccines, questions continue to arise. These are predominantly directed toward issues concerning distribution to offices and clinics.

The single issue responsible for seeming distribution disparities is that vaccine is not available to distribute. This does create some seeming inequities when a small amount does become available. With the first wave of H1N1 in the spring of 2009, it was discovered that the virus is not an equal opportunity infector, nor an equal opportunity pathogen in terms of whom it may cause severe disease when it does infect.

Once it became apparent there was going to be a shortage of vaccine, a tier system for whom should have priority in immunization was developed by the CDC. Carilion is following those guidelines as closely as we can.

Carilion ordered a combined (IM & LAIV) 101,000 doses of H1N1 vaccine. To date, we have received 2,000 IM and 6,000 LAIV doses for 7.9% of the total order.

Because of the severity of H1N1 in pregnant women, these individuals are at the top of the priority list in receiving the IM, as LAIV is contraindicated in this population. In general, 5% of a population is pregnant at any given time. Between our pregnant employees and pregnant patients, we have over 5,000 individuals who are at the top of the priority list. As of today, we have received a total of 2,000 IM doses.

Healthcare workers are on the priority list, but even this has sub-categories. First are healthcare workers who are more likely to develop severe disease if infected. Next are healthcare workers, who if they became infected, could pass the virus on to someone who is likely to develop severe disease. So, that would make a relatively young obstetric provider a high priority for vaccine. But if this provider were otherwise healthy, they could get the LAIV, as the vaccine virus is not transmissible. So then, we try to give the IM vaccine to providers who have high risk underlying conditions **AND** who take care of high risk populations.

As an example, the "older" generation seems to have some immunity to H1N1. They are not getting infected as often and are not in the high risk category for severe disease. The LAIV is only labeled for use in those 49 years of age and younger, down to 2 years of age. People over 60 are generally not likely to get infected (thereby not passing it on to patients) and if they do become infected, they are not likely to get severe disease. Hence, these healthcare workers can postpone the vaccination until those with a higher priority have been vaccinated. The exact opposite is true for the seasonal influenza.

Here are some specifics for Carilion:

LAIV (intranasal) doses have been distributed to:

- all acute sites for employees in high risk areas and that meet the criteria for administration
- all CMG /CCP practices for both employee use and pediatric use
- #180 doses to Radford University students

IM Doses have been distributed to:

- all acute sites for employees that meet the first tier and second tier priority where the doses were still available
- high risk employees who are pregnant or otherwise identified in all settings, individual doses were

drawn or sent in full vials if required

-high risk pregnant patients in OB/GYN clinics or high volume clinics as identified by the Regional Managers.

As vaccine becomes available to us, announcements will continue to be made as to its availability and to whom it is being distributed.

## Prior Illness

**Q: Should I get vaccinated against 2009 H1N1 if I have had flu-like illness since the spring of 2009?**

A. The symptoms of influenza (flu-like illnesses) are similar to those caused by many other viruses. Even when influenza viruses are causing large numbers of people to get sick, other viruses are also causing illnesses. Specific testing, called RT-PCR test, is needed to tell if an illness is caused by a specific influenza strain or by some other virus. This test is different from rapid flu tests that doctors can do in their offices. Since most people with flu-like illnesses will not be tested with RT-PCR this season, the majority will not know whether they have been infected with 2009 H1N1 flu or a different virus.

Therefore, if you were ill but do not know if you had 2009 H1N1 infection, you should get vaccinated if your doctor recommends it. So, most people recommended for 2009 H1N1 vaccination should be vaccinated with the 2009 H1N1 vaccine regardless of whether they had a flu-like illness earlier in the year. If you have had 2009 H1N1 flu, as confirmed by an RT-PCR test, you should have some immunity against 2009 H1N1 flu and can choose not to get the 2009 H1N1 vaccine. However, vaccination of a person with some existing immunity to the 2009 H1N1 virus will not be harmful. Any immunity from 2009 H1N1 influenza infection or vaccination will not provide protection against seasonal influenza. All people who want protection from seasonal flu should still get their seasonal influenza vaccine.

**Q: If I had H1N1 disease, or if I got the H1N1 vaccine, can I still get the seasonal flu and do I need the seasonal flu vaccine?**

A: Short Answer: **YES**

The H1N1 virus is different than the virus that is expected to cause the seasonal flu. Antibodies that we developed against H1N1 either through illness or vaccination will not recognize or attack the seasonal influenza virus.

**Q: What Does the Near Future Have in Store?**

A: At this time only an educated guess is allowed. While the current H1N1 epidemic in the region is waning, there remains the possibility for a third wave later in the winter or early spring. The most likely scenario is that the seasonal influenza will hit at its usual time in late January through February. Mixed in with the seasonal influenza will be sporadic cases of H1N1 that could lead to the third wave of H1N1. Therefore, it appears that we will have to remain vigilant through to springtime. In the meantime, get vaccinated for both H1N1 and seasonal influenza and follow respiratory etiquette.

## 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 # 12 of the *Carilion '09-'10 Influenza Newsletter*. The *Influenza Newsletter* will now be put to rest. It will be resurrected, if necessary, depending upon the circumstances. Feel free to direct any questions, suggestions or concerns to:

Editor: Thomas M. Kerkerling, MD  
Section Head: Infectious Diseases  
Medical Director of Infection Control  
Email: [tmkerkerling@carilion.com](mailto:tmkerkerling@carilion.com)