



11/17/2009

## 2009 H1N1 Situation Update ORDERING VACCINE

We have started to see a decline in 2009 H1N1 influenza activity in the last two weeks. All indicators: school absenteeism, hospital and health care clinic visits, laboratory tests are all declining. There are still a number of individuals in the hospitals, some in intensive care and on ventilators.

April 26, 2009 was the beginning of H1N1 awareness in the US, and the beginning of pandemic wave # 1. During the first wave we had 17 hospitalizations, and 2 deaths. The second wave began soon after schools started in September and peaked during the week of October 18 – 24, 2009 (60+ hospitalizations, 3 additional deaths). Hospitalized patients represent only the tip of the iceberg of all the influenza cases in our community. Based on school absenteeism reports, I estimate that somewhere around 30 – 50 % of our school children have already been infected by influenza these last two months. Laboratory surveillance confirm that we have not seen any other respiratory viruses these past two months, virtually all influenza A:H1N1. This second wave will likely decline significantly before the Thanksgiving holidays.

So what can we expect in the months to come. We will likely begin our third wave of this pandemic sometime in January and February. The rise in number of cases may be slower because children will be less of a factor in the spread of disease. Most of the infections will occur in adults, and because of that cause more hospitalizations and deaths. This will also coincide with the start of our other respiratory virus season: adenovirus, RSV, and seasonal influenza.

**THANK YOU!!!** First I want to thank all of you for helping to deliver vaccine. The H1N1 vaccine distribution process has been a huge challenge for everyone concerned. The demand for the vaccine, coupled with the small amounts of vaccine arriving each time has led to a lot of frustrations for everyone. I am sorry that we have not been able to meet everyone's expectations. We tried our best and made plans with the best intentions, primarily to try to make it less onerous for the Physician in the primary care sector. We have had a chance to step back a bit and look at making improvements to the distribution process.

**ORDERING VACCINE** All medical offices that indicated a willingness to vaccinate their high risk patients have H1N1 Influenza vaccine available to them. These offices all have provider agreements in effect. If you are one of these offices, you should have received a fax by now informing you of a change in the process to order vaccine. You will now be initiating orders with us based on your needs. If you do not have an H1N1 vaccine provider agreement and are interested in providing vaccine to your high-risk patients, please contact Jillian Heist at 360-867-2523.

**HEALTH DEPARTMENT ALLOCATION and DISTRIBUTION ONLY** Some providers have shared their doses of H1N1 Influenza Vaccine with other providers. This is problematic from an accountability and quality assurance standpoint. Prefilled 0.5 cc preservative-free vaccine is preferentially provided to OB and large family practice clinics and childhood 0.25 cc preservative-free vaccine to pediatrics and large FP clinics. In order to receive and

# COMMUNICABLE DISEASE UPDATE

COMMUNICABLE DISEASE CONTROL AND PREVENTION SECTION  
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administer H1N1 vaccine you must have a provider agreement. Vaccines from different manufacturers are approved for use in different age groups. This vaccine is a federal asset and as such the CDC expects appropriate handling and detailed tracking. This includes proper storage and use of the vaccine, as well as monthly reporting and adverse vaccine event reporting.

Multi-Dose Presentation			Single Dose Preservative Free					
Sanofi-Pasteur	Novartis	CSL	Sanofi-Pasteur			Novartis	CSL	MedImmune
10 dose vial (5.0 mL) 6 months and up	10 dose vial (5.0 mL) 4 years and up	10 dose vial (5.0 mL) 18 years and up***	Single Dose Syringe (0.25mL) 6 - 35 months	Single Dose Syringe (0.25mL) 6 - 35 months	Single Dose Syringe (0.5mL) 3 years and up	Single Dose Syringe (0.5mL) 4 years and up	Single Dose Syringe (0.5mL) 18 years and up***	Single Dose Sprayer (0.2mL) 2 - 49 years

\*\*\*Note: DOH just sent an update that the FDA has approved the use of CSL monovalent H1N1 influenza vaccine for children 6 months of age and above. It is encouraged that pre-filled syringes be used for children 3 years of age and up since the syringe contains 0.5 mL of inoculant (children under three need only 0.25 mL and thus you would be wasting half of every syringe used).

**KIDS 9 and UNDER NEED 2 DOSES** Remember that kids 9 and under will require 2 doses for best protection. Second doses do not have to be similar formulation as first one but should be no sooner than 28 days apart. Provide second doses as patients return for them. If vaccine supply is limited, making sure everyone gets a first dose is priority.

**PHARMACY AVAILABILITY** We are in the process of making arrangements with a large number of local pharmacies to provide H1N1 vaccine to all people in the risk-based target groups. This will help to relieve some of the over-stressed clinics and provide better access to the community. Access for young children will continue to be through Pediatric and FP clinics. This should begin early December, provided vaccine continues to arrive. Pharmacies will bill insurance and will not refuse service for folks unable to pay an administration fee.

**SCHOOL BASED CLINICS** Several schools are in the process of setting up their clinics for January/February. Once the vaccine becomes available to the general public, the pharmacies will continue to provide the vaccine under contract with the Health Department. Please look at the H1N1 vaccine page on our website for more information.

[www.co.thurston.wa.us/health/personalhealth/influenza/swineflu/informationforproviders.html](http://www.co.thurston.wa.us/health/personalhealth/influenza/swineflu/informationforproviders.html)

OUR PHONE NUMBERS HAVE CHANGED  
 MAIN LINE (360)867-2500 DISEASE REPORT (360)786-5470