

Healthcare Provider Information

WebNotes – November, 2009

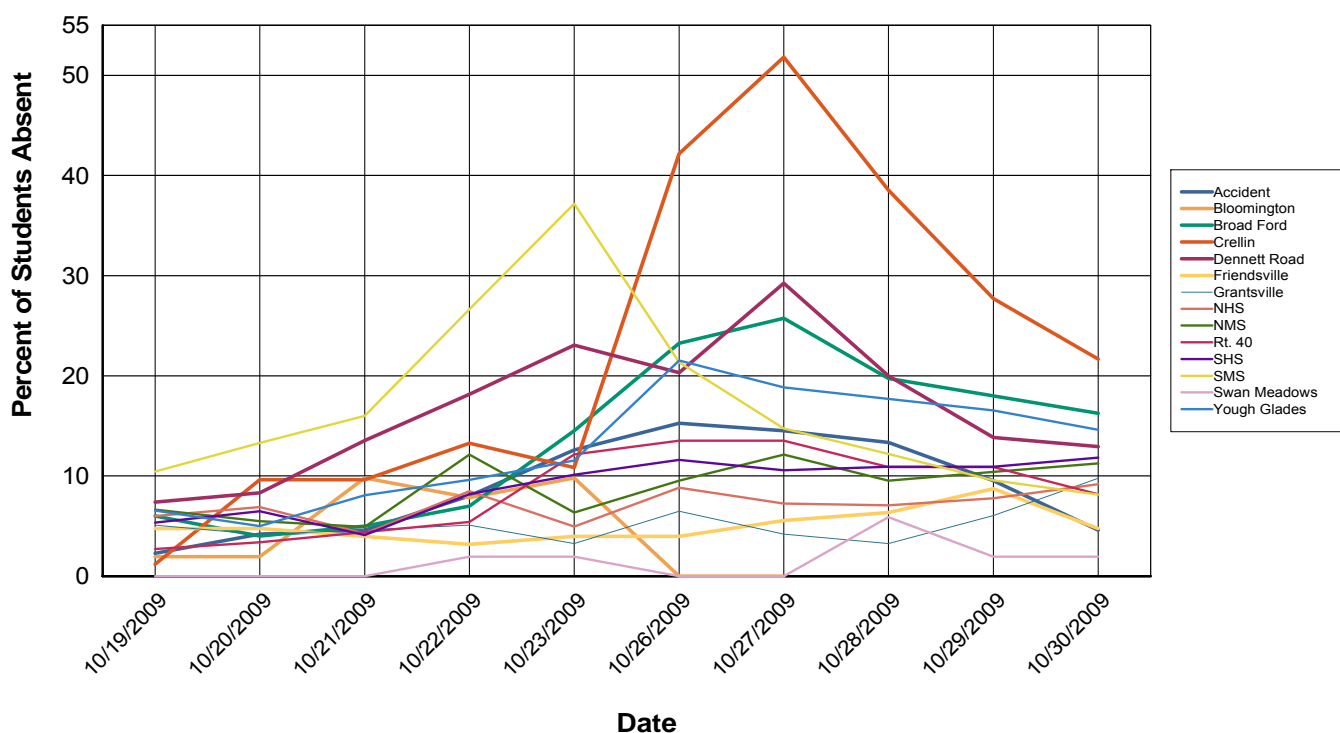
Type A H1N1 2009 Influenza

Surveillance:

Locally, we have been following school absenteeism closely, and the new virus has swept rapidly into the county and already gone through, and left, several of the middle and elementary schools. We finally had state lab confirmation of a few cases in Garrett County residents just as H1N1 flu was getting into the schools.

Garrett County School Absenteeism Percentage

Period 10/19/2009
to 10/30/2009



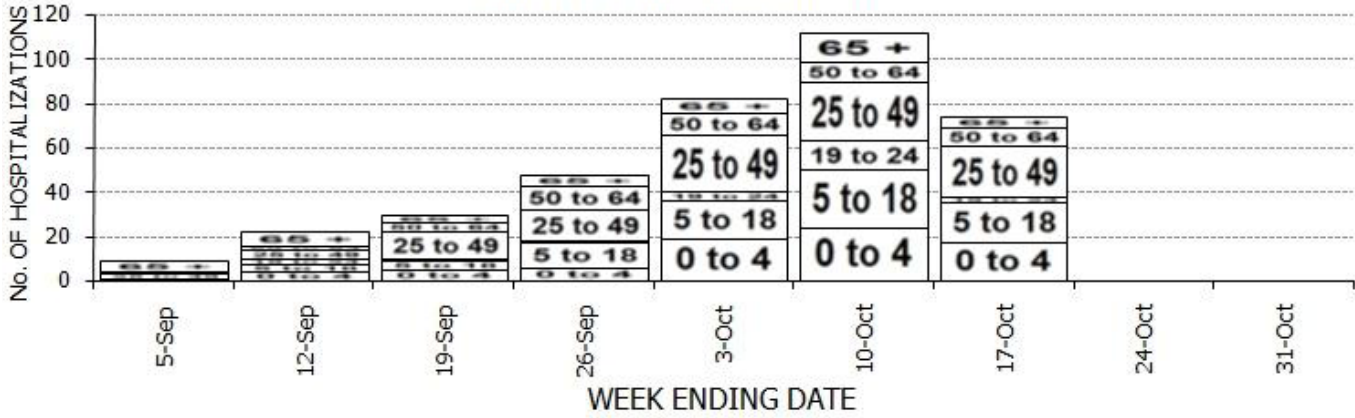
The strategy for management in the schools has been modified to attempt to keep the schools open even as absenteeism increases, but to ask parents to keep sick kids at home. Sick students and staff at the schools will be isolated from the well and sent home. The above chart suggests about a 5-7 day cycle of absenteeism as each school is “hit”. The north county elementary schools are just seeing elevated absenteeism this week (11/5). Click [here](#) to review our current policy for control of influenza in the schools.

In Maryland, the new virus has displaced the previous seasonal influenza virus, and all identifications are now Type A H1N1 2009. There have been 12 deaths in Maryland, the last two having been younger persons.

The medical intensive care units at the University of Maryland have over 100 persons on ventilator care, and a half dozen on ECMO (Extracorporeal Membranous Oxygenation). (personal communication 10/30)

Maryland hospitalizations have occurred as follows (more recent results have not been posted as of 11/5):

Number of Influenza Hospitalizations by Age Group Reported to EIP 2009-10 Influenza Season



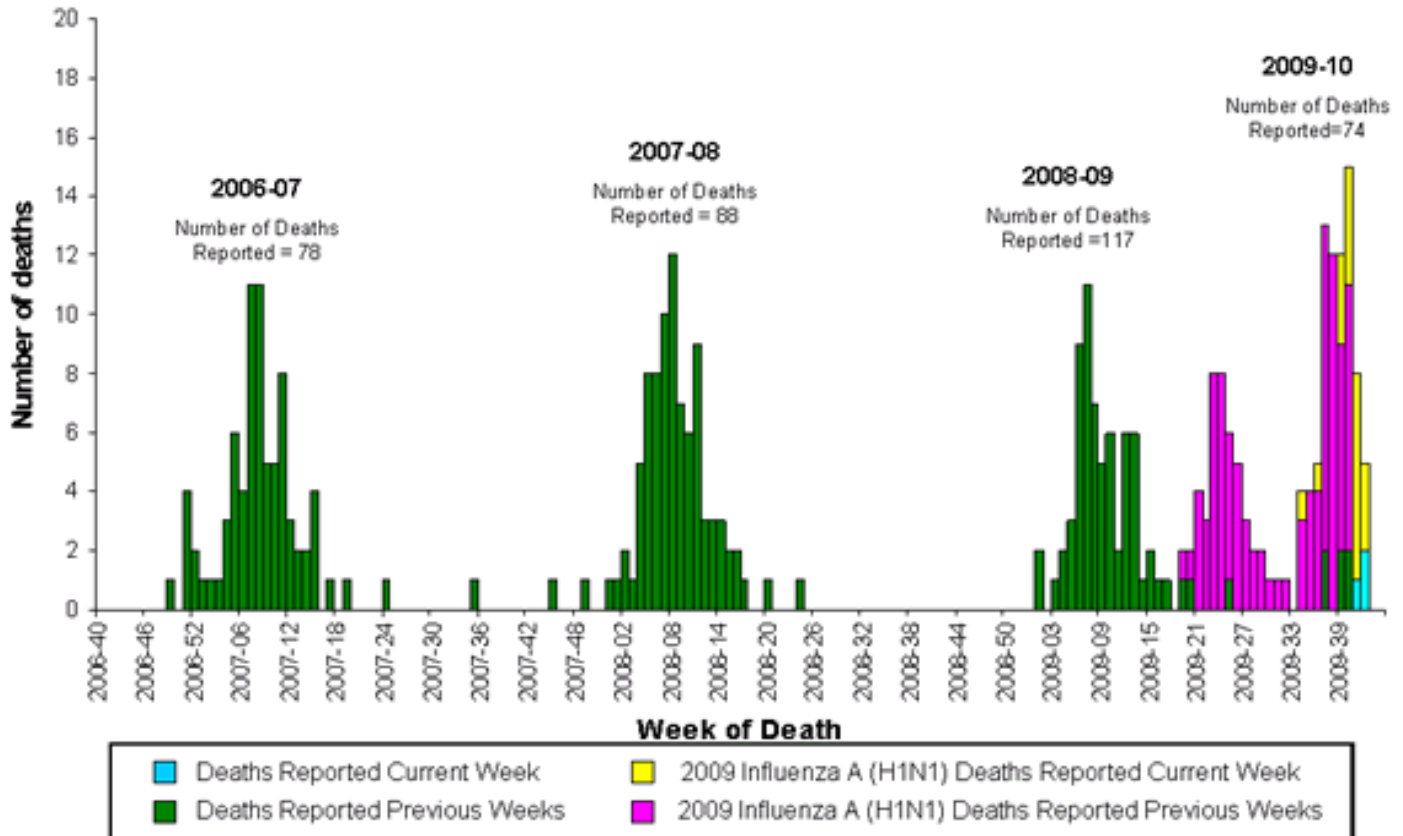
Age 65+
 Age 50 to 64
 Age 25 to 49
 Age 19 to 24
 Age 5 to 18
 Age 0 to 4

A CDC report on Oct. 1 reported that there have been 100 ICU hospitalizations of pregnant women, and 28 deaths.

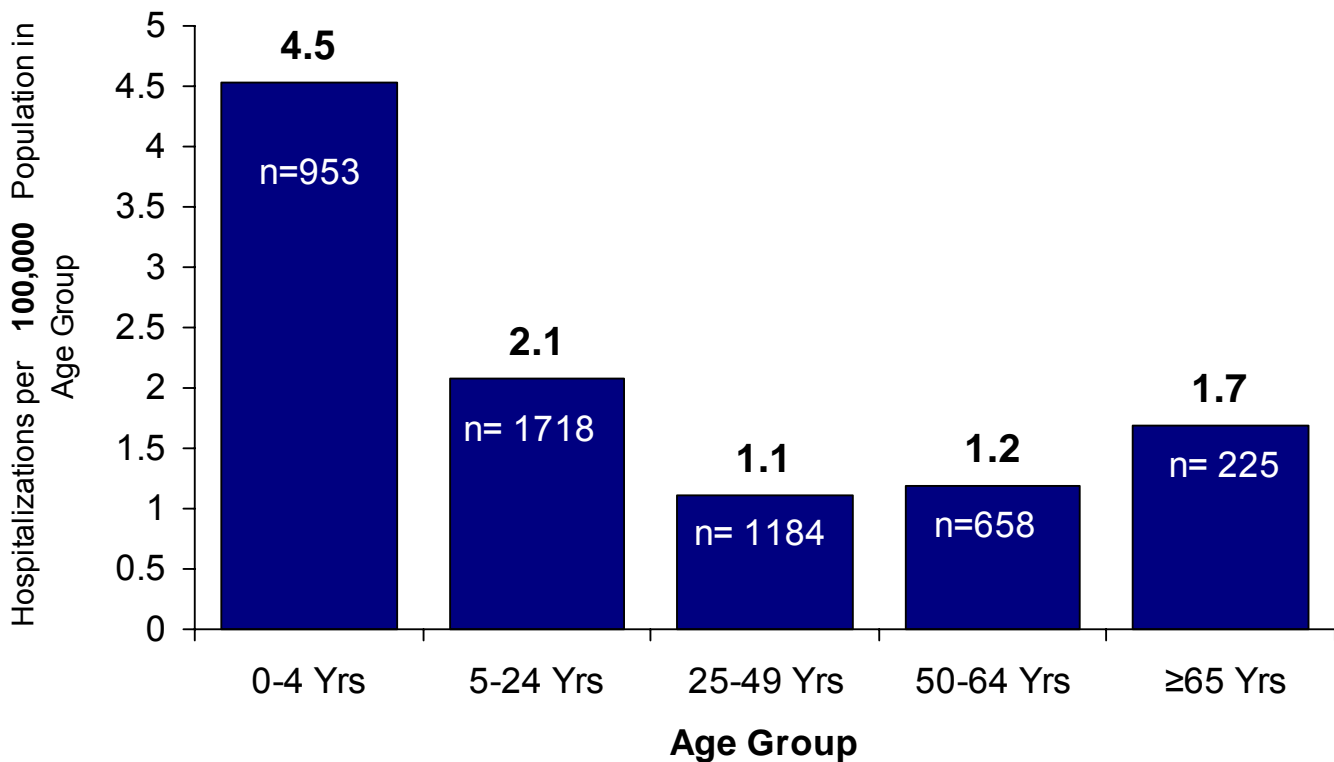
Home Care & Treatment for Influenza- for our summary of recommendations, click [here](#).

Nationally, there have been at least 74 Pediatric Deaths from the new virus:

Number of Influenza-Associated Pediatric Deaths by Week of Death: 2006-07 season to present



The rate of hospitalization of the different age groups is shown below for the US population:



The way in which the new virus is affecting the population has led to identifying high risk **priority groups to receive the new H1N1 vaccine.** These latter are:

Pregnant Women

Household contacts and caregivers for children younger than 6 months of age

Healthcare & Emergency Medical Care workers with direct patient contact

All people from 6 months of age through 24 years of age

All people aged 25 through 64 who have health conditions associated with higher risk of medical complications of influenza- cardiac, lung or metabolic diseases, such as asthma or diabetes, compromised immune systems, or neuromuscular diseases.

Treatment with Anti-viral drugs is to be targeted to hospitalized patients and those in the above high risk categories, both to avoid shortages, and to protect against the development of resistance.

1. Anti-viral treatment is recommended for all hospitalized patients with confirmed, probable or suspected 2009 H1N1 or seasonal influenza.
2. Early empiric treatment should be considered for outpatients who are at higher risk for influenza-related complications (see above). Clinical judgment should be used in deciding whether outpatients with risk factors for influenza-related complications require treatment. Given this increased risk for hospitalization, children younger than 2 years old are generally recommended for antiviral treatment. Children ages 2 through 4 years old without high risk conditions (see above) and who are not severely ill do not necessarily require antiviral treatment. Health care providers should use clinical judgment to guide treatment decisions. Children of any age presenting with suspected influenza and symptoms of lower respiratory tract illness or clinical deterioration should receive prompt empiric antiviral therapy in addition to other indicated treatment (e.g. antibiotics if bacterial co-infection is suspected).

3. Treatment with oseltamivir or zanamivir is recommended for persons with suspected or confirmed influenza who are severely ill or who are showing evidence of rapid clinical deterioration regardless of previous health or age.
4. When indicated as above, treatment should not await laboratory confirmation because laboratory-based testing could delay treatment and because a negative rapid test does not rule out influenza.
5. For further information- <http://www.cdc.gov/h1n1flu/recommendations.htm>

Communicability:

It seems now to be about the same, or slightly increased compared with seasonal flu **The amount of time that persons with influenza-like illness should be away from others has been reduced to 24 hours fever-free (<100) without anti-fever medications.**

Sensitivity to Antivirals:

Laboratory tests have shown sensitivity of the new virus to Tamiflu and Relenza, but resistance or ineffectiveness with amantadine and rimantadine. Treatment has not usually been necessary except in high risk cases as noted above. Avoiding unnecessary prophylactic treatment may forestall the development of a resistant strain.

Vaccine Distribution:

Vaccine and necessary supplies will be directly shipped to provider sites that register and sign contracts to utilize the vaccine as specified by the federal government. An administration fee up to \$20.61 will be allowed for private providers. Pre-registration information is available at www.dhmd.state.md.us/swineflu . Questions? H1N1Info@dhmd.state.us

The Health Department will hold special clinics for the above priority groups, and outreach to community locations for people in these age groups. As more vaccine becomes available, community clinics for everyone will be held.

Recommendations for Businesses and Physician Employers; For our summary of recommendations, click [here](#).

Influenza- Seasonal

The Garrett County Health Department has completed the first round of seasonal flu nasal spray clinics during school in each of the elementary schools. Followup clinics in the schools will be scheduled after the H1N1 vaccine has been distributed. Additional community clinics will also be scheduled as time and supplies are available and a need and interest is demonstrated.