

Healthcare Provider Information

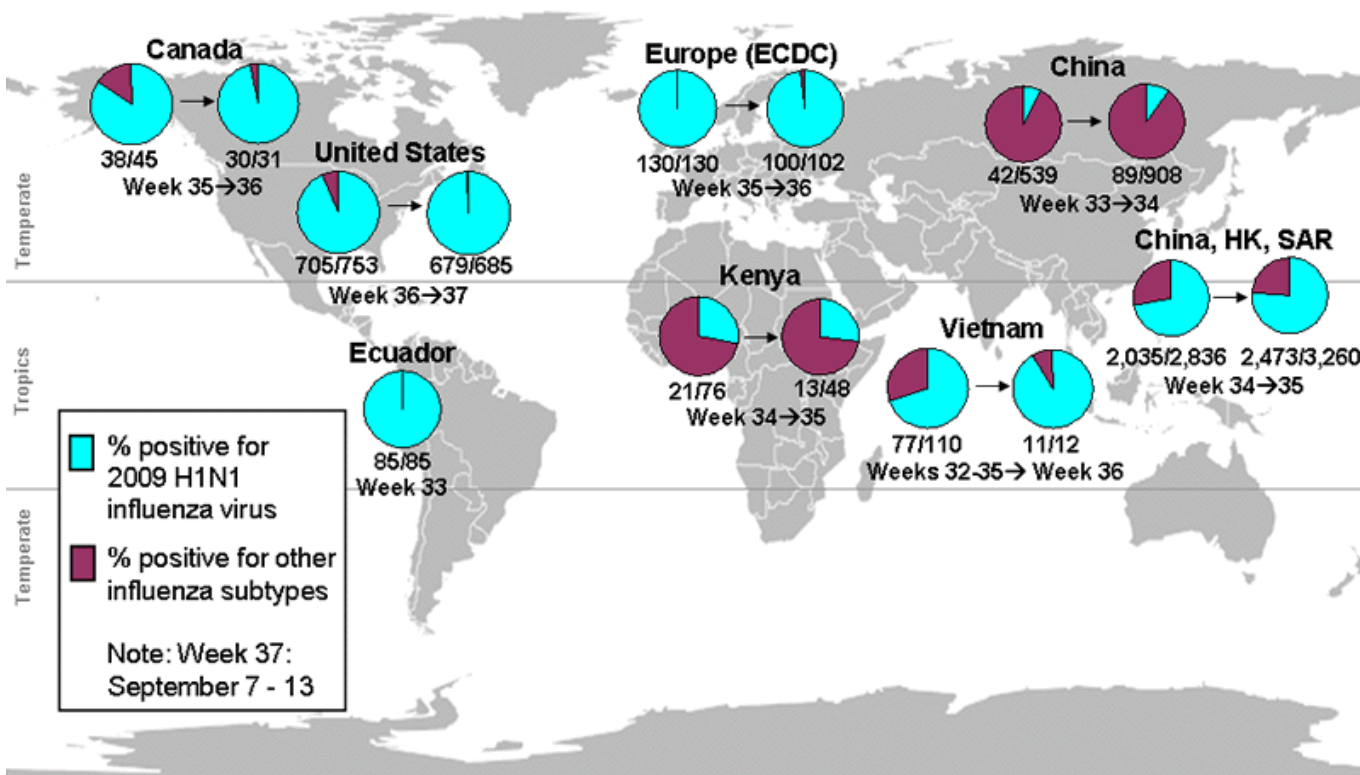
WebNotes – October, 2009

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 already scheduled four weeks later will be used for a first dose of H1N1 nasal spray vaccine (with a new parental consent form), assuming it will be available. This will be our fourth year going directly to these schools, and it has gone very well this year, with improved participation, and so serious problems. Community Clinics for Seasonal Influenza have started and are being well attended.

Type A H1N1 2009 Influenza

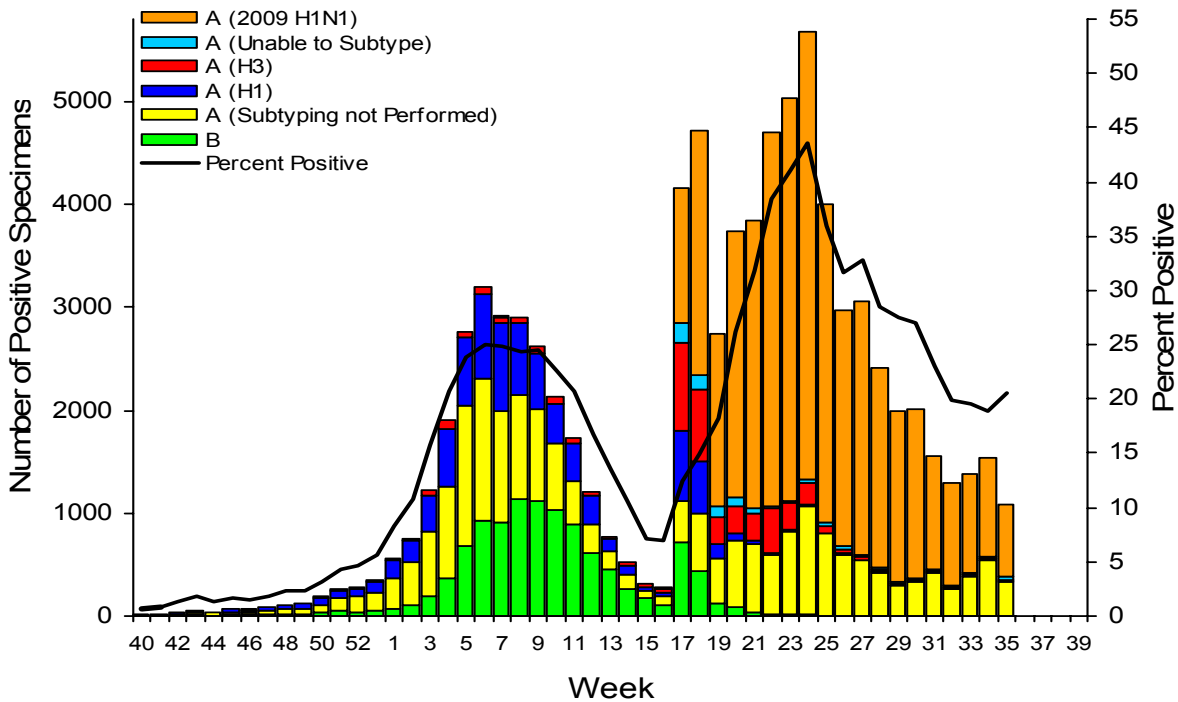
Quick spread internationally has occurred, with persistence occurring in the Northern Hemisphere through the summer months. The Type A H1N1 2009 predominates in all countries except China and Kenya. The turquoise quadrants represent the percent of all influenza samples which are the new H1N1 virus.



Surveillance:

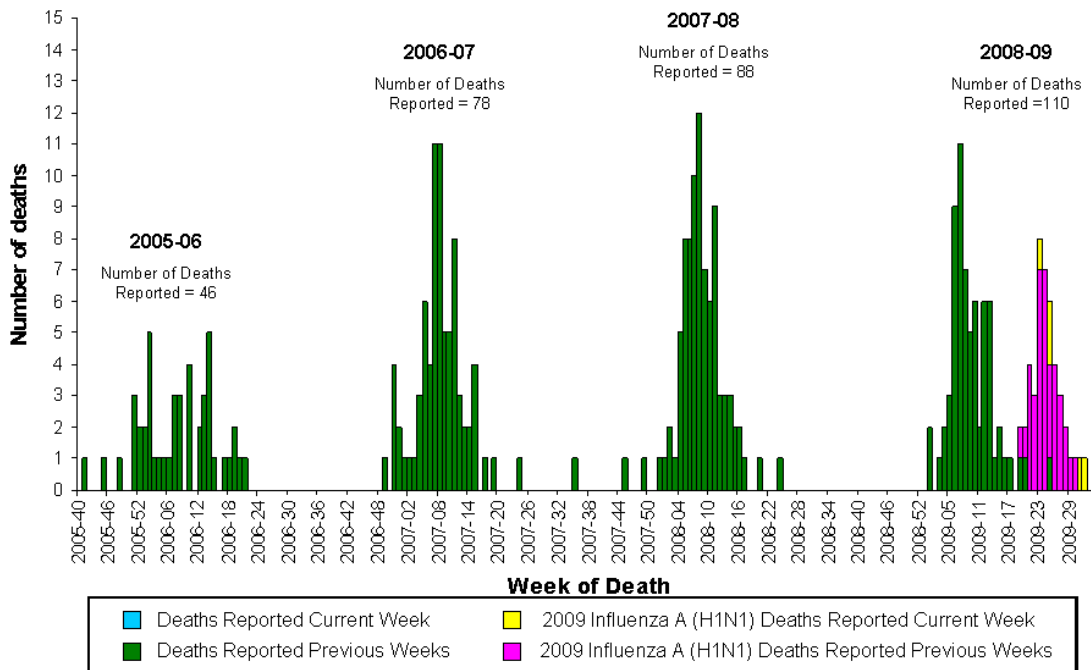
In Maryland, the new virus has displaced the previous influenza virus, and persisted through the summer. This new virus has caused outbreaks this month in many schools and universities “down state” in Maryland and has been identified on all sides of us; we expect it will sweep through our county soon. Eight deaths have been reported in Maryland, with the most recent, 9/30, being a middle-schooler with no chronic health conditions from Baltimore.

The following chart shows the breakdown of positive influenza cases between the different types in Maryland this last winter, spring and summer.

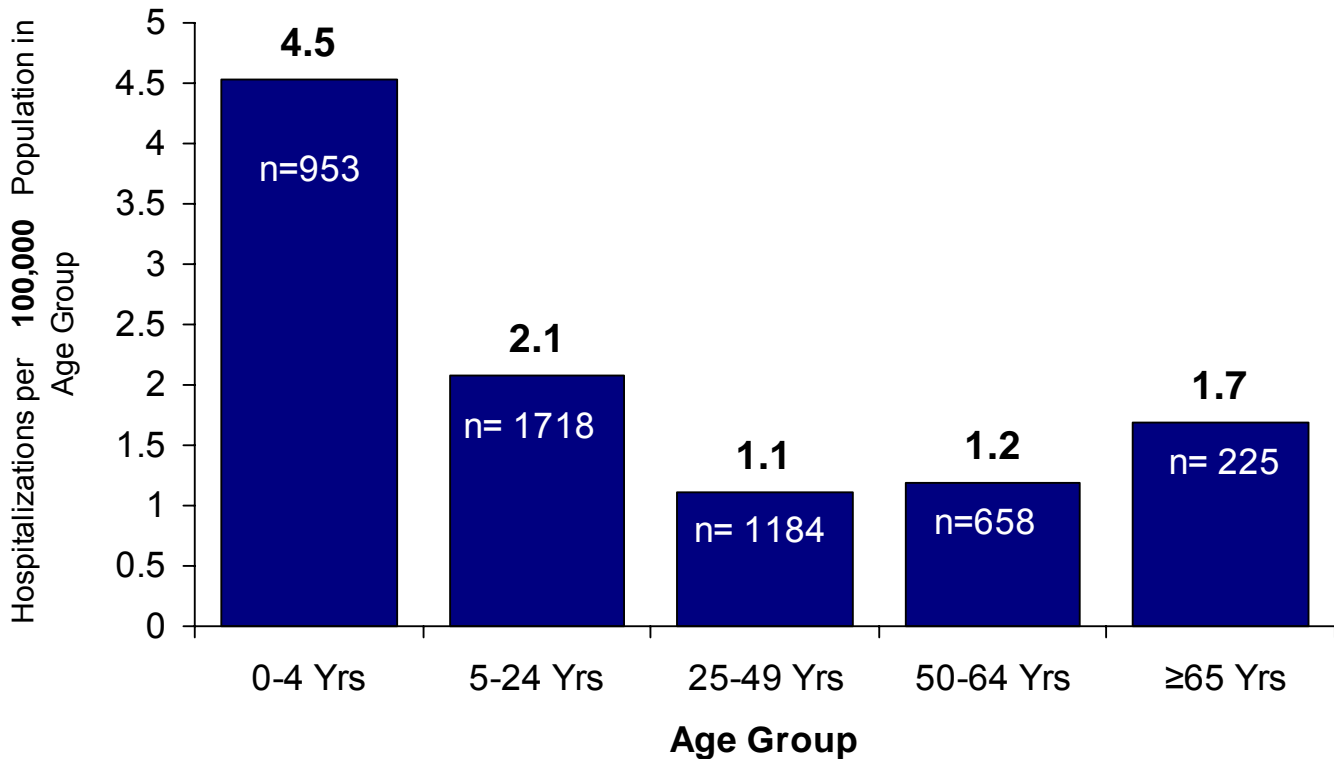


Nationally, the total pediatric deaths from influenza over the past 10 months are now over 110, compared with the previous flu season of only 88.

Number of Influenza-Associated Pediatric Deaths by Week of Death: 2005-06 season to present



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



This change in how the new virus is affecting the population has led to new **priority groups to receive the new H1N1 vaccine** when it is first available in October. These 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.

Also these changes have resulted in changing **recommendations on which patients to treat, and when to treat them:**

1. 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. Signs and symptoms of severe illness due to suspected influenza are an indication for immediate treatment, regardless of previous health or age.
4. Treatment should be initiated empirically when the decision is made to treat patients who have illnesses that are clinically compatible with influenza. 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 \$10 will be allowed for private providers. Pre-registration information is available at www.dhmh.state.md.us/swineflu . Questions? H1N1Info@dhmh.md.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.

The school strategy has changed as well. The focus will be on maintaining the operation of the schools, and closing them only in the most severe instances of absence of staff and students.

Recommended school responses for the 2009-2010 school year

- **Stay home when sick:**
Those with flu-like illness should stay home for at least 24 hours after they no longer have a fever, or signs of a fever, without the use of fever-reducing medicines. They should stay home even if they are using antiviral drugs.
- **Separate ill students and staff:**
Students and staff who appear to have flu-like illness should be sent to a room separate from others until they can be sent home. CDC recommends that they wear a surgical mask, if possible, and that those who care for ill students and staff wear protective gear such as a mask.
- **Hand hygiene and respiratory etiquette:**
The new recommendations emphasize the importance of the basic foundations of influenza prevention: stay home when sick, wash hands frequently with soap and water when possible, and

cover noses and mouths with a tissue when coughing or sneezing (or a shirt sleeve or elbow if no tissue is available).

- **Routine cleaning:**

School staff should routinely clean areas that students and staff touch often with the cleaners they typically use. CDC does not believe any additional disinfection of environmental surfaces beyond the recommended routine cleaning is required.

- **Early treatment of high-risk students and staff:**

People at high risk for influenza complications who become ill with influenza-like illness should speak with their health care provider as soon as possible. Early treatment with antiviral medications is very important for people at high risk because it can prevent hospitalizations and deaths. People at high risk include those who are pregnant, have asthma or diabetes, have compromised immune systems, or have neuromuscular diseases.

<http://www.cdc.gov/h1n1flu/schools/technicalreport.htm> - early

Recommended General and Physician Employer Responses for the 2009-2010 Flu Season

- <http://www.cdc.gov/h1n1flu/business/> <http://www.cdc.gov/h1n1flu/10steps.htm>

Sick persons should stay home

- Advise workers to be alert to any signs of fever and any other signs of influenza-like illness⁶ before reporting to work each day, and notify their supervisor and stay home if they are ill. Employees who are ill should not travel while they are ill.
- CDC recommends that employees with influenza-like illness remain at home until at least 24 hours after they are free of fever (100° F [37.8° C] or greater), or signs of a fever, without the use of fever-reducing medications.
- Expect sick employees to be out for about 3 to 5 days in most cases, even if antiviral medications are used.
- Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are well aware of these policies.
- Talk with companies that provide your company with contract or temporary workers about the importance of sick workers staying home and encourage them to develop non-punitive leave policies.
- Do not require a doctor's note for workers who are ill with influenza-like illness to validate their illness or to return to work, as doctor's offices and medical facilities may be extremely busy and may not be able to provide such documentation in a timely way.
- Employees who are well but who have an ill family member at home with influenza can go to work as usual. However, these employees should monitor their health every day, and notify their supervisor and stay home if they become ill. Employers should maintain flexible policies that permit employees to stay home to care for an ill family member. Employers should be aware that more workers may need to stay at home to care for ill children or other ill family members than is usual.

Sick employees at work should be asked to go home

- **CDC recommends that workers who appear to have an influenza-like illness upon arrival or become ill during the day be promptly separated from other workers and be advised to go**

home until at least 24 hours after they are free of fever (100° F [37.8° C] or greater), or signs of a fever, without the use of fever-reducing medications.

- Those who become ill with symptoms of an influenza-like illness during the work day should be:
 - Separated from other workers and asked to go home promptly. (For recommendations on personal protective equipment for a person assisting the ill employee, see <http://www.cdc.gov/h1n1flu/masks.htm>.)
 - When possible and if they can tolerate it, workers with influenza-like illness should be given a surgical mask to wear before they go home if they cannot be placed in an area away from others.
- If an employee becomes ill at work, inform fellow employees of their possible exposure in the workplace to influenza-like illness but maintain confidentiality as required by the Americans with Disabilities Act (ADA). Employees exposed to a sick co-worker should monitor themselves for symptoms of influenza-like illness and stay home if they are sick.

Cover coughs and sneezes

- Influenza viruses are thought to spread mainly from person to person in respiratory droplets of coughs and sneezes. Provide employee messages on the importance of covering coughs and sneezes with a tissue or, in the absence of a tissue, one's sleeve. Place posters in the worksite that encourages cough and sneeze etiquette.
- Provide tissues and no-touch disposal receptacles for use by employees.

Improve hand hygiene

- Influenza may be spread via contaminated hands. Instruct employees to wash their hands often with soap and water or use an alcohol-based hand cleaner, especially after coughing or sneezing. Place posters in the worksite that encourage hand hygiene.
- Provide soap and water and alcohol-based hand sanitizers in the workplace. Ensure that adequate supplies are maintained. If feasible, place hand sanitizers in multiple locations or in conference rooms to encourage hand hygiene.

Clean surfaces and items that are more likely to have frequent hand contact

- Frequently clean all commonly touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label.
- No additional disinfection beyond routine cleaning is recommended.

Encourage employees to get vaccinated

- Encourage your employees to get vaccinated for seasonal influenza.
- Encourage your employees also to get vaccinated for 2009 H1N1 influenza when vaccines are available to them. Different groups are prioritized for 2009 H1N1 influenza than for seasonal influenza.
- Offer opportunities at your worksite for influenza vaccination. Consider granting employees time off from work to get vaccinated if not offered at the worksite.
- Review the health benefits you offer employees and work with insurers to explore if they can cover the costs of influenza vaccination.

Take measures to protect employees who are at higher risk for complications of influenza

- People at higher risk for complications from influenza include pregnant women; children under 5 years of age; adults and children who have chronic lung disease (such as asthma), heart disease, diabetes, diseases that suppress the immune system and other chronic medical conditions; and those who are 65 years or older.⁷
- Inform employees that some people are at higher risk of complications from influenza and that if they are at higher risk for complications, they should check with their health care provider if they become ill. Early treatment with antiviral medications is very important for people at high risk because it can prevent hospitalizations and deaths.
- Encourage employees recommended for seasonal influenza vaccine and 2009 H1N1 vaccines to get vaccinated as soon as these vaccines are available.
- Employees who become ill and are at increased risk of complications from influenza and ill employees who are concerned about their illness should call their health care provider for advice. Their health care provider might want them to take antiviral medications to reduce the likelihood of severe complications from the influenza.

Prepare for increased numbers of employee absences due to illness in employees and their family members, and plan ways for essential business functions to continue.

- Employers should plan to monitor and respond to absenteeism at the workplace. Implement plans to continue your essential functions in case you experience higher than usual absenteeism. Elevated absentee rates can be due to sick workers, those who need to stay home and care for others, or from workers with conditions that make them at higher risk for complications from influenza and who may be worried about coming to work.
- Cross-train personnel to perform essential functions so that the workplace is able to operate even if key staff are absent.
- Assess your essential functions and the reliance that others and the community have on your services or products. Be prepared to change your business practices if needed to maintain critical operations (e.g. identify alternative suppliers, prioritize customers, or temporarily suspend some of your operations if needed).

Prepare for the possibility of school dismissal or temporary closure of child care programs

- Although school dismissals or closures of child care programs are not likely to be generally recommended at this level of severity, they are possible in some jurisdictions.
- Be prepared to allow workers to stay home to care for children if schools are dismissed or child care programs are closed.
- Strongly recommend that parents not bring their children with them to work while schools are dismissed.
- Ensure that your leave policies are flexible and non-punitive.
- Cross-train employees to cover essential functions.

Consider increasing social distancing in the workplace

- If influenza severity increases, local public health officials may recommend that employers implement measures to increase the physical distance between people in the clinic or workplace to reduce the spread of influenza. The goal should be for there to be at least 6 feet of distance between people at most times. This is not a simple or easy strategy and would typically require considerable flexibility. These measures may include scheduling special hours for patients with flu-like symptoms, avoiding crowded work settings, canceling business-related face-to-face

meetings, spacing patients or workers farther apart, and using staggered shifts to allow fewer patients or workers to be in the workplace at the same time.

Best Internet resources for Current Influenza information:

www.garretthealth.org www.cdc.gov/h1n1flu <http://www.marylandfluwatch.org/>