

EMERGENCY PREPAREDNESS BUREAU FLU ADVISORY

December 11, 2009

VOLUNTEER UPDATE



Update on Massachusetts

H1N1 Activity

This week the amount of influenza-like illness (ILI) in the state was downgraded from "Widespread" to "Regional" activity. While this is certainly encouraging news, there's no way to tell if there will be another wave of illness later this flu season. With flu currently on the decline and more doses of H1N1 vaccine available every week, now is an excellent window of opportunity for all residents to get the vaccine as soon as it is available. In the meantime, please continue to practice good health hygiene.

As of December 10, 2009, 1887 confirmed cases of H1N1 have been reported throughout Massachusetts since April of 2009. There has been a steep decline in ILI activity over the past few weeks; however, the percentage of ILI visits being reported remains higher than what was seen during the two previous seasons of influenza. To read this week's complete influenza report [click here](#).

Clarification of Underlying Health Conditions

The state is starting to provide H1N1 vaccine for people up to the age of 64 with underlying health conditions that put them at special risk for complications from the flu.

These conditions include:

- Chronic lung disease, such as asthma, chronic obstructive pulmonary disease [COPD] and cystic fibrosis.
- Heart disease, such as congenital heart disease, congestive heart failure and coronary artery disease, but not high blood pressure.
- Kidney or liver disorders
- Diabetes
- Brain or spinal cord disorders. This includes stroke, cerebral palsy, muscular dystrophy, epilepsy, and intellectual disability (mental retardation) or cognitive delays.
- Weakened immune system due to disease or medication, such as people with HIV/AIDS or cancer, or those on chronic steroids.

DPH is making the H1N1 vaccine available to members of this priority group by providing vaccine to clinical sites who serve people at very high risk due to their medical conditions, and by allowing local public health officials to vaccinate adults with underlying health conditions if they feel they have adequately vaccinated the original target groups. DPH does not expect to have enough vaccine for everyone who wants it until late December or early January.

There continue to be several ways to stay informed about the availability of H1N1 vaccine:

- Visit <http://flu.masspro.org> to search for a public clinic
- Stay in touch with your health care provider

- Contact your local public health department and/or local community health center to see if they know when and where clinics will take place in your area

H1N1 Nasal Spray Vaccine Safety Concerns

More than 1 out of every 5 doses of H1N1 vaccine DPH receives is in the nasal spray (sometimes called LAIV for Live Attenuated Influenza Vaccine) formulation. While some residents have expressed concern about the safety of the H1N1 nasal spray, DPH would like to assure everyone that LAIV is a safe and effective vaccine option for healthy people 2 years through 49 years of age who are not pregnant. This vaccine is also safe for breastfeeding mothers.

Questions often arise about LAIV because it contains live viruses. These viruses, however, are attenuated (weakened) and cannot cause the flu. Any side effects that may arise from the nasal spray, such as runny nose or sore throat, are mild and short-lasting, especially when compared to symptoms of the flu itself. In addition, studies have shown that transmission of vaccine viruses, or shedding, to close contacts occurred very rarely. The CDC estimates that risk of getting infected with the flu virus after close contact with a person vaccinated with the nasal-spray flu vaccine is extremely low.

Nearly all healthy, non-pregnant health care workers, including those who come in contact with newborn infants, pregnant women, persons with a solid organ transplant, persons receiving chemotherapy (not in preparation for a bone marrow transplant), and persons with HIV/AIDS, may receive the nasal spray vaccine if they are eligible. However, LAIV should not be used for health care personnel who care for patients undergoing bone marrow transplantation (i.e., patients who require a protected environment). Although no immunocompromised patient has been harmed by use of LAIV among health care workers, the recommendation is intended as an extra precaution for medically fragile immunocompromised patients.

There are certain people who should not receive the H1N1 nasal spray vaccine. These include:

- People younger than 2 years of age;
- Pregnant women;
- People 50 years of age and older;
- People with a medical condition that places them at higher risk for complications from influenza, including those with chronic heart or lung disease, such as asthma or reactive airways disease; people with medical conditions such as diabetes or kidney failure; or people with illnesses that weaken the immune system, or who take medications that can weaken the immune system;
- Children younger than 5 years old with a history of recurrent wheezing;
- Children or adolescents receiving aspirin therapy;
- People who have had Guillain-Barré syndrome (GBS), a rare disorder of the nervous system, within 6 weeks of getting a flu vaccine.
- People who have a severe allergy to chicken eggs or who are allergic to any of the nasal spray vaccine components should not receive any type of influenza vaccine.

For additional information on the safety profile of the H1N1 nasal spray vaccine visit the CDC website at: http://www.cdc.gov/h1n1flu/vaccination/nasalspray_ga.htm.

Update on Regulations Regarding Influenza Vaccination of Employees and December 15th Deadline

Given the continuing shortages of H1N1 and seasonal influenza vaccine, health care facilities have expressed concern regarding their ability to fully comply with the new DPH regulations that require facilities to vaccinate all personnel against seasonal influenza no later than December 15, 2009 and to offer H1N1 vaccine to all of their employees as that vaccine becomes available. DPH recognizes that many facilities will not be able to fully comply with these regulations until seasonal and H1N1 vaccine shipments increase. Furthermore, the Department wants to balance the need to vaccinate front-line health care workers with the need to vaccinate those patients at disproportionate risk. Therefore, the Department recommends that health care facilities initially only prioritize the vaccination of those health care workers who are involved in direct and regular care-giving to patients in such settings as the inpatient care, emergency department, and outpatient clinics, particularly where the patient population may be at risk for complications. [To read the entire circular letter and regulatory amendments click here.](#)

CDC Update

The CDC is reminding health care professionals that all people who have existing indications for pneumococcal polysaccharide vaccine (PPSV) should be vaccinated according to current ACIP recommendations. This is important because people with existing indications are not only at increased risk for pneumococcal disease, but are also at increased risk for serious complications from influenza. *Pneumococcal vaccine can be given at any time during the year and may be given at the same time as influenza vaccine.* Persons who cannot remember if they've ever had pneumococcal vaccine should be still be vaccinated. CDC has issued related guidance titled "Prevention of Pneumococcal Infections Secondary to Seasonal and 2009 H1N1 Influenza Virus Infection."

http://www.cdc.gov/h1n1flu/vaccination/provider/provider_pneumococcal.htm.

During the week of November 29-December 5, 2009, influenza activity decreased over the previous week across all key indicators except for deaths. The proportion of deaths attributed to pneumonia and influenza based on the 122 Cities Report increased over the previous week and has been higher than expected for ten consecutive weeks. Fourteen states are reporting widespread influenza activity; a decline of 11 states from last week. They are: Alabama, Alaska, Arizona, California, Connecticut, Delaware, Kentucky, Maine, New Hampshire, New Jersey, New York, Rhode Island, Vermont, and Virginia.

The CDC provides [updated 2009 H1N1 vaccine supply and distribution data](#) daily at around 12:00pm on their website.

In addition, the CDC posted a number of new and updated resources on its website, <http://www.cdc.gov/h1n1flu/>. Included are:

Updated: Interim Recommendations for the Use of Antiviral Medications in the Treatment and Prevention of Influenza for the 2009-2010 Season

<http://www.cdc.gov/h1n1flu/recommendations.htm>

2009 H1N1 Flu In The News: Antiviral Drugs

http://www.cdc.gov/h1n1flu/in_the_news/antiviral_drugs.htm

Caring for Someone Sick at Home

<http://www.cdc.gov/h1n1flu/homecare/>

Updated: Q & A 2009 H1N1 Influenza Vaccine

http://www.cdc.gov/h1n1flu/vaccination/public/vaccination_qa_pub.htm

New: Q & A 2009 H1N1 and Seasonal Flu and African American Communities

http://www.cdc.gov/h1n1flu/african_americans_qa.htm

New: Q & A In the News: Deaths related to 2009 H1N1 & American Indians and Alaskan Natives

http://www.cdc.gov/h1n1flu/in_the_news/deaths_american_indians.htm

CDC Estimates of 2009 H1N1 Influenza Cases, Hospitalizations and Deaths in the United States, April – November 14, 2009

http://www.cdc.gov/h1n1flu/estimates_2009_h1n1.htm

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This e-mail newsletter was produced by the Massachusetts Department of Public Health in collaboration with the Massachusetts Medical Society.



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