

MARYLAND
H1N1 (Swine) FLU
RESPONSE

H1N1 Disease & Vaccine in Maryland – Update Part II

A Webcast for
Registered Vaccine Providers
November 5, 2009
E-mail Questions to:
maphtc@jhsph.edu

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Program & Panel Presenters

Welcome and H1N1 Overview: *Frances B. Phillips, RN, MHA
Deputy Secretary for Public Health Services, DHMH*

Surveillance Update: *David Blythe, MD, MPH, State Epidemiologist*

Vaccine Availability, Distribution & Reporting Requirements: *Greg Reed, MPA, Manager DHMH Vaccination Program, Infectious Disease and Environmental Health Administration*

H1N1 Guidance for At-Risk Children: *Aaron Milstone, MD, MHS, Assistant Professor, Department of Pediatrics, Division of Infectious Diseases, Johns Hopkins University School of Medicine*

Moderator: *Peter A. Sybinsky, PhD, Chief of Staff to Deputy Secretary for Public Health Services*

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Webcast Objectives

- To inform registered providers of the current epidemiology of H1N1 in Maryland
- To update providers on vaccine availability, distribution & reporting requirements
- To provide information on H1N1 issues of particular note for at-risk children

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Changing Context for Vaccination Campaign

- Planning completed
- Over 2,000 vaccine providers registered
- Systems of distribution/delivery established
- Public alerted, interested
- Vaccine in production and delivery, although not in quantities projected
- Lower quantities due to unexpected production delays – not problems with vaccine safety or distribution system

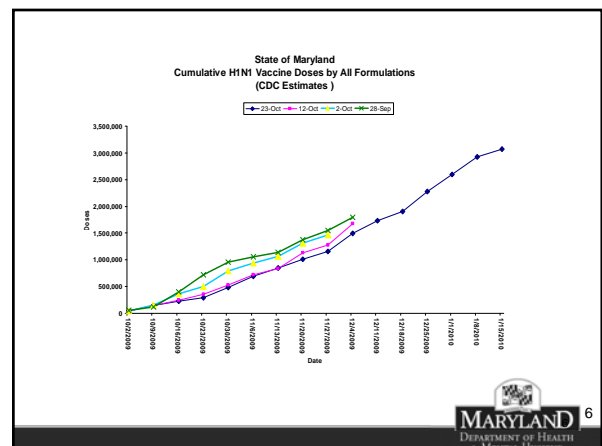
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Vaccination: H1N1 Target Populations

- Pregnant women (78,000)
- Household/caregiver contacts of children <6 mos (80,000)
- Health care & emergency med svcs personnel (187,000)
- Children & young adults from 6 mos -- 24 yrs (1,825,000)
- All persons aged 25 through 64 years who have medical conditions associated with higher risk conditions (800,000)

Total target population in MD is approximately **2,970,000**

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Key Messages

OBJECTIVE: *Ensure that all vaccine, as it is delivered to Maryland providers, is promptly administered to at-risk people*

Providers are asked to:

- Actively promote the availability of the vaccine to target patients and populations
- Carefully prioritize within the target populations to the extent possible.
 - In some cases, available vaccine formulations will be a constraint on prioritization



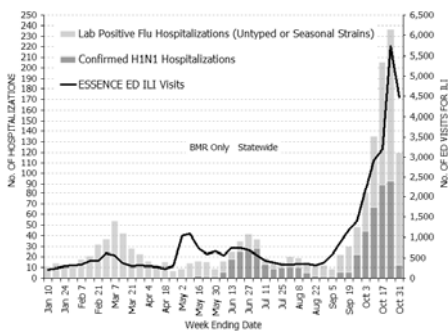
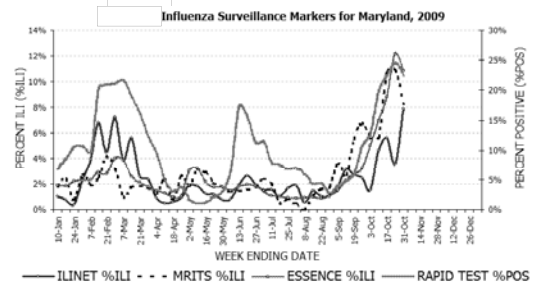
Communications

- DHMH continues communications with vaccine providers through:
 - Emails
 - Website
 - Webcasts
 - Weekly conference call with key stakeholders
- Questions from providers: H1N1Info@dnhm.state.md.us
- Enhanced website: www.flu.maryland.gov
- Flu info line: 1-877-MDFLU4U
- Media campaign on prevention and vaccination

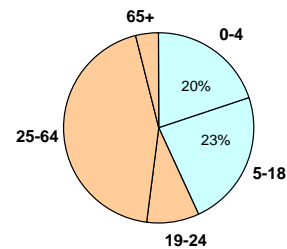


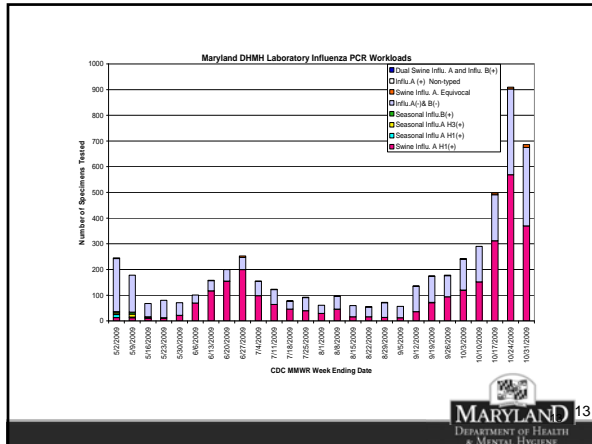
Surveillance

- Overall Activity
 - ILINet Sentinel Providers
 - Internet-based survey of MD residents
 - ED visits
 - Sentinel Clinical Labs
 - Outbreaks
- Severity
 - Hospitalization
 - Death
- Characterization of Virus
 - Subtype and sequence
 - Antiviral resistance



Lab-Confirmed H1N1 Hospitalizations by Age Group, Maryland 2009





Surveillance

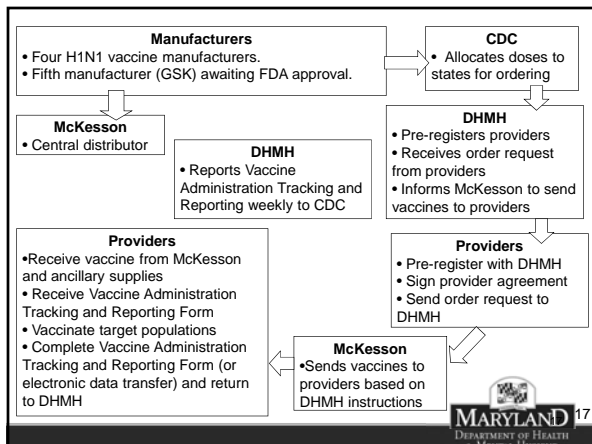
- Widespread distribution of cases, slight decrease recently
- Almost all 2009 H1N1; no resistance yet
- Generally mild – moderate illness
- >500 hospitalizations, 13 deaths
- Disproportionately impacting younger people

H1N1 Vaccination Campaign: Ordering Process

- Pre-registration
- Vaccination Provider verified and issued H1N1 vaccine PIN# by DHMH
- Vaccination Provider completes Provider Agreement on DHMH website
- Vaccination Provider completes Vaccine Order Form on DHMH website
- DHMH orders vaccine as available
 - Prioritize providers serving target populations
 - Prioritize geographically and size of order

H1N1 Vaccination Campaign: Timeline

- Initial orders for MD placed on September 30th
- Daily notification from CDC if additional allocation of vaccine is available to order
- Daily ordering of vaccine and clinical supplies
- Ongoing receipt of vaccine administration tracking reporting forms



H1N1 Vaccine Supply

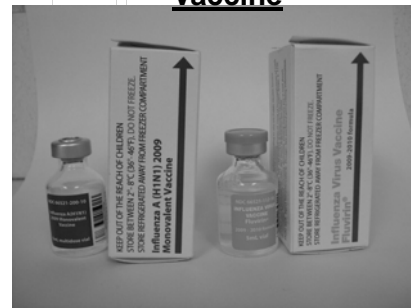
- Vaccine supply remains limited
- CDC daily allocation very fluid
 - 82,600 doses on Monday
 - 5,600 doses on Tuesday
 - 0 doses on Wednesday
- Overall reduction of 49% from original estimates
- Pre-filled syringes (pediatric and adult) especially limited

Reaching Target Groups through Providers

- Pregnant women (OBs, hospitals, CHCs, LHDs)
- Household/caregiver contacts of children <6 mos (pediatricians, primary care providers)
- Health care & emergency med svcs personnel (hospitals, physicians, EMS providers, CHCs)
- Children & young adults from 6 mos -- 24 yrs (pediatricians, LHDs/schools, primary care providers)
- Persons aged 25 -- 64 yrs w medical conditions associated with higher risk (primary care and some specialty providers, hospitals, LHDs)



Attention: 2009 H1N1 v. Seasonal Vaccine



H1N1 Vaccination Campaign: Reporting

- Weekly submission of Vaccine Administration Tracking and Reporting form
- Concerns or questions regarding orders – H1N1Info@dhmh.state.md.us
- Vaccine Adverse Event Reporting System 800-822-7967 www.vaers.hhs.gov



H1N1 Influenza in Pediatrics



- Approximately 70% of hospitalized people have high risk condition
- Who is at high risk?
 - Children < 2 years of age
 - Pregnant women and 2 weeks post-partum
 - Asthma or other lung disease
 - Sickle cell disease (other hematologic)
 - Neurological or neuromuscular conditions affecting lung function
 - Moderate to profound intellectual disability or developmental delay
 - Cardiac, renal, endocrine, hepatic, or metabolic disease
 - Immune suppression, HIV/AIDS
 - Long-term aspirin therapy (<19 yo)



H1N1 Influenza in Pediatrics



- H1N1 vaccine
 - Recommended for:
 - Pregnant women
 - People who live/care for children <6mo
 - Persons age 6 mo – 24 years
 - Healthcare workers
 - Persons age 24-64 yrs with underlying conditions*
- Can be co-administered with seasonal flu



H1N1 Influenza in Pediatrics




- H1N1 vaccine
 - LAIV – live-attenuated intranasal vaccine
 - “Healthy” people, 2-49 yo, non-pregnant
 - Ask about wheezing
 - Can be given to breast-feeding moms and people in close contact of high risk patients (except BMT)
 - Monovalent inactivated vaccine (injectable)




H1N1 Influenza in Pediatrics

- H1N1 vaccine
 - Preliminary study of efficacy after one dose
 - 6-35 mo (25%)
 - 3-9yo (36%)
 - 10-17yo (76%)
 - Will require a booster dose in children <10yo
 - Separate by 28 days
 - Can't give 2 LAIVs together, but LAIV and TIV O.K.
 - Not 100% effective



H1N1 Influenza in Pediatrics

- Whom to treat?
 - Depends on:
 - Patient's risk of complications
 - CDC (updated 10/16/09)
 - All hospitalized patients with H1N1
 - Patients in high risk categories
 - <http://www.cdc.gov/H1N1flu/recommendations.htm>
 - Patients with moderate to severe disease
 - Don't wait for laboratory confirmation
 - Prophylaxis – limited role





Antivirals in Young Children

Table 2. Dosing recommendations for antiviral treatment or chemoprophylaxis of children younger than 1 year using oseltamivir.

Age	Recommended treatment dose for 5 days	Recommended prophylaxis dose for 10 days
Younger than 3 months	12 mg twice daily	Not recommended unless situation judged critical due to limited data on use in this age group.
3-5 months	20 mg twice daily	20 mg once daily
6-11 months	25 mg twice daily	25 mg once daily

- Data from NIH-funded Antiviral Study Group at Alabama
- Children 9 months to 1 year - 3.5 mg/kg/dose BID
- Children < 9 months - 3.0 mg/kg/dose BID.





Thank You

Questions?

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