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

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

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

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

State of Maryland Cumulative H1N1 Vaccine Showing by All Formulations (CDC Estimates)
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@dhmh.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

- 0-4: 20%
- 5-18: 23%
- 19-24: 23%
- 25-64: 20%
- 65+: 0%
**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

- 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 Vaccination Campaign: Reporting

- 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
  - 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)

- Can be co-administered with seasonal flu
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.

<table>
<thead>
<tr>
<th>Age</th>
<th>Recommended treatment dose for 5 days</th>
<th>Recommended prophylactic dose for 10 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>younger than 6 months</td>
<td>32 mg twice daily</td>
<td>Not recommended when duration judged critical due to limited data on use in this age group</td>
</tr>
<tr>
<td>6-11 months</td>
<td>28 mg twice daily</td>
<td>20 mg once daily</td>
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• 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?
Email to: maphtc@jhsph.edu