

Notes from conference call

Subject: H1N1 Update Conference Call

When: Tuesday, October 20, 2009, 11:15 am

Who: **Dr. Nicole Lurie** - Asst for Preparedness and Response,
(HHS) Health and Human Services

Dr. Anne Schuchat - Chief Health Officer,
(CDC) Centers for Disease Control

David Agnew, White House Office of Intergovernmental Affairs, thanked officials from counties or cities for all participating in the conference call, stressing the importance in working together to coordinate operational responses to the H1N1 virus. Staff is working with officials around the country. As a resource, he told participants to use the website www.flu.gov – which is an excellent source offering information and updates. He also thanked Dr. Anne Schuchat and Dr. Nicole Lurie who will discuss situational updates and plans for vaccine distribution. The hour conference call will allow time for questions.

Dr. Anne Schuchat's update:

Deaths are increasing in October for this time of year; 41 states are reporting wide spread flu, influenza like illnesses – up 6.1% (higher than even in normal peak in winter season). So far since April, 86 have died from H1N1 (more deaths for this time of year – flu season usually starts in Fall. H1N1 different from the seasonal flu – all susceptible under 65 years; over 50% hospitalized are under 25 years in age; deaths under 25 years of age represent 23%; those older than 65 represent only 12% of deaths (with the seasonal flu these figures are reversed).

Website flu.gov - Percentages: “More than half of the hospitalizations from 2009 H1N1 flu reported by 27 states from September 1st and October 10th were people age 24 and younger. About 23 percent of the deaths reported from 28 states during this period were in this age group.

In addition, about 90 percent of the hospitalizations and deaths from the 2009 H1N1 flu are in people age 64 and younger. With seasonal flu, we usually see the reverse – 60 percent of the hospitalizations and 90 percent of deaths from seasonal flu are in people age 65 and older.

1. This fall is proving to be better than Spring was – with less disruptions in schools, fewer schools closed;
2. The virus has not changed – still same, so vaccine is still good;
3. Five Priorities groups should receive the vaccine first include: Pregnant women, health care workers, people with chronic health conditions (asthma, arthritis or lupus, diabetes, cancer, HIV/AIDS, and heart or kidney disease may face special medical challenges during flu season), and children from 6 months old to 24 years of age are a priority group, and caregivers for children younger than 6 months of age (to lesson risk to those infants too young to have the vaccine).

4. Vaccination efforts: There are four companies licensed to produce H1N1 vaccine and distribute. Now we are looking at those locations identified as a priority and are beginning to make the vaccines available. Vaccine shots are now available vs. nasal spray. First couple of weeks – looking at priorities – 5 categories and communities in high demand. More vaccine will be available in November. This first couple of weeks is slower in making the vaccines available. Some delays occurred in production – goal was 40 million doses, currently only at 28 million doses.

Dr. Nicole Lurie's update:

- (CDC) Centers for Disease Control – efforts include being primary in surveillance of schools and businesses. Keeping a close eye on health care system – monitoring vaccine programs.
- Hospitals being prepared is a benefit; creative solutions – tents being used for triage to screen patients that might not need testing for H1N1.
- Development plans will help out – geographic areas being watched carefully that might struggle for a couple of weeks if the epidemic picks up in certain communities.
- Coordination occurring across government, monitoring schools and transportation systems.
- Local Health Officers are the primary contact for emergencies as well; with budget cuts, hospitals are strapped; so it is a great benefit for CDC to work together with Local Health Officers in planning vaccination efforts.

She closed by saying they appreciate all the efforts as mayors and government officials participating in the conference call – acknowledging that everyone is overloaded with calls. She suggested that people use their website, and take the self-triage questionnaire to make a decision if you need to seek health care, or simply need to stay home with a common flu, and taking pressure off the health system. Those people with general emergencies need to have access to hospitals, as those that are at risk and/or have H1N1 symptoms.

QUESTIONS TAKEN BY DR. SCHUCHAT: 11:40 AM

There is a certain amount of confusion at local levels as to who should be at the head of the line with receiving vaccines (info needs to be consistent – some were offered to the general public and some only to children). Please clarify.

- Initially the plan lists only 5 priority groups.
- Each state and city Health Departments are enrolling providers for vaccines (i.e. offices, pharmacies, etc) and had to decide how many to send to which venues. Some Cities began with health care workers – some with child care providers (nasal vaccine); some began with schools located with clinics. Now shots are being made available at local health departments for all priority groups –

some differences in different locations. Important that the 5 groups are RESPECTED. Still focusing on priority groups – those that are at risk and providing vaccines where they are comfortable (i.e. doctors offices, fair grounds, etc).

- Seniors 65 and over in past were at risk – not with H1N1 (only seasonal vaccine recommended for seniors). Stay in close contact with your health officers, and in your leadership role - help.

Are military personnel considered at risk?

- Department of defense is in charge of vaccinations.

How fast does the vaccine work?

- Children and adults over 10 years old are receiving only one dose – there is good protection within 8-10 days

Are ports of entry being focused on (i.e. airports)?

- The virus is spreading around the world – ports of entry are not more important than other areas. The virus is beyond containment (found in 160 countries).
- Still stay vigilant – stay home if you are sick.

Please discuss the safety of the vaccine (some conflicting info on safety and testing):

- Vaccine production is being done in the same way as other vaccines and under FDA oversight. Being manufactured by the same companies who produce seasonal flu vaccines. There is a safety track record for seasonal flu vaccines and we are not expecting any problems. We feel confident about the safety of the vaccines; if there are problems, we will be ready.
- Yes, is its **appropriate** to tell public that the vaccine is made in the same way, that this vaccine targets a different virus, are anticipating safety of the new vaccine and will be monitoring its effectiveness closely.

Police Department part of City Government – should emergency medical, first responders receive the vaccine?

- More often Fire Department/EMS are first responders, and most PD officers are not EMS. However, PD personnel may already be in a priority group (i.e. parent with young children, pregnant, under 25 years old, etc).

What are the side effects if any, to having the vaccine?

- Soreness (which happens w. a lot of vaccines). If someone has egg allergies, recommend they NOT get the vaccines (eggs are used in vaccine production).
- In 1976 there were some issues with neurological problems - may have been related to the vaccine – no greater than 1 per million doses. More oversight since 1976 – enhanced to detecting that syndrome (1976).

In Michigan, doctors are not checking for H1N1 – unless they have high fever.

- During Spring when the virus was new, they were testing a lot more people who had the disease. Now, thought is to protect community and health system – by keeping away healthy people (don't have H1N1)– recommending they stay home and rest if you have a fever (several days after fever stops);

- Surveillance system – State is monitoring and reporting when: hospitalizations are occurring (testing those patients); death reporting increases; children who die are tested. They are following the virus and testing in limited ways when data points to problem areas.
- If people are at risk – should get tested.

Is there seasonal flu now?

- No, only a few 1,000 tested – very little seasonal flu’s now.

Is Tamiflu antiviral medication for children available?

- Yes, 300,000 doses of liquid Tamiflu have been distributed to States; pharmacies can also “compound” the medication to treat common flu.

Asked about bacterial infections.

- Having the flu on top of a bacterial infection, like pneumonia, should be taken seriously and action taken quickly.

Asked about venues for vaccines.

- Use the vaccine locators on the website. Sometimes media is used to announce venues.

Southeast Florida region – hospitals are at capacity during regular flu season. With hospitals at capacity – get the word out to the public to choose an appropriate location for treatment without going into the emergency room where other real emergencies are being treated.

- Correct. Variety of action can be taken – develop algorithms or call center where people can discuss symptoms. Also, call your health provider also.
- Need to get this info out so doctors are directing people in the same way. Innovative approaches in hospitals – kids coming in – tent, triage, worry, and or very sick – separate from other types of emergencies. Screened in or out.

If someone has had the flu – should they get the vaccine?

- If they haven’t been tested – might not know what flu virus they had; if you are in a recommended priority group, yes they should get the vaccine.

Is consideration being given to the homeless population; winter shelters will begin to be used soon with Winter coming.

- On a national and local level, communities should reach out to community based organizations that work with these groups – (marginalized people). Engage leadership of these organizations and at local levels – look to your partners/organizations that provide service to these groups.

If your question was not answered – you may Email questions to: hhsiga@hhs.gov