



COMMONWEALTH of VIRGINIA

Department of Health

P O BOX 2448
RICHMOND, VA 23218

KAREN REMLEY, MD, MBA, FAAP
STATE HEALTH COMMISSIONER

TTY 7-1-1 OR
1-800-828-1120

ALERT:

Updated Novel H1N1 Vaccine Information and Treatment Recommendations

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Dear Colleague:

I'm writing you early this week to keep you abreast of several new developments with the novel H1N1 influenza pandemic.

Vaccination

- As a result of manufacturing delays, the amount of novel H1N1 vaccine currently available to Virginia is much less than anticipated. The supply is decreased by 55% this week and 47% next week as compared to original projections. There are and will continue to be delays in vaccine availability.
- These initial shipments are targeted to vaccinating the CDC-designated priority groups.
- VDH is ordering 100% of the amount of vaccine allotted to Virginia by the CDC and does so immediately upon availability. CDC allots the vaccine to each state according to state population (Virginia receives 2.5172% of every allotment). Vaccine continues to arrive in the state on a regular basis.
- To date, 319,400 doses have come to (or are in transit) to Virginia. Of these,
 - 148,510 doses have gone to private sector physicians and hospitals
 - 170,890 doses have gone to local health departments
- Local health department's plans for school-based vaccination efforts have had to be slowed down because of these production delays. Private providers should not delay in vaccinating school age children when the opportunity presents itself.
- Our plan is to get out vaccine, even if it is a relatively small amount, as soon as possible to every hospital and to every private provider likely to serve priority group patients that are registered vaccinators and participating in the Virginia Immunization Information System (VIIS).

Direct Clinical Care

- New guidance from the CDC urges clinicians to provide antiviral medications, when these medications are indicated, in a timely manner (ideally within 48 hours of symptom onset).
- When treatment of influenza is indicated in a patient with suspected influenza, health care providers should initiate empiric antiviral treatment as soon as possible.
- Waiting for laboratory confirmation of influenza to begin treatment with antiviral drugs is not necessary.

- Patients with a negative rapid influenza diagnostic test should be considered for treatment if clinically indicated because a negative rapid influenza test result does not rule out influenza virus infection.
- Antiviral treatment is recommended for symptomatic patients at increased risk for complications from influenza or those with severe disease (ex. requiring hospitalization).
- Examples of those at high risk for complications include individuals with certain underlying medical conditions, pregnant women, children under 2 years of age, and adults over 65.
- Although adults over 65 years of age are less likely than younger individuals to contract novel H1N1, those who do develop influenza remain at increased risk of a poor outcome.
- More information is available at the CDC website at <http://www.cdc.gov/H1N1flu/HAN/101909.htm>

Communication

- Please continue to use and refer the public to our VDH Inquiry Center (1-877-ASK-VDH3) and our website (www.vdh.virginia.gov).

Surveillance

- This week surveillance of patients seeking emergency department and urgent care treatment for suspected influenza reached 14.2%, an all-time high, surpassing the peak of the last two seasonal flu cycles which was 7%.
- Hospitals do not report exceeding surge capacity at this time. However, please be mindful of any steps you can take as a medical professional to decrease the burden on our emergency and other outpatient departments and medical offices.
- The novel H1N1 influenza virus continues to be the dominant influenza virus in circulation in Virginia and the rest of the U.S..

Mitigation

- Efforts continue to be dominated by K-12 school clusters and outbreaks of influenza-like illness.

Thanks to all of you – both those of you who are directly tackling this new flu strain and those who are “holding down the fort” in other arenas of our medical community. I am proud to serve as your state health commissioner.

Sincerely,



Karen Remley, MD, MBA, FAAP
State Health Commissioner