



H1N1 Provider Briefing

Date: October 7, 2009
To: All Healthcare Providers
From: Director of Health, David R. Gifford, MD, MPH
Re: Information on H1N1 in Rhode Island

Local Influenza Activity Level: Regional¹, H1N1 predominant circulating strain
Rhode Island²: 2 hospitalized cases, 0 deaths
National Report³: 16,174 hospitalized cases, 1,379 deaths
Sentinel Surveillance (% of visits due to influenza-like illness)⁴: Rhode Island: 3.1%, New England Region: 1.9%, Nation: 4.6%

HEALTH released a provider briefing this past Monday, October 5. Topics covered included an update on H1N1 vaccine delivery, links to H1N1 Vaccine Information Statements, a reminder that Tamiflu is now available at certain pharmacies for the uninsured, information about vaccinating individuals with egg and latex allergies, and a link to a new CDC triage algorithm for adults with influenza-like illness. To read the full briefing, see <http://www.health.ri.gov/news/H1N1Advisories/Briefings/provider100509.pdf>.

No latex in H1N1 vaccines

Providers should note that there is no latex in any of the H1N1 vaccines or in any components of the final H1N1 vaccine containers distributed in the United States. There is no latex present in FluMist or in any components of the nasal sprayer, but latex gloves may be used in the blend and fill process. While the Fluarix H1N1 vaccine may still contain latex, the United States did not order any Fluarix H1N1 vaccine.

H1N1 vaccine distribution

Over the next eight weeks, the estimated number and types of vaccines to be delivered to Rhode Island will only be sufficient to vaccinate all children from 6 months through 18 years of age and pregnant women (this may vary depending on actual order delivery and community uptake, currently estimated to be 75-80%).

Because supplies of H1N1 vaccine will initially be in small quantities, pediatricians and family physicians will have access to three different presentations of H1N1 vaccines that must be restricted to children 6 months through 5 years of age for at least the next 8 weeks. When supply increases, HEALTH will lift this restriction. A memo was sent out to all Rhode Island pediatricians and family physicians caring for children this week with more information about H1N1 vaccine usage in these practices.

Update on availability of Tamiflu from participating pharmacies for the uninsured

Providers are reminded to indicate "state supply" on the face of prescription scripts in order for uninsured patients to receive one free course of Tamiflu from participating pharmacies. Stop & Shop has distributed supplies of Tamiflu for the uninsured to all of its Rhode Island locations. Rite Aid and CVS pharmacies, however, are experiencing some distribution delays. These pharmacies will have every store in Rhode Island informed and supplied by **Monday, October 12**. Until then, providers should direct patients to Stop & Shop pharmacies to have their prescriptions filled.

¹ Rhode Island reported Regional activity for the week of September 27 to October 3, 2009. Influenza is circulating in 2 regions of the state. For details see <http://www.health.ri.gov/flu/about/surveillance/>.

² Influenza-associated hospitalizations and deaths since September 1, 2009

³ Influenza and pneumonia-associated hospitalizations and deaths from August 30 to September 19, 2009

⁴ Influenza-like illness activity from September 20 to September 26, 2009

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No change in availability of pediatric Tamiflu capsules

HEALTH is not aware of any interruption in the supply chain of pediatric doses of Tamiflu in pill form. 30 and 45 mg Tamiflu capsules should still be available for pharmacies. HEALTH included information in past provider briefings on compounding Tamiflu capsules on-site if commercially manufactured liquid oral suspension formulation is not readily available. For more information on compounding Tamiflu capsules for oral suspension, see <http://www.health.ri.gov/news/H1N1Advisories/Briefings/provider092809.pdf> and <http://www.health.ri.gov/news/H1N1Advisories/Briefings/provider090909.pdf>.

H1N1 KIDSNET Reporting

Doses of H1N1 vaccine administered to individuals younger than 19 years old must be reported to KIDSNET. Provider instructions, H1N1 datasheets, and Vaccine Information Statements (VIS) can be found at <http://pandemic.health.ri.gov/h1n1/resources>.

H1N1 vaccine order/priority group breakdown due Friday 10/9

In order to receive H1N1 vaccine, all H1N1 vaccine providers must complete a vaccine order and priority group breakdown by this **Friday, October 9**. HEALTH will use these estimates to distribute H1N1 vaccine to ACIP-recommended priority groups. After all priority groups have been offered H1N1 vaccine, HEALTH will complete vaccine orders for the remaining population. Vaccine providers must enter a general estimate of the total number of patients to be vaccinated during the 2009-2010 campaign. They will then be asked to break this number down into 10 different priority groups:

1. Pregnant women (all ages)
2. Infants 6 to 24 months of age
3. Children 25 to 59 months of age
4. Household contacts and caregivers of infants younger than 6 months of age
5. School-aged children (K-12)
6. Young adults 19 to 24 years of age
7. Healthcare workers and first responders (This applies only to Healthcare Service Region hospitals, as all healthcare workers and first responders are expected to get vaccinated at HSR clinics.)
8. Adults 25 to 49 years of age (report high risk AND non-high-risk patients separately)
9. Adults 50 to 64 years of age (report high risk AND non-high-risk patients separately)
10. Adults 65+ years of age

Account for each individual **once** when completing the priority group breakdown. The priority lists are organized from highest to lowest. Providers should fill in the information in that order, classifying individuals in their highest eligible priority group.

To complete the order/priority group breakdown, please go to <http://pandemic.health.ri.gov/h1n1/> and click the link for "Vaccine Ordering/Priority Group Breakdown." Providers with questions should contact vaccine@health.ri.gov or call 401-222-8022.

Questions and answers for H1N1 vaccine providers

HEALTH has included a set of frequently asked questions and answers for H1N1 vaccine providers at the end of this briefing. Topics covered include information about the vaccine delivery, scheduling, and dosage requirements.

Resources

- HEALTH at <http://www.health.ri.gov>; <http://www.health.ri.gov/flu/for/providers>
- Archived provider briefings and regular news updates: <http://www.health.ri.gov/news/flu/>
- H1N1 Information Line (M-F 8:30am- 4:30pm) 401-222-8022
- H1N1 email address h1n1@health.ri.gov

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Frequently Asked Questions for H1N1 Vaccine Providers

1. How will the H1N1 vaccine be shipped to us?

In general, the H1N1 vaccine will be shipped directly to your office. Providers will be notified of specific distribution information before their order is shipped.

2. Can we expect a consistent weekly allocation of vaccine?

The Department of Health cannot guarantee a consistent weekly allocation of H1N1 vaccine to providers. We will endeavor to keep participating providers informed as vaccine shipment information becomes available.

3. Can we use our own ancillary vaccine supplies?

Providers may choose to use their own ancillary vaccine supplies. However, ancillary vaccine supplies will also be shipped to providers for use with the H1N1 vaccine.

4. Can we vaccinate patients who live in Massachusetts?

Until further notice, providers may vaccinate children between the ages of 6 months through 5 years of age from Massachusetts or Connecticut. Older children from Massachusetts or Connecticut can access the vaccine from public clinics starting in November, similar to older children in Rhode Island who will receive the vaccine in school-based clinics.

5. Can we vaccinate our office staff?

Until further notice, providers should not vaccinate their office staff. Healthcare workers with direct patient contact will be able to receive the H1N1 vaccine in Healthcare Service Region (HSR) clinics after we have made sure that we have enough vaccine for school-aged children and pregnant women.

6. Should we stop vaccinating patients against seasonal flu once the H1N1 vaccine arrives?

No. The H1N1 vaccine will not protect patients against the other strains that are in the seasonal influenza vaccine, which is also recommended for children 6 months of age through 18 years of age. If a child needs both vaccines:

- Inactivated H1N1 vaccine (injectable) can be administered on the same day as inactivated seasonal influenza vaccine (injectable).
- Live attenuated H1N1 vaccine (nasal spray) can be administered on the same day as inactivated seasonal influenza vaccine (injectable).
- Live attenuated H1N1 vaccine (nasal spray) and live attenuated seasonal influenza vaccine (nasal spray) should NOT be administered at the same visit and should be separated from each other by 4 weeks (28 days).

7. When will school clinics begin?

We expect that school vaccination clinics will begin in November, or possibly earlier, depending on the availability of the vaccine.

8. Where will home-schooled children receive the H1N1 vaccine?

Home-schooled children can receive the H1N1 vaccine at school-based clinics or weekend makeup clinics organized by their school districts.

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9. When will college students receive the H1N1 vaccine?

Clinics for college students, healthcare workers (including your office staff), and other ACIP priority groups will begin after we have made sure that we have enough vaccine for school-aged children and pregnant women. It is estimated that vaccine for the remainder of ACIP priority groups and the general public will be available by early December.

10. How many doses of H1N1 vaccine do children need?

The age for two doses is different for seasonal and H1N1 flu vaccines. Children 6 months through 9 years require two doses of the H1N1 vaccine. The CDC recommends separating these doses by 4 weeks and at least by 28 days. Children 6 months through 8 years require two doses of the seasonal flu vaccine.

11. What is the appropriate interval between doses of live flu vaccines?

According to the CDC's Advisory Committee on Immunization Practices (ACIP), seasonal and H1N1 live attenuated influenza vaccine should not be administered during the same visit. The two vaccines should be separated by at least 4 weeks. However, if both types of vaccine are inadvertently administered during the same visit, or if the interval between the administration of LAIV seasonal and H1N1 vaccine is less than 4 weeks, neither vaccine needs to be repeated. If a child requires two doses of seasonal flu vaccine and two doses of H1N1 vaccine, each dose should be separated by 4 weeks.

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