



District Health Department No. 4

Physician's Update

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Fall 2009

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Vol. 7 No. 3

2009 Novel Influenza A H1N1 Pandemic

As we are all aware, the Influenza Pandemic has arrived in our region. Local outbreaks have involved large percentages of our school age children and have spread rapidly. Just as it has across the nation, the virus has targeted children the most. Almost all influenza activity nationwide, statewide, and locally has been due to the Novel H1N1 strain. Fortunately most illness has resembled seasonal influenza with the children recovering after 4-7 days of a febrile illness. Some though have been ill for up to 2 weeks and a few have been hospitalized. Schools have closed mostly due to the overwhelming numbers of children out sick, ranging from 25-40% absentee rates.

The current wave of illness in our area is expected to last several weeks. In other regions widespread activity has persisted for over 8 weeks. Unknown at this time is if the virus will return for a "third wave" in the spring as past pandemic strains have done. Certainly we will also see seasonal influenza strains start their annual epidemic as well.

Reporting

Report ALL laboratory-confirmed influenza-associated hospitalizations and deaths, including both those due to seasonal influenza strains and 2009 novel influenza A (H1N1), as soon as possible to your local health department.

Testing

Individuals with classic influenza illness do not require any testing. If a rapid test is positive for Influenza A, then it is most likely due to H1N1. If the test is negative but the individual has typical symptoms of influenza, the illness is also most likely due to H1N1 as the sensitivity of the rapid tests are reported as 40-70%. Specific testing by RT-PCR at the State lab is reserved for hospitalized individuals with severe illness and can be arranged through your hospital lab. A testing algorithm is available at the MDCH website

www.michigan.gov/h1n1flu

Treatment

Most healthy persons who develop an illness consistent with uncomplicated influenza do not need to be treated with antiviral medications and will recover without complications. Unless initiated within 48 hours of symptom onset treatment has little benefit in these cases.

Early empiric treatment with oseltamivir or zanamivir is recommended for all persons with suspected or confirmed influenza requiring hospitalization. Prompt empiric outpatient antiviral therapy is also recommended for persons with suspected influenza who have symptoms of lower respiratory tract illness or clinical deterioration regardless of previous health or age. Treatment decisions should be based on clinical judgement without relying on lab results as a negative rapid test does not rule out influenza and confirmatory tests would delay treatment.

Treatment should be considered for persons with suspected or confirmed influenza that are at higher risk for complications, even if not hospitalized. This includes children younger than 2 years old, adults 65 years and older, pregnant women, and persons with medical conditions that increase their risk for complications such as asthma, lung disease, heart disease, neurologic disease, hematologic disorders, or immunosuppression.

Full recommendations for treatment can be found on the CDC website www.cdc.gov/h1n1flu.

Antiviral Medication Strategic National Stockpile (SNS)

The CDC released the SNS last spring and the local health department has dose packs of both oseltamivir and smaller amounts of zanamivir. The SNS medication is intended for use in individuals that are uninsured or underinsured (i.e. a deductible or co-pay that makes the cost of the medication a barrier to treatment). The health department has distributed the medications to some area health centers and hospitals that will fill a prescription at no charge to individuals that request it and are under or uninsured.

2009 Influenza A H1N1 Vaccine

Vaccine supplies are very limited at this time and although we expect continuing shipments of vaccine over the next several weeks and months we initially are offering vaccine to only high priority groups as defined by the CDC.

The first focus of vaccination efforts will be to offer vaccine to pregnant women, people who live with or care for children less than 6 months of age, all children 6 months to 5 years, 5-18 year olds with high risk medical conditions, and health care personnel. As supplies improve we will expand the eligible groups to include all individuals 6 months to 24 years and adults under 65 with medical conditions. I expect that there will eventually be enough vaccine to offer it to everyone who desires it including seniors. Our goal is to offer immunization to our community as quickly as possible but realizing that with limited initial supplies we need to make sure our most vulnerable are first in line.

(over)

Due to the uncertainty of vaccine availability our immunization clinic dates are tentative and will be updated regularly. Information will be released through press releases and updated on our websites. You can go to www.dhd4.org for the latest information on clinic dates and locations and which priority groups are eligible. School based clinics will be rescheduled as supply and time allows.

We will also be facilitating the distribution of vaccine to all area providers who have enrolled to participate. Some area providers have received a small amount of vaccine at this time and as supplies improve we should begin to see all orders filled over the next several weeks (although it may take longer than any of us would prefer so patience will be necessary). Certainly area providers are crucial members of the pandemic response and all of your efforts in this regard are appreciated.

Remember that for the H1N1 Vaccine all children under 10 years of age should receive 2 doses 4 weeks apart. Doses of seasonal vaccine and H1N1 vaccine can be given together or at any interval except for the two Nasal LAIV formulations which must be separated from each other by 4 weeks.

For updated clinic schedules, resources for clinicians and patients, and other relevant information, please visit www.dhd4.org or www.cdc.gov/h1n1flu.

Communicable Diseases Year-to-Date 2009

Disease	Alpena	Cheboygan	Montmorency	Presque Isle	Total
AIDS, Aggregate	1	0	0	0	1
Campylobacter	3	4	0	0	7
Cryptosporidiosis	5	0	1	0	6
Giardiasis	3	0	1	0	4
Salmonellosis	4	4	1	0	9
Shiga toxin, E. Coli, Unsp	2	0	1	0	3
Yersinia enteritis	0	1	0	1	2
Streptococcus pneumoniae, Inv	0	1	0	2	3
Blastomycosis	1	1	1	0	3
Cryptococcosis	1	1	1	0	3
Flu Like Disease*	1677	1085	116	40	2918
Head Lice	33	11	9	3	56
Influenza	0	4	0	0	4
Influenza, 2009 Novel	0	1	1	0	2
Strep Throat	52	35	14	9	110
Streptococcal Dis, Inv, Grp A	0	0	0	1	1
Animal Bite	0	1	0	0	1
Rabies Animal	0	1	0	0	1
Chlamydia (Genital)	16	25	2	9	52
Gonorrhea	4	2	0	0	6
Chickenpox (Varicella)	2	0	3	0	5
Pertussis	0	0	1	0	1
Shingles	2	0	0	0	2
VZ Infection, Unspecified	0	0	1	0	1
Ehrlichiosis, Ehrlichia chaffeensis	0	1	0	0	1
Lyme Disease	1	0	0	0	1
Hepatitis A	1	0	0	0	1
Hepatitis B, Chronic	2	0	1	1	4
Hepatitis C, Acute	1	4	2	1	8
Hepatitis C, Chronic	26	12	4	7	49
Total	1837	1194	160	74	3265

To report a Communicable Disease to the Health Department:

ALPENNA COUNTY
Phone: 989 356-4507
Fax: 989 354-0855

CHEBOYGAN COUNTY
Phone: 231 627-8850
Fax: 231 627-9466

MONTMORENCY COUNTY
Phone: 989 785-4428
Fax: 989 785-2217

PRESQUE ISLE
Phone: 989 734-4723
Fax: 989 734-3866

