H1N1 Update: 12/11/09

Flu Activity Update. For the week ending 12/04/09, the CDC reported the continuation of a trend of decreased doctors' visits for ILI (influenza-like illnesses) over the past few weeks. Fewer states nationwide are reporting widespread flu activity. Hospitalizations related to influenza were also decreased, though were still higher than expected for the time of year. Hospitalization rates were highest in children 0-4 years of age. Per the CDC, almost all influenza virus identified continues to be 2009 H1N1 and similar to the virus in the H1N1 vaccine available. Most of the identified viruses are susceptible to oseltamivir (Tamiflu) and zanamivir.

In Maryland, flu activity was downgraded from widespread to local activity, following a downward trend in indicators over the past several weeks. H1N1 continues to be the predominant influenza strain. As of 11/24/09, the most recent information available, indicated there have been 35 influenza-related deaths in Maryland (5 in patients under 17 years of age). In addition, Maryland reported two cases of Tamiflu-resistant H1N1 influenza. Both patients were reported to be immunosuppressed, which is considered to be a risk factor for antiviral resistance; and both recovered from influenza. (http://dhmh.maryland.gov/swineflu/pressreleases/120209.html)

Updated Treatment Guidelines. The CDC published updated treatment guidelines on 12/8/09. The most recent guidelines provide additional guidance on clinical decisions regarding use of antiviral treatment, including treatment of patients with mild or uncomplicated illness. The guidelines identify patients at increased risk of complications from influenza, including children less than 2 years of age, adults age 65 years or greater, women who are pregnant or within two weeks postpartum, and those with high risk medical conditions, such as lung disease.

In addition, the guidelines outline use of peramivir, a neuraminidase inhibitor formulated for IV administration. While peramivir is undergoing clinical trials, the FDA issued an Emergency Use Authorization (EUA) for its use in hospitalized patients with H1N1 2009 with potentially life threatening suspected or lab confirmed infection. Prescribing health care providers need to request peramivir directly from the CDC.

Please review the updates at: http://www.cdc.gov/h1n1flu/recommendations.htm#e, Updated Interim Recommendations for the Use of Antiviral Medications in the Treatment and Prevention of Influenza for the 2009-2010 season.

Vaccine Administration and Spacing. For information regarding spacing of influenza vaccinations, refer to the charts on the CDC website. This useful table provides information both about spacing of seasonal and H1N1 vaccine administration, as well as administration with other vaccines. For example, inactivated H1N1 vaccine and inactivated seasonal influenza vaccine may be administered on the same day and any interval between these vaccines is acceptable. However, it is not recommended that both the LAIV (live attenuated intranasal vaccine) of H1N1 and seasonal influenza be administered at the same visit; a 28 day interval is advised. In addition, one live (LAIV) and one inactivated (i.e., injectable) vaccine may be given at the same visit.

2009 H1N1 LAIV and seasonal influenza LAIV are recommended for use in healthy people 2 years to 49 years of age who are not pregnant. LAIV is not recommended for those with weakened immune systems or chronic medical conditions. Refer to the CDC website for full information on indications.
http://www.cdc.gov/H1N1flu/vaccination/dosespacing_admin.html

Vaccine Safety. Many agencies are using multiple systems to monitor H1N1 vaccine safety. CDC review of reports from the U.S. VAERS (Vaccine Adverse Event Reporting System) showed no concerning safety signals (i.e., new, unexpected, or rare adverse events), according to a recent report. No substantial differences between H1N1 and seasonal influenza vaccines were noted in the proportion or types of adverse events reported. Health care providers and the public are encouraged to report adverse health events that occur after vaccination. The full report on H1N1 vaccine safety is available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm58e1204a1.htm

Thimerosal in Vaccines. For those concerned about avoiding vaccine that contains thimerosal, only the multi-dose vials of influenza vaccine contain thimerosal as a preservative. Single dose units of vaccine and LAIV do not contain thimerosal. Thimerosal used as a preservative in vaccines is considered to be safe by federal agencies (FDA, CDC, NIH) and the scientific community at large.
http://www.cdc.gov/h1n1flu/vaccination/thimerosal_qa.htm

Vaccine Supply. More H1N1 vaccine is becoming available, and with this increased vaccine supply, the state of Maryland will be expanding distribution of vaccine to the general public in addition to the original high risk target groups. Persons attempting to locate vaccine should contact their local health department, or may use the Flu vaccine locators available online at the Maryland and CDC websites.

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