



SITUATION REPORT • MASSACHUSETTS H1N1 RESPONSE

WEEK ENDING - 9/11/09

Epidemiology, Surveillance and Laboratory

New information since last update: H1N1 influenza

As of September 9, 2009, 1,400 confirmed cases of H1N1 have been reported throughout Massachusetts. As of September 3, there have been 9,079 hospitalized cases of H1N1 nationally, with 593¹ deaths.

Table 1. Confirmed H1N1 cases in MA, as of 9/9/09

	Age Group (N)	Age group (%)	Female (%)	Pregnant (N)	Hospitalized (N)	Hospitalized (%)	Deaths (N)
0-4 years	200	14.3	38.5	0	37	18.5	0
5-11 years	326	23.3	39.9	0	28	8.6	0
12-18 years	354	25.3	48.6	6	21	5.9	1
19-25 years	136	9.7	64.7	18	19	14.0	2
26-44 years	223	15.9	68.6	27	25	11.2	3
45-64 years	141	10.1	63.1	0	34	24.1	4
65+ years	17	1.2	70.6	0	10	58.8	1
Unknown	3	0.2	33.3	0	0	0	0
TOTAL	1400	N/A	51.6	51	174	12.4	11

As shown in Table 1 above, school-aged individuals (5-18 years) have been primarily affected by H1N1, with 63% of cases aged 18 or younger. The median age of cases is 14 and cases have ranged in age from 0 to 84 years. To date, males and females have been equally impacted by H1N1. Overall, 174 cases have been hospitalized (12.4%), which is similar to the national hospitalization rate of 11% as of July 10. In Massachusetts, 11 confirmed H1N1 cases have died. Of the 11 deaths, 8 had underlying conditions. Please note that the number of confirmed cases does not reflect the overall incidence of H1N1 flu because the majority of cases are not tested and are therefore not confirmed (this is true for seasonal flu as well).

Sentinel Provider Surveillance: Influenza-like illness activity

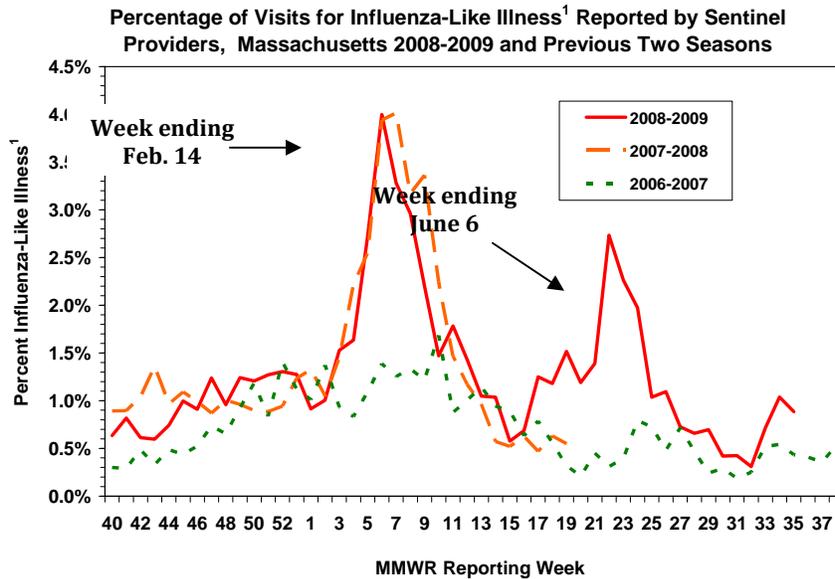
Provider offices across MA report the amount of influenza-like illness (ILI) they see in their patients each week during regular flu season. These doctors' offices are called "sentinel sites." Given the unusual occurrence of influenza activity at this time of year, providers throughout the country are continuing to report to their state health departments. Please note that the data do not represent confirmed H1N1 cases, only those with ILI.

ILI is defined as fever above 100.0² in addition to either cough or sore throat. ILI is a marker of influenza and is used throughout the regular influenza season to monitor influenza since most people are not tested for influenza. Figure 1 indicates that after rising to high levels due to circulating novel H1N1, ILI appears to have returned to normal inter-seasonal levels.

¹ <http://www.cdc.gov/h1n1flu/update.htm>

² Per CDC definition for influenza-like illness: <http://www.cdc.gov/h1n1flu/casedef.htm>

Figure 1: Percentage of ILI visits reported by sentinel provider sites

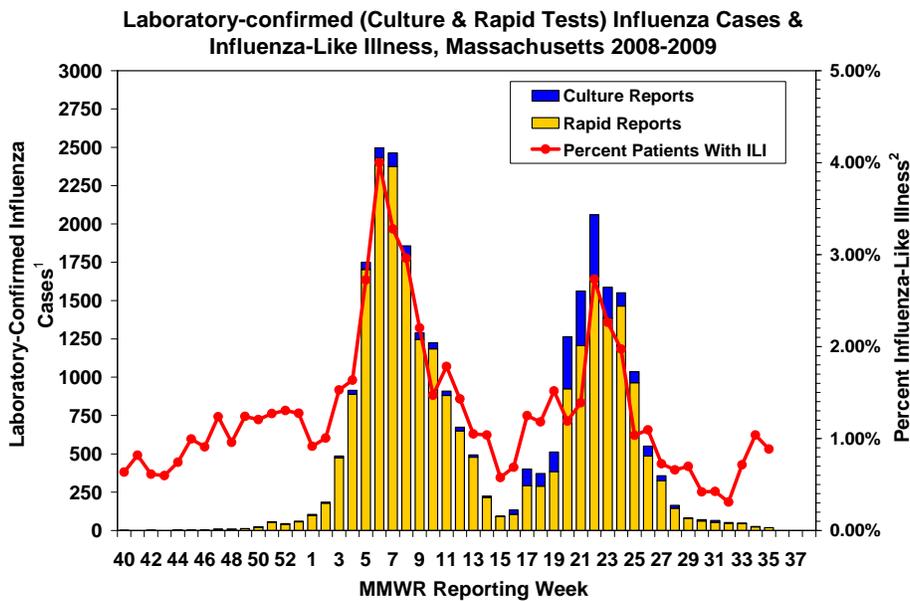


¹Influenza-like illness (ILI, defined as fever >100°F and cough and/or sore throat), as reported by Massachusetts sentinel surveillance sites by CDC week date.

Laboratory testing for influenza

The William A. Hinton State Laboratory Institute has been doing confirmatory testing of H1N1 since mid-April, which is typically the late part of the influenza season. The number of ‘confirmed’ cases does not reflect the overall incidence of H1N1 or seasonal flu because the majority of cases are not tested. The figure below reflects current laboratory data reflective of all laboratory tests performed by both provider offices and the William A. Hinton State Laboratory Institute. In the next weekly report, influenza positive test results reflecting antigenic characterization (typing) by the William A. Hinton State Laboratory Institute will be presented.

Figure 2: Laboratory-confirmed (Culture & Rapid Tests) Influenza Cases & Influenza-Like Illness, Massachusetts 2008-2009



1. Influenza cases confirmed via viral culture or rapid test by specimen collection date.
2. Influenza-like illness (ILI, defined as fever >100°F and cough and/or sore throat), as reported by Massachusetts sentinel surveillance sites by CDC week date.

Update: Influenza Activity: United States, April-August 2009

MMWR. Early Release. Vol. 58 / September 10, 2009 <http://www.cdc.gov/mmwr/pdf/wk/mm58e0910.pdf>

By August, the cumulative number of 2009 pandemic influenza A (H1N1) virus infections in the United States was estimated to be at least 1 million. Pandemic H1N1 activity peaked in the United States during May and June and declined during July and early August. However, during the last 2 weeks of August, activity increased in certain areas of the United States. These recent increases might signal an early start to the 2009–10 influenza season, with pandemic H1N1 influenza viruses predominating at least initially. *MMWR. Early Release. Vol. 58 / September 10, 2009*

The Epidemiologists at the Hinton State Laboratory received 54 calls last week which is down from 65 calls the previous week.

Vaccination

On-Line Registration with the MDPH H1N1 Vaccine Program – Live September 8, 2009

In order to facilitate allocation of H1N1 vaccine to providers in Massachusetts, MDPH has developed an on-line system to register all public and private provider sites interested in receiving and administering novel H1N1 vaccine. Types of provider sites who should enroll include: private providers, hospitals, local health departments, regional public health coalitions, visiting nurses associations, clinics, pharmacists, occupational and employee health, and commercial community vaccinators. This web site went live as of September 8th and accessible at www.mass.gov/dph/h1n1registration. *As of Friday morning (Sept. 11th) 670 provider sites have registered.*

- **Registration with the MDPH H1N1 Vaccine Program is necessary but, it does not guarantee that a site will receive vaccine. Vaccine shipments will be determined by the quantity that Massachusetts receives from the federal government and the federal guidance regarding prioritization of certain populations. However MDPH will do its best to work with all registrants.**
- **Registration does constitute a willingness to accept and administer H1N1 vaccine following federal and state requirements.**
- **All providers interested in receiving H1N1 vaccine should register at www.mass.gov/dph/h1n1registration no later than October 9, 2009.**

Key Points On Vaccine Registration

- Registration is for practices or facilities. Individual providers should register in association with or on behalf of their facility or practice site.
- Providers already enrolled in the MDPH Immunization Program receiving state-supplied seasonal influenza and/or other vaccines, must also register through this system.
- Sites that currently receive state-supplied vaccine for associated provider sites and clinics within their network or who intend to coordinate **both** H1N1 vaccine allocation and distribution for associated sites should register as a single entity.
- We encourage local municipalities or regions to identify a single entity to coordinate vaccine allocation and distribution responsibilities for public H1N1 vaccination clinics, including those sponsored by or located at local health departments, schools and Emergency Dispensing Sites (EDS) in their community.
- We also ask those pharmacies, businesses and other retail establishments interested in providing H1N1 vaccine to please work through your corporate offices for registration as a single corporate entity.
- If you do enroll your network or organization through a single, central vaccine receiving site please keep in mind that you will be responsible for:
 - Receiving, storing, allocating, and distributing H1N1 vaccine and federally-provided supplies to sites within your network.

- Report vaccine usage by age group on a weekly basis in aggregate for all sites in your network.
- All other provider sites should register individually.
- MDPH will attempt to deliver vaccine directly to as many registered sites as possible. However, if the number of registered sites exceeds the limit set by the national distributor, we will contact you and link you to a local or regional distributor.

A PDF version of the on-line registration is available at www.mass.gov/dph/h1n1registration to print out in order to collect all the necessary information needed to complete the registration process.

H1N1 Vaccine Formulation

We expect that there will be five different formulations of H1N1 vaccine, approved for different age and risk groups, including inactivated injectable and live, attenuated nasal spray formulations, similar to seasonal influenza vaccines. Information from provider site registration, together with information from CDC about the number of doses of the different formulations in each shipment, will be used to ensure that H1N1 vaccine is allocated equitably across the state and to provider sites that can most quickly reach the target groups for vaccination. For more information on the target groups for H1N1 vaccine, go to: <http://www.cdc.gov/h1n1flu/vaccination/acip.htm>.

Help Desk and Additional Resources

MDPH has established a dedicated helpdesk for the H1N1 Vaccine Registration process. Any questions related to accessing the website, the enrollment process, or general questions about the allocation and distribution process can be directed to this help desk either by phone (888) 578-5585 or email (MDPHH1N1Registration@state.ma.us).

Additional resources including information on vaccine storage and handling, standing orders, and protocols for immunization clinics can be found at <http://www.mass.gov/dph/imm>.

The Immunization Action Coalition (IAC) has developed influenza screening forms, which have been reviewed by CDC and which can be used for both seasonal and pandemic H1N1 influenza vaccination:

1. IAC's "Screening Questionnaire for Injectable Influenza Vaccination," all references to "TIV" (trivalent influenza vaccine) were changed to "inactivated injectable influenza vaccine." This piece can now be used for screening for both seasonal and H1N1 vaccination. To access the revised "Screening Questionnaire for Injectable Influenza Vaccination," go to: <http://www.immunize.org/catg.d/p4066.pdf>
2. IAC's "Screening Questionnaire for Intranasal Influenza Vaccination" was revised to include information about use of seasonal influenza and H1N1 influenza live vaccines on the second page (i.e., the two live influenza vaccines should not be given together; if only live influenza vaccines are available, they should be separated by 4 weeks. This piece can now be used for screening for both seasonal and H1N1 vaccination. To access the revised "Screening Questionnaire for Intranasal Influenza Vaccination," go to: <http://www.immunize.org/catg.d/p4067.pdf>

Treatment-Related
(health care utilization, coordination with hospitals and providers)

Antiviral Update:

The Centers for Disease Control and Prevention (CDC) has released updated recommendations regarding the use of antiviral medications. To read the complete guidance, please see <http://www.cdc.gov/h1n1flu/recommendations.htm>.

Antiviral treatment is most effective when initiated within 48 hours of illness onset. To reduce delays in the initiation of treatment, healthcare providers should:

- Inform patients at high risk for influenza complications of the signs and symptoms of influenza and the importance of seeking early treatment if they experience these symptoms.
- Ensure rapid access to phone consultation and clinical evaluation for high-risk patients and patients reporting severe illness.
- Consider treating high-risk patients based on telephone contact, if hospitalization is not indicated and if doing so would substantially reduce the delay in treatment initiation

Roche released a letter on September 4, 2009 stating that supplies of **Tamiflu for Oral Suspension as well as Tamiflu 30mg and 45mg capsules are currently limited**. Additional 30mg and 45mg capsules will be available in late September, while additional supplies for oral suspension will be made available in November or December. For patients who cannot swallow capsules, the 75mg capsules can be opened and the contents mixed with food for immediate administration. Roche has prioritized the 75mg capsules for production. If suspension is deemed the most appropriate dosage form, pharmacists may compound a suspension from 75mg capsules using either cherry syrup (Humco) or Ora-Sweet SF (sugar-free). Instructions for pharmacists can be found on the Roche Tamiflu website, <http://www.tamiflu.com/hcp/dosing/extprep.aspx>.

Public Information

This week, the DPH Communications Office began an H1N1 communications campaign with 3 main objectives:

- Vaccination – encourage everyone to get a seasonal flu shot, and an H1N1 flu shot especially if they are considered high-risk
- Prevention – increase behaviors that prevent the spread of flu such as hand washing and covering your cough/sneeze
- Mitigation – encourage people to stay home when sick and to keep their kids home when sick.

The campaign involves messages in a variety of languages, through multiple channels and across several media markets. The channels of communication for the campaign include:

- Press: Media relations will continue to form the backbone of our communications response. In addition to regular briefings, we will proactively support our response by pitching relevant stories to support our messages around vaccination, prevention and mitigation.
- TV: We partnered with Channel 5 (WCVB-TV) on a live television show which aired September 10th at 7:00 PM. Host Heather Unruh led a discussion with Dr. Lauren Smith, DPH Medical Director and Dr. Richard Besser, National Health Correspondent for ABC News, which answered basic questions about H1N1. In addition to this live broadcast, we will be taping a 30 minute H1N1 informational program that will be carried on Comcast cable systems statewide as an “OnDemand” feature. The program will also be made available as a local cable access program statewide. We will also be placing a series of public service announcements on Boston and Springfield-area TV and cable stations, including a Spanish language station. The initial PSA can be viewed [here](#); with additional PSA’s on other H1N1-related topics to come.
- Print: Informational ads/PSA’s will be placed in the Boston Metro, as well as in Spanish, Portuguese Chinese, Vietnamese, and Haitian Creole language newspapers. The print campaign will also include display advertising on mass transit on the 5 major transit authorities in the state.

- Radio: Paid ads and public service announcements in multiple languages will be distributed to stations throughout Massachusetts. Particular attention will be paid to utilizing ethnic radio outlets.
- Social Networking: A variety of social media will be utilized including podcasts, You Tube videos, Facebook, Twitter and the [DPH blog](#).

The campaign will continue throughout flu season.

MA211 received a total of 50 calls last week, which is up from 43 calls the previous week.

Most callers were inquiring about:

- Vaccine availability (confusion about seasonal vs. H1N1)
- Some employers wanting to know about setting up vaccine site at work
- School nurses requesting specifics about vaccine availability
- Some symptom questions as well as an occasional travel question

Updates to Policies and Guidance Documents

Our website, www.mass.gov/flu, has undergone a major revision in an attempt to make the volume of information posted there more manageable. We updated numerous materials from the spring and are continuing to add new resources daily. New DPH materials added this week include a newly revised [H1N1 fact sheet](#), a newly revised [Flu Symptoms Checklist](#), a new [Frequently Asked Questions on Seasonal and H1N1 Flu](#), a new [Frequently Asked Questions on Vaccine Safety](#), an updated [Welcome Letter from Commissioner Auerbach](#), and an updated behavioral health fact sheet on [Coping with Stress Caused by H1N1](#). Please note that additional translated versions of many of these documents will be posted as they become available. Lastly, the website now includes a link where health care professionals can register online to receive and administer the H1N1 vaccine. You can find it at <http://www.mass.gov/dph/h1n1registration>.