

Public Health Notes

Kalamazoo County Health and Community Services
Department * Health Services Bureau
Disease Surveillance Program

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BOOKMARK US: www.kalcounty.com/hcs/phnotes.htm

Novel H1N1 Influenza: MDCH Status Update for Clinicians

Influenza surveillance indicates that hospitals continue to experience increased influenza-like illness activities in emergency departments and some intensive care units. Therefore, the following information should assist with patient management:

- ✓ Test Early
- ✓ Treat Early
- ✓ Rapid influenza testing has limitations *

Testing: Clinicians desiring testing of a severely ill adult or child (such as those in ICUs), unusual cases, unclear cases, or outbreaks, should have specimens sent directly to the Michigan Department of Community Health, Bureau of Laboratory, for PCR testing.

The clinician will **not** be required to "get approval" from the local health department; however, physicians may need the assistance of local health departments in submitting the specimens for testing, as is often the case with seasonal flu.

Treatment: Clinical judgment should always dictate initiation of treatment pending confirmatory laboratory testing.

Early antiviral treatment is recommended for those with at-risk conditions, those presenting with severe illness, or based on clinical judgment.

Rapid Tests: Rapid tests are not a good "rule-out." A negative rapid test does **not** mean the patient is negative for Novel Influenza A H1N1 Virus.

CDC Website: Continue to monitor the Centers for Disease Control and Prevention for up-to-date guidelines and reference materials:

www.cdc.gov/h1n1flu/clinicians/

Questions should be directed to the Michigan Department of Community Health, Bureau of Epidemiology, at 517-335-8165 or at swineflu@michigan.gov

* Laboratory testing information is available at www.cdc.gov/h1n1flu/lab/



H1N1 Flu – The KCHCS Take

The U.S., including Michigan, is experiencing continued transmission of H1N1. On Thursday, June 11, 2009, the World Health Organization increased the pandemic level to Phase 6 due to the worldwide spread of novel H1N1 influenza.

There are several persistent flu viruses. H1N1 is the dominant strain being seen right now. Data collected thus far indicate that the H1N1 virus is similar to seasonal influenza. It is thought to spread from person to person primarily through respiratory droplets when an infected person coughs or sneezes near a susceptible person. All respiratory secretions and bodily fluids of cases should be considered infectious. The incubation period is unknown, but is estimated to range from 1-7 days, with 1-4 days most common. Infected persons should be assumed to be contagious from one day prior to illness onset to 7 days following illness onset.

Cases with uncomplicated, confirmed H1N1 influenza have experienced fever, chills, headache, upper respiratory symptoms, myalgias, arthralgias, fatigue, vomiting, or diarrhea. In New York City, 95% of patients with novel influenza met the case definition for influenza-like illness (subjective fever plus cough and/or sore throat) ("Swine-Origin Influenza A (H1N1) Virus Infections in a School" –New York City, April 2009).

Complications have been similar to seasonal influenza; mainly, exacerbation of underlying chronic medical conditions. Groups at higher risk for complications include:

- Children less than 5 years old
- Persons aged 65 years or older
- Children and adolescents (less than 18 years) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye's Syndrome after influenza virus infection

- Pregnant women
- Adults and children who have chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic disorders
- Adults and children who are immuno-compromised
- Residents of nursing homes and other chronic-care facilities

The CDC recommends that persons at higher risk of complications or who require hospitalization be treated with an antiviral. H1N1 virus is susceptible to both oseltamivir and zanamivir. It is resistant to amantadine and rimantadine. Treatment is most effective when begun within 48 hours of symptom onset, but may be given later. If bacterial co-infection is suspected, antibacterials should be directed at likely pathogens (e.g., *S. pneumoniae*, *S. aureus*).

There is no longer a surveillance need for confirmatory testing. Michigan Department of Community Health will continue to do confirmatory testing for deaths, cases with serious illness, or cases and outbreaks in facilities.

Lynne Norman, RN
Disease Surveillance



The VFC Program

The Vaccines for Children Program (VFC) is a federally-funded program that provides free vaccines to qualified children from birth to 18 years of age. Children who qualify fall into the following categories:

1. Medicaid
2. No insurance
3. Underinsured (have insurance that does not cover vaccines)
4. Alaskan Native
5. American Indian

Due to the severity of Michigan's ongoing economic downturn, many families' health insurance has changed or they may have no insurance for the first time. These families may be unaware that there is assistance available for getting their child fully vaccinated.

If you are a VFC provider, continue to screen for immunization coverage on your clients. You may have clients who now qualify for VFC vaccines that did not before. Clients who are behind in their vaccines may not be coming in because they can't afford the cost of an office visit and are unaware of the VFC Program.

If you currently are not a VFC provider and have a family who needs immunizations and qualifies for the VFC vaccine, you can direct them to call the

Kalamazoo County Health and Community Services Immunization Clinic, 3299 Gull Road, for an appointment. The number is 269-373-5203.

The most a client will be charged per shot is \$10. Depending on their income, the client may qualify for free vaccines.

A medical provider can become a VFC provider through your local health department. VFC providers must meet the program requirements and also have internet access.

If you have any questions regarding the VFC Program, please call Dawn at 373-5242 or Roxanne at 373-5238.

Roxanne Ellis, RN
Immunization Action Program



IMPORTANT CHANGE! KCHCS Imms & STD Clinics are Now Scheduling Appointments

Kalamazoo County HCS Immunization and STD Clinics are now serving clients by appointment during posted hours. When referring anyone to our clinics, be sure to advise them to call to arrange a time:

269-373-5203

Our clinic hours are:

- Monday, Tuesday, Wednesday, and Friday: 9:00am-4:00pm
- Thursday: 10:00am-6:00pm

Urgent appointments will be worked into the schedule as possible. Priority will be given to clients who are diagnosed with an STD and need treatment.

We will make every effort to accommodate walk-in customers when practicable, but cannot guarantee availability of time or resources to anyone without a scheduled appointment.

Julie Beeching, RN
Immunization/STD Clinic

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Kalamazoo County Health and Community Services Department programs are open to all without regard to race, color, national origin, sex, or disability.