

possibility of resistant virus if a patient with H1N1 is not having the expected response to oseltamivir. Samples can be sent directly to the CDC for sequencing if resistance to neuraminidase inhibitors is suspected by contacting eoelaboratory@cdc.gov for the necessary forms. This pyrosequencing for resistance testing is not performed by NH PHL, but providers are encouraged to call NH DHHS when they send a sample for testing to the CDC.

- C) **Antivirals:** For outpatients with influenza like illness who meet treatment criteria but lack insurance or the means to pay for oseltamivir or zanamivir, prescribers have the option of writing “from state cache” on the prescription. This will give patients access to the supply that is being provided from our antiviral stock. Hospitals and community health centers will primarily provide antivirals for their patients but retail pharmacy locations will serve all patients who meet the above criteria. (See addendum #1 for a list of Hannaford locations and contact numbers.)

Additional sites may be added to the antiviral distribution network and updates will be provided as necessary.

- D) **Vaccination:** We are pleased to announce vaccine availability for the following phase III populations (see attached addendum #2 - updated vaccine algorithm):

- all healthy people from age 5-24
- ages 25-64 with underlying medical conditions

Healthcare workers without direct patient contact will be offered vaccine in several weeks time, followed shortly by the general public.

The following groups remain eligible for H1N1 vaccination:

- Children 6 mo-5 years old
- Pregnant women and their partners
- Persons caring for or living with infants <6 months old
- Healthcare workers with direct patient contact

Vaccine Supply

- 72 million doses of H1N1 vaccine had been produced as of 12/4 (of which 260,000 had been shipped to New Hampshire)
- 105 million doses of seasonal influenza vaccine produced by 11/27

Vaccine Safety

The CDC has published a new MMWR (12/4/09) outlining the safety of H1N1 vaccines with a summary of data from VAERS, the online reporting system. It shows that 94.6% of the reported events were nonserious and the serious adverse event report rate was 4.4 per one million doses distributed. Of the 12 reports of Guillain-Barre syndrome (GBS), four were confirmed after chart review, four did not meet criteria for GBS and four remain under review. The CDC is encouraged by the infrequent reports of GBS (much lower than expected) and continues to monitor carefully for cases. There were similar numbers of serious adverse events reported for H1N1 and seasonal influenza vaccines. For more information, see the report at the following link:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm58e1204a1.htm>

Pneumococcal Vaccine: Providers are reminded to assess their patients for need of pneumococcal vaccine this season to help protect against pneumococcal disease and bacterial superinfection. Adults and children from 2-64 with underlying medical conditions meet criteria for PPSV vaccination, as well as adults 65 and older. Infants should receive PCV7 with their routine childhood vaccines starting at 2 months of age (see additional recommended groups at the CDC website listed below.)

<http://www.cdc.gov/vaccines/vpd-vac/pneumo/default.htm>

E) Infection Control:

1. **Peripartum ILI Recommendations:** The CDC has slightly changed guidelines for management of pregnant women in labor with ILI. Refer to the updated wording at <http://www.cdc.gov/h1n1flu/guidance/obstetric.htm>.
2. **Precautions for Inpatients with ILI:** Ideally, droplet isolation precautions for inpatients with influenza symptoms should be continued for 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer. Shedding of influenza viruses generally diminishes over the course of 7 days, with transmission apparently correlating with fever. Given this, if isolation resources (e.g. private rooms) become limited, these resources can be prioritized for patients who are earlier in the course of illness. Facilities may choose to continue isolation precautions for longer periods of time for certain patients with prolonged viral shedding, such as young children or severely immunocompromised patients.

F) Addenda

1. **NH Antiviral Distribution Network – Hannaford Locations**
2. **NH DHHS H1N1 Vaccine Algorithm**
3. **Vaccine Administration Table**

Definitions

A **confirmed case** of H1N1 infection is defined as a person with an ILI with laboratory confirmed novel influenza A (H1N1) virus infection by one or more of the following tests:

1. real-time RT-PCR
2. viral culture

A **probable case** of H1N1 infection is defined as a person with ILI who is

- positive for influenza A, but negative for human H1 and H3 by influenza RT-PCR

Incubation period for H1N1 influenza virus infection is 1 to 7 days

Infectious period for H1N1 is defined as 1 day prior to the case's illness onset to 24 hours after fever resolution, without the use of antipyretics. Viral shedding may continue at lower levels after fever has resolved (especially in children).

For questions or comments regarding the contents of this message, please contact NH DHHS Communicable Disease Control and Surveillance Section at 603-271-4496 (after hours 1-800-852-3345).

Addendum 1: NH Antiviral Distribution Network – Hannaford

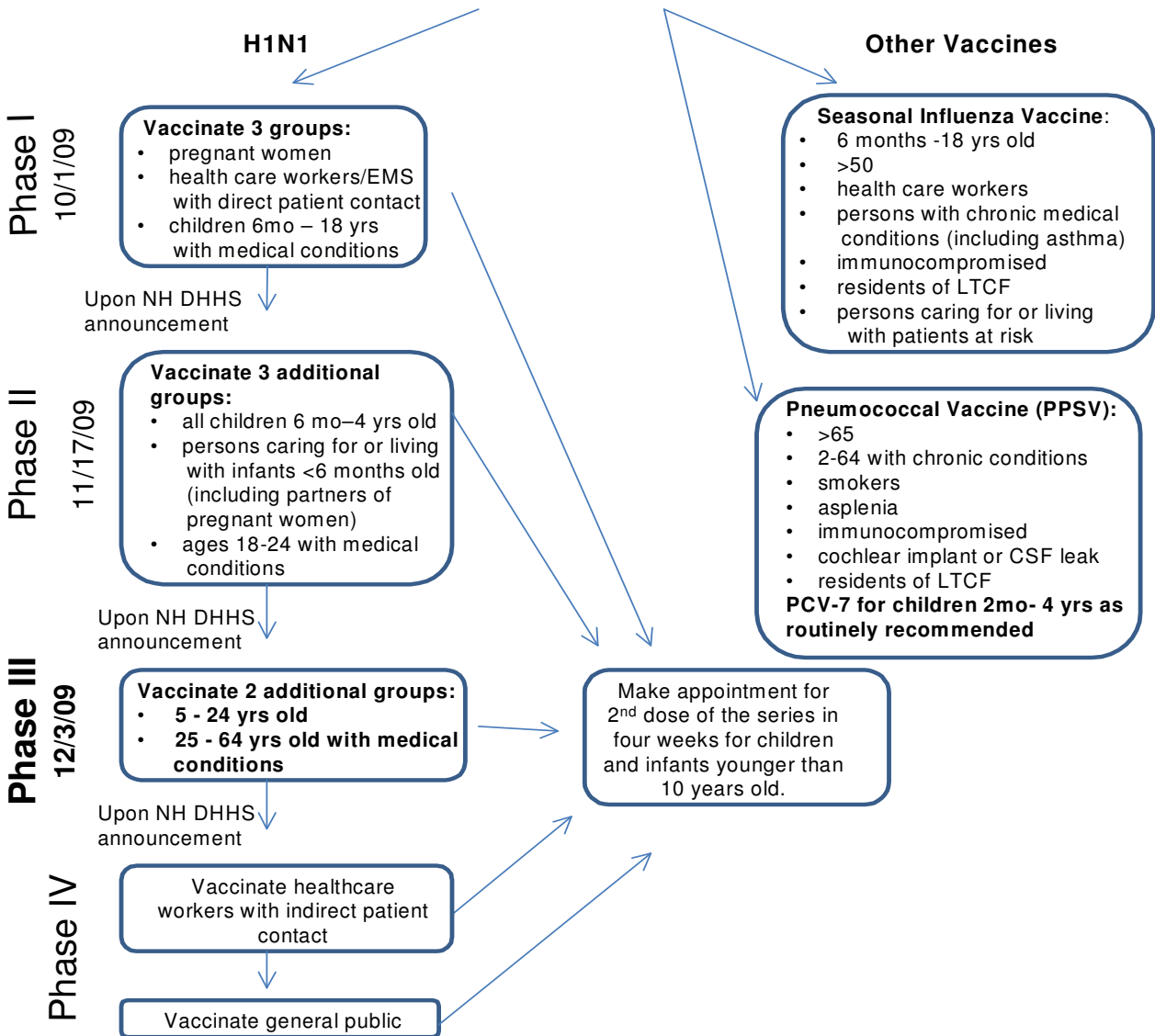
Number	Street_Address	City	State	Zip_Code	Phone
Hannaford	35 Manchester Rd. Rte 28	Derry	NH	03038	603-421-2596
Hannaford	2 Freetown Rd.	Raymond	NH	03077	603-895-0011
Hannaford	Ames Plaza, Route 16	Ossipee	NH	03864	603-539-3898
Hannaford	174 First NH Turnpike	Northwood	NH	03261	603-942-8891
Hannaford	201 John Devine Dr.	Manchester	NH	03103	603-626-1233
Hannaford	79 Bicentennial Dr.	Manchester	NH	03104	603-644-2204
Hannaford	859 Hanover St.	Manchester	NH	03104	603-627-4354
Hannaford	752 Route 202	Rindge	NH	03461	603-899-2115
Hannaford	5 Colby Court	Bedford	NH	03110	603-622-2320
Hannaford	175 Coliseum Ave.	Nashua	NH	03063	603-889-6663
Hannaford	305 Sandown Rd.	E. Hampstead	NH	03826	603-329-0187
Hannaford	Hatch Plaza, Rte. 25	Plymouth	NH	03264	603-536-3233
Hannaford	4 Jenkins Road	Bedford	NH	03110	603-472-2501
Hannaford	605 Mast Road	Manchester	NH	03102	603-626-4366
Hannaford	290 North Main Street	Rochester	NH	03867	603-332-9264
Hannaford	26 Lilac Mall #2	Rochester	NH	03867	603-332-9401
Hannaford	952 Central Street, Route 3	Franklin	NH	03235	603-934-2832
Hannaford	630 Lafayette Rd.	Hampton	NH	03842	603-926-3344
Hannaford	73 Fort Eddy Road	Concord	NH	03301	603-228-2121
Hannaford	833 Central Ave.	Dover	NH	03820	603-749-9361
Hannaford	481 West Street	Keene	NH	03431	603-357-0423
Hannaford	6 Hampton Drive	Londonderry	NH	03053	603-421-0076
Hannaford	30 Grapevine Dr.	Dover	NH	03820	603-749-2374
Hannaford	80 Wolfeboro Highway	Alton	NH	03809	603-875-5300
Hannaford	Mountain Valley Mall, Rt 16	No. Conway	NH	03860	603-356-6361

Addendum 2

NH DHHS Vaccine Algorithm*

*Anyone with a life-threatening allergy to eggs or to any other substance in the vaccine should not get it. Providers should ask patients if they have any severe allergies, history of severe reaction following flu vaccine or a history of Guillain Barre Syndrome.

Identify patients in your practice who are at increased of influenza complications (systematically, if possible.) Consider holding vaccine clinics specific to those at risk.



Report any adverse events following vaccination to the online monitoring system at www.vaers.hhs.gov
 Updated 12/7/09

Addendum 3: Vaccine Administration Table

		First Vaccine			
		Seasonal inactivated (injection)	Seasonal LAIV (intranasal)	H1N1 Inactivated (injection)	H1N1 LAIV (intranasal)
Second Vaccine	H1N1 Inactivated (injection)	OK to give the same day at different sites or anytime after.*	OK to give the same day or anytime after.	NA	NA
	H1N1 LAIV (intranasal)	OK to give the same day or anytime after.	Separate 2 vaccines by 28 days	NA	NA
	Other Live Vaccine (ie MMR)	OK to give the same day or anytime after.	OK to give the same day or separated by 28 days.	OK to give the same day or anytime after.	OK to give the same day or separated by 28 days.
	Other inactivated vaccine (ie PPSV)	OK to give the same day or anytime after.	OK to give the same day or anytime after.	OK to give the same day or anytime after.	OK to give the same day or anytime after.
	Antiviral medication administration	OK to vaccinate patient on antiviral medication	Do not administer LAIV until 48 hours after stopping antiviral medications. **^	OK to vaccinate patient on antiviral medication	Do not administer LAIV until 48 hours after stopping antiviral medications.***^

* ACIP Use of Influenza A (H1N1) 2009 Monovalent Vaccine. MMWR 28Aug09;58(RR-10):1-8.

** Prevention and Control of Seasonal Influenza with Vaccines. MMWR 31Jul09;58(RR-8):1-52.

*** CDC Antiviral Q+A, 2009-2010 Flu Season (9/23/09)

^ Use of antiviral medications within 14 days after LAIV can reduce immune response to vaccine.

If this happens, consider revaccination for influenza after 48 hours off antivirals.

For additional information on vaccine spacing among children refer to the following link:

<http://www.cdc.gov/H1N1flu/vaccination/dosespaceing.html>

DEFINITION OF TERMS AND ALERTING VOCABULARY

Message Type

Alert:	Indicates an original alert
Update:	Indicates prior alert has been updated and superseded
Cancel:	Indicates prior alert has been cancelled
Error:	Indicates prior alert has been retracted

Status

Actual:	Communication or alert refers to a live event
Exercise:	Designated recipients must respond to the communication or alert
Test:	Communication or alert is related to a technical, system test and should be disregarded

Severity

Extreme:	Extraordinary threat to life or property
Severe:	Significant threat to life or property
Moderate:	Possible threat to life or property
Minor:	Minimal threat to life or property
Unknown:	Unknown threat to life or property

Sensitive

Sensitive:	Indicates the alert contains sensitive content
Not Sensitive:	Indicates non-sensitive content

Message Identifier: A unique alert identifier that is generated upon alert activation.

Delivery Time: Indicates the timeframe for delivery of the alert.

Acknowledgement: Indicates whether an acknowledgement on the part of the recipient is required to confirm that the alert was received, and the timeframe in which a response is required.

Originating Agency: A guaranteed unique identifier for the agency originating the alert.

Alerting Program: The program sending the alert or engaging in alerts and communications using PHIN Communication and Alerting (PCA) as a vehicle for their delivery.

You have received this message based upon the information contained within our emergency notification database.

If you have a different or additional e-mail or fax address that you would prefer to be used please contact:

Denise M. Krol, MS
NH HAN Coordinator
Denise.Krol@dhhs.state.nh.us

Business Hours 8:00 AM – 4:00 PM
Tel: 603-271-4596
Fax: 603-271-0545