

DPHHS HAN

From: DPHHS HAN
Sent: Thursday, December 10, 2009 3:38 PM
Subject: DPHHS HAN ADVISORY 2009-43: Expansion of 2009 H1N1 Vaccine Campaign to General Population
Attachments: DPHHS Expands H1N1 Vaccination Efforts to the General Public.docx; Form F.DOC; A_County_Tribe H1N1 Report Version 3_1209.doc; D_Consent Form_noWIZRD_1209.doc; D_Consent Form_WIZRD_1209.doc; B_Provider H1N1 Report_Version 3.doc; High Risk for Death.docx

State of Montana DPHHS HAN ADVISORY

Thursday, December 10, 2009

Forwarding Instructions:

FORWARD to your local HAN contacts

DPHHS Information / Recommendations:

Expansion of Vaccine to the General Population

DPHHS advises each jurisdiction with adequate vaccine supply to expand efforts to the general population, including individuals over 65 years of age. We request that this change be implemented no earlier than Saturday, December 12. This will enable DPHHS and several local health jurisdictions to complete planning efforts. Expanding vaccination efforts to the general populations will be a local decision. When and how local jurisdictions implement the effort will depend on vaccine resources, staffing, and your population. DPHHS will be available for consultation if needed. A press release scheduled for Friday is attached to this HAN.

MMWR Press Release: DPHHS is releasing information to the press reflecting findings of death rates in Montana from the MMWR. The press release is attached so you may be aware of any questions coming your way.

Continued Focus on CDC Defined Target Groups: Data from the state and national level indicate that individuals with selected underlying medical conditions are at highest risk of complications if infected with H1N1. DPHHS requests that all areas continue their efforts to vaccinate this population. DPHHS is revising Form A to collect additional information on efforts to vaccinate individuals with asthma, diabetes, chronic heart disease and other chronic medical conditions. DPHHS encourages the use of PHER funds to assist your partners with more intensive outreach to the initial target population.

Forms: In preparation for broadening the vaccine campaign to include the general public, some of the forms used for reporting to the state have been updated. Please use these revised forms from this date forward. These forms are A and D, which are attached to this HAN and are available on the TCC. A new form, Form F, has been attached to this email to allow jurisdictions to formally decline all or part of their weekly allocation. We will begin to use Form F next week (the week of December 14th) to allow for redistribution of surplus vaccine. Any vaccine declined will be reallocated to others and will allow for vaccine distribution to areas in need. Form B is for partner vaccine providers to help you to collect the pertinent data for aggregate counts.

WIZRD Entry: DPHHS requests that all jurisdictions continue to enter all vaccine recipients 18 years of age and less into WIZRD. Individuals less than 18 years of age are tracked more aggressively by DPHHS with

respect to vaccination status. Local health agencies will have to decide whether or not they wish to continue to enter recipients >19 years of age. Revised consent forms (Form D) will be provided to allow for the WIZRD and non-WIZRD options.

Vaccine Supply: Vaccine supply in most areas is sufficient to support the anticipated demand for vaccine from the general population. Areas expressing potential shortages to DPHHS will receive an increased allocation in the order placed on December 9th. This 'adjustment' was made possible by many jurisdictions giving up all or part of this week's order to help others increase their vaccine supply to meet anticipated needs of the target population before moving into the general population.

DPHHS Subject Matter Expert (SME) Contact

For more information contact the DPHHS Immunization Program at (406) 444-5580

Distributed by the Department of Public Health and Human Services Health Alert Network (HAN) System

DPHHS Health Alert Hotline: 1-800-701-5769

DPHHS HAN Website: www.han.mt.gov

You have received this message based upon the information contained within our emergency notification data base. If you have a different e-mail or fax address that you would like us to use please notify us as soon as possible by e-mail at hhshan@mt.gov.

The goal of Montana's Health Alert Network is to transmit information to local public health authorities as quickly as possible, and assign a suitable priority to the message. For questions or comments about Montana's HAN system you may contact the DPHHS HAN Coordinator, Gerry Wheat at gwheat@mt.gov.

Categories of Health Alert Messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

DPHHS Recommends Expanding H1N1 Vaccination Efforts to the General Public

The Montana Department of Public Health and Human Services (DPHHS) today announced that it is recommending that local and tribal health departments expand their vaccination efforts for 2009 H1N1 influenza to include the general public.

Although DPHHS continues to emphasize the importance of vaccinating priority groups in Montana, public health officials believe that the vaccine supply is now sufficient enough to support local and tribal health departments that want to broaden their vaccination campaigns to include every Montanan. Due to early limited vaccine supplies, priority groups recommended by the Centers for Disease Control (CDC) were given the first opportunities to get the vaccine due to their high risk of being infected or having serious complications if they were infected by the 2009 H1N1 virus.

“The priority groups are still important,” DPHHS Director Anna Whiting Sorrell said. “And we continue to encourage those who are at risk to come in for their vaccine.”

People most at risk for complications are individuals who are pregnant or have chronic conditions such as diabetes, heart disease, asthma, or other conditions that reduce immunity to influenza. Other groups that are at higher risk of infection or likely to spread influenza viruses to vulnerable populations are

- Health care workers
- All children and adults aged six months to 24 years
- Caregivers of children 6 months and younger

Whiting Sorrell continued by urging individuals who live with or care for at-risk family members to bring them along when getting their own vaccination. “We expect to have enough vaccine for every Montanan who wants one,” stated Whiting Sorrell. “Our goal is to make sure every tribal and local health department has enough vaccine and supplies to fight the H1N1 virus.”

Montana has been receiving shipments of H1N1 doses every week over the past couple months, which are then dispersed to local and tribal health departments across the state. The most recent shipment of the H1N1 vaccine the state received was 29,000 doses, bringing the total to nearly 225,000 doses delivered since October when national manufacturers began delivery.

In the meantime, health officials are strongly recommending that people continue to take the very important, common sense steps to prevent infection. Those steps are:

- covering coughs and sneezes,
- frequent hand washing,
- staying home when sick;

The 2009 H1N1 vaccine remains free to the public.

To keep up-to-date with current local vaccine availability, DPHHS suggests calling the state hotline at 1-877-701-8555, or visiting the department website at dphhs.mt.gov and clicking the influenza information button.

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**NEWS FROM THE MONTANA DEPARTMENT
OF PUBLIC HEALTH AND HUMAN SERVICES**

For immediate release

December 10, 2009

Contact: Dr. Steven Helgerson, DPHHS Medical Officer, DPHHS, 406-444-1286

Jon Ebelt, Public Information Officer, DPHHS, 406-444-0936

Adults with Chronic Health Conditions at Highest Risk for Death from H1N1 Influenza

The Department of Public Health and Human Services announced today that so far nearly all of the deaths in Montana related to 2009 H1N1 influenza have been adults and most had pre-existing underlying medical conditions.

So far, 18 people in Montana have died from complications associated with 2009 H1N1 influenza. Of those deaths, 11 were in adults aged 45 to 64.

The information also shows that death rate for H1N1 infection is higher among American Indians than in Caucasians. In Montana, a total of five American Indians have died, or a death rate of 7.6 per 100,000. This compares to the 13 Caucasians, or a death rate of 1.5 per 100,000.

DPHHS Director Anna Whiting Sorrell said the Montana numbers are consistent with what is happening nationwide, per a recent Centers for Disease Control and Prevention (CDC) study. "These findings, both in Montana and the United States, illustrate how important it is to be sure that persons at high risk for influenza complications are provided vaccine and ready access to health care if they have influenza," said DPHHS Director Anna Whiting Sorrell.

The Centers for Disease Control and Prevention used data from 12 states, (Montana was not among the states), from April 15 to November 13, 2009 and found that the H1N1 mortality rate for American Indians (42 deaths; 3.7 per 100,000) was four times higher than that for non-American Indians in those states (426 deaths; 0.9 per 100,000). The study is being published this week in CDC's Morbidity and Mortality Weekly Report. "As in Montana, a very high proportion of these deaths occurred in persons with pre-existing chronic health conditions," said state Medical Officer Dr. Steven Helgerson.

While reasons for the difference in death rates between American Indians and non-American Indians are not known, at least one likely contributing factor is the higher prevalence of health conditions, including diabetes and asthma, among American Indians that are more prone to influenza complications. Middle aged and older adults who also have underlying health concerns also is a likely factor.

Director Whiting Sorrell said many of these deaths occurred before the H1N1 vaccine was in sufficient supply in order to vaccinate the many adults in Montana who really need it, especially in American Indian communities. "However, now the H1N1 vaccine supply has recently increased to the point that more of these high risk persons can be vaccinated," she said.

DPHHS officials emphasize the importance of taking the necessary steps to decrease the risk of severe influenza complications in person with medical conditions that place them at high risk.

Persons at high risk include pregnant women and persons with chronic health conditions, such as asthma, diabetes and cardiovascular disease.

The most effective way to prevent influenza and its complications in these high risk persons is to:

- Get vaccinated for both H1N1 and seasonal influenza and also get the pneumococcal vaccine.
- Be informed. Know the signs of influenza, including fever, sore throat, runny or stuffy nose, body aches and fatigue.
- If you're experiencing influenza-like illness, contact a health care provider quickly.
- Common sense: Wash your hands regularly and avoid contact with others who have influenza-like illness.

For more information contact DPHHS public information officer Jon Ebel at 406-444-0936.