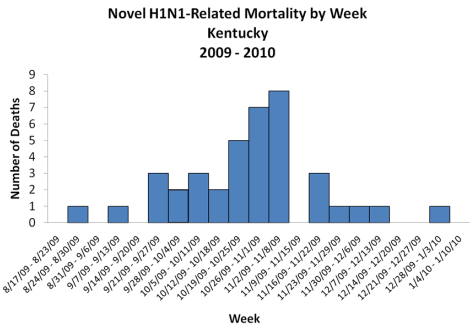
Cabinet for Health and Family Services- Department for Public Health

Kentucky Fluview
H1N1 Weekly Surveillance Report

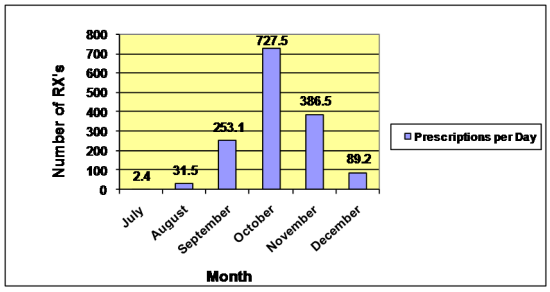
Publication Date
January 8, 2010
Issue # 8

This Week

Three new reported deaths since the last issue, and the total mortality due to H1N1 related illness is at thirty-nine. Two of the three most recently reported deaths were late to be reported, and actually occurred on 11/8/09 and 12/9/09. The delay in reporting for both was due to pending autopsy results. All of the newly reported cases had underlying medical conditions. (page 2)



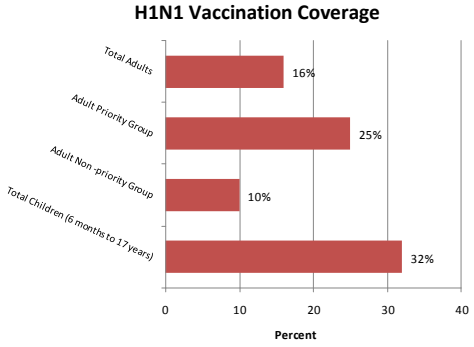
On December 22, 2009, the vaccine manufacturer MedImmune announced a voluntary recall of approximately 4.7 million doses of the nasal spray monovalent H1N1 flu vaccine; an estimated 59,250 doses were shipped to providers in KY. This was the second major vaccine recall. (page 3)



Tamiflu is an FDA-approved antiviral prescription drug for treatment of uncomplicated acute (mild) illness due to influenza infections in patients 1 year and older who have been symptomatic for no more than 2 days. The highest number of prescriptions were given during October, which was during the peak of the fall influenza wave. (page 4)

Read another public health success story about drive-in and school vaccine clinics. (page 10-11)

According to a recent survey assessing H1N1 vaccination coverage and availability, 16% of adult respondents age 18 and older in Kentucky have received the H1N1 vaccine. Among the combined adult priority groups, 25% have received the H1N1 vaccine. Of those adults who have children age 17 and younger, 32% said that their (randomly selected) child received the H1N1 vaccine. (page 12)



Other highlights in this issue:

- Warning signs for someone who needs emergency medical treatment for H1N1 influenza (page 5)
- Article: "Impact of Seasonal Influenza-related School Closures on Families—Southeastern KY" (page 6)
- Special Interest Story: "Outbreak of Influenza A (H1N1) Pandemic in NY City School" (page 7)
- Information on retail pharmacy chains and retail based H1N1 Vaccine Clinics (page 12)
- Gearing up for National Influenza Vaccine Week, January 10-16, 2010 (page 14)

Inside this issue:

For previous issues of KY Fluview, find them at Kentucky Health Alerts:
http://healthalerts.ky.gov/Pages/KentuckyFluView.aspx

When was this data updated?

Item	Current as of:
KY Deaths	01/08/10
US deaths	12/26/09

Abbreviations and Acronyms

KDPH-Kentucky Department for Public Health

LHD—local health departments

CDC—Centers for Disease Control and Prevention

MMWR—*Mortality and Morbidity Weekly Report* published by CDC

ILI—influenza like illness

KDE—Kentucky Department of Education

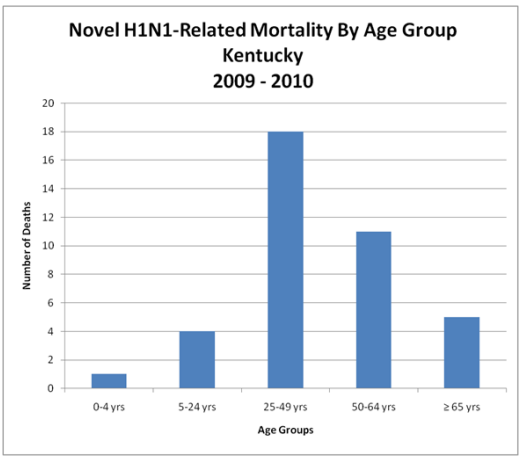
US Pediatric Deaths with Confirmed novel H1N1 influenza

Dates	Deaths
12/13-12/19/2009	4
Since Aug. 30, 2009	225

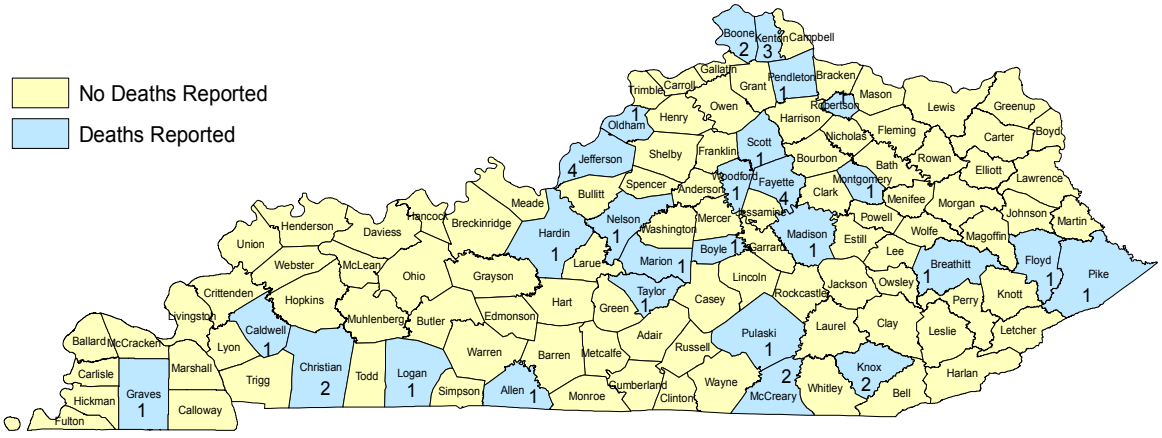
Laboratory Confirmed Kentucky Deaths

Thirty-nine deaths have occurred involving people with confirmed novel H1N1 influenza. Two of the three most recently reported deaths were late to be reported, and actually occurred on 11/8/09 and 12/9/09. The delay in reporting for both was due to pending autopsy results. All of the newly reported cases had underlying medical conditions.

Of the thirty-nine, twenty-four were female, and fifteen were male. The median age was forty-seven, with a range of one to eighty years. Of the thirty-nine, thirty-three had underlying medical conditions.

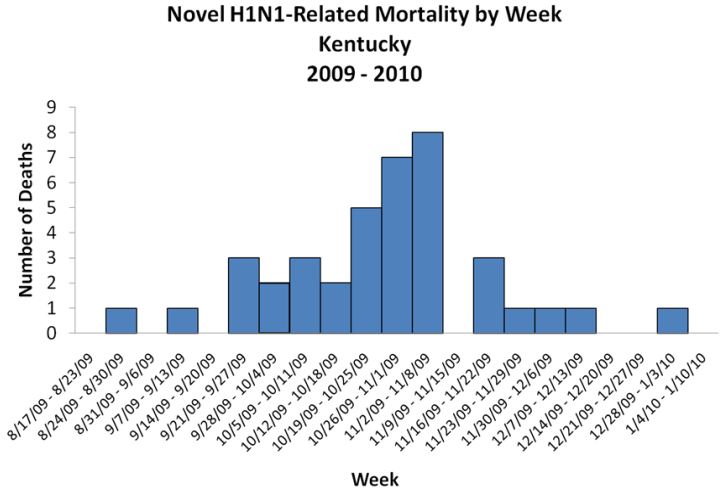


Number of Deaths Attributed to H1N1 by County, August 1, 2009 – January 8, 2010



Mortality due to H1N1 influenza rose from mid-August to a peak during the last week of October and the first week of November, dropping quickly after that in Kentucky. The number of deaths attributed to H1N1 influenza has dropped precipitously since then and remains low to date.

Please note that though Kentucky's mortality case count increased by three (36 to 39) since the last issues (12/18), two of the deaths occurred earlier than 12/18. Reporting was delayed due to pending autopsy results.



US Deaths As Reported by Centers for Disease Control

U.S. Influenza Deaths from 8/30 – 12/26/ 2009	Hospitalizations	Deaths
Influenza Laboratory Test Confirmed	**37,090**	**1,697**

This data was posted on www.cdc.gov/h1n1flu/updates/us/

Second Voluntary Non-Safety Related Recall of Specific Lots of Nasal Spray Vaccine for H1N1 Flu Virus

On December 22, 2009, the vaccine manufacturer MedImmune announced a voluntary recall of approximately 4.7 million doses of the nasal spray monovalent H1N1 flu vaccine. This was the second major vaccine recall; the prior recall involved the .25 mL pre-filled syringes for children 6 – 35 months of age.

It is important to note that, like the previous recall, this was **not due to any safety concerns** about the vaccine. As part of its quality assurance program, the manufacturer of the nasal spray monovalent H1N1 flu vaccine, MedImmune, performs routine, ongoing stability testing of its influenza A (H1N1) vaccine during the vaccine's "shelf life", that is after the vaccine has been shipped to providers until its expiration date. Stability testing means measuring the strength (also called potency) of vaccine over time to make sure it does not go down below a pre-specified limit. Potency is determined by the measurement of the concentration of the active component in the H1N1 vaccine. On December 16 and 21, the manufacturer notified CDC and FDA that the potency of 13 batches (called "lots") of nasal spray vaccine had fallen slightly below the pre-specified limit . The slight decrease in potency should not affect how the vaccine works.

We estimate that 59,250 doses were shipped to providers in Kentucky in October only, during a time when the vaccine potency was still at or above the recommended level. MedImmune is recalling any doses from these lots that may still be unused.

If you are a provider and are concerned that you might have doses from an implicated lot, you can check the lot number of your vaccine labeled, "Influenza A (H1N1) 2009 Monovalent Vaccine Live, Intranasal." The 13 indicated lot numbers are: 500754P, 500751P, 500756P, 500757P, 500758P, 500759P, 500760P, 500761P, 500762P, 500763P, 500764P, 500765P, and 500776P. If you find that you have doses remaining, please contact your local health department to report this and to get instruction on how to dispose of the vaccine.

As in the first recall, the CDC and FDA both agree that the small decrease in strength is unlikely to result in a clinically significant reduction in immune response among those who have received the vaccine. Thus, *there is no indication to revaccinate individuals who received vaccine from these lots, and there are no safety risks to those who received a dose of the affected vaccine*. CDC recommends that children less than ten years old receive two doses of the H1N1 vaccine approximately one month apart for optimal immune response. Therefore, parents of children who received a dose from the recalled lots do not need to take any action, other than to complete the two-dose immunization series if not already complete. Children should receive both of their vaccine doses in the same form (i.e., two injectable doses or two intranasal doses).

For more recall information visit the CDC website at: http://www.cdc.gov/h1n1flu/vaccination/sprayrecall_qa.htm

Surveillance of Virus Subtypes

KDPH works in partnership with clinicians, local health departments, and the federal Centers for Disease Control and Prevention to conduct surveillance for influenza-like illness.

	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.
Specimens Tested	327	769	1594	1106	453	57
Specimens positive for Flu	116	358	857	430	172	5
H1N1	114	358	855	430	171	5
Seasonal Flu subtype	2	0	2	0	1	0

*Note tests for January do not represent a full month.

A total of 4,306 specimens were submitted by providers to the state lab for testing between August 1, 2009 and January 7, 2010. Of those that tested positive for influenza, 99.7% were positive for novel H1N1 influenza. The lab has received specimens from all 120 counties in Kentucky. Out of the specimens submitted, 115 counties have had at least one positive H1N1 case. The results of tests performed by the Kentucky State Lab since August 2009 by month are summarized in the table. Note that tests for January do not represent a full month and are current up to 01/07/10.

When was this data updated?	
Item	**Current as of:**
Lab counts	**1/07/2010**

When was this data updated?

Item	Current as of:
Number of Tamiflu	12/11/09
U.S. Flu activity	12/26/09

Autopsies Reveal Three Patterns of H1N1 Death

Brazilian researchers reported on autopsies of 21 patients performed during July and August of 2009, the winter flu season on the Southern Hemisphere.

The researchers have found three distinct patterns of lung damage in patients who died of the H1N1 pandemic.

The research suggests that a vigorous host inflammatory response triggered by the viral infection may damage lung tissue. This may lead to acute lung injury and fatal respiratory failure, explaining the pattern of lung damage in autopsy reports from patients who died from H1N1 infections.

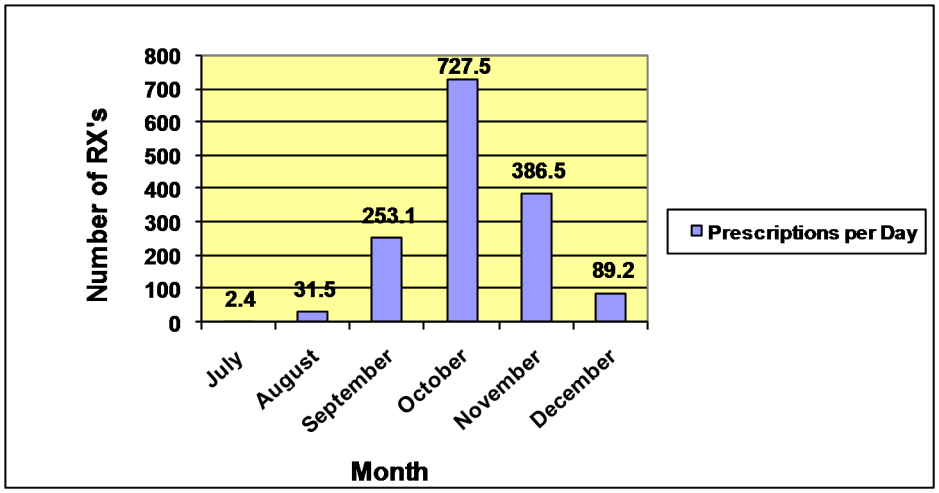
Source: Medpage Today

23 December 2009

http://www.medpagetoday.com/InfectiousDisease/URItheFlu/17662

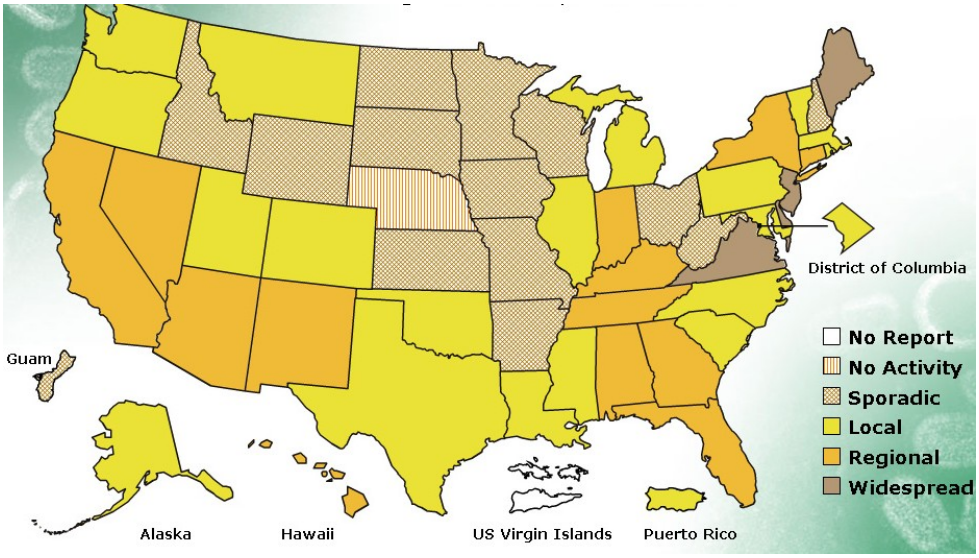
Tamiflu Prescription Trend

Tamiflu is an FDA-approved antiviral prescription drug for treatment of uncomplicated acute (mild) illness due to influenza infections in patients 1 year and older who have been symptomatic for no more than 2 days. Tamiflu is also approved for prevention of influenza in patients 1 year of age and older. The graph below depicts the pattern of prescriptions written for the antiviral medication, oseltamivir also referred to as Tamiflu, according to the Kentucky Department of Medicaid Services. The highest number of prescriptions were given during October, which corresponds to the peak of the fall influenza wave.



Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*

Week Ending December 26, 2009

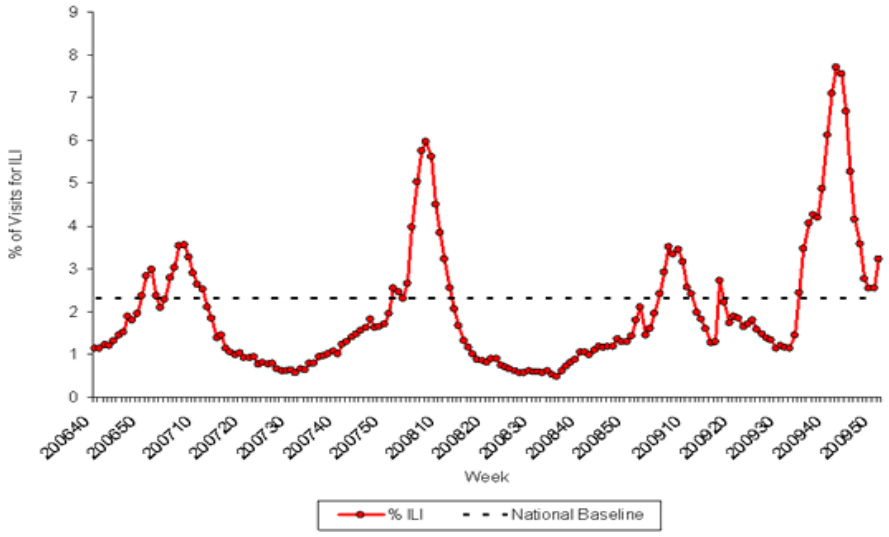


*This map indicates geographic spread and does not measure the severity of influenza activity.

Please note this map was last updated on 12/26/09. As of 1/5/10, Kentucky is reporting sporadic influenza activity.

Flu-Like Illness Trends

Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, National Summary 2008-2009 and Previous Two Seasons: Oct. 1, 2006 –December 26, 2009.



Nationwide during the week of December 13th-19th, 2.3% of patient visits reported through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) were due to influenza-like illness (ILI). This percentage is at the national baseline of 2.3%. Influenza-like illness (ILI) is a medical diagnosis of possible influenza or other illness causing a set of common symptoms. Symptoms commonly include fever, shivering, chills, malaise, dry cough, loss of appetite, body aches and nausea, typically in connection with a sudden onset of illness. The Centers for Disease Control and Prevention (CDC) tracks ILI and reports ILI by week of the year.

Note the recent increase in incidence nationally and that the current activity is above baseline. This increase could be due to a resurgence of H1N1 influenza or the emergence of seasonal influenza, or a combination of both. This will become clear in the coming weeks.

When Does Someone Need More Help?

Signs and symptoms signaling when emergency medical treatment for the flu is needed

Most of the time, the best thing to do for the flu is to treat symptoms and wait it out. However, sometimes this is not enough and you may need to seek more help. Hospitals want to focus on people with greatest need. So how can you tell when to seek medical help?

According to Dr. Joe Bresee at the Centers for Disease Control and Prevention, people with the following symptoms should call for emergency medical help immediately:

- Signs of breathing or heart problems, like chest pain, shortness of breath, bluish or purplish lips
- Signs of dehydration, like yellowish or leathery skin, decreased urination, or confusion.
- Severe or persistent vomiting (vomiting that goes on)

In children, other emergency warning signs are:

- Flu-like symptoms that improve but then return with fever and worse cough
- Sometimes, children will have no tears when they cry.
- Severe irritability or lack of appetite or unwillingness to eat

Common symptoms of seasonal and H1N1 flu include fever, cough, sore throat, runny or stuffy nose, body aches, headaches, chills, and tiredness.

From the U.S. Department of Health and Human Services. Learn more at: hhs.gov

When was this data updated?

Item	Current as of:
ILI outpatient visits	12/26/09

Early Vaccination Efforts Reached Priority Groups

According to a national survey, by December 12th about 46 million people had been vaccinated with H1N1 vaccine in the U.S., with coverage about twice as high in children as in adults, according to Anne Schuchat, MD director or the Centers for Disease Control and Prevention's National Center of Immunization and Respiratory Diseases. As of December 22, closer to 60 million Americans are estimated to have been vaccinated.

In the Harvard poll, only 22% of adults in the priority groups established by the CDC received the vaccine, but 60% of parents said they had already had their children immunized or intended to do so.

Source:
Medpage Today: http://www.medpagetoday.com/InfectiousDisease/SwineFlu/17660

Date:
22 December

School Surveillance

Due to the holiday break, there have not been any significant changes in the school surveillance data. In lieu of reporting on KY school surveillance, the Fluview is highlighting special interest stories related to the impact of novel H1N1 on schools.

Impact of Seasonal Influenza-Related School Closures on Families- Southeastern Kentucky, February 2008

Highlights from a study sponsored by the Kentucky Department for Public Health and the Centers for Disease Control and Prevention recently published in *Morbidity and Mortality Weekly Report*

During influenza epidemics, little is known about how influenza-related school closures affect families. Many children meet nutritional needs through school food programs, and schools provide child care both during and after school. Moreover, schools rely on student attendance to meet federal and state funding and educational require-ments. To assess the impact of school closings on families, the Kentucky Department for Public Health (KDPH) conducted a telephone survey of randomly sampled households whose children attended schools in two adjacent school districts that had been closed because of high absenteeism during an outbreak of seasonal influenza in the community in February 2008.

The study indicated that 97.0% of respondents (parents) agreed with the decision to close schools. In 29.1% of households, an adult had to miss work to provide child care, and in 15.7% of households, at least one adult lost pay because of missed work. Although the schools closed because of high absenteeism affecting school operations and funding, this was not fully communicated to families; 64.4% of respondents believed the closures would "keep people from getting ill," and 90.8% thought it was "extremely or very important" to disinfect schools while closed to reduce community spread of influenza.

A total of 233 (89.3%) household respondents stated that they knew ways to lower the risk for acquiring influenza, and 200 (76.6%) stated that they did (or told their children to do) something to lower their risk. A total of 171 (65.5%) household respondents reported that they washed their hands to lower their risk for becoming ill or told their children to do so, and 73 (28.0%) household respondents reported telling their children to cover coughs and sneezes or did so themselves as a way to reduce risk for influenza. However, the study also noted that during the school closure for influenza-like illness, 40% of children participated in social gatherings increasing the likelihood of disease transmission.

In 112 (42.9%) households, at least one child was enrolled in a school meal program (the National School Lunch Program or the School Breakfast Program) and this was significantly different between school districts with School District A households significantly more likely to have children participating in the school meal programs than School District B households ($p<0.05$). School District B households had significantly higher annual household income and education levels than School District A households ($p<0.05$).

State and local officials must weigh financial obligations, public perception, the need to reduce spread of illness, severity of the illness, and protection of high-risk students and staff, in addition to considerations of the impact on children and families and whether high absenteeism compromises the school's ability to function normally. The authors concluded that school districts and health departments should provide families with specific information about the reason for school closings so that parents understand when the reason is for financial reasons versus disease control. Although schools are rarely closed for disease control reasons, recommendations should be provided to families for reducing the spread of influenza while students are dismissed from school.

To review the complete article, please visit:
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5850a2.htm?s_cid=mm5850a2_e

Special Interest Story

Outbreak of 2009 Pandemic Influenza A (H1N1) at a New York City School

The New England Journal of Medicine
Date: December 31, 2009

In April 2009, clusters of cases of 2009 H1N1 influenza involving potential human-to human transmission were reported in multiple countries. One of the earliest and largest clusters identified in the United States was an acute outbreak of 2009 H1N1 influenza at a New York City high school. This outbreak prompted an immediate and rapid investigation by the New York City Department of Health and Mental Hygiene.

By Friday morning, April 24, the NY Department of Health and Mental Hygiene suspected that the high-school outbreak might be related to the 2009 H1N1 virus and dispatched staff members to interview students and collect specimens.

On Thursday, April 23, 2009, a nurse from a high school in Queens, New York, that had an enrollment of 2686 students notified the Department of Health and Mental Hygiene that approximately 100 students were being sent home because they had symptoms that included fever, headache, dizziness, sore throat, and respiratory symptoms. In a conference call earlier that afternoon, the Centers for Disease Control and Prevention (CDC) had updated state and local health officials on reports of emerging novel H1N1 infections in the United States. By Friday morning, April 24, the Department of Health and Mental Hygiene suspected that the high-school outbreak might be related to the 2009 H1N1 virus and dispatched staff members to interview students and collect specimens.

Nasopharyngeal and oropharyngeal specimens were collected from nine students who had symptoms resembling those of seasonal influenza, including fever, cough, rhinorrhea, body aches, sore throat, and headache. Specimens from the nine students were tested for influenza virus at the Department of Health and Mental Hygiene Public Health Laboratory with the use of a real-time polymerase-chain-reaction (PCR) assay. Results showed that eight of the specimens were positive for influenza A. Human H1 or H3 subtypes were not detected, indicating that the virus was probably 2009 H1N1 influenza. Specimens were transported to the CDC for additional testing. The CDC confirmed that seven of the nine specimens were positive for 2009 H1N1 influenza as assessed with the use of a real-time PCR assay, and one result was inconclusive. After consultation with the Department of Health and Mental Hygiene, the principal of the high school decided not to reopen the school until Wednesday April 29 and subsequently extended the school closure through May 3. The school was effectively closed for 9 days (April 25 through May 3).

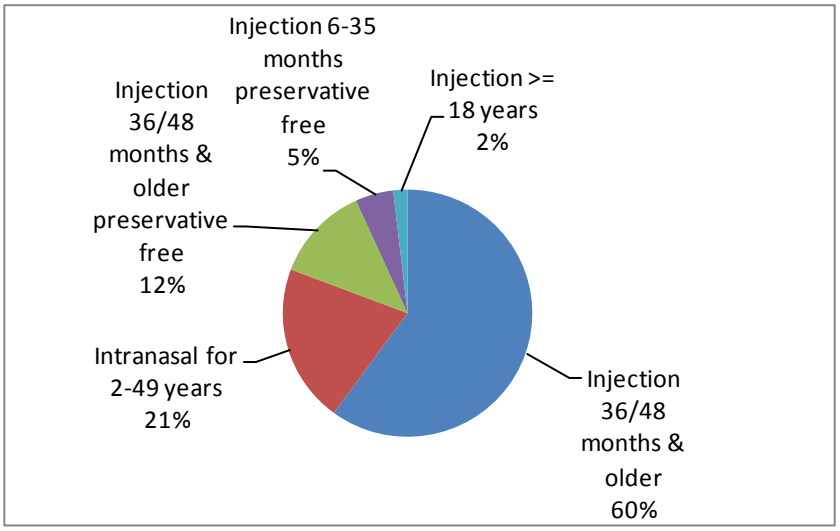
From April 24 through May 8, infection with the 2009 H1N1 virus was confirmed in 124 high-school students and employees.

The New York City Department of Health and Mental Hygiene characterized the outbreak through laboratory confirmation of the presence of the 2009 H1N1 virus in nasopharyngeal and oropharyngeal specimens and through information obtained from an online survey. From April 24 through May 8, infection with the 2009 H1N1 virus was confirmed in 124 high-school students and employees. In responses to the online questionnaire, more than 800 students and employees (35% of student respondents and 10% of employee respondents) reported having an influenza-like illness during this period. No persons with confirmed 2009 H1N1 influenza or with influenza-like illness had severe symptoms. A linkage with travel to Mexico was identified. The estimated median incubation period for confirmed 2009 H1N1 influenza was 1.4 days (95% confidence interval [CI], 1.0 to 1.8), with symptoms developing in 95% of cases by 2.2 days (95% CI, 1.7 to 2.6). The estimated median generation time was 2.7 days (95% CI, 2.0 to 3.5).

Although the disease characteristics estimated from this outbreak are similar to those for seasonal influenza strains, this should not make us complacent about the potential impact of 2009 H1N1 influenza. The reproductive number, incubation period, and generation time that were seen in the influenza pandemic of 1918 were also similar to those seen in interpandemic periods, and the fact that a large number of persons are probably susceptible to the 2009 H1N1 virus could mean that there will be substantially more cases than are seen in a seasonal epidemic. Even modest increases in the rate of transmission or the severity of disease over the levels seen with interpandemic influenza strains could have a substantial impact on public health.

When was this data updated?	
Item	**Current as of:**
Doses by type	1/07/10

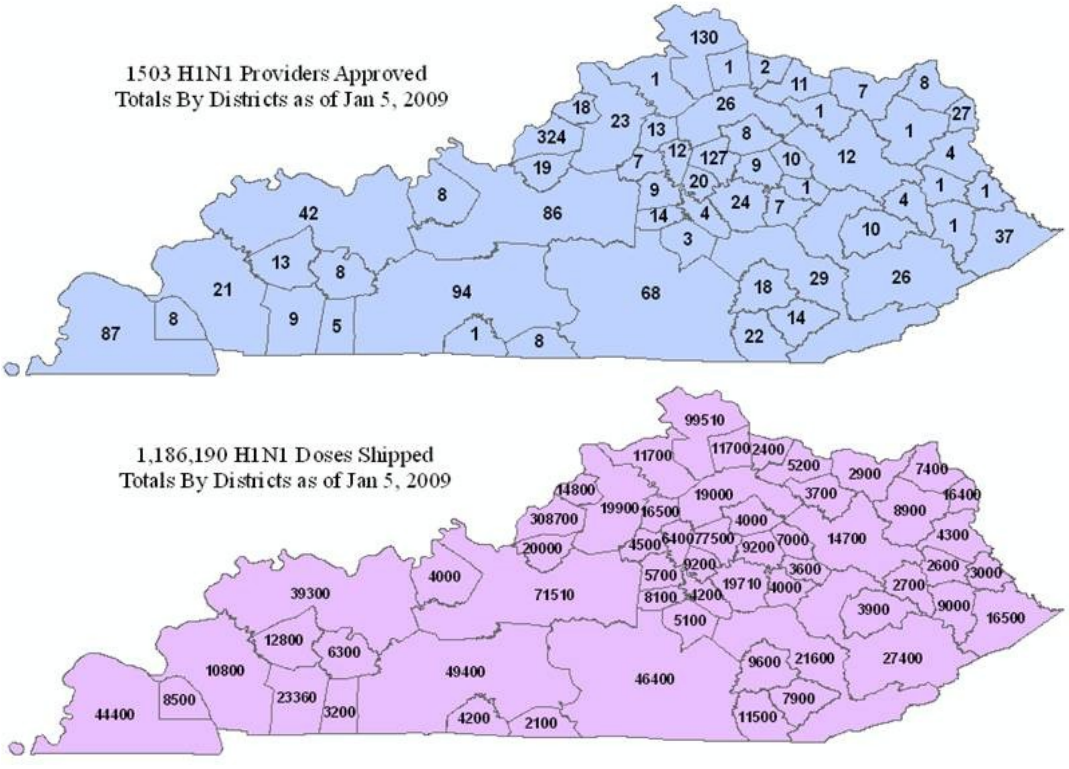
Doses Shipped by Type



Type of Vaccine	Ordered	Shipped
Injection 36/48 months & older	744,500	690,000
Intranasal for 2-49 years	236,300	236,300
Injection 36/48 months & older preservative free	145,000	143,000
Injection 6-35 months preservative free	57,100	57,100
Injection >= 18 years	24,300	21,300
Total	1,207,200	1,147,700

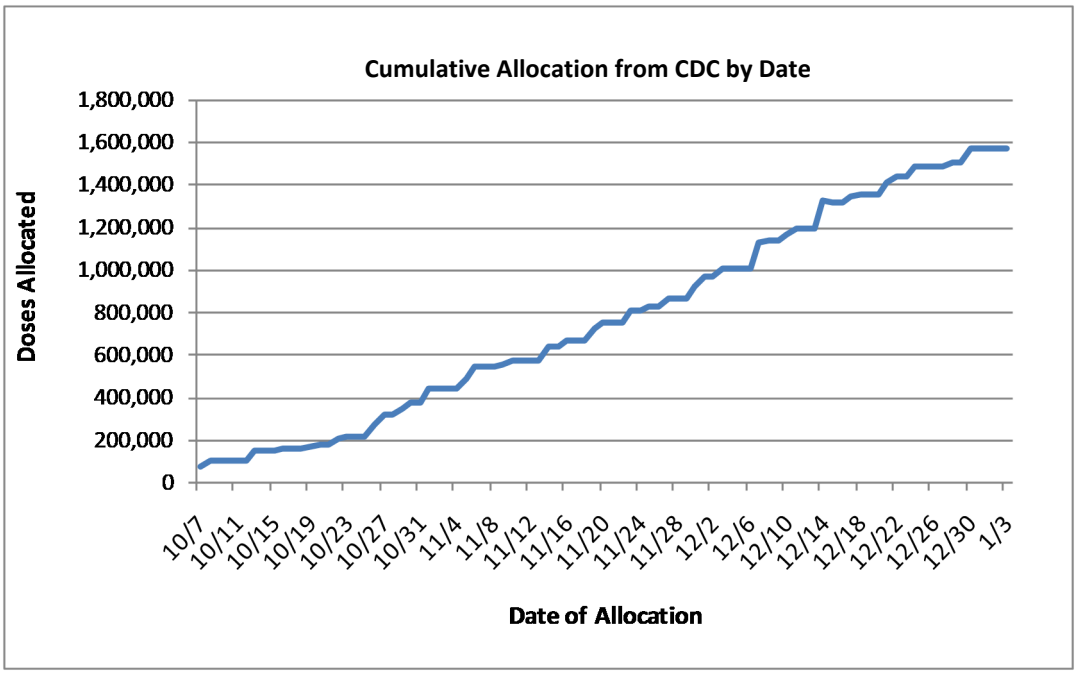
When was this data updated?	
Item	**Current as of:**
Providers Approved	1/05/10
Doses shipped	1/05/10

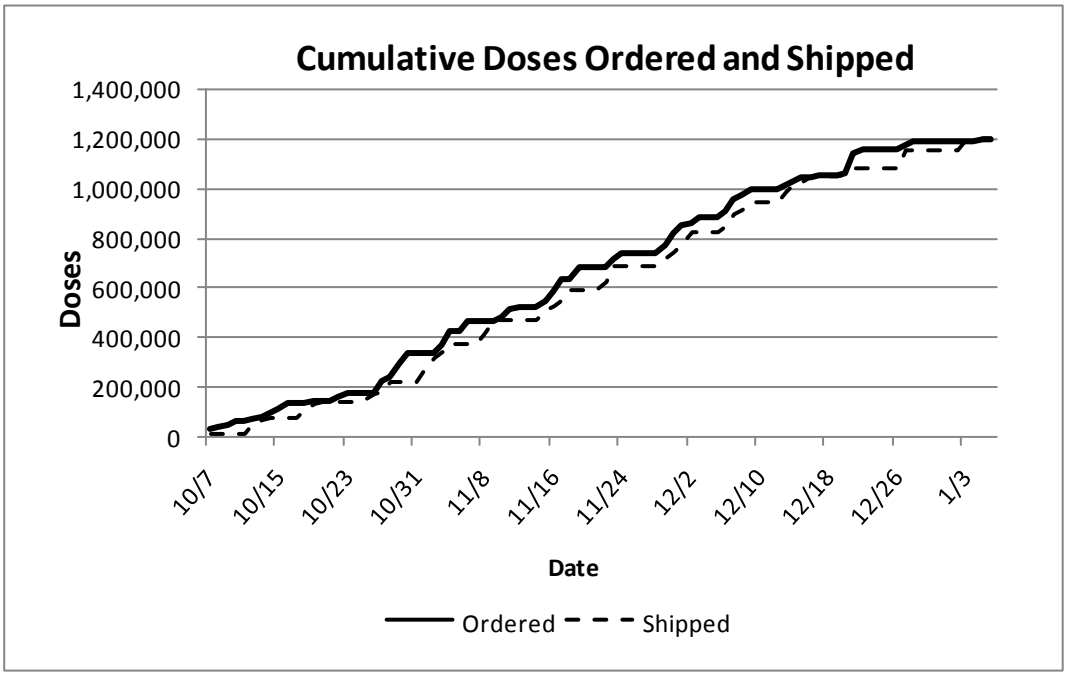
Vaccine Distribution By Health District



Vaccine Allocation

CDC sends states a weekly 2009 H1N1 allocation report which indicates how much of each formulation of 2009 H1N1 influenza vaccine Kentucky can order. CDC allocates vaccine based on the state's population. KDPH then sub-allocates vaccine to counties and health districts by population. CDC's vaccine distribution contractor ships vaccine to hospitals, clinics, doctor's offices, health departments, and other providers three or four times per week. The chart below shows the cumulative doses of vaccine allocated to Kentucky from the CDC. The total allocated to Kentucky to date is 1,794,200 doses.





The total number of doses ordered through 1/07/2010 was 1,207,200. For more information about the types of vaccines ordered and shipped see page 10.

When was this data updated?

Item	Current as of:
Doses allocated	1/07/2010
Ordered and shipped	1/07/2010

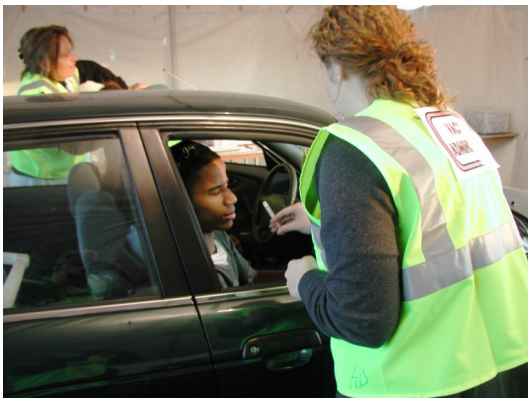
H1N1 Influenza Factoid

Although the swine flu has not been as deadly as some predicted, it continues to be a serious illness. According to the federal Centers for Disease Control and Prevention, as of December **50 million Americans** had caught the disease, and of that number almost **10,000 people had died** and **213,000 had been sick** enough to require hospitalization.

Public Health Works

Every day the state, district, and local health departments in Kentucky conduct essential services in their efforts to prevent disease, promote health, and protect the citizens of Kentucky. These stories highlight how ***public health works*** in Kentucky.

Louisville Public Health and Wellness Conducts Epic H1N1 Immunization Campaign



The Louisville Metro Department of Public Health and Wellness is conducting a comprehensive immunization campaign to protect the community from H1N1 influenza. This campaign has been executed through community and school H1N1 clinics as well as the distribution of vaccine to health care providers throughout the community.

To date Louisville Metro Public Health and Wellness has directly provided H1N1 immunizations to nearly 75,000 children and adults and has distributed another 220,000 doses to 350 hospitals and health care providers throughout the community.

On November 11 and 12 the department gave more than 19,000 immunizations against H1N1 flu at drive-through and walk-in clinics at Papa John's Cardinal Stadium, the home of the University of Louisville Cardinals. In fact, the Department may have set the Guinness World Record for the most immunizations given on a single day on November 11th.

This gargantuan effort was made possible by partnering with the University of Louisville to hold the event and by the more than 400 volunteers from the U of L School of Nursing, the U of L School of Public Health and Information Sciences, the Bellarmine School of Nursing, the Medical Reserve Corps and the Red Cross.

These clinics were targeted to those at highest risk from H1N1 - pregnant women, children 6 months through 4 years of age, people living with or caring for children younger than 6 months of age, children 5 through 18 years of age with chronic medical conditions, healthcare workers and emergency first responders – although no one was turned away.

The Transit Authority of River City (TARC) also offered free bus shuttles to the event each day from four government centers throughout the community and from an additional community center in west Louisville.

The Department immunized another 3,000 adults and children at public clinics held on November 21 and on November 24 at the Urban Government Center and at the New Zion Baptist Church in west Louisville. These clinics were also targeted to those at high risk, but with the targeted population being expanded to include people age 24 and younger and people age 25 through 64 with chronic medical conditions.

On November 30 the Louisville Department of Public Health and Wellness embarked on what may be the most ambitious school immunization campaign since the Salk Vaccine Trials of the 1950s. Each student in Jefferson County Public Schools - the 90 public elementary schools, 24 middle schools and 21 high schools plus each student in the community's 39 parochial elementary schools and eight parochial high schools - as well as students in numerous other private schools, were given the opportunity to get an H1N1 immunization.

Public Health Works

(Louisville Metro story continued)

Between November 30 and December 18, nurses and support staff went to at least 10 schools each weekday to give H1N1 immunizaions to students and staff. The immunizations were voluntary and free. Each student needed a consent form signed by a parent or guardian. Norton Health Care contributed to the monumental undertaking by providing 25 nurses and 10 support staff each day.

More than 50,000 students and school staff were immunized during the three-week school vaccination campaign. Immunization rates ranged from between one-third to more than one-half the student enrollment at each school. With very few exceptions, the school immunizations went very smoothly. School staff efficiently processed consent forms while PTA volunteers lent support and helped to make the immunization experience easy on younger students.

The success of the Louisville H1N1 immunization campaign has been dependant on the development of partnerships with other key community institutions. Months of planning meetings between the Jefferson County Public Schools and the Louisville Department of Public Health and Wellness preceded the launch of the school immunization campaign.

Similarly, the massive Papa John's Stadium clinics would not have been possible without the close working relationship between Louisville Public Health and Wellness and the University of Louisville that has been forged over the years through such efforts as the establishment of the School of Public Health and Information Sciences, cooperation on syndromic surveillance efforts during the Kentucky Derby and throughout the year as well as a history of working together on seasonal flu immunization campaigns.

Another key factor in the success of H1N1 immunization efforts in Louisville has been the use of the Incident Command System. There have been regular ICS meetings on the H1N1 immunization campaign since October and a Department Operation Center has been set up at Public Health and Wellness headquarters. The use of Incident Command methodology has been very helpful in integrating the planning, logistics and operations functions necessary for the successful operation of the clinics. Louisville Metro Public Health and Wellness also established its own hotline, 568-H1N1, to handle calls specific to local Louisville clinics and to make appointments for clinics that were not walk-in. A message prompts callers to press a button that would route the caller to the state hotline if the caller wanted to talk to the nurse, but to stay on the line if the caller wanted information about local clinics.

Louisville Metro Public Health and Wellness has now opened up H1N1 immunizations to the general public without restrictions. Clinics will be held for three weeks at three sites – at a metro government site and at two firehouses. Each of these clinic sites is averaging 300 to 400 immunizations daily.

H1N1 Vaccine Availability Survey

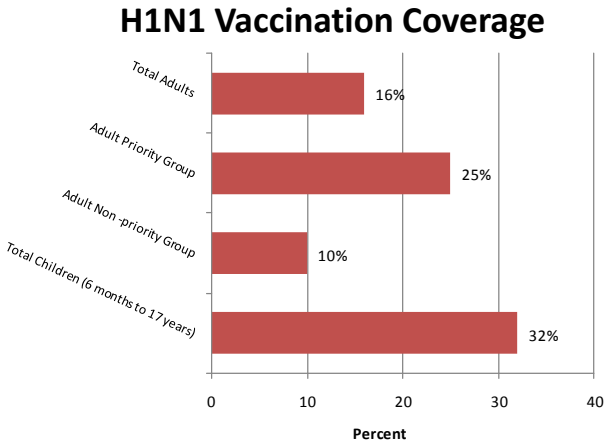
Preliminary Results: December 2009

When was this data updated?	
Item	**Current as of:**
Survey results	**12/18/09**

On behalf of the KDPH, the Matrix Group, a public opinion research firm, conducted a telephone survey to determine H1N1 vaccine coverage among adult Kentuckians and the children in their household. The randomly selected adult telephone survey was conducted from December 9 to December 18, and 801 respondents age 18 and older participated. Among the respondents, 235 answered questions regarding H1N1 vaccination coverage of a randomly selected child age 6 months to 17 years in their household.

- As of December 18th, 16% of adult Kentuckians who participated in the survey had received the H1N1 vaccine. (See chart below)
- Among the H1N1 adult priority groups, 25% had received the H1N1 vaccine. The priority groups include pregnant women and women 6 weeks post partum; people who live with or care for children younger than 6 months; health care and emergency service workers; children and young adults age 6 months to 24 years; and adults age 25 to 64 years with chronic health conditions such as asthma, heart disease, weakened immune system and kidney disorders.
- Of those respondents with children age 6 months to 17 years in their household, 32% said that their child had been vaccinated for the H1N1 flu.

During the same time period the KDPH also conducted a similar online survey. A full analysis from the telephone survey as well as the online survey will be included in the next issue of Fluview.



Retail Pharmacy Chains and Retail Based H1N1 Vaccine Clinics

Since vaccine to prevent 2009 H1N1 influenza first became available in the United States in late September, the supply of the vaccine has steadily increased through the fall. During this period of relatively short supply and high demand, state and local health departments have been able to rapidly get the vaccine to tens of millions of Americans who most need it – those at high risk for complications from influenza. Now that more and more vaccine is coming on line, most states have expanded immunization to the general population and are looking at additional ways to extend the vaccine to their residents.

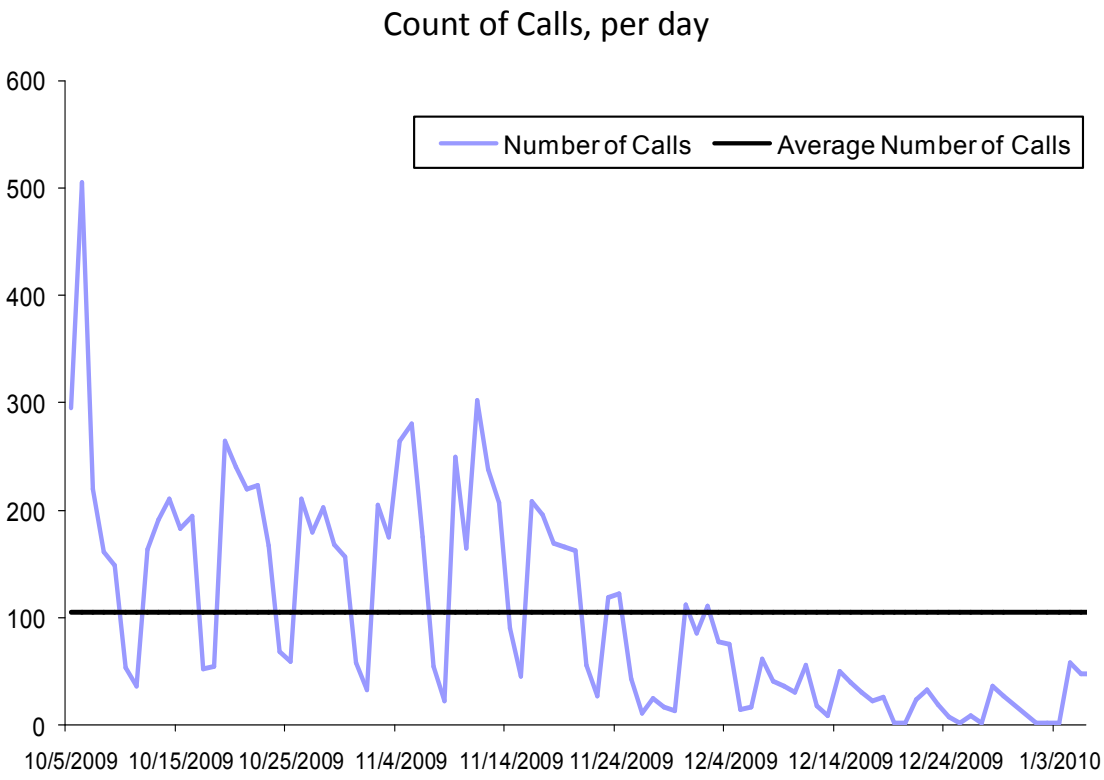
To complement the ongoing efforts by states to provide vaccine to their population, on 12/21/09, the CDC launched a supplementary 2009 Influenza (H1N1) monovalent vaccine initiative to rapidly provide vaccine (either multi-dose vials of inactivated influenza vaccine or live attenuated influenza vaccine (LAIV)) to Large Pharmacy Chains and Retail Based Clinics. Provider agreements with the pharmacies are made directly with CDC for this new distribution process. Pharmacies in Kentucky are only allowed to charge $18.77, the Regional Medicare Reimbursement Rate for vaccination. Although this opportunity will be offered to all states, some states may choose not to participate in this program.

This initiative can increase the supply of vaccine that is available to the public by increasing the number of vaccination sites while providing the states greater flexibility with utilization of their vaccine allocation.

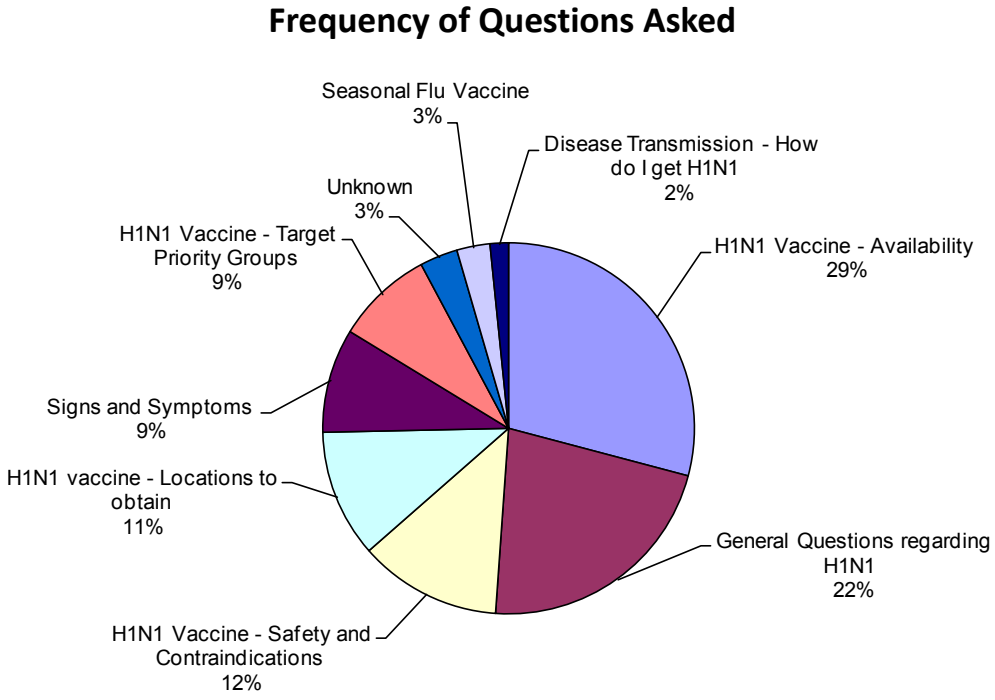
H1N1 Public Telephone Hotline

On October 5, 2009 KDPH established a telephone hotline to answer questions from the public. The hotline now averages about 39 calls a day. As of 1/06/2010, it has received 9,844 calls. The most common questions are noted in the chart below. The flu hotline is staffed by nurses and administered by Kosair Children's Hospital, a part of Norton Healthcare. The flu hotline will be active through at least the end of January.

Note: data is updated daily.	
Item	**Current as of:**
Count	**1/06/2010**
Type of questions	**1/06/2010**



The hotline number is 1 (877) 843-7727. It is available from 9 a.m.-5 p.m. daily



Cabinet for Health and Family Services
Department for Public Health
Division of Epidemiology and Health Planning

275 E. Main St.
HS2GWC
Frankfort, KY 40621

Phone: (502) 564-7243
Fax: (502) 564-0542

Dr. Kraig Humbaugh, Director

Dr. William Hacker, Commissioner

FOR THE LASTEST UPDATES ON H1N1, GO TO: WWW.HTTP://HEALTHALERTS.KY.GOV

National Influenza Vaccination Week

National Influenza Vaccination Week (NIVW) is a national observance that was established to highlight the importance of continuing influenza vaccination, as well as foster greater use of flu vaccine after the holiday season into January and beyond. This year's NIVW (originally scheduled for December 6-10, 2009) will be held **January 10-16, 2010**.

Since the spread of 2009 H1N1 influenza is likely to continue into the new year, NIVW will be an important opportunity to promote uptake of 2009 H1N1 flu vaccination at a time when demand for vaccine usually drops significantly. While influenza is unpredictable, and while we do not know the likelihood of a future wave of H1N1 influenza, we do know that if more people are vaccinated, the disease is less likely to spread in the coming months.

One of the many goals for NIVW is to engage at-risk audiences who are not yet vaccinated, hesitant about vaccination, or unsure about where to get vaccinated. Every year, certain days during NIVW are designated to highlight the importance for certain groups, like health care workers and children, to get vaccinated. This year's national schedule is as follows:

Day	Focus
Sunday, January 10	Kickoff
Monday, January	General audience and health care workers
Tuesday, January	People with chronic health conditions that
Wednesday, Janu-	Children, pregnant women, and caregivers
Thursday, January	Young adults (19 through 24 years old)
Friday, January 15	Seniors
Saturday, January	Wrap up

The Kentucky Department for Public Health has prepared clinical guidance for many H1N1 topics.
These documents are posted at the Health Alerts Website:
http://healthalerts.ky.gov/Pages/HealthProfessionalsInfo.aspx