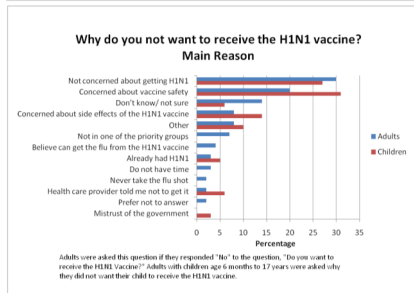




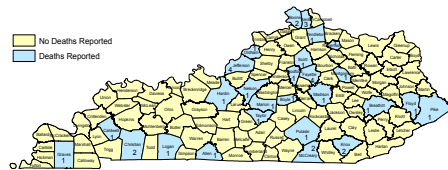
Kentucky Fluview H1N1 Weekly Surveillance Report

This Week

The Kentucky Department for Public Health conducted a telephone survey to determine H1N1 vaccine coverage in Kentucky. The survey, completed December 18th, indicated that 16% of adult Kentuckians had received the H1N1 vaccine, including 25% of adults in priority groups. 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. See pages 4-6 for a full report on the survey results.



No additional H1N1-associated deaths were confirmed in Kentucky during the past two weeks leaving our total count at thirty-nine deaths. (page 2)

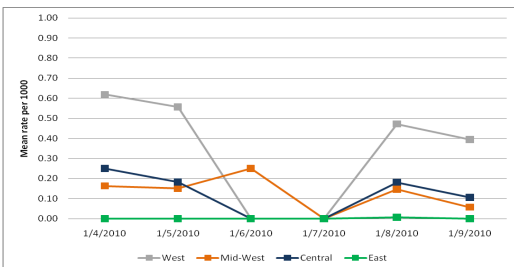


Publication Date
January 21, 2010
Issue # 9

Inside this issue:

Deaths	2
Virus Sub-Type Surveillance	3
Weekly U.S. Influenza Activity	3
H1N1 Vaccine Coverage Survey Results	4-6
H1N1 Vaccine Coverage Online Survey Results	7
National ILI Activity	7
School Surveillance	8
Vaccine Doses by Type	9
Vaccine Allocation, Ordered and Shipped	10
Public Hotline Stats	11
Public Health Works: Success stories	12-13
Professional Guidelines	13

Regional Mean Rate of Absences Attributed to ILI per 1,000 Enrolled Students

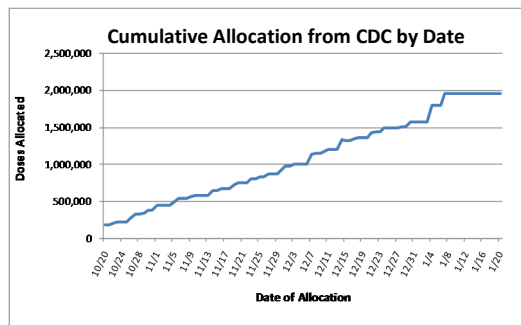


This week's *public health works* story highlights a very successful collaboration between the Lake Cumberland District Health Department (LCDHD), Pulaski County School System, and the Pulaski County Emergency Management Agency. More than

900 young children received flu vaccinations at a clinic held at the Hal Rogers Fire Training Center. (page 12-13)

School absenteeism remains low as the new year begins. (page 8)

Vaccine allocations have topped out at close to 2 million doses, as we wait for doses ordered to catch up with doses allocated. (page 10)



Other highlights in this issue:

- **H1N1 Hotline Alert!** The hotline will be shutting down COB Sunday, January 24, due to low call volume. See hotline stats page 11)
- Compare H1N1 Vaccine Availability Phone Survey Results to the online version (page 7)
- See newsletter margins to catch up on H1N1 special interest stories

When was this data updated?

Item	Current as of:
KY Deaths	1/20/2010
US deaths	1/09/2010

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

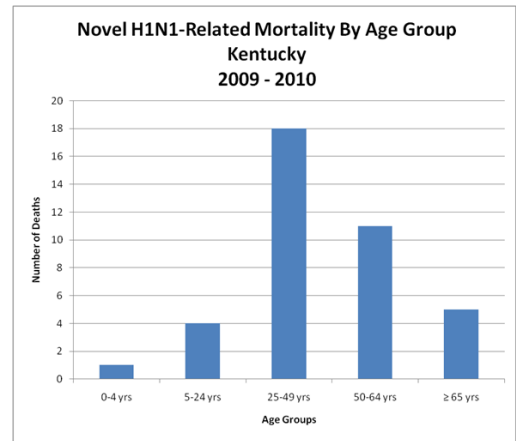
KDE—Kentucky Department of Education

US Pediatric Deaths with Confirmed novel H1N1 influenza

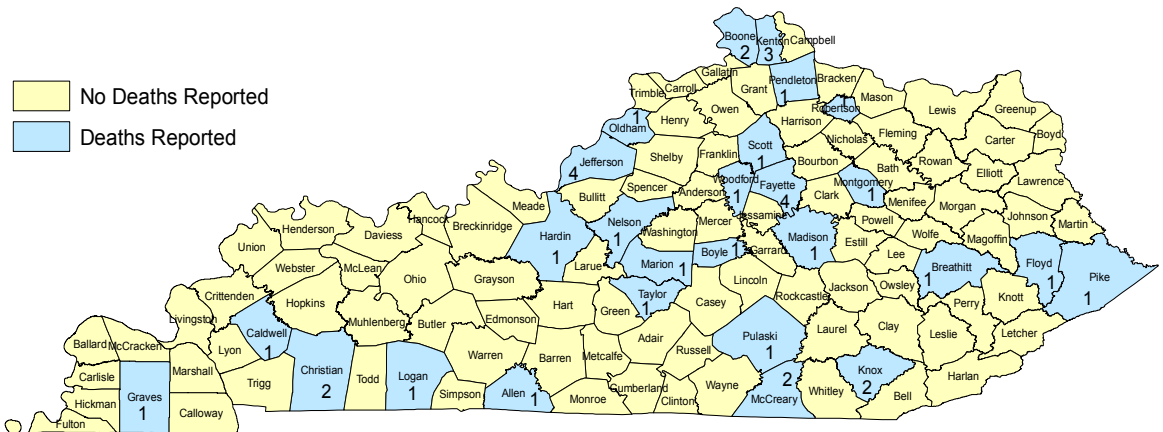
Dates	Deaths
1/3/2010–1/9/2010	6
Since Aug. 30, 2009	236

Laboratory Confirmed Kentucky Deaths-unchanged

No additional H1N1-associated deaths were confirmed in Kentucky during the past two weeks leaving our total count at thirty-nine deaths. These deaths involved only people with lab-confirmed novel H1N1 influenza. 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. The pattern seen in the figure, with the highest number of deaths in the 25-49 year-old age category, has been consistent throughout the pandemic in Kentucky.

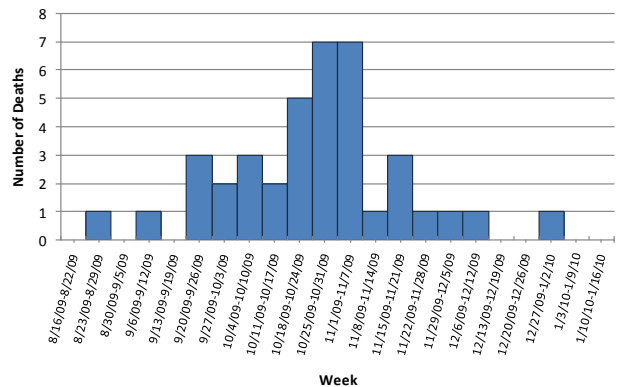


Number of Deaths Attributed to H1N1 by County, August 1, 2009 – January 20, 2010



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. There have been no deaths reported since the first week of January.

Novel H1N1-Related Mortality by Week Kentucky 2009



US Deaths As Reported by Centers for Disease Control

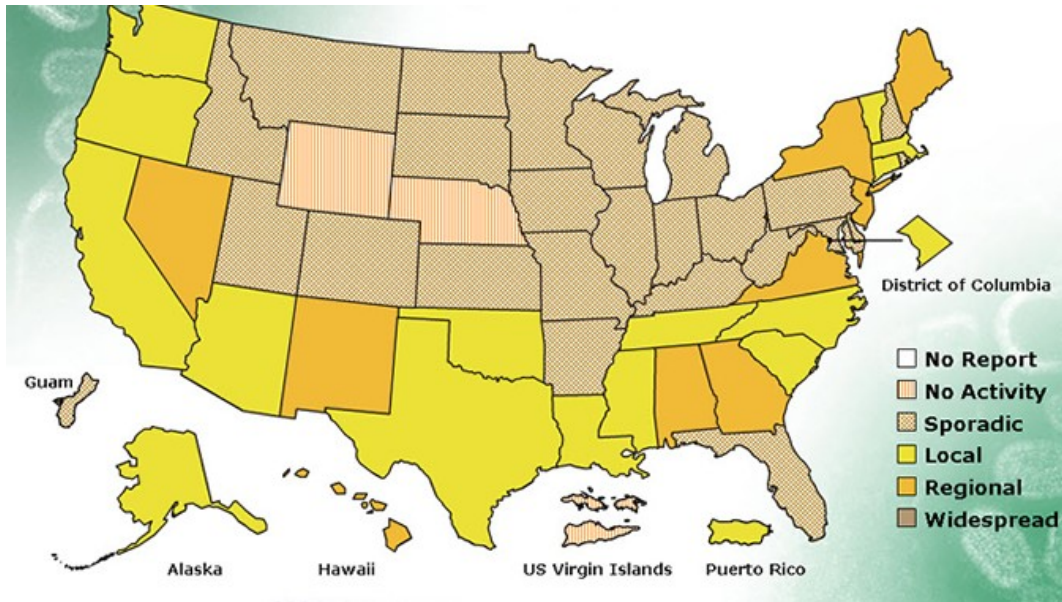
U.S. Influenza Deaths from 8/30 - 1/9/2010 Influenza Laboratory Test Confirmed	Hospitalizations 38,455	Deaths 1,779
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This data was posted on www.cdc.gov/h1n1flu/updates/us/

Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*

Kentucky continues to report sporadic influenza activity. States bordering KY to the north (IL, IN, and OH) also reported sporadic activity this week. VA is still experiencing regional activity, while TN is at local influenza activity. In the south, AL and GA continue to experience regional activity.

Week Ending January 8, 2010



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

Flu Factoid

Flu takes a big toll on children less than five years of age, especially children younger than 2 years. Each year in the United States, an average of 20,000 children younger than five years old are hospitalized, and around 100 children die because of complications from seasonal flu. With the spreading of the 2009 H1N1 influenza virus, the Centers for Disease Control and Prevention (CDC) estimates that from April through mid-November 2009, 10,000 people are estimated to have died from complications related to 2009 H1N1 - and many have been children and young people. Vaccination against 2009 H1N1 flu is recommended for all children, teens and young adults, ages 6 months through 24 years, and is increasingly available through state health departments, pediatrician offices and health clinics.

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.

A total of 4,368 specimens were submitted by providers to the state lab for testing between August 1, 2009 and January 19, 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.

	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.*
Specimens Tested	327	769	1594	1106	453	119
Specimens positive for Flu	116	358	857	430	172	15
H1N1	114	358	855	430	171	15
Seasonal Flu subtype	2	0	2	0	1	0

When was this data updated?

Item	Current as of:
Lab counts	1/19/2010

*Note that tests for January do not represent a full month and are current up to 01/19/10.

When was this data updated?

Item	Current as of:
H1N1 Vaccine Survey Results	12/18/09

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 of 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 2009

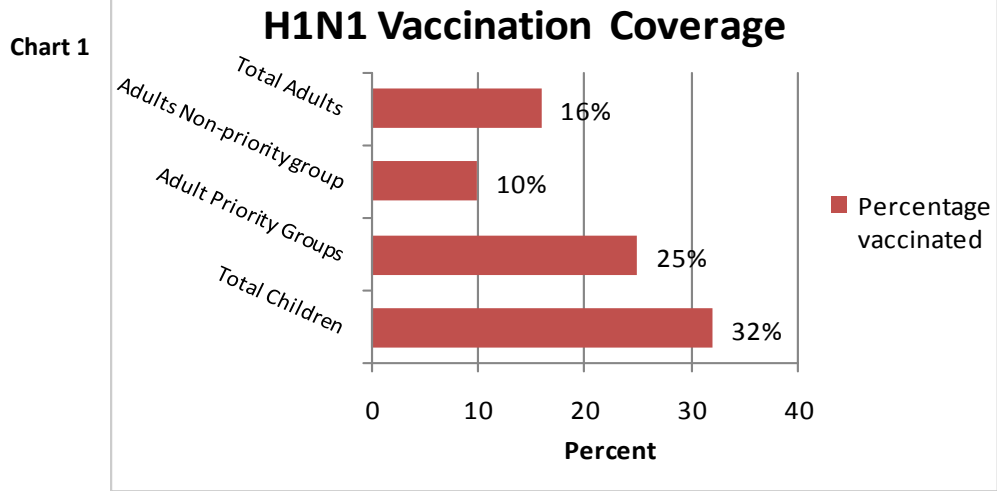
Kentucky H1N1 Vaccine Availability Survey Results

In order to examine overall vaccine coverage, vaccine uptake within priority groups, and public demand for H1N1 vaccine, Kentucky Department for Public Health conducted a random phone survey of adult Kentucky residents. The results from the survey are reported from pages 4 through 6.

Percent Vaccinated

As of December 18, a total of 801 adults had been surveyed in Kentucky homes. Of the respondents, 16% had received the H1N1 vaccine. Among the H1N1 adult priority groups, 25% had received the H1N1 vaccine (Chart 1). The priority groups included 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.

Methodology
On behalf of the Kentucky Department for Public Health, 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, 2009, and 801 respondents age 18 and older participated. Among the respondents, 235 answered questions regarding vaccination coverage of a randomly selected child age 6 months to 17 years in their household. The margin of error is ± 3.5%. Percentages may not total 100% due to rounding.



Want to Receive the H1N1 Vaccine

At the time of the survey, the majority of the respondents had not had the opportunity to be vaccinated yet. Of those adults who had not been vaccinated, 22% wanted to be vaccinated in the future (Chart 2). Among the adults whose children had not been vaccinated, 26% wanted their child to receive the H1N1 vaccine (Chart 3). Among those in the adult priority groups who had not been vaccinated, 27% wanted to receive the H1N1 vaccine.

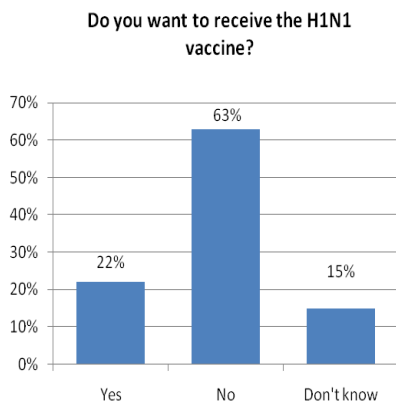


Chart 2

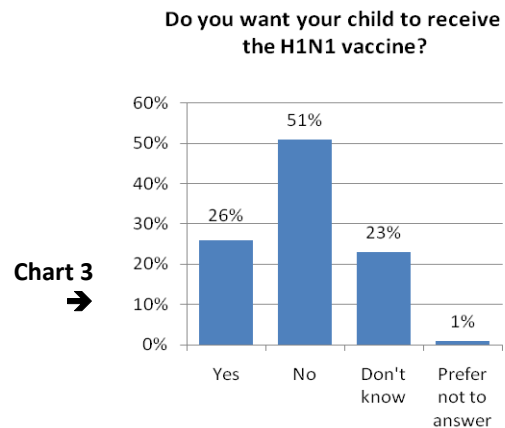


Chart 3

Reasons for Not Receiving the H1N1 Vaccine

Adults

Of those adults who wanted the H1N1 vaccine, but had not received the vaccination, yet, the reason with the highest percentage was “No vaccine was available”(19%), followed by “Not in one of the priority groups” (16%), “Did not have time” (14%), and “Haven’t tried” (13%) (Chart 4). Among adults who stated they did not want

Why have you (your child) not received the H1N1 vaccine, yet? (Main Reason)

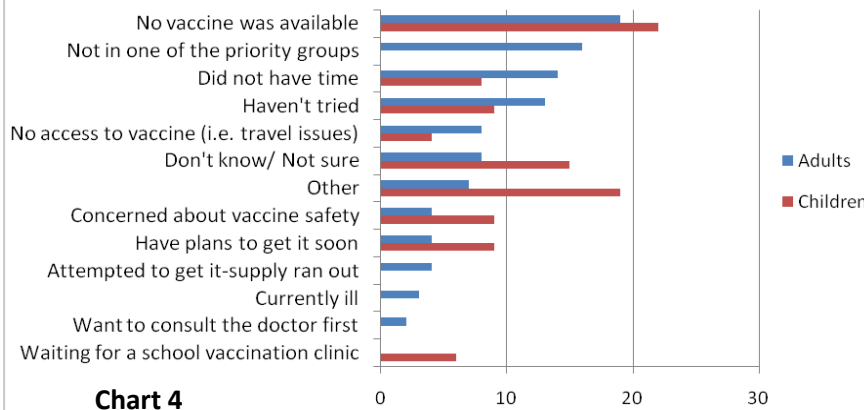


Chart 4

the H1N1 vaccine, “Not concerned about getting H1N1” (30%) was the most frequently stated reason, followed by “Concerned about vaccine safety” (20%) “Concerned about the side effects of the H1N1 vaccine” (7%), and “Not in one of the priority groups”(7%) (Chart 5).

Children

Of those adults who wanted the vaccine for their child, but had not yet gotten their child vaccinated, the reason with the highest percentage was “No vaccine was available” (21%), followed by “Don’t know” (15%), “Concerned about vaccine safety” (9%), “Planning to get the vaccine” (9%), and “Haven’t tried” (9%) (Chart 4). For those adults with children, who did not want their children vaccinated,

“Concern about vaccine safety” (31%) was the most frequently stated reason why respondents did not want the H1N1 vaccine for their child followed by “Not concerned about this child getting H1N1” (27%) “Concerned about side effects of the H1N1 vaccine” (14%), and “Health care provider told me not to get it” (6%) (Chart 5).

Why do you not want (or not want your child) to receive the H1N1 vaccine? (Main Reason)

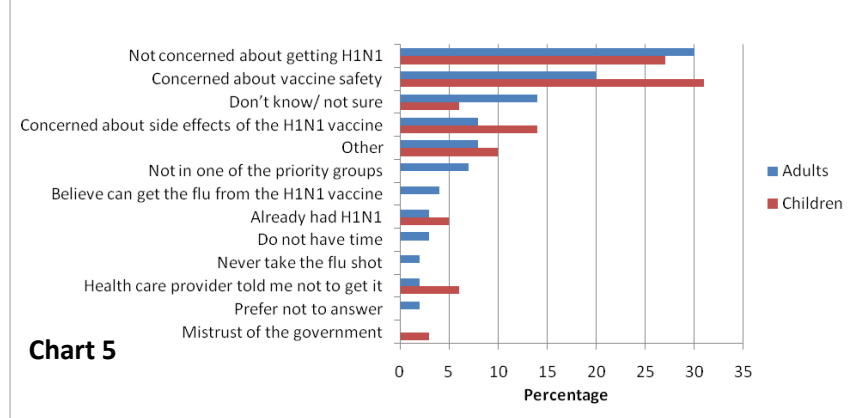


Chart 5

Pregnant Women and H1N1 Vaccine

When a pregnant woman gets a flu shot, it can protect both her and her baby. Research has found that pregnant women who had a flu shot get sick less often with the flu than do pregnant women who did not get a flu shot. One study even showed that babies born to mothers who had a flu shot in pregnancy also are less likely to get sick with flu than do babies whose mothers did not get a flu shot.

Breast milk is the perfect food for your baby. Babies who are breastfed get sick from infections like the flu less often and less severely than babies who are not breastfed. You can breast-feed even if you have just gotten flu vaccine.

Form of Vaccine Administered

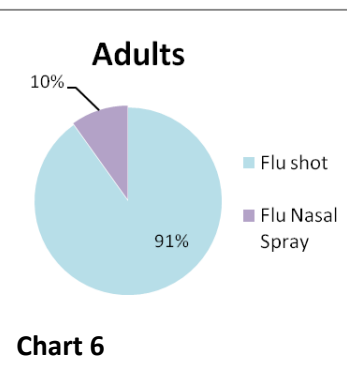


Chart 6

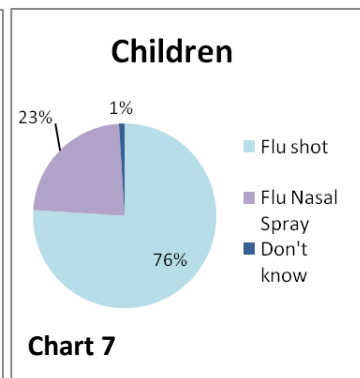


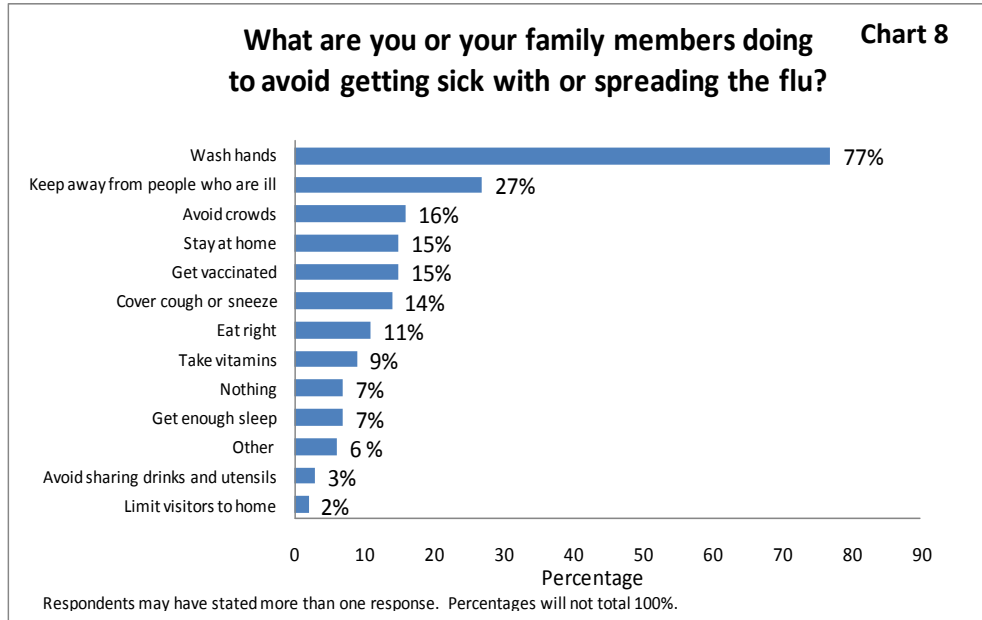
Chart 7

Form of the H1N1 Vaccine

- Among adults, 91% received the vaccine in the form of a shot and 10% received a mist. (Chart 6)
- Among children, 76% received the vaccine in the form of a shot and 23% received a mist. (Chart 7)

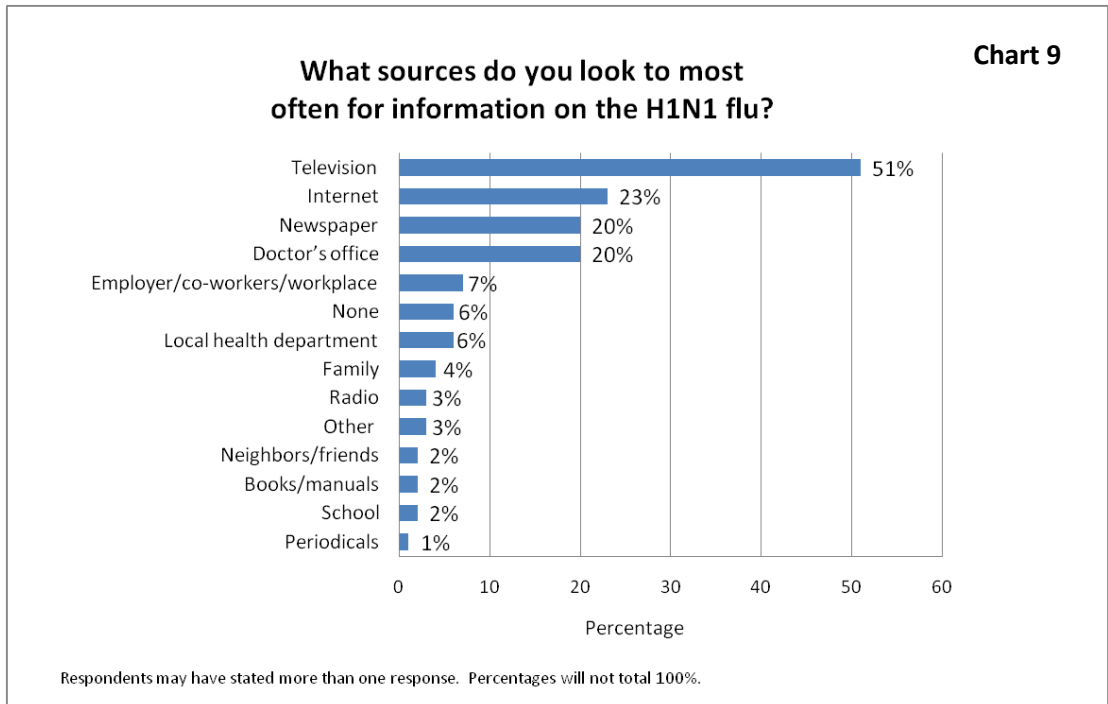
Flu Prevention

When respondents were asked what they were doing to avoid getting sick with or spreading the flu the majority (77%), said that they washed their hands. Other top responses included keeping away from people who are sick (27%) avoiding crowds (16%), getting vaccinated (15%), and staying at home (15%) (Chart 8).



Preferred Source of H1N1 Information

The majority of respondents, 51%, reported television as their main source of information for H1N1 flu, followed by the internet (23%), newspapers (20%), and their doctor's office (20%) (Chart 9).



Harvard Survey: Public Attitudes about the H1N1 Flu Vaccine

Are you or someone in your family concerned about getting H1N1 in the next 12 months?	52% were concerned
Do you think you will get the H1N1 vaccine?	53% said 'yes', 40% said 'absolutely certain'
Do you think you will get this vaccine for one or more of your children?	70% said 'yes', 51% said 'absolutely certain'

The above survey results are from the *Harvard Opinion Research Program*, Harvard School of Public Health. Conducted September 14-20, 2009.

Kentucky H1N1 Vaccine Availability Online Survey Results

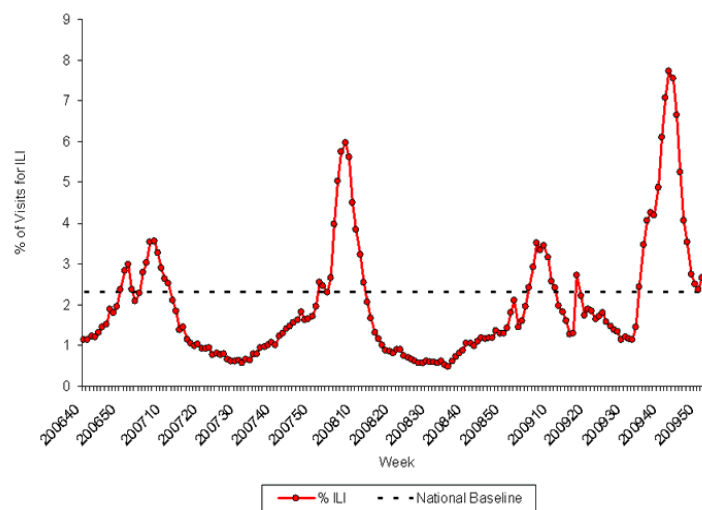
From December 10 to December 21, the Matrix Group also conducted an online survey to determine H1N1 vaccination coverage. The online survey located on the healthalerts.ky.gov website was publicized by a press release and through various distribution lists. The same questions that were asked to respondents of the telephone survey were included on the online survey. Of the 582 adults that responded to the online survey, 56% had received the H1N1 vaccine. Of those in priority groups, 70% had received the vaccine. Among adults with children age 6 months to 17 years in their household, 60% said that their randomly selected child had received the H1N1 vaccine. A primary reason why the H1N1 vaccination coverage estimates were higher for the online sample is because over one third of the respondents to the online survey were health care workers. Less than one tenth of the telephone survey respondents were health care workers. This group was specifically targeted to receive the H1N1 vaccine. The telephone survey respondents were randomly selected and their responses would more closely represent true vaccination coverage throughout the commonwealth at the time of the survey. The online survey respondents were part of a self selected convenience sample and were not randomly selected to participate.

When was this data updated?	
Item	Current as of:
ILI outpatient visits	12/26/09

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.

Nationwide during the week of December 13th-19th, 2.3% of patient visits reported through sentinel providers via 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.



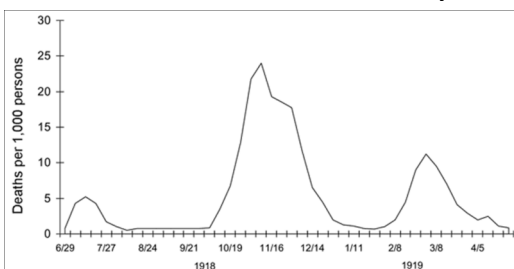
World Health Organization (WHO) Perspective of H1N1 Flu Severity

Flu pandemic remains moderate, easing in areas

The pandemic (H1N1) 2009 influenza virus outbreak remains moderate and its effects are probably closer to those of 1957 and 1968 than the far more deadly 1918 version, the World Health Organization (WHO) said. Margaret Chan, WHO director-general, also said the H1N1 pandemic appeared to be easing in the northern hemisphere but could still cause infections until winter ends in April. It was too soon to say what would happen once the southern hemisphere enters winter and the virus becomes more infectious.

History Shows Pandemics Often Occur in 'Waves'

1918 Influenza Pandemic Mortality



Although the incidence of novel H1N1 influenza has dropped in Kentucky and nationally, history has shown us that this may not be the end of the pandemic. It is possible that other waves of influenza activity may occur – caused by either 2009 H1N1 viruses or regular seasonal flu viruses. As seen in the graph to the left, the 1918 Influenza Pandemic Mortality occurred in three waves.

Source:

<http://www.reutershealth.com/archive/2010/01/18/eline/links/20100118elin009.html>

Date:

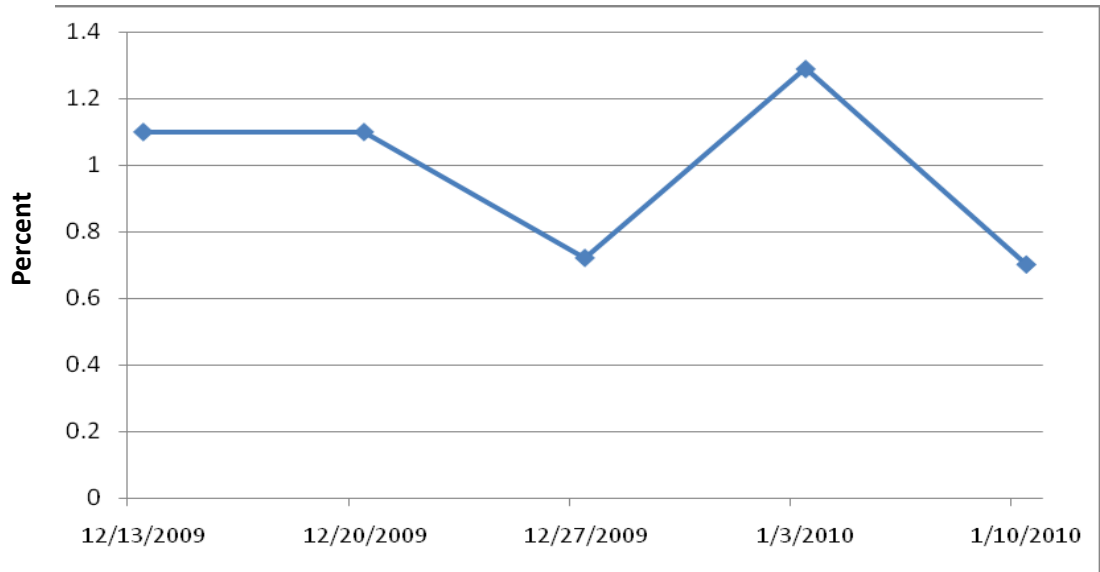
19 January 2010

School Absenteeism Attributed to ILI

The KDPH, in collaboration with KDE, collects self-report data on school absences and school closures attributed to ILI from Kentucky public schools. School absenteeism data is continuously updated and may change as school census updates are provided.

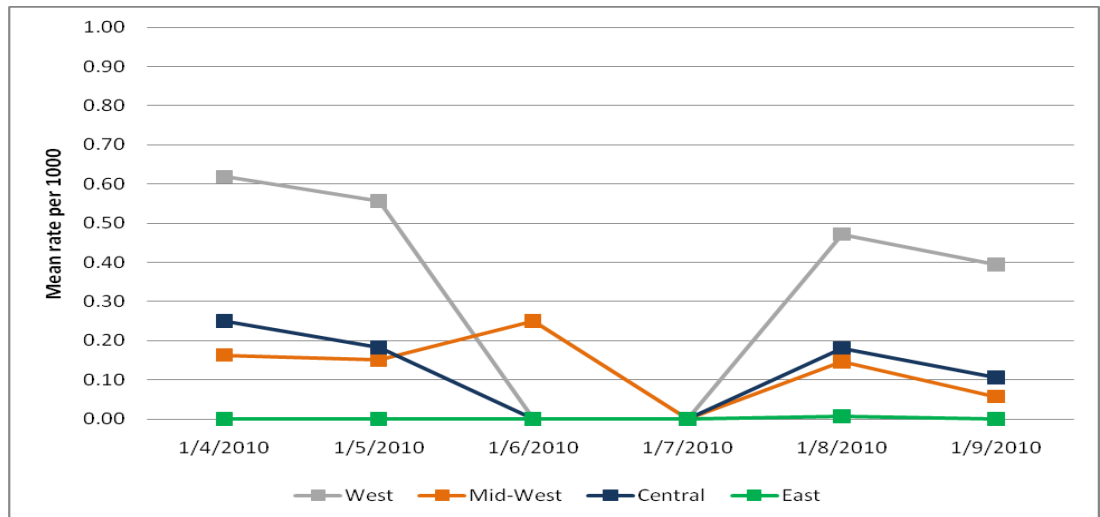
The following graph is the time series of ILI reporting from the Kentucky sentinel physician network for MMWR weeks 50-52 of 2009 and the first two weeks of 2010. ILI encounters are calculated as a percentage of the total patients seen by the sentinel physician during the MMWR reporting week.

Sentinel Physician Reporting of Percent of Encounters Attributed to ILI



The chart below depicts the trend in mean rate of absences attributed to ILI per 1,000 children enrolled in Kentucky public schools from 01/04/2010 – 01/09/2010, stratified by region. The maximum rate of ILI absences reported in Kentucky schools during the H1N1 epidemic was 10 per 1,000 students. As you can see, in the first full week of January the regional absence rates attributed to ILI are well below the maximum.

Regional Mean Rate of Absences Attributed to ILI per 1,000 Enrolled Students



H1N1 and Native Americans and Alaskan Natives

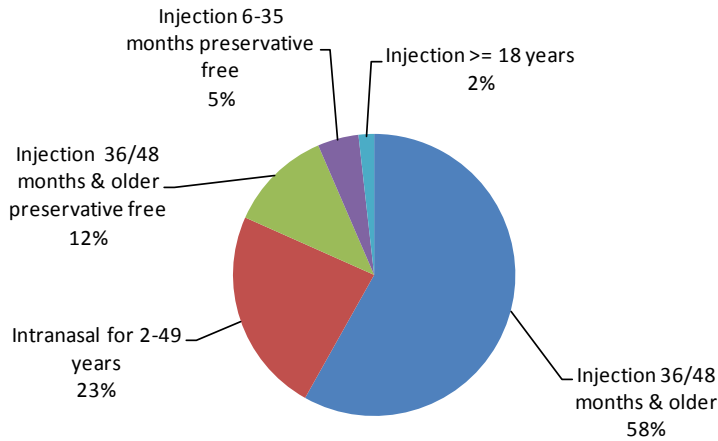
Influenza pandemic (H1N1) 2009 virus infection kills Native Americans and Alaskan Natives at 4 times the rate of the rest of the population, making immunizations critical for native people, say national health experts. Kathleen Sebelius, United States Health and Human Services (HHS) Secretary said more Native Americans die from H1N1 complications because the population has a higher rate of underlying health issues and an inability to access health care in remote reservations.

H1N1 immunizations are available at all Indian Health Services facilities, as well as at public clinics in most states, Dr. Yvette Roubideaux, director of Indian Health Services said. With a 3rd wave of the virus expected, the Indian Health Services, HHS and CDC are warning Native people not to become complacent in light of the current lull in flu cases.

Source: Rapid City Journal [edited]
<http://www.rapidcityjournal.com/news/article>

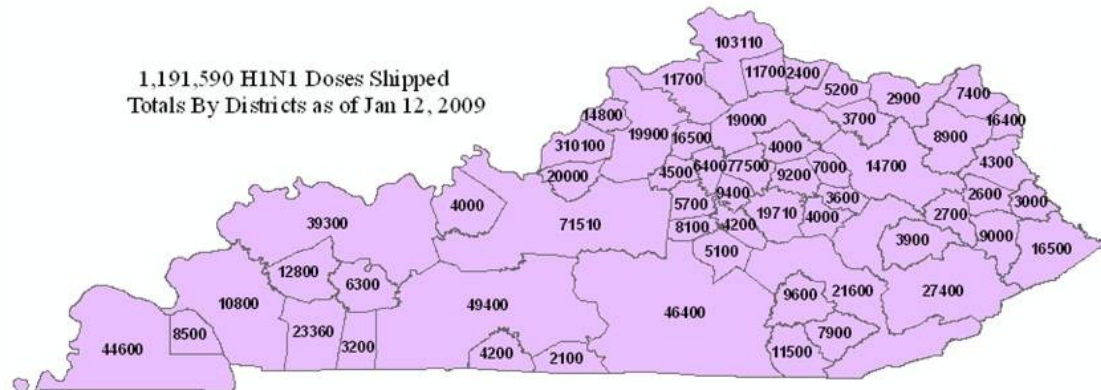
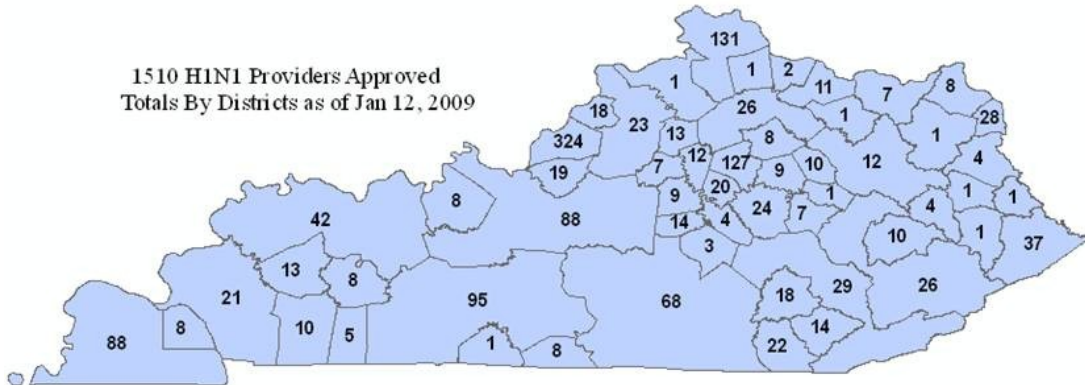
Date: 13 January 2010

Doses Shipped by Type



Type of Vaccine	Ordered	Shipped
Injection 36/48 months & older	758,800	705,700
Intranasal for 2-49 years	285,700	285,700
Injection 36/48 months & older preservative free	143,800	143,800
Injection 6-35 months preservative free	57,100	57,100
Injection >= 18 years	24,300	21,300
Total	1,269,700	1,213,600

Vaccine Distribution By Health District



When was this data updated?	
Item	Current as of:
Doses by type	1/20/10

Retail Pharmacy Chains and Retail Based H1N1 Vaccine Clinics

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.

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.

When was this data updated?	
Item	Current as of:
Providers Approved	1/12/10
Doses shipped	1/12/10

When was this data updated?

Item	Current as of:
Doses allocated	1/19/2010
Ordered and shipped	1/19/2010

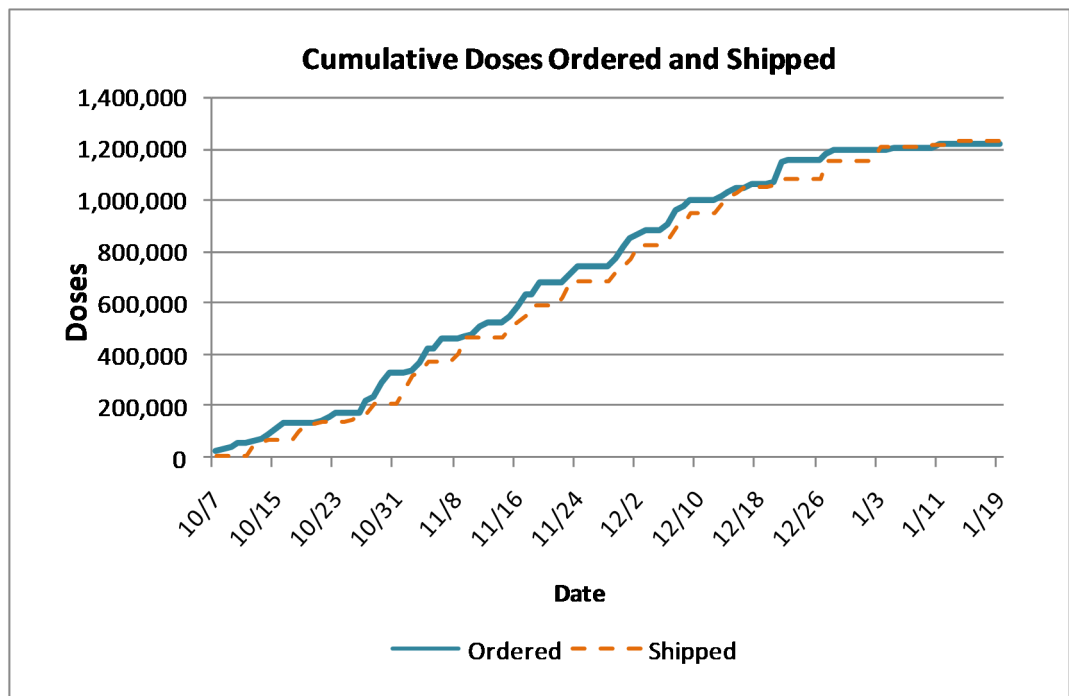
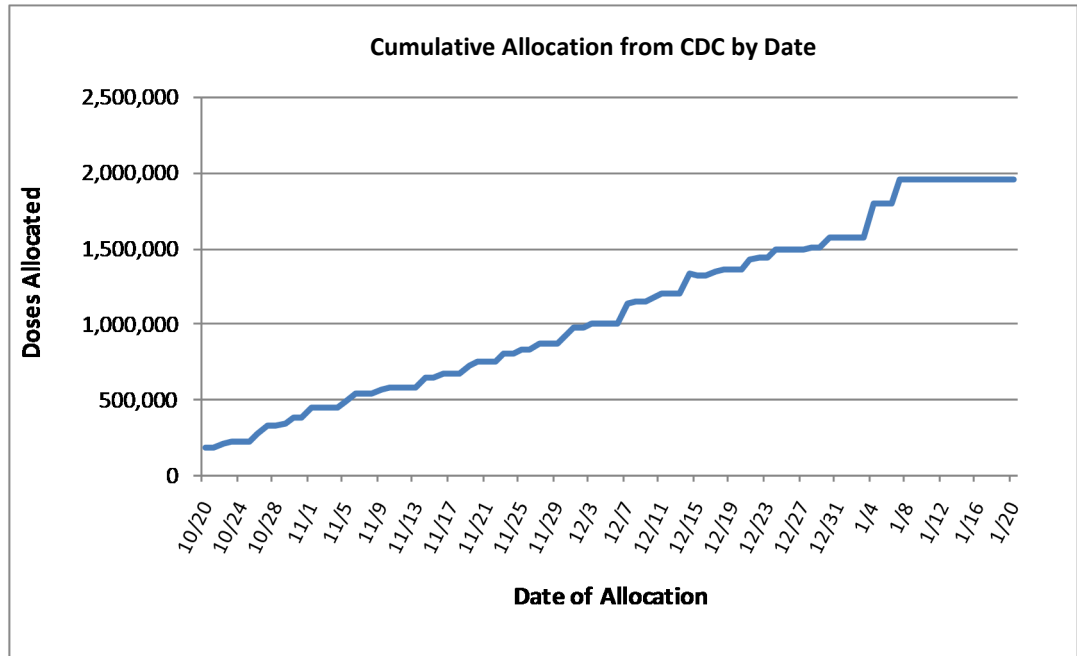
Google Flu Trends

Each week, millions of Google users around the world search for health information online. As you might expect, there are more flu-related searches during flu season, more allergy-related searches during allergy season, and more sunburn-related searches during the summer. Google found a close relationship between how many people search for flu-related topics and how many people actually have flu symptoms. Of course, not every person who searches for "flu" is actually sick, but a pattern emerges when all the flu-related search queries are added together. Google compared their query counts with traditional flu surveillance systems and found that many search queries tend to be popular exactly when flu season is happening.

For further information, visit:
<http://www.google.org/flutrends/>

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 as of 1/19/10 is 1,952,100 doses.



The total number of doses ordered through 1/19/2010 was 1,216,900. For more information about the types of vaccines ordered and shipped see page 9.

H1N1 Hotline Alert

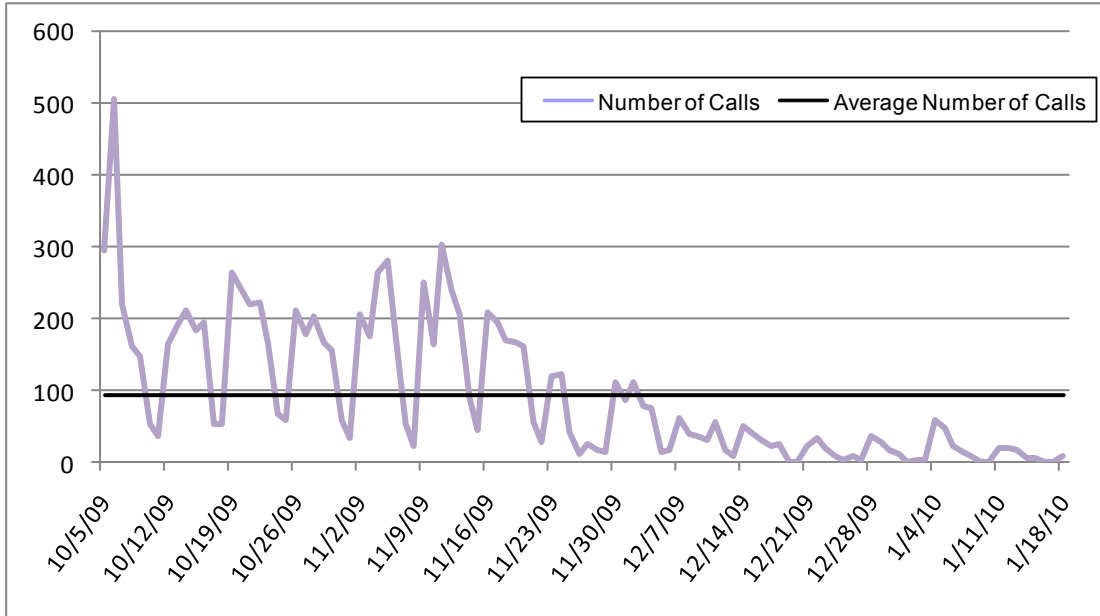
The hotline will be shutting down COB Sunday, January 24, due to low call volume.

H1N1 Public Telephone Hotline

On October 5, 2009 KDPH established a telephone hotline to answer questions from the public. The hotline now averages about 8 calls a day. As of 1/19/2010, it has received 9,963 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.

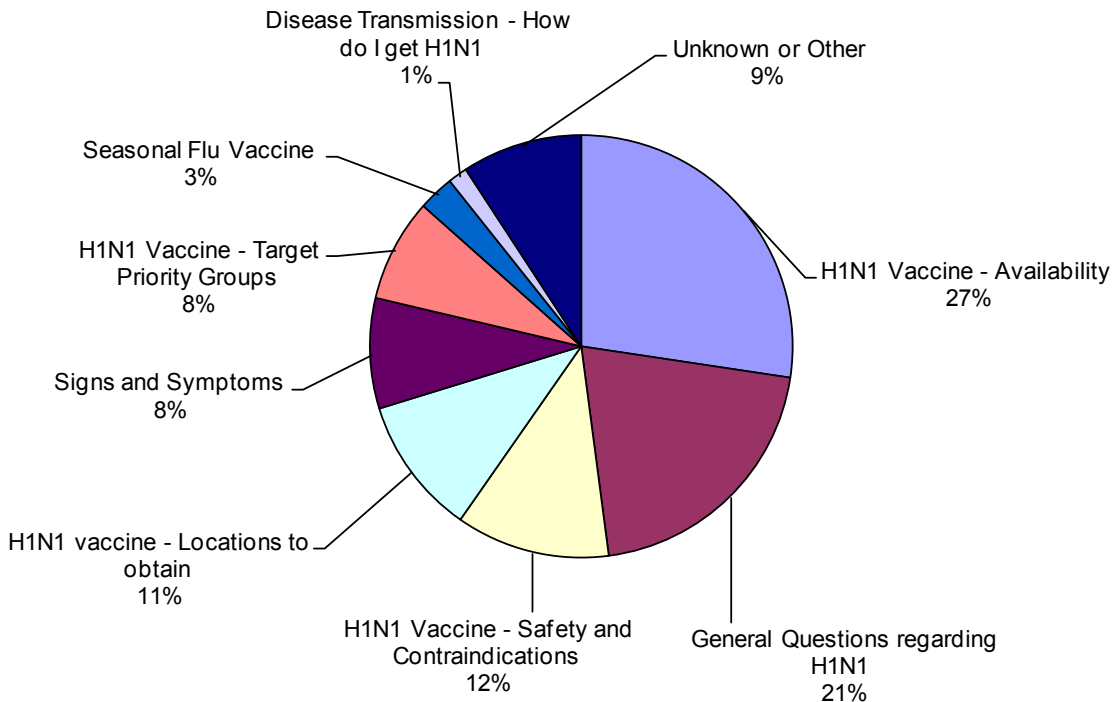
Note: data is updated daily.	
Item	Current as of:
Count	1/06/2010
Type of questions	1/06/2010

Count of Calls, per day



The hotline number is 1 (877) 843-7727. It is available from 9 a.m.-5 p.m. daily **Until COB Sunday, January 24**

Frequency of Questions Asked



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.

Public Health Works

The story below is from Somerset's Commonwealth Journal. It highlights a successful collaboration between the Lake Cumberland District Health Department (LCDHD), Pulaski County School System, and the Pulaski County Emergency Management Agency. In 4 hours and with an approximate throughput of 250/hour, the LCDHD staff vaccinated over 900 children from 13 area elementary and middle schools. This effort was effective because of how the children were moved through the point of distribution. There was a holding area, vaccinating area, and exit waiting room – the children were bused to 1 location, unloaded into 1 of 2 holding areas, moved by group into the vaccinating area, and then to the exit waiting room where they were reloaded on the bus and returned to school. The master-mind of the operation, Tiger Robinson, Pulaski County Emergency Manager lovingly called his plan "Operation Cattle Chute," because of the way the children were moved through the facility. This large endeavor would not have been possible if there hadn't been a strong existing relationship between the LCDHD, Pulaski Co. Schools, and Pulaski Co. Emergency Management. Each partner was key in the smooth execution of this operation.

900 local students receive swine flu vaccine, Somerset

By **TRICIA NEAL, Staff Writer**
Commonwealth Journal

More than 900 elementary school students received vaccinations to prevent the H1N1 virus yesterday at a mass clinic held by the Lake Cumberland District Health Department at the Hal Rogers Fire Training Center.

Students from all over the Pulaski County school district came by bus to the North Ky. 1247 facility to receive the vaccination either by a nasal mist or a shot. All students who received the vaccine had permission from their guardians, who were notified of the clinic through a letter which was sent home from each of the elementary schools.

The clinic was expected to last past noon, but the process went so smoothly that the children were finished by 11:30 a.m.

"There was a 7-10 minute wait (for the children) from the time they came in the door until they got their vaccine," said Patricia Burton, public information officer for the Lake Cumberland District Health Department.

Burton said most of the children received their vaccinations well, in spite of the fact that many came without their parents.

"The kids did well because they were around their peers," she said.

Each table in the facility was staffed by two nurses and a helper — and school staff and even some principals and family resource center workers were available to direct the youngsters and comfort them if they were uneasy about receiving the shot or mist.

"They were patting them on their heads, and some were even letting the kids sit in their lap while they got the vaccine," Burton said.

Burton also said the nurses took their time with each child and explained what was going to happen when they got their vaccinations.

Burton and fellow public information officer Natalie True said the clinic was offered in an effort to get a large number of children vaccinated in a short amount of time.

"We were able to get this done in a few hours instead of all these families having to make appointments elsewhere," True said.

Public Health Works

Somerset –continued

Burton said the local school systems expressed interest in offering the vaccination to students as soon as the H1N1 virus began spreading.

The Science Hill Independent School District also hosted an on-site flu shot clinic yesterday.

An on-site clinic will be held at Hopkins Elementary School on Monday, Nov. 16.

The Memorial Education Center and other area preschools will be holding on-site clinics on Nov. 17.

Vaccinations for children between the ages of 6 and 36 months will be available at the LCDHD on Nov. 19. Contact the health department for an appointment.

Local middle and high schools will have on-site clinics on Nov. 20.

Those who can't attend the on-site clinics can contact their local pharmacy, doctor's office, or the local health department to check on the availability of the vaccines at those locations.



Right: Four-year-old Jaydin Foster, a preschool student at Burnside Elementary School, was apprehensive about receiving an H1N1 vaccination — until nurse practitioner Micki Hamilton, right, of the Lake Cumberland District Health Department actually gave him the shot. His tears disappeared quickly when he realized his pain was short-lived. Jaydin was being held by community worker Melinda Brinson. More than 900 young children received flu vaccinations at a clinic held at the Hal Rogers Fire Training Center.

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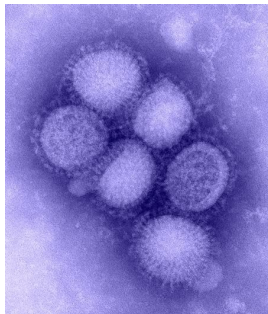
Professional Guidance

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>

- Vaccine Adverse Events Reporting System (VAERS) Guidelines
- Updated Clinician's Guidance Letter
- Novel H1N1 Influenza Key Points for Clinicians
- Updated Clinician's Guidance for Pediatric Prescription of Oseltamivir (Tamiflu) for H1N1 Treatment

- Novel H1N1 Vaccinator Recruitment Letter
- Recommended Modifications of Existing CDC Recommendations for Infection Control in Healthcare Settings and for Face-mask and N95 Respirator Use
- Updated Clinician H1N1 Testing and Treatment Algorithm
- H1N1 Provider Enrollment Packet
- Pharmacy Only - H1N1 Pharmacy Provider Enrollment Form
- Facts About Facemasks Sheet

The page also has links to CDC guidance documents.



The H1N1 Virus

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UPDATES ON
H1N1, GO TO:
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