



THE PUBLIC HEALTH CONNECTION

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Paula Calkins-Lacombe— Director of Public Health

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SPECIAL INFLUENZA EDITION

Updates in the Flu Recommendations

The 2009 recommendations include three principal changes or updates:

- Annual vaccination of all children aged 6 months to 18 years should begin as soon as the 2009 – 2010 influenza vaccine is available. Annual vaccination of all children aged 6 months to 59 months and older, children with conditions that place them at increased risk for complications from influenza should continue to be a primary focus of vaccination efforts as providers and programs transition to routinely vaccinating all children.
- The 2009 – 2010 trivalent vaccine virus strains are A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Brisbane 60/2008-like antigens.
- Most seasonal influenza A (H1N1) virus strains tested from the United States and other countries are now resistant to oseltamivir. Recommendations for influenza diagnosis and antiviral use will be published later in 2009. CDC issued interim recommendations for antiviral treatment and chemoprophylaxis of influenza in December 2008 and these should be consulted for guidance pending recommendations from the ACIP.

For more information:

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5808a1.htm?s_cid=rr5808a1_e

Influenza Vaccination of Children



- Children 6 months through 8 years of age who did not receive the recommended second dose of influenza vaccine in the initial year that they received influenza vaccine should receive 2 doses during the next influenza season.
- Children 6 months through 8 years of age who are being vaccinated two or more seasons after receiving an influenza vaccine for the first time should receive a single annual dose, regardless of the number of doses administered previously.

Prior Vaccination	This Year
1 dose last year (only dose)	2 doses
1 dose 2 years ago, 1 dose last year	1 dose
1 dose 2 years ago (only dose)	1 dose

FRIENDLY REMINDER

Prepare patients for flu season by:

- providing information on safely managing illness at home; supplies, handwashing, respiratory etiquette and when to call the doctor.

Please be sensitive to the ER crowding concerns expressed by our community partner CVPH when directing patient flow.

Mandatory Flu Vaccination for Healthcare Workers



The New York State Hospital Planning and Review Council (SHRPC) Codes and Regulations Committee has approved an emergency regulation to require flu vaccinations as a condition of employment for all healthcare personnel, both paid and unpaid, who interact with patients in hospitals, diagnostic and treatment centers, certified home health agencies, long-term healthcare programs, AIDS home care programs, licensed home care services, and hospices.

Under the regulation, hospitals and other covered health care facilities have to provide or arrange for the flu vaccinations at no cost to their employees. This requires mandated facilities to document that existing staff have had H1N1 and seasonal influenza vaccinations this year by November 30 and that new staff entering on or after November 30th have influenza vaccinations. A worker will be exempt only if a physician or nurse practitioner verifies that the vaccine is medically contraindicated.

For more information:

www.health.state.ny.us/.../2009-08-13_health_care_personnel_influenza_vaccination_requirements.pdf



Primary Changes and Updates in the Flu Recommendations
Influenza Vaccination of Children
Mandatory vaccination of Health Care Workers
Pneumococcal Vaccine Recommendations for 2009
Become an Influenza ILINet Surveillance Provider

Did You Know?

Vaccination efforts should begin as soon as vaccine is available.

Of the 83% of the United States populations specifically recommended for annual vaccination against seasonal influenza, less than 40% received the 2008-2009 influenza vaccine.

Vaccination during the fall will establish titers that will remain effective throughout the flu season.

Vaccination should continue through March and beyond.

According to the CDC, in more than 80% of influenza seasons since 1976, peak influenza activity (which is often close to the midpoint of influenza activity for the season) has not occurred until January or later. In more than 60% of seasons, the peak was in February or later. Vaccination efforts should continue throughout the season. Duration of the influenza season varies, and influenza might not appear in certain communities until February or March. Locally, Clinton County had 13 lab confirmed influenza cases in March of this year and 6 cases in April.

Healthcare providers should be alert to announcements of seasonal influenza recommendation updates and supplements. For information:

CCHD Influenza information:

www.clintonhealth.org

CDC Seasonal Influenza Information for Professionals:

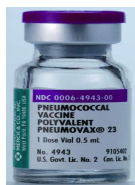
<http://www.cdc.gov/flu/professionals/index.htm>

NYSDOH Seasonal Influenza:

<http://www.nyhealth.gov/diseases/communicable/influenza/seasonal/>

Clinton County Health Department
Health Services Unit
133 Margaret Street
Plattsburgh, NY 12901
Tel: (518) 565-4848
Fax: (518) 565-4821
Information Line: (518) 565-4490
www.clintonhealth.org

Pneumococcal Vaccine Recommendations for 2009



New



• **Any adult 19 through 64 years of age who is a smoker or has asthma.**

• All adults 65 years of age and older.
• Anyone 2 through 64 years of age who has a long-term health problem such as: heart disease, lung disease, sickle cell disease, diabetes, alcoholism, cirrhosis, leaks of cerebrospinal fluid or cochlear implant.

• Anyone 2 through 64 years of age who has a disease or condition that lowers the body's resistance to infection, such as: Hodgkin's disease; lymphoma or leukemia; kidney failure; multiple myeloma; nephrotic syndrome; HIV infection or AIDS; damaged spleen, or no spleen; organ transplant.

• Anyone 2 through 64 years of age who is taking a drug or treatment that lowers the body's resistance to infection, such as: long-term steroids, certain cancer drugs, radiation therapy. PPSV may be less effective for some people, especially those with lower resistance to infection. However, these people should still be vaccinated, because they are more likely to have serious complications if they get pneumococcal disease.

Questions about the NYS Vaccines for Children Program?

Call or email:

1-800-543-7468

nyvfc@health.state.ny.us

Clinton County does not discriminate on the basis of race, color, national origin, sex, sexual orientation, religion, or disability in employment or the provision of services.

Become an Influenza ILINet Surveillance Provider

In collaboration with the NYSDOH and the CDC, an ILINet provider (previously referred to as a sentinel influenza surveillance provider) conducts surveillance for influenza-like illness (ILI) in order to provide a state and nationwide picture of influenza virus and ILI activity. For each participating provider, surveillance consists of reporting the total number of patients visits and the total number of patient visits with ILI (fever over 100 degrees F with a cough or sore throat) by age group each week. Reports are sent via the internet or fax to a central data repository at CDC. Reporting typically takes less than 30 minutes per week. In addition, ILINet providers are able to submit a designated number of patient specimens to the NYSDOH Wadsworth Center for viral testing and sub-typing free of charge. Providers (physicians, physician assistants, nurses, and nurse practitioners) of any specialty and practice type are invited to enroll.

Why Volunteer?

Influenza viruses are constantly evolving and cause substantial morbidity and mortality (approximately 36,000 deaths nationally) every season. Data from ILINet providers is critical for monitoring the course of novel H1N1 influenza activity on a local, state and national level. ILINet providers receive feedback on data submitted, summaries of regional, statewide and national influenza data, and free subscriptions to CDC's *Morbidity and Mortality Weekly Report* and *Emerging Infectious Diseases Journal*.

For more information contact:

Donna Gowie, NYSDOH Coordinator
(518) 473-4439, dlg04@health.state.ny.us