



Dutchess County Department of Health Public Health Update*

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CDC Pneumonia Vaccine Recommendation and H1N1 Influenza Update

Date: November 17, 2009 - 12:00PM

Please Distribute to Healthcare Providers, Emergency Medicine, Pediatrics, Primary Care, Infectious Diseases, Internal Medicine, Family Medicine, Laboratory Medicine, Pulmonary Medicine, Critical Care, Nursing Homes, and Infection Control staff

SUMMARY:

- The Centers for Disease Control and Prevention (CDC) sent a letter to providers urging them to make sure all their adult patients with indications have received the pneumococcal polysaccharide vaccine. <http://www.cdc.gov/h1n1flu/vaccination/provider/lettertoprovider.htm>
- The CDC also released their "5 in 5: Clinician Quick Facts for 2009 H1N1" providing five quick facts for health care providers and clinicians to consider when evaluating a patient for antiviral treatment in five minutes or less. A copy is included in this communication.
- Dutchess County Department of Health reminds physicians to order 2009 H1N1 vaccine if they have not yet ordered vaccine. (see <https://hcsteamwork1.health.state.ny.us/pub> for more information).

CDC recently released sent a letter to physicians promoting pneumococcal vaccine for all their patients with indications for vaccination. During the influenza pandemics of the 20th century, secondary bacterial pneumonia was a frequent cause of illness and death and *Streptococcus pneumoniae* (pneumococcus) was reported as the most common etiology. With the current 2009 H1N1 influenza pandemic, and as with seasonal influenza, pneumococcal infections are once again being found among fatal cases in both children and adults.

During influenza outbreaks, pneumococcal vaccines may be useful in preventing secondary pneumococcal infections. All people who have existing indications for PPSV should be vaccinated according to current CDC's Advisory Committee on Immunization Practices' (ACIP) recommendations during this 2009-2010 influenza season, which will likely include circulation of both seasonal and 2009 H1N1 influenza viruses. Special emphasis should be placed on vaccinating adults under 65 years of age who have established high-risk conditions. Use of PPSV among people without current indications for vaccination is not recommended at this time.

Pneumococcal vaccine may be given at the same time as influenza vaccine. Visits for seasonal and 2009 H1N1 influenza vaccination provide a convenient time to evaluate patients for the need for pneumococcal vaccination. Because the indications for pneumococcal and seasonal influenza vaccines among adults are similar, the need for pneumococcal vaccination should be evaluated at the time of either seasonal influenza vaccination or 2009 H1N1 influenza vaccination. Persons who cannot remember if they've ever had pneumococcal vaccine should still be vaccinated.

***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.

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5 in 5: Clinician Quick Facts for 2009 H1N1

Information from the US Centers for Disease Control and Prevention (CDC) regarding health protection messages for the 2009 H1N1 flu outbreak.

It's Not Too Late After 48 Hours

While antiviral treatment is most effective when begun within 48 hours of influenza illness onset, studies have shown that hospitalized patients still benefit when treatment is started with oseltamivir more than 48 hours after illness onset. Outpatients, particularly those with risk factors for severe illness who are not improving, might also benefit from treatment initiated more than 48 hours after illness onset.

Many 2009 H1N1 Patients Can Benefit From Antiviral Treatment

All hospitalized patients with suspected or confirmed 2009 H1N1 should receive antiviral treatment with a neuraminidase inhibitor – either oseltamivir or zanamavir. Moderately ill patients, especially those with risk factors for severe illness, and those who appear to be getting worse can also benefit from neuraminidase inhibitors.

No Risk Factors Does Not Mean No Antiviral Treatment

While antivirals are recommended for treatment of 2009 H1N1 in patients with risk factors for severe disease, some people without risk factors may also benefit from antivirals. In fact, 40% of children and 20% of adults who end up hospitalized with complications of 2009 H1N1 have no risk factors. Clinical judgment is always an essential part of treatment decisions.

Treatment Shouldn't Wait Until Laboratory Confirmation

The earlier antiviral treatment is given, the more effective it is for the patient. If you suspect flu and feel antiviral treatment is warranted, then treat even if the rapid test is negative. Some rapid influenza screening tests may produce false negative results and obtaining more accurate testing results can take more than one day.

Capsules Can Ease Oseltamivir Suspension Shortage

Commercially produced pediatric oseltamivir suspension is in short supply. However, there are ample supplies of children's oseltamivir capsules, which can be mixed with syrup at home. Pharmacies can also compound adult oseltamivir capsules into a suspension for treatment of ill infants and children. Additional information on compounding can be found at: <http://www.cdc.gov/H1N1flu/pharmacist/>.