



QUARTERLY MORBIDITY REPORT

Novel H1N1 Influenza Vaccine and Seasonal Influenza Vaccine: Sorting it Out

MICHAEL C. CALDWELL, MD, MPH, DUTCHESS COUNTY COMMISSIONER OF HEALTH

The arrival of September is more than the resumption of school, soccer games and sweater weather, it also means the arrival of influenza vaccination season and this year, Novel H1N1 Influenza virus presents healthcare providers with yet another challenge!

Novel H1N1 Influenza Virus Vaccine

As all medical providers are aware, Novel Influenza A (H1N1) was first detected in southern California in mid-April 2009. We all are familiar with the increased rates of influenza-like illness in our communities. Evidence suggests that the immunity to this virus is low, particularly among the young. Most cases of hospitalizations, illness and deaths have occurred in persons less than 65 years of age. The virus has persisted through the summer and is expected to surge in this fall.

The U.S. government contracted for the development of Novel H1N1 virus vaccine through five vaccine manufacturers of currently U.S. licensed seasonal influenza vaccines. The phases of a vaccination program include: Vaccine development, Commercial scale manufacturing, Distribution and administration, and Post-launch effectiveness, safety and utilization monitoring. Both inactivated and live virus vaccine formulations will be available in October (inactivated licensed novel H1N1 vaccine in single-dose syringes or in multi-dose vials). Single dose syringes will be thimerosal-free for use in the pregnant and pediatric population.

The New York State Department of Health recently provided instructions to healthcare providers on how to pre-register to express interest in receiving novel H1N1 vaccine. Dutchess County Department of Health strongly encourages healthcare providers to be involved in this important effort to immunize priority patients. To register, please go to <https://hcsteamwork1.health.state.ny.us/pub>

The following are designated priority groups to receive Novel H1N1 vaccination: Pregnant women; Household contacts and caregivers of infants younger than 6 months of age; Health care personnel and emergency medical services personnel; Children, adolescents, and young adults ages 6 months through 24 years of age; and Adults 25 through 64 years of age with a medical condition that makes them at high risk for complications of influenza.

Seasonal Influenza Vaccine

Each year, 36,000 deaths occur due to influenza. While there has been a moderate increase in influenza vaccine coverage rates in recent years, vaccination rates for target populations still remains low. We continue to develop strategies to increase the numbers of individuals who receive the flu vaccine and we need to start at home. Ask yourself the following questions regarding your healthcare setting: Does your facility encourage employees to get the flu vaccine? Do you lead by example by receiving an annual vaccine? Does your facility or practice support an annual vaccination campaign and make it easy for employees to receive?

According to the Joint Commission on the Accreditation of Healthcare Organizations, influenza vaccination rates for healthcare workers are below 50%. As a result of their findings, JCAHO has developed a publication and podcast to assist healthcare organizations of any size to implement practical strategies to improve influenza vaccination rates for healthcare workers. The program, "Providing a

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The Dutchess County Department of Health's Mission is to protect and promote the health of individuals, families, communities, and the environment.

We are committed to the core functions of public health: Assessment, Assurance, and Policy Development.

We strive to deliver the essential services necessary for people to live healthy lives.

We are increasingly data-driven in our priority setting, applying our resources in ways that optimize prevention and risk reduction.

BMI REPORTING: A random sample of school districts has been selected to report Student Weight Status Category information for the 2009-2010 school year. All public schools in the following selected districts will be required to report aggregated information from school health certificates/appraisals for students in pre-Kindergarten or Kindergarten and in grades 2, 4, 7 and 10: Beacon City SD; Hyde Park CSD; Millbrook CSD; Northeast CSD; Pawling CSD; Red Hook CSD; Rhinebeck CSD; and Wappingers CSD.

The district must notify parents, or persons in parental relationship, of the right to exclude their child's weight status from the survey. The surveys must be completed using the Health Provider Network (HPN) the New York State Department of Health's secure Internet site.

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COMMUNICABLE DISEASES

Disease Incidence * (rate per 100,000 population)	Jan - June 2009 ¹		Jan - June 2008		Jan - June 2007		Jan - June 2006		Jan- June Avg ('06-'08)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
ARTHROPOD-BORNE DISEASES										
Babesiosis	3	2.0	3	2.0	5	3.4	1	0.7	3	2.0
Ehrlichiosis ²	29	19.8	18	12.3	9	6.1	6	4.1	11	7.5
Lyme Disease ²	111	75.8	110	75.2	88	60.1	200	136.6	133	90.9
BLOOD-BORNE PATHOGENS										
Hepatitis B, Chronic	9	6.1	8	5.5	18	12.3	3	2.0	10	6.8
Hepatitis C, Chronic	136	92.9	153	104.5	148	101.1	61	41.7	121	82.7
SEXUALLY TRANSMITTED INFECTIONS										
Chlamydia	279	190.6	212	144.8	167	114.1	137	93.6	172	117.5
Gonorrhea, total	31	21.2	16	10.9	20	13.7	24	16.4	20	13.7
Early Latent Syphilis	1	0.7	0	0.0	4	2.7	2	1.4	2	1.4
Primary/Secondary Syphilis	1	0.7	0	0.0	0	0.0	3	2.0	1	0.7
GASTRO-ENTERIC INFECTIONS										
Campylobacteriosis	6	4.1	6	4.1	10	6.8	12	8.2	9	6.1
Cryptosporidiosis	0	0.0	1	0.7	0	0.0	0	0.0	0	0.0
E.Coli 0157:H7	0	0.0	1	0.7	0	0.0	0	0.0	0	0.0
Giardiasis	7	4.8	10	6.8	3	2.0	10	6.8	8	5.5
Salmonellosis	11	7.5	10	6.8	15	10.2	9	6.1	11	7.5
Shigellosis	2	1.4	2	1.4	2	1.4	0	0.0	1	0.7
RESPIRATORY INFECTIONS										
Pertussis ²	1	0.7	2	1.4	8	5.5	3	2.0	4	2.7
Streptococcus pneumoniae, invasive	17	11.6	16	10.9	17	11.6	12	8.2	15	10.2
Tuberculosis ³	0	0.0	2	1.4	1	0.7	4	2.7	2	1.4

HIV and AIDS				
Cases diagnosed through 2007, Excluding prison inmates ⁴	Prevalence ⁵		Incidence ⁶	
	Freq	Rate per 100,000	Freq	Rate per 100,000
HIV	244	83.5	<i>too small to report</i>	6.8
AIDS	433	148.2	<i>too small to report</i>	5.8

1 Based on month case was created, or December for cases created in Jan/Feb of following year

2 Confirmed and probable cases counted; Lyme Disease probably cases only as of 2008

3 Not official numbers

4 Data are provisional; rates are calculated based on 2007 Population Estimates.

5 Cases presumed living with through December 2007

6 Reported to NYSDOH in 2007 (data as of January 2009)

* Rates are incidence rates (based on number of new cases for the reporting period)

Data current as of July 1, 2009

Data Source: New York State Department of Health, Division of Epidemiology & Bureau of HIV/AIDS Epidemiology

Seasonal and Novel H1N1 Influenza Vaccine - Continued from Page 1

Safer Environment for Health Care Personnel and Patients Through Influenza Vaccinations: Strategies from Research and Practice,"¹ is available online at www.jointcommssion.org

On August 13, 2009, an emergency regulation went into effect, which requires that all personnel of certain health care settings receive annual vaccinations against influenza by November 30. The new regulation applies to Hospitals, Diagnostic and treatment centers, Hospice programs, and Home care services agencies including: Certified home health agencies, Licensed home care services agencies, Long-term home health programs including AIDS home care programs. More information about this regulation may be found at <http://www.health.state.ny.us/regulations/emergency> select August 13, 2009 document.

On July 24, 2009, the Advisory Committee on Immunization Practices published in the MMWR Early Release, "Prevention and Control of Seasonal Influenza with Vaccines." The updated recommendations for this season include:

- Annual vaccination of all children aged 6 mos-18 yrs and annual vaccination of all children aged 6 mos- 4 yrs (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 was published in the MMWR issued Aug 14, 2009.

Two options for seasonal influenza vaccine exist. Trivalent inactivated influenza vaccine (TIV) can be used for any person aged ≥ 6 months, including those with high-risk conditions. Live, attenuated influenza vaccine (LAIV) may be used for healthy, non-pregnant persons aged 2-49 years. No preference is indicated for LAIV or TIV when considering vaccination of healthy, non-pregnant persons aged 2-49 years. Because the safety or effectiveness of LAIV has not been established in persons with underlying medical conditions that confer a higher risk for influenza complications, these persons should be vaccinated only with TIV.²

We sincerely look forward to working with many of you on this challenge, as we strive to immunize and protect our patients and our community from the Novel H1N1 virus.

Thanks to Barbara Zelle, SPHN, Immunization Program Coordinator at Dutchess County Department of Health for her expertise provided in writing this article.

References: 1) JCAHO. Joint Commission on the Accreditation of Healthcare Organizations, "Providing a Safer environment for Health Care Personnel and Patients Through influenza Vaccination: Strategies from Research and Practice." June 24, 2009. (2) CDC. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR Morbidity Mortality Weekly Report, July 24, 2009/58(Early Release); 1-52

BMI Reporting - continued from page 1

School districts must submit an HPN affiliation request before establishing accounts for school staff. More information can be found at

www.schoolhealthserviceny.com
under the Section "State Reporting."

All Student Weight Status Category Surveys must be submitted via the HPN by Friday, January 29, 2010.

If you have any questions, please call (518) 408-5126.

FYI

NYSDOH Education Department has religious exemption for vaccination forms and guidelines for public schools available online at: www.schoolhealthservicesny.com/law_guidelines.cfm

UPDATED RECOMMENDATIONS FOR THE USE OF (HIB) VACCINE:

Production of Merck Hib vaccine products was suspended in December, 2007. Two other Hib-containing vaccines manufactured by Sanofi Pasteur have been available: monovalent Hib vaccine (ActHIB[®]) and DTaP-IPV/Hib (Pentacel[®]).

Effective immediately, the CDC is recommending reinstatement of the booster dose of Hib vaccine for children aged 12-15 months who have completed the primary 3-dose series. Infants should continue to receive the primary Hib vaccine series at ages 2, 4, and 6 months. Children aged 12-15 months should receive the booster dose on time.

Older children for whom the booster dose was deferred should receive their Hib booster dose at the next routinely scheduled visit or medical encounter. Supply is not sufficient to recall all children who did not receive the 12-15 month booster.

The CDC states there is enough Hib containing vaccine for a four dose series. However, it does not specify the availability of any particular Hib containing vaccine. At present the majority of product currently available to the New York State (NYS) Vaccine Program is Pentacel[®].

This recommendation will be updated if the supply changes. Questions and Answers for providers and parents are available at:

www.cdc.gov/vaccines/vac2%Dgen/shortages/

CLINIC SERVICES AND HOURS:

LOG ON TO WWW.DUTCHESSNY.GOV (HEALTH DEPT - SERVICES & PROGRAMS) OR
WWW.CO.DUTCHESS.NY.US/COUNTYGOV/DEPARTMENTS/HEALTH/HDINDEX.HTM

TELEPHONE NUMBERS: MAIN 845.486.3400 TTY 845.486.3417

EMAIL: HEALTHINFO@CO.DUTCHESS.NY.US

Communicable Disease Control Division	845.486.3402 (tel) 845.486.3564 (fax) 845.486.3557 (fax)	HIV Partner Notification Assistance	845.486.3452
Tuberculosis Reporting & Info	845.486.3423	HIV Testing & Counseling	845.486.3401
West Nile Virus Hotline	845.486.3438	HIV Hotline	845.486.3408
Lyme Disease Hotline	845.486.3407	Sexually Transmitted Disease Clinic	845.486.3401
Rabies Prevention Program	845.486.3404	Travel Immunizations	845.486.3504
		Immunization Program	845.486.3409
		Flu Hotline	845.486.3435

**NEW YORK STATE DEPARTMENT OF HEALTH
COMMUNICABLE DISEASE REPORTING REQUIREMENTS**

Reporting a suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10NYCRR2.10a). The primary responsibility rests with the physician; moreover, laboratories (PHL 2102), school nurses (10NYCRR 2.12), day care center directors, nursing homes/hospitals (10NYCRR 405.3d) and state institutions or other locations providing health services (10NYCRR 2.12) are also required to report. Case reporting forms can be downloaded from our website or by calling 845.486.3401.

Call 845.486.3402 for more information about reporting a communicable disease.

Any Comments or Suggestions?
healthinfo@co.dutchess.ny.us



Dutchess County
Department of Health
387 Main Street
Poughkeepsie, NY 12601

