

2009 H1N1 Clinical Features, Disease Prevention and Management

Developed September 26th, 2009



Outline

- Current Epidemiology
- Vaccination
 - Vaccines available
 - Targeted persons for vaccination
 - Logistics of vaccination
 - Safety monitoring
- Antiviral treatment and clinical guidelines

2009 H1N1 Influenza – Epidemiology (1)

- Signs and symptoms of 2009 H1N1 influenza are similar to those of seasonal influenza
- Distribution of cases/hospitalizations/deaths
 - Highest incidence lab confirmed infections in school age children
 - Highest hospitalization rates among 0 through 4 year olds
 - 2009 H1N1 hospitalization rates in school age children and in the 19 - 49 year old adults are significantly elevated above those seen in the same groups for seasonal influenza
 - Fewest cases but highest case-fatality ratio in older adults

2009 H1N1 Influenza – Epidemiology (2)

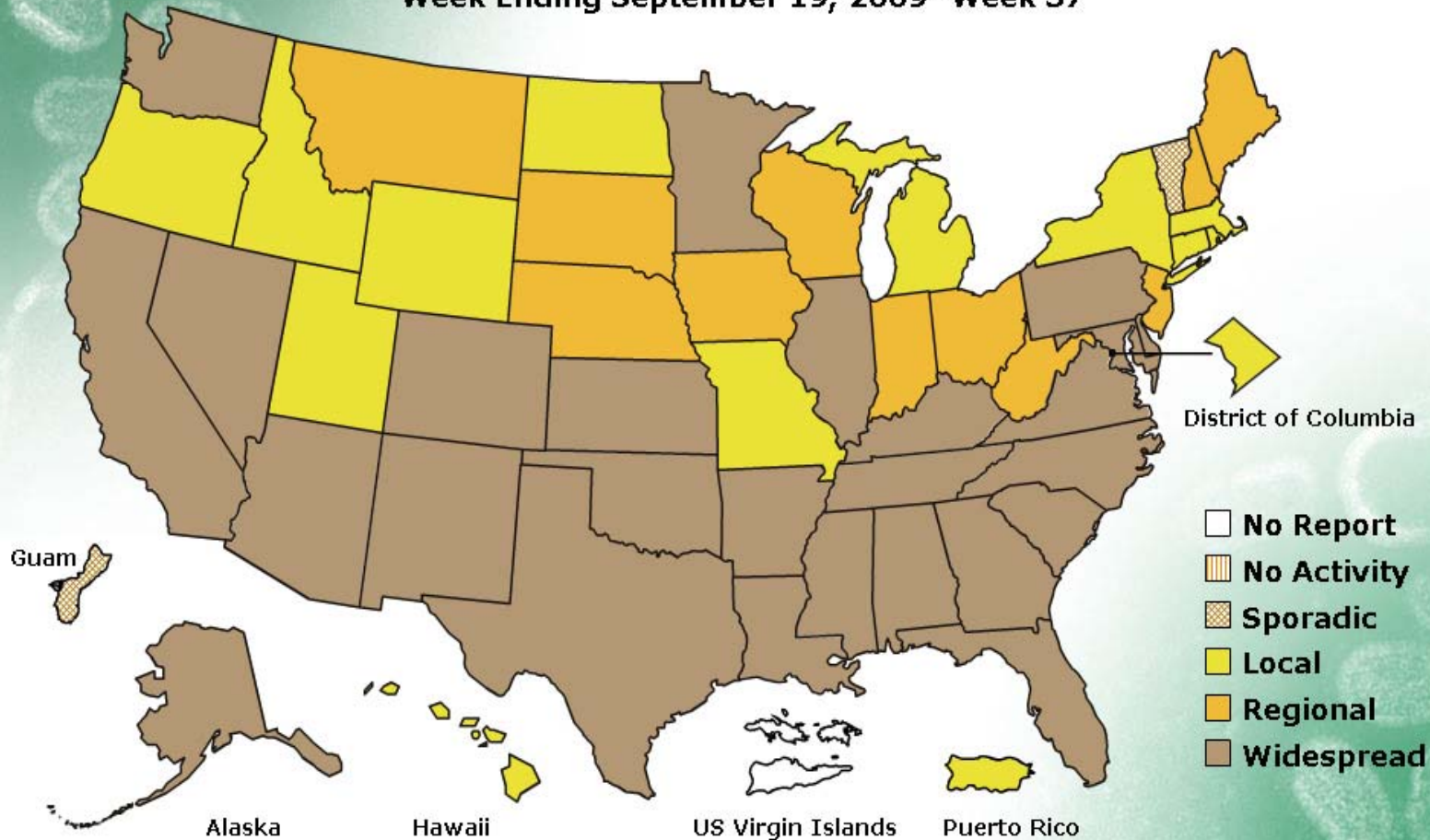
- Distribution of cases by age group is markedly different compared to seasonal influenza
 - Higher proportion of hospitalized cases in children and young adults
 - Few cases in older adults
 - No outbreaks among elderly in long term care facilities
- 70% of hospitalized cases have an underlying medical condition that confers higher risk for complications
- Pregnancy is a higher risk condition

FLUVIEW



A Weekly Influenza Surveillance Report Prepared by the Influenza Division
Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*

Week Ending September 19, 2009- Week 37



<http://www.cdc.gov/flu/weekly/>

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

Influenza Vaccination 2009-2010

- Two different influenza vaccines will be available during the 2009-2010 season
 - Seasonal (trivalent)
 - Monovalent 2009 H1N1
- Vaccination with one will NOT produce immunity to the virus(es) in the other
- Many persons will need BOTH vaccines

Influenza Vaccination 2009-2010

- All persons currently recommended for seasonal influenza vaccine, including those 65 years of age and older, should receive the seasonal vaccine as soon as it is available
- 2009 H1N1 vaccine available starting mid-October
 - At least 41 million doses expected to be available by Oct 15, followed by a projected average of 20M per week (up to the 195 million doses already purchased)

ACIP-Recommended Initial Target Groups for 2009 H1N1 Vaccine

- Pregnant women
- Household and caregiver contacts of children younger than 6 months of age
- Healthcare and emergency medical services personnel
- Children from 6 months through 24 years of age
- Persons 25 through 64 years who have high risk medical conditions

ACIP Recommendations for 2009 H1N1 Vaccine

- Once vaccination programs and providers are meeting the demand for vaccine among the persons in the five initial target groups, vaccination should be expanded to all persons 25 through 64 years of age
- Once demand for vaccine among younger age groups is being met, vaccination should be expanded to all persons 65 years of age and older*

2009 H1N1 Monovalent Vaccine

- Seasonal and novel H1N1 vaccine availability will overlap
- Simultaneous (same visit) administration
 - OK for two inactivated vaccines
 - OK for one inactivated and one LAIV
 - Not recommended for two LAIV (probably 4 week interval)

Vaccination of Persons with Previous Influenza-Like Illness (ILI)

- Previous ILI confirmed by RT-PCR* as pandemic H1N1
 - vaccination with monovalent H1N1 vaccine not necessary this year
- Previous ILI NOT confirmed by RT-PCR* as pandemic H1N1
 - vaccinate if in the ACIP-recommended target group

Obtaining 2009 H1N1 vaccine

- State/Local public health (PH) departments will designate who can serve as a vaccine provider
 - Providers will enter into an agreement with state/local PH to receive vaccine
- State/Local PH have developed, or are developing, registration process for potential providers
 - CDC H1N1 website has a list of state websites and/or contacts for interested providers:

<http://www.cdc.gov/h1n1flu/vaccination/statecontacts.htm>

2009 H1N1 Influenza vaccine financing for private providers (1)

- No co-pays or deductibles are required. Payers have agreed to first-dollar coverage of 2009 H1N1 vaccination.
- Providers CANNOT charge a fee for the vaccine, syringes or needles because they will be provided at no cost.
- Providers may charge a fee for the administration of the vaccine to the patient, or bill their health insurance plan or other third party payer.
- Providers are encouraged to vaccinate under- or uninsured patients; however, if unable, providers should refer these patients to a public health clinic or affiliated PH provider.

2009 H1N1 Influenza vaccine financing for private providers (2)

- Bill CMS using the following two codes:
 - G9141—Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family)
 - G9142---Influenza A (H1N1) vaccine, any route of administration
- Bill other payers using the following two CPT codes:
 - 90470 - H1N1 immunization administration (intramuscular, intranasal), including counseling when performed
 - 90663—Influenza virus vaccine, pandemic formulation, H1N1

2009 H1N1 Influenza vaccine financing for private providers (3)

- For complete information, please go to the AMA 2009 H1N1 website at:
 - <http://www.ama-assn.org/ama/pub/h1n1/vaccination-information.shtml>

2009 H1N1 Influenza Vaccine Safety Monitoring

- CDC will use the Vaccine Adverse Event Reporting System (VAERS), the Vaccine Safety Datalink system, and other surveillance methods
- CDC will increase the capacity of VAERS
- CDC will set up an intensive surveillance system for Guillain-Barré syndrome (GBS)
- Defense Medical Surveillance System
 - Monitors ~1.4 million active duty personnel

H1N1 Flu

<http://www.cdc.gov/H1N1flu/recommendations.htm>

- H1N1 Flu**
- General Info
- Info for Specific Groups
- Guidance
- Vaccination
- Situation Update
- Press Updates
- Reports & Publications
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- Emergency Use Authorization
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- Social Media
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Updated Interim Recommendations for the Use of Antiviral Medications in the Treatment and Prevention of Influenza for the 2009-2010 Season

September 8, 2009 2:00 PM ET

Objective

To provide updated guidance on the use of antiviral agents for treatment and chemoprophylaxis of influenza including 2009 H1N1 influenza infection and seasonal influenza, and assist clinicians in prioritizing use of antiviral medications for treatment or chemoprophylaxis for patients at higher risk for influenza-related complications. Additional revisions to these recommendations should be expected as the epidemiology and clinical presentation of 2009 H1N1 influenza is better understood. This guidance can be adapted according to local epidemiologic data, antiviral susceptibility patterns, and antiviral supply considerations. Clinical judgment is always an important part of treatment decisions.

Summary

- Treatment with oseltamivir or zanamivir is recommended for all persons with suspected or confirmed influenza requiring hospitalization.

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Antiviral Treatment Guidance (1)

- If antiviral treatment is indicated, begin it empirically.
 - Don't delay treatment initiation to wait for laboratory confirmation in a higher risk or severely ill patient
- Use clinical evaluation and judgment in treatment decisions
- Begin prompt empiric antiviral therapy in any person presenting with suspected influenza and symptoms of lower respiratory tract illness or clinical deterioration.

Antiviral Treatment Guidance (2)

- Treat all persons with suspected or confirmed influenza who are at higher risk for influenza complications, regardless of illness severity:
 - Pregnant women
 - Children <2 year old at higher risk
 - People with chronic medical conditions
 - Persons 65 years old or older
 - Persons younger than 19 years of age who are receiving long-term aspirin therapy
 - Requiring hospitalization

Options to reduce antiviral treatment delays (1)

- Educate persons at higher risk for influenza complications
 - Signs and symptoms of influenza
 - Need for early treatment after onset of symptoms of influenza (i.e., fever, respiratory symptoms)
- Ensure rapid access to telephone consultation and clinical evaluation for higher risk patients as well as patients who report severe illness

Options to reduce antiviral treatment delays (2)

- Consider empiric treatment of patients at higher risk for influenza complications based on telephone contact if hospitalization is not indicated and if this will substantially reduce delay before treatment is initiated

H1N1 web resources

- <http://www.ama-assn.org/go/h1n1>
- <http://www.cdc.gov/h1n1flu>
- <http://www.flu.gov>
- <http://www.preventinfluenza.org>

Thank You!

