H1N1 Update

HHS Conference Call: Information Sharing on H1N1 for Long Term Care

Date: September 14, 2009
Time: 1:30 -3:00 pm, Eastern DS Time
Call: 1-800-837-1935; Conference ID: 2H1N1

Opening Remarks --- Chair- Dr. Nicole Lurie, Assistant Secretary for Preparedness and Response
Co-Chairs – CAPT Clare Helminiak, Dr. Sally Phillips, and RADM Ann Knebel
Moderator – Susie Butler, CMS Office of External Affairs

Agenda: The purpose of this information session is to update and inform the provider community about issues around H1N1 preparedness and response, vaccine availability, infection control, and other questions that have come in. We will cover the following topic areas:
   1. General Update
   2. Vaccines and Antivirals
   3. Special Populations
   4. Healthcare System Surge Capacity
   5. Infection Control and Personal Protective Equipment

Submit questions in advance: We invite you to submit questions now at: H1N1.listening@hhs.gov
Please note – we know that we cannot respond to each individual email question. Submitting questions prior to the call will allow us to address as many questions as possible.
Helpful websites, should you have questions:
Calling Instructions:
All callers, please dial: 1-800-837-1935 and use Conference ID 2H1N1. Dial in at least 10 minutes prior to start of the call. Inform the operator of the conference title and conference ID number. To make conferencing adjustments from your phone, follow these key commands. You will be in listen-only mode during the call. On a touchtone telephone keypad:
- Press (*) & 0 to reach the Operator
- Press (*) & 4 to equalize your volume

If you cannot participate on September 14, access the Encore feature 2 hours after completion of the call on September 14: please dial (800) 642-1687 and enter Conference ID 2H1N1. This access will expire March 14, 2010. You can also still access the August 20 call, using the Encore feature, by dialing (800) 642-1687, and entering Conference ID H1N1.

**H1N1 Update: Preparing for the Second Wave**

The World Health Organization (WHO) is advising countries in the northern hemisphere to prepare for a second wave of pandemic spread of H1N1, now the dominant influenza strain in most parts of the world. The pandemic will persist in the coming months as the virus continues to move through susceptible populations. Studies have detected no signs that the virus has mutated to a more virulent or lethal form. The overwhelming majority of patients continue to experience mild illness. Although the virus can cause very severe and fatal illness, even in young and healthy people, the number of such cases remains small. If the current pattern of usually mild illness continues, the impact of the pandemic during the second wave could worsen as larger numbers of people become infected.

During the winter season in the southern hemisphere, several countries have concluded that the need for intensive care is the greatest burden on health services. Some cities in these countries reported that nearly 15% of hospitalized cases required intensive care. One important difference in the H1N1 infection is age, affecting adults under the age of 50. This group has experienced more severe and fatal cases compared to seasonal influenza where around 90% of severe and fatal cases occur in people 65 and older.

Perhaps most significant is that clinicians from around the world are reporting a very severe form of the disease in young and otherwise healthy people, a phenomenon rarely seen during seasonal influenza infections. In these patients, the virus directly infects the lung, causing severe respiratory failure. Data continue to show that medical conditions such as respiratory disease, asthma, cardiovascular disease, diabetes and immunosuppressants increase the risk of severe and fatal illness. According the Centers for Disease Control, as of 2006 (the most current statistics available) roughly 300 million people were diagnosed with diabetes and asthma. If this section of the population becomes infected with the H1N1, hospital emergency rooms and intensive care units could become quickly overwhelmed. When anticipating the impact of the pandemic as more people become infected, health officials need to be aware that many of these predisposing conditions have become much more widespread in recent decades, thus increasing the pool of vulnerable people. *(Excerpted from: www.who.int/article and statistics from CDC, August 28, 2009)*

For full article, go to: http://www.who.int/csr/disease/swineflu/notes/h1n1_second_wave_20090828/en/index.html.

**MDS Coding for the 2009-2010 Flu Season**

For the purposes of coding the MDS during the upcoming flu season, nursing facilities should only code for the "Seasonal Influenza Vaccine." Nursing facilities should not code the MDS for the "H1N1 Influenza
Vaccine.” Nursing facilities should follow guidance from the Centers for Disease Control and Prevention (CDC) for specific guidance for H1N1 Influenza. For the most up to date and accurate information it is recommended that you frequently check the CDC Influenza Website (http://www.cdc.gov/flu/). Any additional MDS coding questions may be directed to Gina Berkshire, RAI Coordinator, 317/233-4719 or by e-mail gberkshire@isdh.in.gov.

Seasonal Influenza Vaccinations

The Indiana State Department of Health has received inquiries from nursing homes about when they can begin offering the seasonal influenza vaccination to residents and staff. CDC is recommending that the seasonal influenza vaccinations be administered as soon as available. There is concern that individuals will be confused as to which vaccinations have been administered. By proceeding with the seasonal influenza vaccination, that will help to eliminate some confusion and space apart vaccinations if needed.

Nursing home regulations require a facility to offer an influenza vaccination between October 1 and March 31 of each year. Facilities have inquired as to whether they can begin administering seasonal influenza vaccinations prior to October 1. The Centers for Medicare and Medicaid Services has encouraged facilities to begin providing those vaccinations as the vaccine becomes available. Providing the seasonal influenza vaccination prior to October 1 is acceptable and facilities will not be cited for administering the influenza vaccination prior to October 1.

That is all for this week.

Terry Whitson
Assistant Commissioner
Indiana State Department of Health

Visit the ISDH home page at http://www.in.gov/isdh/ for the latest public health information.