

Flu Advisory Board (FAB) Meeting
May 20, 2009
12:30 p.m. – 3:00 p.m. (EST)

Members in Attendance: Carol Legwand, Rosemary Franklin, Cristi Carlton, Barbara Wolicki, JoEllen Wolicki, Sue Schryber, Pat Krehn, Judy Grozdek, Kevin Czubachowski, Donna Nussdorfer, JoAnn Hyde, Jennifer Rihtarchik, Vanita Shaw, Regina Crooks, Becky Taylor, Terri Adams, Barbara Day, Bea Salada, Carolee Besteman, Jan Arsenault, Jim Szyskowski, Heidi Diez, Marcie Shattuck, Cheryl Klima, JoAnne Eakins, Tawnya Simon, Teresa Holtrop, Josh Meyerson, Gary Kirk, Ahdi Amer, Carla Patrick-Fagan, Lisa Ailstock, Cassandra Burke, Kathy Webster, Basim Asmar, Marian Beck Clore, Leonard Pollack

Members on the Phone: Lisa Blackmer, Michael Parent, MI Visiting Nurses, Minute Clinic, Dr. Thirumoorthi

Review of Minutes

Our last meeting was on February 18th and we discussed changing the structure of FAB. Staff changes – Courtney McFeters moved to Adolescent Immunization Coordinator. Cristi Carlton is the new Vaccine-Preventable Disease (VPD) Epidemiologist, taking over the Influenza Sentinel program activities. Rachel Potter moved to the MCIR Epidemiologist position. EC-FAB was disbanded, as much of this work was being conducted by FEW (internal MDCH flu committee).

Flu Education Workgroup (FEW) Update

FEW is comprised of internal MDCH staff members: Cristi Carlton, Courtney McFeters, Rosemary Franklin, JoEllen Wolicki, Barbara Wolicki, Rachel Potter, Pat Vranesich, and Terri Adams. FEW has no new activities to report, but this work group will be picking back up as more information is learned about the novel influenza H1N1 vaccine. Educational information will be made available as more is learned.

Manufacturers/shipping updates/other updates as requested

- MedImmune – no report
- sanofi pasteur – everything is on-track for seasonal flu vaccine production; expect to ship vaccine in September, but waiting to hear more on the novel influenza A (H1N1) vaccine
- GlaxoSmithKline (GSK) – just received license for thimerosal free flu vaccine (2009-10) and another license for up to three years of age that is thimerosal free (2009-10) – both are Fluarix; GSK is very involved in the novel influenza A (H1N1) vaccine discussions with CDC, as GSK produces the antiviral medication Relenza
- Novartis – no report
- CSL Biotherapies – no report
- Roche – no report

MDCH Influenza Summit Update (including discussion of Novel H1N1 Influenza preparedness - antivirals and potential vaccine)

Liz Harton

In February we discussed changing the FAB structure from quarterly meetings to twice-a-year meetings (FAB summit model). A FAB Summit was planned for June 2009 but efforts were put on-hold due to the novel influenza H1N1 outbreak. We would like to move from a “reporting structure” to a more interactive structure. The thought was to have two summit meetings per year – one in June which would serve as the “kick-off” to the flu season, and another in March to “re-cap” and reflect on the current/past flu season. We discussed whether we had the right people at the table on FAB in order to best move forward with our activities/strategies. Pascale Wortley was interested in serving as the keynote speakers for our FAB summit and is still willing

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to come as the keynote speaker when the summit is rescheduled. This new structure would have workgroups based on key target populations, with more interaction from FAB members.

Some gaps that have been addressed are reaching adults and senior citizens, as well as raising immunization rates among health care professionals (HCP). Despite many efforts (nationwide), HCP vaccination rates still linger around 40%.

The point of the summit is to have people get together and develop an action plan. This would allow efforts to move forward – beyond reporting and into more tangible outcomes. The workgroups would meet together, develop a plan, execute the plan, and come back and report to FAB at large.

Dr. Gary Kirk gave a brief history of FAB. Historically when FAB started, it was an off-shoot from MACI. The charge of FAB was to come together and report back to MACI. One of the groups that came out of the original FAB was a rapid response team. That group assembled very quickly and made major decisions about how to allocate doses. The Influenza Vaccine Exchange Network (IVEN) was created out of an original FAB workgroup. At that time, there were concrete, actionable items that came out of FAB. Novel H1N1 presents a new opportunity to get ahead of the curve and have some tangible products as a result of coming together. If we came together only twice a year, we may miss some opportunities to reach and serve the public. We are currently in a “dress rehearsal” for a pandemic.

In the past, the heavy burden of the work fell on MDCH staff members, and oftentimes, FAB members wouldn't report back or participate. The decision to be made today is: should we continue with the current FAB model (quarterly meetings) or move towards a FAB summit model (twice-a-year action groups)?

How does the Office of Public Health Preparedness (OPHP) fall into this? There is a lot of coordination that has to happen between immunization and preparedness, however, the coordination depends on if there is a vaccine available to address the issue. JoAnne Eakins mentioned that immunization should play more of a role in novel H1N1 preparedness with OPHP.

The group decided to continue with the August 2009 FAB meeting. This is an opportunity to inform the public. FAB should advise the state on influenza matters, just as MACI advises the state on immunization matters. We would like to enable the group more and have FAB serve in a more “advisory” than “participatory” manner.

For the August meeting, FAB members will come together and serve in a workgroup capacity. Prior to this meeting, MDCH will send out a sign-up sheet to FAB members, gauging their interest in certain workgroups. The workgroups may be based on target audience (HCP, adults, adolescents, children) or specific flu issues (i.e., preparedness, antiviral distribution, mandates).

The MDCH Immunization Division only monitors the tracking of antivirals through MCIR – we are not involved in the distribution of antivirals. Washtenaw County is concerned about this coordination, too. Local Health Departments (LHDs) would like to be more involved in preparedness efforts. Emergency Preparedness Coordinators (EPCs) and public health nurses need more coordination. This group of individuals should have a plan of action of what to do when vaccine is available.

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Access to antiviral medications is a problem. Patients are having a problem getting this medication after it is prescribed. There is confusion over where antiviral medications are available – at hospitals, LHDs, federal stockpile, etc. Pat Vranesich will follow-up on emergency use authorization for antivirals.

There is an issue with private and public supply of antivirals. A critical issue and potential workgroup is related to antiviral distribution. EPCs need to be involved in FAB.

Can a patient get Zoster vaccine if they are on flu antivirals? Yes. Patients cannot receive Zoster vaccine if they are on herpes antivirals, but they can receive it if they are on flu antivirals.

Ottawa County distributed flu antivirals to Meijers' pharmacies. They need one lot number from the antivirals – and the LHD puts these lot numbers into MCIR. If a patient brings in a prescription from a physician, they can get the flu antiviral for free at a Meijers pharmacy – all they need is a prescription. Many pharmacies don't have an ability to track lot numbers in their current systems.

Kroger pharmacies have been working with lot numbers and expiration dates for many years (related to flu vaccine). This could be adapted for flu antivirals.

Novel Influenza A (H1N1) Virus Update

Cristi Carlton

Note: For the most up-to-date information on the Novel Influenza A (H1N1) situation, visit www.michigan.gov/h1n1flu or www.cdc.gov/h1n1flu.

MI Flu Focus (surveillance) and FluBytes (educational) newsletters are available at www.michigan.gov/flu.

In March and early April there were outbreaks of respiratory illness and influenza-like illness (ILI) in Mexico. On April 21, 2009 CDC laboratories confirmed two cases of respiratory infection with a novel influenza A (H1N1) virus in the United States. On April 25, WHO director-general, stated that the situation is "a public health emergency of international concern." The WHO Phase of Pandemic Alert was raised to Phase 4 on April 27 and Phase 5 on April 29.

The new virus was originally referred to as swine flu and continues to be called that in the media. However, this specific virus has never been seen in pigs. It is a "quadruple reassortant" virus containing DNA typical to avian, two different swine lineages and human viruses.

The CDC released a preliminary MMWR report on information collected from the clinical charts of 45 deceased cases in Mexico. The median age was 31 years old (range of 0-75). Fifty-eight percent were females and 42% males. The time elapsed from the onset of symptoms to admission to the hospital had a median of 6 days (range 1-20). The time elapsed from the onset of symptoms to time of death had a median of 10 days (range 2-33). Preexisting conditions were present in 20 of the 43 cases studied (46 percent). The most frequent underlying condition was morbid obesity, non insulin-dependent diabetes, systemic hypertension, or a combination. One of the cases who died was pregnant.

A recent MMWR discussed 30 patients hospitalized with Novel Influenza A H1N1. The age range was 27-89 years old (median 27.5); 70% Female; 65% Hispanic; 64% had underlying

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medical conditions. The following symptoms were reported frequently: fever, cough, vomiting, and shortness of breath. Six patients were admitted to the ICU; 4 required mechanical ventilation. Five patients were pregnant; 2 developed complications. Of the 24 patients tested for influenza A in the hospital, the rapid antigen test was positive in 16 and negative in 5. In previously healthy patients: median length of stay in the hospital was 2.5 days (range 1-7 days).

The following is the epidemiology of the cases in the United States based on very limited, preliminary data. As of May 19, 2009 5,469 cases, including 6 deaths have been reported in 48 states including the District of Columbia. The CDC estimates the true number of infections is greater than 100,000. Approximately half of all influenza viruses being detected are novel H1N1 viruses. Surveillance efforts are transitioning to be similar to seasonal flu.

The following is the epidemiology of the 165 cases in Michigan based on very limited, preliminary data as of May 18, 2009. The cases are 51% female; 49% male. Fifteen of the confirmed cases have been hospitalized. Symptoms were reported the following percent of the time: fever: 95%; cough: 87%; sore throat: 55%; diarrhea: 9%; vomiting: 9%. Of the 144 individuals for whom rapid influenza test results were reported, 136(94%) were positive.

Michigan has responded to the outbreak in multiple ways. One way is through enhanced surveillance using the Outpatient Influenza-Like Illness Surveillance Network (ILINet). Twenty influenza sentinel sites volunteered to report daily ILIs. Additionally, the MCIR All Hazards Data Entry function was activated to track distribution of antiviral and vaccine stockpiles; a Webcast was held showing how to use the function. The United States Library of Congress selected Michigan's H1N1 flu website for inclusion in its historic collections of Internet materials related to the Presidential Transition during a Time of Crises. Field reps distributed test kits and assisted in enhanced hospital surveillance.

So far, the virus has been sensitive to the neuraminidase inhibitors, zanamivir and oseltamivir and resistant to the adamantanes, amantadine and rimantadine. Currently, treatment is recommended for all hospitalized patients and patients who are at higher risk for seasonal influenza complications. Post exposure antiviral chemoprophylaxis is recommended for close contacts of cases who are high-risk and health care personnel, public health workers, or first responders who have had a recognized, unprotected close contact exposure to a case.

As of today there is limited information to report on Novel Influenza A (H1N1) Vaccine. This is a very fluid situation and you should expect more information and guidance in upcoming weeks. We do know that the virus has been isolated and work is in progress to make a candidate vaccine virus that can be provided to industry. Two doses of vaccine may be needed and it is expected that a monovalent vaccine will be produced. WHO officials will meet this week to decide on making a separate H1N1 vaccine. It is our strong sense that they will be moving forward with the vaccine and they would be able to produce and distribute in 4-5 months. This would be three vaccines (1 dose seasonal, 2 doses H1N1 vaccines). There was some discussion on using cell-based technology to develop this vaccine.

Seasonal flu vaccine production for next season is nearly complete & will be completed (480 million doses of trivalent seasonal vaccine).

In the upcoming months, numerous discussions are planned. The WHO is currently meeting; the date for ACIP meeting changed to June 24-26 and extended one additional day; the 2009 National Influenza Vaccine Summit has been rescheduled for June 29 through July 1.

Influenza Sentinel Providers: How critical have they been during this novel H1N1 outbreak?

Cristi Carlton

Influenza Sentinel Physicians

- The Outpatient Influenza-like Illness Surveillance Network (ILINet)
 - ~2,400 providers in 50 states report on ~16 million patient visits
 - ~ 1,300 outpatient care sites report data to CDC on the number of patients seen and the number of those patients with influenza-like illness (ILI) by age group
- Michigan's component of the ILINet (as of May 20, 2009)
 - 92 Sentinel sites throughout the state
 - ~40-50 sites report regularly
 - Family Practices, Pediatricians, Infectious Disease, Internal Medicine, Emergency, Urgent Care, Student Health, etc.

Sentinel Physician Responsibilities

- Report Influenza-like Illness
 - Temperature of 100° F or higher with a cough and / or sore throat
 - In the absence of a known cause other than influenza
- Nasopharyngeal (NP) Swabs collected on subset of ILI cases
 - Sent to MDCH Bureau of Laboratories
 - 3 Early Season
 - 3 Peak
 - 3 Late
 - 2 Summer
 - Severe, unusual, or outbreak-related cases

Response to Novel Influenza A (H1N1)

- 20 sentinel sites volunteered to submit daily ILI reports
- Sentinel data helped detect a cluster of cases
- Increase in the number of specimens submitted
- Lab is testing all specimens from sentinels
 - help understand virus impact in outpatient setting
 - help monitor seasonal influenza
- CDC is working on developing a daily influenza surveillance report and these data will contribute

Sentinel Physicians' Response

- Adapted to changing guidelines
- Increased their efforts
- Aided in data collection to understand the new virus
- Integral role in upcoming months - weekly reporting throughout the summer

We are always in need of more sentinel sites. Contact Cristi Carlton, MPH, at CarltonC2@michigan.gov or 517-335-9104 if you are interested in participating.

H1N1 Resources

Liz Harton

*These resources were e-mailed to FAB members on May 19, 2009.

Michigan Resources

- www.michigan.gov/H1N1flu - the latest number of confirmed cases and the counties impacted will be updated everyday at 4:30 p.m.
- The main flu website is www.michigan.gov/flu. Web pages are available on seasonal, avian, and pandemic flu, as well as the Novel Influenza A (H1N1) flu virus.
- Michigan Health Alert Network (HAN): <https://michiganhan.org/>
- Guidelines for Michigan Labs: http://www.michigan.gov/mdch/0,1607,7-132-2945_5103_43432---,00.html
- Influenza Outbreak Guidelines for Long-Term Care Facilities in Michigan: http://www.michigan.gov/documents/mdch/Influenza_LTC_Outbreak_Guidelines_214268_7.pdf

National Resources

- www.cdc.gov/h1n1flu
- Federal H1N1 Flu Clinical and Public Health Guidance: <http://www.cdc.gov/h1n1flu/guidance>
- Transcripts and press briefings: <http://www.cdc.gov/h1n1flu/press/>
- MMWR reports: <http://www.cdc.gov/h1n1flu/pubs/>
- Multi-lingual travel notices: www.cdc.gov/travel

International Resources

- World Health Organization: <http://www.who.int/csr/disease/swineflu/en/index.html>

Best Practice Discussion on the Impact of H1N1 at Work and Home

Liz Harton

Gary Kirk discussed some of the activities being conducted at his organization – federally qualified health center. There were signs posted around the office based on CDC's guidance on wearing masks.

Kalamazoo County received some funding to receive N95 masks and antiviral medications. The pandemic planning group is meeting on a weekly basis, once again. Students aren't necessarily concerned about the H1N1 situation.

Dr. Eden Wells recently sent an e-mail regarding N95 masks in hospitals. We need to keep looking at the studies to see what is recommended. There are issues related to fit-testing of N95 masks.

Saginaw County established an H1N1 information line and updated the message on this line for the general public to call and get updates. They also sent out flu screening forms (in addition to the IP-10 forms) for school secretaries to fill out. This was helpful when the situation first broke out, as the forms documented symptoms. If the schools are willing, Saginaw County could use them again in the fall, however, this was a large amount of work for schools.

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National Influenza Vaccine Summit (NIVS)

Liz Harton

The 2009 National Influenza Vaccine Summit (NIVS) has been rescheduled (due to the Novel Influenza A (H1N1) outbreak). The new dates are June 29 through July 1, 2009 and the meeting will take place in Dallas, Texas. More information can be found at: www.preventinfluenza.org.

Upcoming ACIP Meeting

Liz Harton

The date for the Advisory Committee on Immunization Practices (ACIP) meeting has been changed to June 24-26, 2009. This meeting has been extended one additional day and the first day will focus primarily on the Novel Influenza A (H1N1) outbreak.

Flu Gossip

All

JoEllen Wolicki mentioned that a recent poll showed that 13-15% of people would not get the novel influenza A (H1N1) vaccine because they think that they can't afford it.

Dr. Joshua Meyerson mentioned that there is a need to communicate lessons learned and vaccine safety issues related to this new vaccine. Many of his patients remember the medical problems encountered with the past "swine flu" vaccine.

FAB meeting was adjourned at 2:45 p.m.

FAB Website: http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_22779_40563_48357-197755--,00.html or visit www.michigan.gov/flu, click on "Seasonal Influenza" → and scroll down to "Information for Specific Groups" → [Health Professionals](#) → [Flu Advisory Board \(FAB\)](#)

**2009 FAB Meetings: August 19, 2009 (keep this meeting)
 November 18, 2009**