



Colorado State Fire Chiefs' Association

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CSFCA MEMBER ALERT

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State's Chief Medical Officer Briefs Public Safety Officials on Influenza A (H1N1)

Centennial – A Joint Public Safety H1N1¹ presentation by Dr. Ned Calonge, the State's Chief Medical Officer, and Chris Lindley of CDPHE was held on September 23, 2009. Following is a summary of the briefing and additional resources on the topic.

Where Things Are At (as of this date)

- The H1N1 virus continued to cause illness, hospitalizations and deaths in the US during the normally flu-free summer months. There were 28 outbreaks in summer camps in Colorado.
- Outbreaks in settings in which young persons congregate (e.g., schools, and colleges) was anticipated with the start of the school year.
- There have been steadily increasing numbers of influenza-related hospitalizations and visits to health care providers' offices for flu-like illnesses since the beginning of September.
 - About 5% of all visits for primary care are currently for influenza-like illness. According to Dr. Calonge, this is what you would expect to see in a "bad" flu season.
 - Hospitalization rates doubled last week and doubled again. Since the beginning of September (through September 19th), there were 171 flu-related hospitalizations reported to the state health department.
 - The majority of hospitalizations have been children between the 5-8 years of age. Many hospitalizations have required an ICU bed.
 - Few cases of H1N1 have been seen in adults older than age 50, presumably because they have some sort of immunity.
 - About 10% of the influenza cases they are seeing now are seasonal flu.
- Dr. Calonge believes Colorado is on the "steep part of the incline" on the flu outbreak curve and predicts we will be at the peak of the curve before the first vaccine arrives.

¹ H1N1 as used throughout this document refers to the 2009 Novel Influenza A (H1N1) virus.

Dr. Calonge emphasized throughout his presentation that, even though it is a novel strain, and despite all of the initial concern, Influenza A (H1N1) **IS THE FLU**. Epidemiologists have learned much from the H1N1 experience in Australia and New Zealand and recommend the same preventative measures, precautions and care they would for the seasonal flu.

Vaccination Program

Dr. Calonge emphasized that the H1N1 vaccine is owned by the federal government and the CDC guidelines for distribution and vaccination must be adhered to. The CDC, and not the State of Colorado, developed these guidelines (for more information, see <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr58e0821a1.htm>).

Colorado should receive its initial allocation of H1N1 vaccine (600,000 doses) the first week of October. The CDC priority for who should receive the H1N1 vaccine when it becomes available are:

- pregnant women,
- persons who live with or provide care for infants aged <6 months (e.g., parents, siblings, and daycare providers),
- health-care workers, including emergency medical services personnel who have direct contact with patients, and
- persons aged 6 months--24 years.

Once this population has been addressed, or additional vaccine has been received, the next priority will be persons aged 25--64 years who have medical conditions that put them at higher risk for influenza-related complications.

The principal means of distribution for the H1N1 vaccine will be through local health departments. The initial allocation of vaccine will be dispensed by primary care physicians who have pre-registered with CDPHE, as they have the greatest level of contact with the priority population.

Following the initial allocation (about mid-October), Colorado will receive its allocation of 200,000 vaccine doses each week. Once there is enough vaccine to address the priority populations, it will be made available for vaccination of the general population.

Dr. Calonge encourages public safety agencies to coordinate with their local health departments concerning the vaccination of their personnel. He anticipates that once Colorado has received its full allocation of vaccine, there will be more than enough to address the demand.

Q: How many doses of the H1N1 vaccine are necessary?

A: One dose is all that is necessary for individuals with an otherwise intact immune system. Children under the age of 10 and individuals with a compromised immune system will need two doses.

Q: Do you need the H1N1 vaccine if you have already received the seasonal flu vaccine?

A: Studies indicate that seasonal flu vaccines will not provide protection against novel influenza A (H1N1) virus. Additionally, the 2009 H1N1 vaccine is not intended to replace the seasonal flu vaccine – it is intended to be used along-side seasonal flu vaccine.

Q: Why were law enforcement personnel, particularly Sheriffs Deputies assigned to jails, not given a higher priority for vaccination?

A: The priorities were developed by CDC and are based on health care considerations; who is at greatest risk of death, and who is going to take care of the sick.

Q: Can the H1N1 virus be spread through the HVAC system in a building.

A: No. The virus is spread person to person via droplets and small particle aerosols from speaking, coughing or sneezing. The virus can also survive time on surfaces, such as hands, utensils, doorknobs, etc., and can be spread by this route if the virus is introduced into the nasal mucosa before it loses infectivity.

Q: What types of problems are being experienced with the surge of flu cases?

A: Emergency rooms and primary care clinics are being impacted by the number of patients with flu-like illnesses, resulting in longer wait times, as is the availability of ICU beds.

Q: How long will the flu season last?

A: We may see the flu season all the way through March, with different strains along the way.

H1N1 Prevention

Routine infection-control recommendations to decrease the risk for transmission of seasonal influenza and H1N1 include vaccination, isolation of infected patients, and use of standard precautions and droplet precautions.

- Dr. Calonge recommends that people get vaccinated against seasonal influenza as well as the H1N1 flu as soon as vaccines become available.

Note: For infections with the novel influenza A (H1N1) virus, CDC's interim infection-control recommendations for the care of patients with such infections have included the use of fit-tested N95 respirators, eye protection, and contact precautions in addition to routine infection-control practices applied to seasonal influenza.

What if You Contract the H1N1 Influenza

The symptoms of 2009 H1N1 flu virus in people include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. People may be infected with the flu, including 2009 H1N1 and have respiratory symptoms without a fever. Severe illnesses and death has occurred as a result of illness associated with this virus.

- 90% or more of people with the H1N1 flu will recover on their own without medical treatment
- Fever usually lasts about 3 days
- Stay home for at least 24 hours after your fever is gone
- People generally feel "normal" 1-3 weeks after symptoms subside

Take away: "It is novel, it is infections, but it is the flu" - Dr. Ned Calonge, Colorado Chief Medical Officer

Additional H1N1 Resources

CDC 2009 H1N1 Flu Website

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

Brochure: "2009 H1N1 Flu and You" (CDC)

www.cdc.gov/h1n1flu/pdf/2009_h1n1fluandyou_print.pdf

Colorado Department of Health H1N1 Website

<http://www.cdphe.state.co.us/epr/h1n1.html>

Colorado Sees Recent Large Increases in Flu Activity (CDPHE Press Release, September 22, 2009)

http://www.colofirechiefs.org/docs/2009/CDPHE_092209.pdf

Receive Daily H1N1 Updates from the Colorado Department of Health

Sign up on Google Groups to receive daily H1N1 updates from the Colorado Department of Health

<http://groups.google.com/group/cohealth>

Follow the Colorado Department of Health on Twitter

<http://twitter.com/COhealth>

CDPHE Response to Law Enforcement Questions about Vaccination Priority Groups

http://www.colofirechiefs.org/docs/2009/FAQ_CDPHE_Police_092309.pdf

Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Confirmed or Suspected Swine-Origin Influenza A (H1N1) Infection

http://www.cdc.gov/h1n1flu/guidance_ems.htm

Study on Respirators Versus Masks Hailed as Landmark

Sep 17, 2009 (CIDRAP News) – A study in which N95 respirators strongly outperformed surgical masks in shielding hospital workers from influenza viruses and other microbes is being hailed as a landmark in research on respiratory protection for healthcare workers.

<http://www.cidrap.umn.edu/cidrap/content/influenza/swineflu/news/sep1709respir-jw.html>

Antiviral Recommendations

On September 22, 2009 CDC updated its recommendations for the use of influenza antiviral medicines to provide additional guidance for clinicians in prescribing antiviral medicines for treatment and prevention of influenza during the 2009-2010 flu season.

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

Use of Influenza A (H1N1) 2009 Monovalent Vaccine – Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009. CDC MMWR 58/August 21, 2009

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr58e0821a1.htm>

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