

H1N1 conference call, Wednesday, July 1, 3:00 pm

Next call: July 8th at 3:00 pm
Dial in number: **888-788-1915**
Passcode: **4611452**

This will be an operator assisted call that will be held each week on Wednesdays at 3PM PDT until further notice. There will be a Q & A session at the end of the call; all parties will be muted except for the speakers until that time.

Meeting Minutes

1. Current situational update (Janice Louie)

Update on hospitalizations/deaths:

- U.S. has 27,000 cases and 127 deaths
- California has approximately 1700 cases with 236 hospitalizations and 20 deaths.
- H1N1 is at level 2 severity or 0.1-0.5% case fatality rate; seasonal influenza has a higher case fatality rate with approximately 5000 deaths annually in California
- Many California fatalities have underlying risk factors- neuromuscular and pulmonary disorders and immunosuppression.
- A large porportion of fatalities in California appear to be occurring in obese adults (BMI \geq 30), particularly those who are extremely obese (BMI \geq 40). Whether these obese patients have underling, but perhaps unrecognized, pulmonary disease is unknown. See: <http://www.cdc.gov/healthyweight/assessing/bmi/>

Reporting of Pandemic (H1N1) 2009 by Local Health Departments to CDPH

- Pandemic (H1N1) 2009 is and continues to be a reportable condition in California Please report all probable and confirmed cases of pandemic (H1N1) 2009
- At a minimum, please complete the demographics section of the case report form for non-hospitalized cases
- For hospitalized/fatal cases, there is no need to complete a CRF because this information is captured in the hospitalization form, please fax only the "Novel Influenza A (H1N1) Case History Form (Hospitalized and Fatal Cases)," which can be found at:
<http://www.cdph.ca.gov/pubsforms/forms/Documents/NovelH1N1HospFatalCaseReportForm2009-10.doc>
- **All reporting forms should now be faxed to VRDL @ 510-307-8588 (this is a change). The back-up number is 510-307-8599.**

The new **weekly deadline** to fax reporting forms to CDPH for the Thursday CDPH report will be **Wednesday at 12:00 PM**. All questions referring to the reporting forms should be forwarded to Shilpa Gavali (Shilpa.Gavali@cdph.ca.gov) and Cynthia Jean (Cynthia.Jean@cdph.ca.gov).

2. Antiviral update

[Antiviral treatment/prophylaxis guidance](#) (Rob Schechter):

National and state guidance are not the same. In about one month, there will be detailed ACIP guidance. If there are gaps in the guidelines now, we will update as needed and try to address these.

[Antiviral availability questions- community supplies/stockpile supplies](#) (Tom Ahrens):

Check guidance documents on anti-virals. Check EPO documents.

[Expiration date on pediatric oseltamivir in stockpiles:](#)

Do not destroy expired pediatric oseltamivir. Expired pediatric oseltamivir with an expiration date of 6/30/2009 has been extended by 2 years by the FDA. These must be relabeled with the new expiration date by a FDA licensed relabeler and are not available for use until relabeled.

3. Vaccine update (Gwen Hammer)

[Current plans for distribution, prioritization, monitoring of adverse events:](#)

Draw up a list of potential vaccinators, including state and national organizations. Ask manufacturers to provide list of vaccinators. A large quantity of vaccine is being produced, which is more than public health will be able to administer. Public health will provide direction for where the vaccine should sent; and depending on the severity of the disease, who will administer the vaccine; and if the vaccine supply is scarce, who will receive the vaccine. Meetings regarding preparation for H1N1 vaccine distribution and administration are every Wed.

4. Infection Control update (Jon Rosenberg)

[Infection control precautions for H1N1:](#)

The Society for Healthcare Epidemiology of America (SHEA) has issued a statement to discontinue airborne precaution in healthcare settings and use droplet precautions for H1N1. This will be presented to HHS and Secretary Sebelius will make a decision.

SHEA Position Statement: Interim Guidance on Infection Control Precautions for Novel Swine-Origin Influenza A H1N1 in Healthcare Facilities, June 10, 2009

http://www.shea-online.org/Assets/files/policy/061209_H1N1_Statement.pdf

Issues:

- The high number of exposures to healthcare workers who did not use infection control precautions
- Implementation of any precautions
- Use of hygiene measures such as respiratory hygiene/cough etiquette
- Febrile, sick HCWs continuing to work even in labor and delivery and ICU
- In teaching hospitals, residents don't have a sick leave policy
- Difficulty in providing adequate staffing when ill HCWs must be excluded for seven days
- Implementing recommended postexposure prophylaxis (PEP)

5. Outbreaks

[Update on reported healthcare facility outbreaks](#) (Jon Rosenberg):

State developmental center

Residential - 4-5

Skilled nursing facilities

Honor Farm - 500 inmates

[Other outbreaks](#) (Kathy Harriman): 17 outbreaks

8 schools

5 camps

2 childcare centers

1 university

2 state prisons

6. Clinical/lab/epi issues (Janice Louie/Carol Glaser)

[Testing recommendations \(still limited to hospitalized/fatal cases and outbreaks/other special situations\):](#)

- No longer confirming probable cases.
- Questions regarding N. CA Kaiser – call is planned with Kaiser - how do the counties want them to report Kaiser cases?
- Commercial labs: Quest/Focus Diagnostics
- Not all LHD laboratories are capable of confirming pandemic H1N1 because CDC is not able to supply all the labs
- H1N1 is a reportable condition
- RCCC has been reactivated (virtual)

7. Open for questions/discussion

[What kind of questions are LHDs hearing from their clinicians?](#)

[What information/assistance from CDPH would be helpful?](#)

- How long will CRF be required?
 - H1N1 remains reportable. If filling out full H1N1 CRF is too burdensome, the basic demographics are at least needed instead of all the details.
- Will chain pharmacies get vaccine from counties or will there be a multi-county presence?
- Many questions on antiviral postexposure prophylaxis for healthcare workers, e.g., PEP for HCWs with multiple exposures, PEP for family members of HCWs, PEP for HCWs whose exposure occurred >48 hours prior
 - [CDPH updated antiviral guidance will be forthcoming](#)
 - [No need to provide PEP for contacts of contacts; if HCW becomes ill, high risk family members should receive PEP at that time](#)
- Request to highlight changes in updated guidelines so they can be identified
- [Clarification - hospitalized cases only need the hospitalization form submitted, not the regular CRF](#)
- [Outbreak definition is single case in a closed residential setting](#)
- [Contact investigations no longer recommended](#)