

Local Partner MediaSite Call Summary on Novel Influenza A H1N1/2009
WI Department of Health Services
5/11/2009

Call Participants: Local Health Officers, Tribal Health Directors, Regional Consortia staff, Infection Control Practitioners, Healthcare staff/providers, DPH Regional Office Directors with other key state staff, and other Public Health partners.

ANNOUNCEMENTS:

Mary: The next Mediasite call will be Thursday, 5/14/09, from 10-11AM. The following week there will be calls on Monday, 5/18/09 and Thursday, 5/21/09. Then we will assess the need to continue the calls. The email will list the URL.

Rick: The hospitalization information in WEDSS on 95 cases shows that 5 were hospitalized for a rate of approximately 5%. However, many cases don't have hospitalization indicated in WEDSS. Please enter and call DPH about cases who are hospitalized. We want to complete a very thorough case investigation on these cases, so please complete the Case Report Form, fax it to DPH and enter the information into WEDSS. We are trying to identify anyone who got sick enough to be hospitalized. The need for these data pertains only to individuals with probable/confirmed test results.

Tom: You will receive 2 guidance documents sometime today from DPH: one on testing and one on treatment. The one on testing scales back testing somewhat. The document on treatment refers providers to LHDs for additional information, so it will be important to be familiar with information in the treatment guidance.

Case Status:

Number of Confirmed cases in WI: 414

Number of Probable cases in WI: 35

Location of Probable and Confirmed Cases (N=449)

Adams:	1	Milwaukee:	265
Brown:	6	Ozaukee:	4
Dane:	22	Polk:	3
Dunn:	1	*Price	1
Fond du Lac	1	Racine:	3
Green:	1	Rock:	5
Jefferson:	2	Sheboygan:	5
Kenosha:	2	Waukesha:	22
		To be determined:	106

*New County

Note: Speakers will introduce themselves and attempt to avoid using acronyms. See the end of the document for a list of the speakers on this call and definitions of commonly used acronyms.

UPDATES, QUESTIONS AND ANSWERS

Case Surveillance: Rick Heffernan

1. Why have IL and WI reported so many cases?
Response: In WI, we have 4 labs that can test for novel influenza. Also, we may actually have more illness in Milwaukee than other states. We are trying to understand whether we may truly have more illnesses in WI by talking to CDC and other states.
2. Would we not expect border states to Mexico to have more cases?
Response: Transmission of influenza depends on air travel as much as geographic proximity. Now there are plenty of cases in the US and the connection to Mexico is less important in understanding transmission here.
3. Are there any cases of H1N1 in nursing home residents?
Response: No, there are no cases in nursing homes residents that we know of.
4. Should we test epi-linked symptomatic contacts?
Response: We are not recommending testing for close contacts of a case with ILI. We don't think it's a good use of testing resources to test multiple people in the same household. We are only interested in testing contacts if the case was hospitalized or severely ill. But it is important to complete the list of household contact on the Case Report Form and to indicate whether they became ill within 7 days of exposure to the case. This information is crucial to understanding patterns of H1N1 transmission.

Communications: Rick Heffernan

1. Why is the website not being kept up to date?
Response: The case count reported on the weekend is not updated as quickly the case count reported during the week.

Infection Control: Gwen Borlaug and Jeanne Druckenmiller

CDC is examining data to determine whether to modify current guidelines. OSHA is following CDC's lead, so the need to wear and fit-test N-95s will continue for the present. Terry Moen advises that the OSHA home page contains fact sheets and quick cards for the general work place and health care settings.

1. Which health care workers should be fit tested?
Response: Like TB, health care workers with direct patient care responsibilities need to be fit-tested.
2. Are N-95s required for direct patient care in a nursing home if the resident has an ILI?
Response: Yes.
3. If person is suspect, and then shown not to have influenza, do we have to purge the negative pressure room?
Response: It is not necessary to use a negative pressure room for patient examination or specimen collection.
4. Do housekeeping staff have to be fit-tested to clean ILI patients' rooms?
Response: Yes. Hospitals may want to fit-test a small cohort, like we do with TB.
5. Is there guidance for PPE for personnel who are not actually EMS.
Response: For firefighters and law enforcement personnel, use of surgical masks is OK because these personnel are not providing direct patient care.

Isolation and Quarantine: Risk

1. Are there any specific recommendations for special needs children going to an overnight camp for a week?

Response: We are not aware of any specific recommendations. General recommendations would include keeping ill children at home, lots of hand-washing and excluding children who become ill in camp.

Laboratory Testing, Reporting Results: Tom Haupt and Rick Heffernan

1. If I know I have a positive influenza test result, do I need to test further?

Response: Yes, we want to be able to distinguish H1N1 from seasonal influenza.

2. We found out a positive result via email. Shouldn't we have been called?

Response: Yes, Health Officers should be notified by phone of positive results. Tom will call questioner to clarify the situation.

3. When does the SLH test specimens?

Response: SLH tests at least one run over the weekend. DPH gets results in the early to late afternoon and begins calling results to LHDs.

4. Why are so many cases reported with county unknown?

Response: These cases are coming from a Milwaukee lab that does not report patient address. During the day, people work on assigning jurisdictions to the cases, so at the end of the day there are fewer unknowns. However, the next morning the number increases again as we receive more new test results.

WEDSS: Tanya Oemig

ELR results from Milwaukee started to flow into WEDSS over the weekend. They are primarily negative results. Today, ELR results from SLH will begin. The results will go back to tests that were completed on Friday. WEDSS staff will inform users on how those results look. The results will come in as process status - new so users will need to finalize cases received via ELR.

1. Where in WEDSS should onset data and hospitalized data be entered?

Response: These data can be entered in the 'case investigation' tab and the 'flu-lab-clinical' tab. The most important is the case investigation tab. The onset date is missing for many cases, so please complete to improve accuracy of epidemic curve. Please let Rick know about barriers to completing these data points.

2. In which jurisdiction should a college student with H1N1 be counted – in the jurisdiction where they go to school or in the jurisdiction where their home is?

Response: Count them in the jurisdiction where they attend college.

Schools and Workplaces: Dan Hopfensperger, Rick Heffernan, Jeff Davis

1. What are recommendations for notifying a workplace of a case of influenza?

Response: It would be appropriate to inform the workplace and provide advice on how to prevent spread. Information is on web at

<http://pandemic.wisconsin.gov/docview.asp?docid=16640&locid=106>

2. Did the school closure templates ever come out?

Response: The templates were completed but we did not post them because school closure for a case or probable case was no longer being recommended. If a school closure template is needed, please send an email to Dan at Daniel.hopfensperger@wisconsin.gov.

3. Please discuss monitoring absence rates in affected schools.

Response: We posted guidance on monitoring absenteeism on the DHS website. See: <http://pandemic.wisconsin.gov/docview.asp?docid=16666&locid=106>. We also sent out a Q&A related to the updated school guidelines: <http://pandemic.wisconsin.gov/docview.asp?docid=16667&locid=106>.

Note: Some consortia and regional epidemiologists have developed absenteeism monitoring materials over the years. They are requested to please share any materials they have developed with LHDs on monitoring absentees.

4. If we already have a form to monitor school absences, do we need to use yours?
Response: No, you don't need to use our form if you already have a way to track ILI in your school.
5. Does the state agree with the CDC School Guidance on the definition of an ILI, i.e., any student with fever and cough or sore throat? Schools need specific guidance on exclusion.
Response: Yes, we are comfortable with using the CDC definition of an ILI. Fever is a good indicator that a student should not be in school.
6. Can a student who was excluded from school for an ILI return to school with a note from a physician?
Response: If the person has been diagnosed with novel influenza A H1N1, s/he must be excluded for at least 7 days from onset of symptoms, or for 24 hours after symptoms resolve, whichever is longer. If the person was diagnosed with another illness that does not require exclusion from school, s/he may return to school with a medical release before the 7 day exclusion period ends. However, we do not advocate that any child be in school with a fever.
7. Do we need to publically announce an exposure in a store?
Response: No, this is not necessary. We need to assume the virus could be anywhere in the state.
8. If a child has ILI, is not tested, no diagnosis is obtained, should that child be excluded for 7 days.
Response: Absolutely. In the future, there will be fewer people tested. Exclusion should not be thought of as being based on test results alone.

SNS: Joe Cordova and Dennis Tomczyk

1. How is TamiFlu packaged?
Response: Tamiflu comes as 48 units of use bottles in a case. It does not come in blister packs.
2. How can we get PPE for EMS?
Response: A policy statement sent out last week advised assuring that EMS have PPE on a run-by-run basis. PPE for EMS can be obtained from the hospital stock pile and from the SNS.
3. How can we access SNS antivirals?
Response: Antivirals in the stockpile are intended for the uninsured and to fill availability gaps in the commercial supply chain. If there are no availability gaps, people with insurance must get drugs from the regular distributor. Remember, we are looking at clinician-based dispensing. The antivirals are not intended for large scale prophylaxis. These guidelines are on the website.
<http://pandemic.wisconsin.gov/category.asp?linkcatid=3147&linkid=903&locid=106>

Uninsured: Rachel Carabell

Today there will be a conference call with participating providers. If a participating provider did not get an email notice of the call, please email Rachel at Rachel.carabell@wisconsin.gov. The conference call will give a brief status report on when and if we will open up this resource.

Acronyms:

CDC Centers for Disease Control and Prevention
DHS Department of Health Services
ELR Electronic Laboratory Reporting
EMT Emergency Medical Technician
ICP Infection Control Practitioner
ILI Influenza like illness
LHD Local Health Department
HAN Health Alert Network
HCWs Health Care Workers
PPE Personal Protective Equipment
SLH State Laboratory of Hygiene
SNS Strategic National Stockpile
WEDSS Wisconsin Electronic Disease Surveillance System

DPH Staff on the Conference Calls:

Gwen Borlaug, Infection Control Epidemiologist
Rachel Carabell, Division of Health Care Access and Accountability
Joe Cordova, Strategic National Stockpile Coordinator
Jeff Davis, State Epidemiologist and Chief Medical Officer for Communicable Diseases
Seth Foldy, MD, State Health Officer
Tom Haupt, State Influenza Coordinator
Rick Heffernan, Chief, Epidemiology Section
Dan Hopfensperger, Director, Wisconsin Immunization Program
Jim Kazmierczak, State Public Health Veterinarian
Tanya Oemig, WEDSS Manager
Dennis Tomczyk, Hospital Preparedness Coordinator
Paul Wittkamp, Wisconsin EMS Section
Mary Young, Southern Regional Office Director and Call Host