

Local Partner MediaSite Call Summary on Novel Influenza A H1N1/2009
WI Department of Health Services
5/14/2009

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:

Today will be the last regularly scheduled call. We will monitor questions as they come in and watch for changes in conditions. If events indicate need, we will schedule more calls. Guidance documents will continue to be posted on HAN and the DHS website and questions sent to DHS Panflu will continue to be answered. We will be monitoring events and questions. Mary will be requesting fiscal information from LHDs in the near future. Mary will send LHDs a copy of the email that was sent to providers on the cancellation of the benefit program for the uninsured.

Chuck Warzecha:

There will a change in how DPH is handling the emergency. We will be absorbing the command structure into regular structure. This is not the end of the emergency declaration, but things have become more routine. DPH staff and ways of reacting to events will still be there. Most important transition is to after action evaluation. Want to learn as we go forward with an eye to improving the system, which could be next fall. Don't have a tool yet but feel a sense of urgency to get started, so jot down your ideas of how things could be improved in the future.

Case Status:

Number of Confirmed cases in WI: 508

Number of Probable cases in WI: 0

Location of Probable and Confirmed Cases (N=508)

Adams:	1	Ozaukee:	5
Brown:	8	Polk:	3
Dane:	22	Price:	1
Columbia:	2*	Racine:	3
Dunn:	1	Rock:	6
Fond du Lac:	1	Sheboygan:	5
Green:	1	Waukesha:	29
Jefferson:	1	To be determined:	9
Kenosha:	2		
Milwaukee:	394		

*Note: *Two confirmed cases reported on 5/12/09 as Dane County residents were found to be residents of Columbia County

There are some additional counties and cases that will appear in today's situation report at 3:00 PM.

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 and Tom Haupt

Descriptive epidemiology data show the infection is predominant children under 20 years of age and there is a 50-50 split by gender, but more females in childbearing years, which is perhaps due to their childcare responsibilities. The hospitalization rate is 2.5%, based on information about 200 cases. We know of 4 people who were hospitalized for reasons other than H1N1, and an additional 7 cases were hospitalized for H1N1 illness. Of these, 2-3 appear to have no underlying conditions. One patient was still hospitalized in intensive care yesterday. This is a reminder that some of these illnesses can be severe, and of the importance of reporting hospitalizations in WEDSS. As we fill in the denominator, the hospitalization rate will probably come down.

So far, the situation report has been our main mechanism for communicating summary morbidity. These numbers will be updated during the week but not on the weekend. We will be transitioning from case-based surveillance to surveillance through the sentinel provider network and syndromic surveillance through the Wisconsin Health Information Exchange in Milwaukee. Case-based surveillance is a lot of work and has permitted us to describe the epidemiology of this outbreak. We have discussed not requiring case reports except on those who are hospitalized, health care workers, or residents of long term care facility residents or other institutions with an onset or specimen collection date after tomorrow. We want to discuss this with counties where a lot of morbidity is occurring, e.g., Milwaukee and Dane Counties, put guidance in writing and circulate it for comments.

Additional notes from CDC: CDC wants follow-up on pregnant women with H1N1. Regarding hospitalizations, they will use the criteria of hospitalization for over 24 hours to get away from hospitalization just for hydration or observation.

1. Couldn't a case reported in one county have been acquired in another county?

Response: Yes. People travel.

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.

3. Why does WI have so many cases?

Response: We have a large number of cases due to large number of labs that have generated a large number of cases. We don't have evidence that we actually have more illness. We are looking at sentinel provider, syndromic surveillance and hospitalization data to understand this better. The Midwest Influenza Coordinators group has been discussing why WI and IL have more cases. WI has tested 3600 cases with a positivity rate of 10-15%. By comparison, MI has tested 400 cases with positivity rate of 40%. There is a lot of disease activity in states to the East and South of us. We are one of a few states that flip their probable cases to confirmed, so states that don't do that appear to have fewer cases. For all these reasons, we do not think WI is an epi center of infection.

Case Management: Rick Heffernan

1. Please give guidance on contact investigation for confirmed cases.
Response: The case report form asks for information on contacts. There are also health care questions around ill HCWs that Jeanne and Gwen will be working on. There is recommended surveillance around a case in school and day care settings. However, we are not recommending investigations for everyone within 6ft of a suspect case, or in a work place. The focus is on schools, daycare centers, health care facilities and residential institutions. This is where you need to identify and track contracts.

Infection Control: Gwen Borlaug and Jeanne Druckenmiller

1. Has CDC said anything yet about moving to droplet isolation?
Response: CDC is still debating this. An MMWR article is coming on 25 HCWs with H1N1. CDC needs to know for sure that droplet precautions are going to be protective. An answer will may come in the next few days. WI, OSHA and NIOSH will follow CDC's lead.
2. What should be the follow-up with a HCW with an ILI?
Response: The HCW should be tested and isolated and patient and coworker contacts should be identified who may be eligible for prophylaxis.
3. How can we get training on fit-testing N-95 masks?
Response: Some vendors offer fit-testing or ask another health care facility in your area for help or to train a trainer. Also, the Wisconsin OSHA Consultation Program at the SLH can help with this. Terry Moen's number at the SLH is 608-226-5239.
4. Do Certified Nursing Assistants (CNAs) have to be fit-tested for N-95s.
Response: CNAs and all other persons entering the room of someone with an ILI need wear fit-tested N-95 masks.
5. Are there special guidelines for day care centers?
Response: Yes, these guidelines have been posted. See:
<http://pandemic.wisconsin.gov/docview.asp?docid=16636&locid=106>
6. Is there guidance on the reuse of N-95 masks?
Response: Yes, these guidelines have been posted. See
<http://pandemic.wisconsin.gov/subcategory.asp?linksubcatid=3083&linkcatid=3124&linkid=903&locid=106>. Note that N-95s should only be reused if there is need to conserve supplies.

Laboratory Testing, Reporting Results: Jim Kazmierczak, Rick Heffernan, Tom Haupt, Jeff Davis

1. Where is the updated guidance on testing?
Response: The updated guidance was posted on Monday, 5/11/09. See:
<http://pandemic.wisconsin.gov/docview.asp?docid=16674&locid=106>
Basically, testing is **recommended** for persons with severe febrile illness, sepsis, hospitalized with a severe respiratory illness, health care workers with ILI and residents of residential facilities, e.g., long term care, prisons. Testing should be **considered** for moderately ill persons (fever $\geq 101.5^{\circ}$ F AND cough or sore throat AND headache or body aches). Testing is **not recommended** for persons with mild illness and family members of cases.
2. How do I know there is a test pending for my jurisdiction?
Response: We are asking providers to notify LHDs when they are testing a high risk person.
3. A LHD was notified by a provider of a H1N1 case before it received notification from DPH.

Response: This was due to the Milwaukee laboratory that reports cases without locating information. By the time we identified the patient's address, the LHD had been notified by the provider. We have identified a glitch in our reporting process and apologize for breakdown in process of notifying LHDs of H1N1 cases.

4. Is there better recovery of virus in a nasal aspirate versus a NP or throat swab?
Response: The maximum yield is with a nasal wash and aspirate, but a NP swab is also good. A throat swab alone is not sufficient. Obtaining both NP and throat swabs improve the viral yield.
5. Should we test a HCW who is ill with an ILI if they are already on Tamiflu?
Response: Yes, if testing can occur within the first 24 hours of initiation of treatment. Afterwards, consider the HCW to have ILI and exclude from work.
6. Are novel H1N1 cases being identified by rapid influenza testing?
Response: Use of the rapid test for H1N1 diagnosis is not recommended. Follow testing guidelines. We have seen both true positives and false negatives with the rapid influenza test in this outbreak.
7. Who is responsible for notifying the patient of the results of their testing?
Response: The health care provider who tested the patient is responsible for notifying the patient of his/her test results. DPH does not notify providers or patients of results. DPH notifies LHDs of test results, mainly through WEDSS. Laboratories notify submitters of test results by fax, mail or other reporting mechanisms.

Schools and Workplaces:

1. How do we reconcile the testing recommendations with the exclusion recommendations? For example, a child with mild ILI was excluded, not tested per the current guidelines, and recovered. Does this child still have to be out of school for 7 days?

Response: DPH staff gave various opinions on this question. However, no consensus was reached during the call and the question is continues to be discussed at DPH.

[Current guidance from CDC states that "Students, faculty or staff with influenza-like illness (fever with a cough or sore throat) should stay home and not attend school or child care programs, or go into the community except to seek medical care for at least 7 days even if symptoms resolve sooner."]

2. What are the recommendations for continuing school surveillance for H1N1?
Response: We still recommend that schools monitor illness as they would normally do. We want to prevent introduction of H1N1 in schools.
3. LHDs report that schools are excluding according to the guidelines they are been given and that parents are angry about this. Also, some parents are not reporting fever in their children.
Response: Presence of fever has always, not just in this outbreak, indicated that the child should not be in school.

SNS: Joe Cordova

Antiviral drugs are available and the SNS order form is available on [pandemic.gov](http://pandemic.wisconsin.gov/category.asp?linkcatid=3147&linkid=903&locid=106) under the health care provider tab at <http://pandemic.wisconsin.gov/category.asp?linkcatid=3147&linkid=903&locid=106>. We have sent out drugs to providers who signed up for the network to provide care to the uninsured. Three-four cases have been sent. The drugs are primarily targeted to the uninsured and can also

be used when gaps exist in the supply chain, or if there is a gap in the patient's insurance coverage for medications.

1. Where is our PPE order?

Response: It's coming. Our priority was to ship antivirals first.

2. When do we need to replace materials in the SNS stockpile?

Response: If the materials are going to the uninsured, they don't need to replace. If the material is being given to the insured, it should be replaced.

3. Where are the antivirals being sent?

Response: All agencies were asked to inform us a central point where they wanted the drug to go. If you would like to know how your facility instructed us, call Joe Cordova at 608-267-9010

Treatment:

1. When emergency declaration is over, will providers still be able to use antivirals off-label for children?

Response: The emergency use authorization is federal. When the federal authorization for emergency use is lifted, prescribing will revert back to on label use. At the national level, it would be important to study what happened in the use of these drugs in young children. If this virus was to return and cause major problems, then the emergency use authorization would be re-invoked. But we don't know if this will happen.

2. Will there be additional information on pre-exposure prophylaxis?

Response: If you have cases in your community, consider that virus is circulating. But still, pre exposure will be used sparingly for very high risk persons (such as those with severe immunodeficiency) and their household contacts. See Guidance issued on Monday:

<http://pandemic.wisconsin.gov/docview.asp?docid=16675&locid=106>.

Uninsured: Dave Stepien, Division of Health Care Access and Accountability

This is an update on the benefit for uninsured persons. In response to the H1N1 outbreak, the Department established a statewide network of partners. After consideration, the Department has decided not to implement this benefit. Although the partners will not be activated at this time, the Department will maintain that network in case it is necessary to respond to a more aggressive wide spread outbreak in the future. Dept agreed to distribute a supply of antivirals to the network partners and will still do so.

The Department sent a memo to all providers in the network explaining the status of the benefit and the network. The Department will continue to communicate with providers who signed agreement to be in the network and will require that network providers submit information the Department requested previously.

1. How will the uninsured access H1N1 testing and treatment?

Response: It is recommended that the uninsured can seek care from their normal health care provider or from an existing safety network provider. An uninsured person can be treated for H1N1 without cost with antivirals from the SNS stockpile.

2. How can my partner clinic receive its initial supply of antivirals?

Response: Partners with questions about receiving the initial supply of antivirals should contact Joe Cordova at 608-267-9010.

Vaccine: Jeff Davis

1. What about development of a vaccine against H1N1 swine origin virus?

Response: We are not privy to any inside information on this. The information provided in response to this question is available to the public on the internet. Generally, a variety of different approaches are being tried, e.g., the traditional egg incubation, tissue cultures and there is an effort to make an attenuated live virus vaccine. We have no information on how this vaccine will be distributed. There will be an initial safety phase, followed by an efficacy trial to determine the immune response and fine-tune the dose. Hopefully a lot of antigen will not be needed to induce an immune response. Hopefully a vaccine will be available some time in the fall. The initial lots will not be very large.

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
Joe Cordova, Strategic National Stockpile Coordinator
Jeff Davis, State Epidemiologist and Chief Medical Officer for Communicable Diseases
Tom Haupt, State Influenza Coordinator
Rick Heffernan, Chief, Epidemiology Section
Dan Hopfensperger, Director, Wisconsin Immunization Program
Jim Kazmierczak, State Public Health Veterinarian
Chuck Warzecha, Bureau Director, Environmental and Occupational Health
Paul Wittkamp, Wisconsin EMS Section
Mary Young, Southern Regional Office Director and Call Host

Non-DPH Staff on the Conference Calls:

Dave Stepien, Division of Health Care Access and Accountability