State of Wisconsin
Department of Health Services

Jim Doyle, Governor
Karen E. Timberlake, Secretary

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Assembly Public Health
Information Hearing
Dr. Seth Foldy, State Public Health Officer
Seth Boffeli, Public Information Officer for H1N1 Pandemic Response
Sandra Breitborde, Incident Commander for H1N1 Pandemic Response

Thank you Rep. Benedict for this opportunity to update the committee on the state's activities to respond to the H1N1 virus. My name is Seth Foldy. I serve as the State of Wisconsin's Public Health Officer. With me today is Seth Boffeli, our Public Information Officer for H1N1 Pandemic Response and Sandra Breitborde, Incident Commander for H1N1 Pandemic Response.

SITUATION REPORT

First, I would like to give you a brief update on H1N1 activity in Wisconsin this fall.

Currently, we are seeing relatively widespread influenza H1N1 activity in the state that began increasing with the beginning of the school year, with cases reported from 48 of Wisconsin's 72 counties over the past month. 99% of all the circulating influenza viruses tested are H1N1. Flu activity is currently higher than what we normally see at this time of the year. We are seeing a relatively even amount of activity in most parts of the state as opposed to the spring where we saw significant focal outbreaks – particularly in the urban areas – and sporadic activity in the rest of the state.

We are not currently seeing marked week to week escalation of disease rates as seen in spring; however, several Southern states – where schools opened in August – are experiencing escalating outbreaks affecting larger numbers of people that could occur here as well.

The severity of illness caused by the virus has not increased since spring. The vast majority of the cases that have been reported have been relatively mild. Between September 1 and October 5, 13 hospitalizations have been reported statewide, and one fatality.

Testing at the state public health laboratory and by CDC indicate that the H1N1 virus has not become resistant to anti-viral medication. In addition, the virus has been stable since the spring and circulating strains are a close match to the H1N1 vaccine.

Since the first case of H1N1 infection was detected in Wisconsin there have been nine fatalities in the state. Eight occurred during last spring's outbreak and one occurred in September.

VACCINE UPDATE

The US Government has purchased all domestic stocks of H1N1 vaccine and is distributing the vaccine through state health departments, in contrast to seasonal influenza vaccine. The vaccine is allocated to states by population as it is produced. Last week, CDC accepted H1N1 vaccine orders for the first time, and Wisconsin was among the first states to submit an order. Over 2,000 health care providers and health departments have pre-registered to receive vaccine, and they are now submitting orders, primarily on-line.

Live Attenuated influenza Vaccine (FluMist) H1N1 vaccines began to arrive to providers yesterday, and over several days approximately 50,000 doses will be delivered directly to providers and health departments. DHS will process additional orders as we receive additional vaccine allocations from the CDC.

This week only Live Attenuated influenza Vaccine (FluMist) is being distributed by the US Government. It is administered nasally and is recommended for healthy persons between the ages of 2 and 49. This live vaccine is not recommended for pregnant women and persons with chronic lung, heart or immune disorders. Soon inactivated (injectable) vaccine will be added to the Federal supply chain, which will permit vaccination of other targeted groups.

Due to the fact that doses of the vaccine are just now coming online, shipments in the early weeks will be limited and will be focused on vaccinating individuals among CDC's target group populations.

The Federal Government selected these groups because they suffered the highest rates of hospitalization and death in spring, or because they are most likely to transmit the virus to vulnerable people in the community. Vaccinating health care workers is also hoped to help protect that sector from high rates of illness while they are also trying to meet high levels of demand for services.

Those groups include:

- Pregnant women
- Household contacts and caregivers of children <6 months
- Healthcare and emergency medical services personnel
- All people from 6 months through 24 years
- Persons 25 through 64 years with underlying conditions

Our plan is to vaccinate those in target groups in phases.

Phase I

- Because the initial supply of vaccine is modest and cannot be used for many high risk groups, our initial focus is on reaching health care workers and emergency medical services on the front lines.

- We will focus on large hospitals clinics and health departments first as we ramp up the distribution system, but shortly after, additional vaccine will reach smaller providers as well. Providers may also vaccinate other targeted individuals at risk for disease for whom the Live Attenuated Influenza Vaccine is safe.

Phase II

- Soon we expect to be able to order larger quantities of both live attenuated and inactivated H1N1 vaccines. At this point a larger universe of vaccinators will receive vaccine, to be offered to all members of the target groups.

- Many targeted people will receive vaccines from their routine health care providers. Vaccine will also be distributed by local health department clinics. Many local health departments, working in concert with private healthcare providers, will establish mass vaccination centers in school or community settings. However such mass clinics will likely be announced only after adequate vaccine supply has been secured.

Phase III

- When ample H1N1 vaccine supplies are available, DHS will announce that it is appropriate to offer vaccine to all who desire it through private providers, public health clinics, community vaccinators like pharmacies, occupational health programs and other routine settings.
- Public providers will still conduct mass vaccination and school based clinics.

What we don't know is exactly when we will have enough vaccine to move from Phase I to Phase II and from Phase II to Phase III.

As the weekly supply chain becomes more robust providers will have the ability to vaccinate more and more people; however, we do not anticipate large mass vaccination clinics and school based clinics until late October.

It is also safe to assume that it will be sometime in November before the H1N1 vaccine is readily available for all members of the general public who are not included among the CDC target groups.

We have also received a number of inquiries about the cost of the H1N1 vaccine. Since the vaccine has all been purchased by the federal government there can be no charge for the vaccine itself. There may be a nominal fee for administering the shot, but no one will be turned away at public or school-based vaccination clinics for inability to pay.

The state is using federal funding to reimburse public health departments for the cost of the mass vaccination campaign. Private providers will be able to bill insurance companies, Medicare and Medicaid for the vaccine administration fee.

SEASONAL FLU VACCINE UPDATE

One other item worth noting is that DHS is being contacted by some public and private providers due to a delay in receiving their seasonal influenza vaccine shipments.

We have communicated concerns regarding these delays to the CDC. The CDC indicated to us that normal quantities of seasonal influenza vaccine are available, but have acknowledged that some providers have not yet received their seasonal vaccine orders. Seasonal vaccine is typically distributed and marketed later in the year, thus there is unusual demand for seasonal vaccine this early in the fall.

We will continue to follow CDC recommendations in encouraging the public to receive both seasonal and H1N1 influenza vaccines – where available.

While we have yet to receive reports of a significant number of seasonal flu cases, it is possible that the HINI virus and one or more seasonal influenza viruses will circulate this season, making both vaccines advisable.

ANTI-VIRAL UPDATE

Another subject that you may recall from the spring is that DHS maintains a state strategic stockpile of anti-viral medications. Stockpiles of anti-viral medication and other supplies are also maintained by the Federal Strategic National Stockpile and earmarked for Wisconsin when needed.

Over the course of the summer we ordered replenishment of our combined stockpiles to have enough anti-viral medication to treat 25% of the state's population. We anticipate this to be completed before the end of the year.

LOCAL HEALTH DEPARTMENTS

Finally, I would just like to speak to the amount of work – and the importance of the work going on at the local level.

Our 92 local and tribal health departments as well as thousands of clinics and hospitals across the state represent the front lines in our efforts to combat this virus.

They are the people who will be organizing the public clinics, they are the ones that will be putting much of the vaccine in the arms and they are the ones who will be treating both the sick and the worried well.

Wisconsin's hospitals and clinics are also shouldering unusual demands in addition to their duties and responsibilities.

Some of these providers experienced a significant surge in the spring, and we are working closely with them to ensure they have the capacity and the capability to respond to increased flu activity.

So far we are pleased to report providers across the state have been cooperative and flexible when preparing for this challenge.

We are doing everything we can at the state level to keep all providers informed and supplied. We are holding weekly web conferences – where we communicate with more than 600 providers each week. We are posting guidance on our website pandemic.wisconsin.gov and we are providing funding for local health agencies to mount a coordinated, effective response to this virus.

This will be the largest mass vaccination campaign in the nation's history and the first since 1976 so there is not a great deal of institutional memory.

There is a great deal of responsibility and stress put on their shoulders and even if all goes well they will have a Herculean task. We are proud to support them in their work. We hope that their local governments will permit them flexibility and the support of other local agencies the same way that the Department of Health Services has been able to benefit from these at the state level.