



Nevada State Health Division

Public Health Preparedness

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Introduction

The purpose of this report is to provide pertinent public health information to public health, healthcare providers and other community stakeholders, as well as to the general public. This report will be published weekly.

Nevada State Public Health Laboratory Counts

According to the Nevada State Public Health Laboratory (NSHPL), as of 1:00pm PT, September 30, 2009, Nevada had 1,526 **confirmed** cases of H1N1 flu and 47 **probable** cases. All of the probable cases, with one exception, are due to samples with viral loads too low for subtyping. ****Does not include private laboratory testing****

Nevada State Public Health Laboratory Cases of H1N1 Flu Infection			
County	Confirmed	Probable	Deaths
Carson City	224	17	
Clark	176	3	11
Washoe	793	22	1
Other 14 counties	333	5	
Total	1,526	47	12

The NSPHL has tested a total of 4,119 samples since April 26, 2009. Cumulative total results, detailed for the last 12 weeks, are noted below. ****Does not include private laboratory testing****

	Total Tested	H1N1	% H1N1	H1	H3	B	Total Other	% Other	Total Negative	% Negative
September 30, 2009	4,119	1,526	37.1%	20	73	78	171	4.1%	2,422	58.8%
September 17, 2009	3,476	1,179	33.9%	20	73	78	171	4.9%	2,126	61.2%
September 3, 2009	3,034	917	30.2%	20	73	78	171	5.7%	1,946	64.1%
August 20, 2009	2,618	794	30.4%	20	73	78	171	6.5%	1,673	63.1%
August 13, 2009	2,459	713	29.0%	20	73	78	171	7.0%	1,575	64.0%
August 6, 2009	2,320	663	28.6%	20	73	78	171	7.4%	1,486	64.0%
July 23, 2009	1,876	468	24.9%	20	73	78	171	9.1%	1,237	66.0%
July 16, 2009	1,667	381	22.9%	20	73	78	171	10.3%	1,115	66.8%
July 9, 2009	1,575	320	20.3%	20	73	78	171	10.9%	1,084	68.8%
July 2, 2009	1,450	293	20.2%	20	73	78	171	11.8%	986	68.0%
June 25, 2009	1,344	240	17.9%	20	73	78	171	12.7%	933	69.4%
June 18, 2009	1,265	215	17.0%	20	73	78	171	13.5%	879	69.5%

** update not available for July 30, 2009 , June 11, 2009

H1N1 Vaccination Activities

Target Groups

On July 29, 2009, the Advisory Committee on Immunization Practices (ACIP)-an advisory committee to the Centers for Disease Control and Prevention (CDC)-recommended that H1N1 flu vaccine be made available first to the following five groups:

- Pregnant women.
- Healthcare workers and emergency medical services workers.
- People 6 months through 24 years of age.
- People who care for infants under 6 months of age.
- People 24 through 66 years of age with chronic medical conditions.

**State prisons and county detention centers have been contacted to facilitate vaccine distribution to the incarcerated populations who are in the target groups.

Vaccine Distribution

- The CDC has allocated Nevada 694 ship-to-sites for both public and private providers. Federal guidelines recommend that regular season flu delivery routes be utilized as much as possible.
- Through a pre-registration process, the Nevada State Health Division's (NSHD) Immunization (IZ) Program has over 750 pre-registered providers. The IZ Program will screen and scale down to 694 selected providers, based on capacity and ability to reach target populations. Those excluded as a ship-to-site will receive vaccine directly from the IZ Program.
- A H1N1 Vaccination Distribution algorithm was developed utilizing the following basic principles:
 - Allotment will be based on presentation available, geographic region and ability to reach target populations.
 - Other determinants are provider density and capacity to reach the same target population.
 - The overarching principle is to get the vaccine out as efficiently as possible to as many access points as possible.
- The first allocation of vaccine, approximately 26,000 doses, will be available to ship on September 30, 2009 and will be an intranasal spray. It will be divided between the three health districts and the rural counties. Successive shipments will utilize the above distribution methodology and consultation with our public health partners.
- Vaccine will ship in 100 doses increments and will be accompanied by needles, syringes, alcohol swabs and vaccination cards.
- A number of school based clinics are being scheduled by the local health authorities. The IZ Program is working with the local health authorities to provide vaccine to mass dispensing clinics when supply dictates this approach, private sector capacity is exceeded and target populations have been vaccinated.

Healthcare Providers

Constant communications have been occurring with the healthcare provider community, to both pre-register as providers for H1N1 vaccine and to ensure that they have consistent, accurate and up-to-date information about vaccine distribution and availability.

- The IZ Program is conducting weekly provider teleconferences, with an average of over 100 participants.
- Providers must be able to adequately store and administer vaccine to the target populations. As the providers are enrolled in the system to provide H1N1 vaccinations, NSHD field staff will provide quality assurance visits to determine vaccine storage capability, administration capacity and understanding of the program. Each provider will receive a comprehensive H1N1 Welcome Packet that contains all resource materials needed, as well as all necessary forms as new providers.
- The IZ Program is working very closely with the Nevada Hospital Association to coordinate plans to vaccinate healthcare staff. The IZ Program surveyed all Nevada hospitals to elicit information on their planning efforts and assistance needs. The local health authorities (LHAs) are also working with the hospitals on these efforts.

Tracking of Doses Administered

The CDC is requiring that the number of doses administered of the H1N1 vaccine be tracked and reported to the CDC as requested.

- For providers currently using the state immunization registry (WebIZ), all H1N1 vaccinations will be recorded in the registry via the normal process. WebIZ staff will generate weekly data to combine with non-WebIZ providers in order to meet aggregate CDC reporting requirements.
- Non-WebIZ providers will document all vaccinations on paper forms that will be forward to state WebIZ staff for input. Once per week, providers will aggregate their data for submission to the state.

Vaccine Safety Monitoring

The Vaccine Adverse Event Reporting System (VAERS) will be the primary means of reporting to the CDC and FDA all adverse reactions to the vaccine, for safety monitoring purposes. The IZ Program has increased provider education on the VAERS process and vaccine safety via the weekly teleconference and the provider welcome packets. Vaccination cards issued by the CDC will be provided to all H1N1 vaccine recipients. VAERS information is contained on the card for patients to self report.

H1N1 Planning and Response Activities

Planning and response activities have been ongoing to ensure Nevada is ready to act during the 2009-2010 influenza season. These activities include:

- Reviewing and updating of state and local Mass Vaccination plans.
- Drafting of a H1N1 Pandemic 2009 Response and Recovery Operations Plan.
- Working collaboratively with the Division of Emergency Management to ensure a uniform statewide response.
- Tracking provider usage from previously distributed SNS/State antiviral stockpiles to maintain adequate inventory statewide.
- Working with local health authorities on the coordination of mass vaccination clinics statewide.
- Working with entities at the state and local levels in federal H1N1 grant applications for planning and implementation activities. Funds are for mass vaccination, antiviral distribution, epidemiology and laboratory capacity, public information, community mitigation and hospital/healthcare personnel vaccinations and systems capacity activities.

H1N1 Tribal Community Activities

The NSHD's PHP Tribal Liaison is working with the various tribal communities to ensure that they are prepared for the 2009-2010 influenza season. This includes:

- Reviewing of mass vaccination/dispensing plans to ensure readiness to distribute vaccines in their communities.
- Providing updated information at tribal meetings.
- The recruitment of a tribal health clinic to participate in the Influenza-like Illness Sentinel Surveillance program.
- Tracks usage from SNS/State antiviral stockpiles previously distributed to various tribal clinics.
- Assisting the Indian Health Board of Nevada in federal H1N1 grants applications, resulting in monies to meet epidemiology, education/information and personal protective equipment needs.

H1N1 Public Information Activities

The NSHD's Public Information Officer (PIO) is working with PIOs at the state and local levels to keep the public informed during the 2009-2010 influenza season and to provide consistent information across the state. Public information activities include:

- Conducting Bimonthly PIO meetings, with NSHD PIO serving as the lead.
- Seasonal influenza ads appearing in the October issue of Parents Magazine.
- H1N1 flu ad to appear in the November issue of Parents Magazine.
- Nevada Broadcasting Association radio spots in English and Spanish are to begin airing October 1.
- Continuous updates are provided on the www.flu.nv.gov website.
- Updated information is provided for the www.flurevolution.com website.
- Currently working with Nevada Press Association to enhance NSHD's ability to provide factual information throughout the state, using newspaper ads in 16 newspapers on a weekly basis.
- Disseminating technical bulletins to the provider community, rural PIOs and LHA PIOs.
- Providing H1N1 and seasonal influenza educational materials to a variety of state agencies and at health fairs.
- Presenting influenza information at a H1N1 Pandemic Education Summit –to Department of Education and local school district personnel.
- The NSHD, in collaboration with the local health authorities and Immunization Coalitions, is developing marketing messages to inform the public about vaccine availability as soon as this information is available. These messages will be culturally and linguistically appropriate and designed to reach specific target populations.

H1N1 Disease and Surveillance Activities

Influenza surveillance is conducted at the same time as H1N1 vaccination activities. In preparation for the upcoming 2009-2010 influenza (regular and H1N1) season, the following are disease and surveillance activities:

- Weekly tracking of seasonal and H1N1 influenza confirmed cases, hospitalizations and deaths in Nevada.
- The NSHD has identified a Nevada Statewide Influenza Surveillance Coordinator (ISC), who will serve as the liaison between the State and the CDC's Influenza Division and provide the CDC with surveillance information as requested.
- The ISC is working with the Nevada State Public Health Laboratory (NSPHL) to analyze provider positivity rates (total positive cases versus total sent for testing) for H1N1 and with hospital and healthcare providers who participate in the Influenza-like Illness Sentinel Surveillance program to develop standardization in reporting to the NSPHL.
- General public H1N1 frequently asked questions (FAQs) were finalized to be included on the flu.nv.gov website.
- As of October 5, 2009, Carson City Health and Human Services will conduct influenza surveillance in Douglas and Lyon counties. This was previously conducted by the NSHD's Frontier and Rural Public Health Services Program.

Seasonal Influenza Activity

According to the CDC, for MMWR week 37 (September 13-19, 2009), influenza activity increased in the U.S. Nationwide a total of 10,082 hospitalizations and 936 deaths associated with influenza virus infection, or based on syndromic surveillance for influenza and pneumonia were reported to the CDC from August 30-September 19, 2009. According to the CDC:

- Total influenza hospitalization rates for adults and children are higher than expected this time of year, although they are similar to or lower than seasonal influenza hospitalization rates depending on age group.
- The proportion of deaths associated with influenza virus infection is low and within the bounds of what is expected at this time of year.
- Almost all of the influenza viruses identified so far are 2009 H1N1 influenza A viruses and are similar to the viruses chosen for the 2009 H1N1 vaccine

Nevada has 5 reporting regions. For MMWR week 37, we are at "**widespread**" influenza activity, which is defined as outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least half of the regions of the state with recent laboratory evidence of influenza in the state.

Information on influenza activity and surveillance can be found at <http://www.cdc.gov/flu/weekly/fluactivity.htm>

CDC Updates

The CDC has recently issued the following:

- *2009 H1N1 Vaccine and Seniors* at: http://www.cdc.gov/H1N1flu/vaccination/vaccine_seniors.htm
- *Interim Recommendations for Clinical Use of Influenza Diagnostic Tests During the 2009-2010 Influenza Season* at: http://www.cdc.gov/h1n1flu/guidance/diagnostic_tests.htm
- *Questions & Answers: Influenza Diagnostic Testing During the 2009-2010 Flu Season-For the Public* at: http://www.cdc.gov/h1n1flu/diagnostic_testing_public_qa.htm
- *Questions & Answers: Influenza Diagnostic Testing During the 2009-2010 Flu Season-For Healthcare Providers* at: http://www.cdc.gov/h1n1flu/diagnostic_testing_clinicians_qa.htm
- *Questions & Answers: Use of Antiviral Medicines for the Treatment and Prevention of Flu Among Pregnant Women For The 2009-2010 Season* at: http://www.cdc.gov/H1N1flu/pregnancy/antiviral_pregnant_qa.htm