



## Marquette County Health Department

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FRED J. BENZIE, M.P.H., R.S., HEALTH OFFICER



August 31, 2009

Dear Colleagues:

Our community faces a number of challenges as we approach our influenza season and some are as follows:

1. A new virus (2009 H1N1 Flu) that appears to have a “predilection for young people in congregate settings”.
2. The possibility of 2009 H1N1 Flu causing severe illness and/or having a high case fatality rate.
3. An additional flu vaccine this year, with the likelihood of significant public anxiety and wariness.
4. The uncertainty of the potential extremes of either public apathy to the new vaccine or public demand for immediate immunization. This will likely depend on our experience with #2 above and the media.
5. The need to balance adverse morbidity/mortality events with 2009 H1N1 Flu with a responsible public health response. Schools may be at the epicenter of this challenge.
6. A potentially early onset to the influenza season.
7. A new paradigm where some target groups are a priority for one vaccine, and not the other vaccine. A clear example of this is seniors.

At this time it appears that private providers and hospital systems will have access to the vaccine and be very important in vaccine delivery. The current federal plan includes ordering through the health department. Vaccine and necessary supplies would be distributed by McKesson in 100 dose increments. There will be no charge for this vaccine. Recipients can only be billed an administration fee. Further information will be forthcoming as it is available.

Sooner or later, seasonal and 2009 H1N1 Influenza viruses will be upon us. Additional useful information beyond that in this letter can be found at [www.michigan.gov/flu](http://www.michigan.gov/flu); [www.flu.gov](http://www.flu.gov) and [www.cdc.gov/flu](http://www.cdc.gov/flu). The Marquette County Health Department will be working with you, schools and other community groups to meet the challenges.

The initial target groups recommended by the CDC to have the Novel H1N1 influenza vaccine (presuming adequate supply) include:

Finance &  
Administrative  
Services  
(906) 475-9977

Personal Health  
(Clinic)  
(906) 475-7844

WIC Program  
(906) 475-7846

Environmental  
Health  
(906) 475-4195

Community  
Health  
(906) 475-7848

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### MISSION

To serve people  
by providing  
leadership in  
assessing,  
promoting and  
assuring good  
health within  
our community.



**Public Health**  
Prevent Promote Protect

- **Pregnant women** because they are at higher risk of complications and can potentially provide protection to infants who cannot be vaccinated;
- **Household contacts and caregivers for children younger than 6 months of age** because younger infants are at higher risk of influenza-related complications and cannot be vaccinated. Vaccination of those in close contact with infants less than 6 months old might help protect infants by “cocooning” them from the virus.
- **Healthcare and emergency medical services personnel** because infections among healthcare workers have been reported and this can be a potential source of infection for vulnerable patients. Also, increased absenteeism in this population could reduce health care system capacity;
- **All people from 6 months through 24 years of age**
  - Children from 6 months through 18 years of age because we have seen many cases of novel H1N1 influenza in children and they are in close contact with each other in school and day care settings, which increase the likelihood of disease spread, and
  - Young adults 19 through 24 years of age because we have seen many cases of novel H1N1 influenza in these healthy young adults and they often live, work and study in close proximity, and they are a frequently mobile population: and
- **Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.**

There is still a great deal of uncertainty regarding seasonal flu and the 2009 H1N1 Flu. The following are common questions;

1) When is the seasonal flu vaccine going to be available? The seasonal flu vaccine is currently being dispersed and some have begun receiving their shipments. The recommendation is to begin vaccination as soon as the seasonal flu vaccine is available.

2) When is the H1N1 vaccine going to be available? Although it was hoped that the vaccine would be available by the end of September, we are now being told not until mid October and realistically early November. Also, the predicted amount of vaccine that may initially be available has decreased to 45 million doses vs. 120 million.

**This may change the target population recommended to first receive the vaccine (as above) to;**

- **pregnant women,**
- **people who live with or care for children younger than 6 months of age,**
- **health care and emergency medical services personnel with direct patient contact,**
- **children 6 months through 4 years of age,**

- **and children** 5 through 18 years of age who have chronic medical conditions.

3) If I suspect a person has influenza, when do I do a rapid test?

**H1N1 Rapid Influenza Testing Information for Healthcare Providers**  
**Michigan Department of Community Health**  
**August 14, 2009**

Rapid Influenza Detection Tests (RIDT) are often used in the clinical setting to screen for Seasonal flu and guide the use of antiviral therapy. During the spring outbreak of novel H1N1 (sometimes referred to as “swine flu” in the media) the RIDT was also used without good data on the usefulness of this screening test.

We now have good information that the RIDT test is not a good screening test for novel H1N1. The Centers for Disease Control and Prevention recently released a report in the August 7 Morbidity and Mortality Weekly Report (MMWR. 58(30);826-9) highlighting this point. The report indicated that the RIDT only detected novel H1N1 at high viral titers with the overall sensitivity being 40%-69%. Even for Seasonal influenza the sensitivity of the RIDT is modest. Sensitivity testing results are in the 60 – 80% range for seasonal influenza A (H1N1) and 80 – 83% range for seasonal influenza A(H3N2).

Health care providers who diagnose and treat influenza patients must be cognizant of the fact that a negative RIDT result does NOT rule out influenza infection with the novel H1N1 virus and is not a good screening test for this virus.

Remember the RIDT does not differentiate between subtypes of influenza A and some types of RIDT in use do not detect influenza B virus.

4) Do I need to have tamiflu available? Here are the current CDC recommendations;

Clinical judgment is an important factor in treatment decisions. Persons with suspected novel H1N1 influenza who present with an uncomplicated febrile illness typically do not require treatment unless they are at higher risk for influenza complications, and in areas with limited antiviral medication availability. Treatment is recommended for:

1. All hospitalized patients with confirmed, probable or suspected novel influenza (H1N1).
2. Patients who are at higher risk for seasonal influenza complications (defined below).

**High-risk groups:** A person who is at high-risk for complications of novel influenza (H1N1) virus infection is defined as the same for seasonal influenza at this time. As more epidemiologic and clinical data become available, these risk groups might be revised.

- Children younger than 5 years old. The risk for severe complications from seasonal influenza is highest among children younger than 2 years old.
- Adults 65 years of age and older.
- Persons with the following conditions:

- Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus);
- Immunosuppression, including that caused by medications or by HIV;
- Pregnant women;
- Persons younger than 19 years of age who are receiving long-term aspirin therapy;
- Residents of nursing homes and other chronic-care facilities.

One of the questions not answered well is regarding what a clinician is to do when they see a low risk person with ILI. The recommendation essentially states that if the person has a mild illness, not to use Tamiflu or Relenza. But it is most effective when used within 48 hours of the development of the illness and it is difficult to know if the person's illness will remain mild or get significantly worse. So, do you treat or not? It is currently up to the clinician's discretion.

5) When is 2009 H1N1 Flu testing recommended?

Please see: **MDCH 2009–2010 Guidelines for Clinicians on Influenza Testing Michigan Department of Community Health (Previously sent to you on or around August 14, 2009). If you did not receive it, please contact Jill Fries at Marquette County Health Department, [jfries@mqctcy.org](mailto:jfries@mqctcy.org) OR #475-5649.**

Sincerely,

Kevin Piggott, MPH, MD  
Medical Director  
Marquette County Health Department