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November 18, 2009

Dear Clinician:

I am writing to provide some updated information as well as to reflect a bit on how things are going with our healthcare community's response to the H1N1 influenza outbreak. The month of October showed very high activity with regards to flu in all settings – hospitals, schools, primary care offices, sales of over-the-counter medications, etc. There is some evidence beginning to suggest that levels may be starting to decline, but I wouldn't want to jinx anything by being too sure as of yet. Even if the current peak does begin to decline, we may be in store for yet another wave or two before this fades back into the seasonal influenza picture. Although there has been quite a bit of influenza activity over the past month, our Emergency Departments and ICUs have for the most part been able to handle the load. We had a few pediatric transports out of the community for intensive care – which happens even during a bad season of non-pandemic influenza. Some of this may have been luck, but I know that many of you have expanded hours and taken quite a bit of effort to educate your patients as to the appropriate time and place to seek care, and I thank you for those efforts.

As of November 14, data entry shows 38,905 doses of vaccine having been administered in Pima County, with approximately 50% of the doses having been given by community vaccinators. I want to thank all of you that have participated as vaccinators and that have encouraged your high-risk patients to get vaccinated. As of last week, all articulated priority groups are now being offered H1N1 vaccination throughout Pima County: healthcare workers with direct contact with flu patients, caregivers of infants under 6 months, pregnant women, young people aged 6 months through 24 years, and adults aged 25 through 64 years who have underlying medical conditions that increase their risk for flu complications. We hope to open the vaccine availability to the general public by early to mid-December. At that point our large public clinics will close and vaccine will be available in commercial locations as well as through our vaccinating providers. Pima County Health Department will continue to provide H1N1 influenza vaccinations through our regular immunization clinics to children 18 and younger as well as pregnant women only once the large clinics at the TEP ballpark close. Please continue to promote vaccination. Although large numbers of people did not start to receive vaccine until October, the clinical trials began in July, and to date there are no credible reports of severe adverse effects occurring at more than a predicted rate after vaccination – we are seeing the usual range of mild side effects seen with seasonal influenza vaccines. Although the vast majority of people who do get infected with the 2009 H1N1 influenza recover uneventfully, a significant fraction does not. We should do everything we can to promote our community's "herd" immunity to this virus. After vaccination opens to the general public next month, please especially encourage your healthy patients to get vaccinated, as they may contribute substantially to that herd immunity effect.

There are a couple of issues related to vaccine I would like to emphasize. There has been quite a bit of misunderstanding in the community about the live viral influenza vaccine (the "nasal spray"). FluMist contains a live virus that has been attenuated at least partially via a temperature adaptation whereby it can live in our cooler nose, but will die if it enters our warmer body. Thus, while there has been documented transmission of this live influenza virus, it has never caused a more serious infection than

an upper respiratory infection. The only group for whom the CDC recommends caution in administering this vaccine to contacts is to those who are so severely immunocompromised that they must live in a protected environment (such as after a bone marrow transplant). Contacts of individuals who need a protected environment who do receive FluMist are advised to separate themselves for seven days. However, contacts of infants, of people with asthma, of people with milder forms of immunocompromise are NOT cautioned with respect to this vaccine. For mysterious manufacturing reasons, this formulation of the 2009 H1N1 vaccine is in VERY plentiful supply, and I hope that you feel comfortable recommending it at least to your healthy patients.

The second issue I wished to emphasize with respect to vaccine is that the indications for pneumococcal vaccine have expanded in adults under 65 over the past few years, and very few in this expanded target group have been vaccinated as of yet. Pneumococcal infections have been documented as the cause of complicating pneumonias in patients with H1N1 influenza, and the CDC is recommending a concerted push to get vaccination rates up in young adults particularly.

<b>High-Risk Indications for Persons 2 through 64 Years of Age</b>
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| <ul style="list-style-type: none"><li>• Chronic cardiovascular disease (congestive heart failure and cardiomyopathies)</li><li>• Chronic pulmonary disease including chronic obstructive pulmonary disease and emphysema</li><li>• Diabetes mellitus, alcoholism, chronic liver disease (including cirrhosis)</li><li>• Cerebrospinal fluid leaks, cochlear implant</li><li>• Functional or anatomic asplenia including sickle cell disease and splenectomy</li><li>• Immunocompromising conditions including HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure, nephrotic syndrome; those receiving immunosuppressive chemotherapy (including corticosteroids); and those who have received an organ or bone marrow transplant</li><li>• Residents of nursing homes or long-term care facilities</li></ul> |
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<b>High-Risk Indications for Persons 19 through 64 Years of Age</b>
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| <ul style="list-style-type: none"><li>• Smoke cigarettes or have asthma</li></ul> |
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Thank you again for all of your hard work this season. Please continue to make isolation/infection control as well as treatment decisions based on the clinical picture in your patients – do not wait for any test results to return if you think they may have influenza. The CDC continues to emphasize early treatment with antiviral medications for those at high risk for complications from influenza as well as those who seem to be deteriorating clinically. Please continue to recommend vaccination as availability opens to our broader population.

Sincerely,



Michelle McDonald, MD  
Chief Medical Officer