



Department of Health and Human Services
Maine Center for Disease Control and Prevention
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Influenza Conference Call Notes

January 14, 2014 - 2 pm

Agenda:

- Welcome
- National overview
 - Increasing influenza activity across most of the country
 - Widespread activity in 35 states (including Maine)
 - Of the samples that are typed, the vast majority are 2009 H1N1
 - Antiviral resistance is very low (a few resistant H1N1 viruses – 1.2% of those tested)
 - 10 pediatric influenza deaths reported nationwide
- International overview
 - H5N1 in Canadian resident, acquired in China. First case identified in North America
 - H7N9 continues in China
 - No sustained human to human transmission
 - HETL is capable of testing , please forward any samples for patients with influenza-like illness and travel history to China to HETL for PCR testing (rapid may not detect H7N9)
 - MERS-CoV continues in the Arabian Peninsula
- Maine epi update (data as of 1/13/14)
 - Widespread influenza activity (activity in at least half our of public health districts)
 - Of the samples that are typed, the vast majority are 2009 H1N1
 - 134 influenza A samples with type information, 132 (98.5%) are 2009 H1N1
 - Affecting younger individuals
 - 73% of positives in individuals less than 50 years old
 - <5: 49 (12%)
 - 5–24: 97 (24%)
 - 25-50: 149 (37%)
 - 50-64: 71 (18%)
 - >65: 38 (9%)
 - 7 outbreaks reported to date (5 in long term care facilities, 1 in an acute care facility, 1 in an institution)
 - No antiviral resistance detected in Maine samples to date
 - No pediatric influenza deaths reported to date
- Vaccine information
 - Vaccine appears to be a good match with the available data so far this season
 - Maine Immunization has state-supplied vaccine that is available to all providers free of cost. If you would like order vaccine, please contact the Maine Immunization Program at 207-287-3746 or 1-800-867-4775.

- Health Care Providers **should** use state-supplied vaccine for patients in the following circumstances:
 - The patient is a child ages 6 months through 18 years;
 - The patient is pregnant or the partner of a pregnant patient;
 - The patient's insurance does not cover vaccinations;
 - The patient is uninsured.
- Health Care Providers **may** use state-supplied vaccine for other patients only if:
 - The Health Care Provider has already vaccinated all eligible patients listed above and has excess state-supplied vaccine; and
 - Privately purchased vaccine is not available.
- Please remember that providers may not charge for state-supplied vaccine. It is reasonable and allowable to charge an administration fee for administration of state-supplied vaccine in some circumstances provided that:
 - MaineCare-eligible children are not charged an out of pocket administration fee;
 - Administration fees do not exceed the regional Medicare maximum; and
 - No one is denied vaccine because of their inability to pay an administration fee.
- Laboratory updates
 - Healthcare providers should consider influenza testing for patients with ILI who are hospitalized, who have died, or for whom a diagnosis of influenza would affect clinical care, infection control, or management of contacts
 - If you need to prioritize testing, these are the groups that should be tested
 - Please continue to send samples to HETL according to the original guidelines (first 10 per season) for hospitals
 - Please continue to forward on any influenza B samples
 - Please forward any samples that appear to be co-infections (positive for both A and B on rapid test) or that are unusual (A but unable to subtype, out of country travel history, suspect H7N9, suspect H5N1 etc)
- Provider information
 - Patient isolation and therapy should be initiated if clinical influenza is suspected
 - Antivirals should be initiated as soon as influenza is suspected, even if a rapid test is negative
 - Nationwide there are reports of severe illness that are difficult to diagnose
 - Rapid tests may not be accurate, if influenza is still high on the differential test by PCR
- Emergency Preparedness
 - HAVBED update – we may reach a point where we will request information, please be familiar with the system and ready to participate upon request
 - Please report any difficulties getting antivirals to your regional resource center (RRC)
 - Northeast RRC
 - Primary contact: Kathy Knight (kknight@emhs.org / 207-973-8008)
 - Backup contact: Allison Geagan (aageagan@emhs.org / 207-973-5756)
 - Central RRC
 - Primary contact: Steve Weymouth (weymouts@cmhc.org / 207-795-2920)
 - Backup contact: John Bastin (bastinj@cmhc.org / 207-795-2960)
 - Southern RRC
 - Primary contact: Paul Weiss (weissp@mmc.org / 207-662-3954)
 - Backup contact: Anne Hill (annehill@smrrc.org / 207-662-5396)

- Reporting requirements
 - Outbreaks and pediatric deaths are required to be reported
 - We appreciate all positive lab tests, reported by fax (207-287-6865 or 800-293-7534) or by phone (800-821-5821) but this is not required

Questions

- Questions can be submitted to Maine CDC by e-mail at disease.reporting@maine.gov
- Weekly influenza surveillance reports are available at: <http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/influenza/influenza-surveillance-weekly-updates.shtml>
- Maine CDC's pan flu plan was recently revised and is available at www.maineclu.gov