



COMMONWEALTH of VIRGINIA

Department of Health

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October 9, 2009

Dear Colleague:

This week I want to share with you important information about the current status of novel H1N1 influenza in Virginia and reaffirm the Virginia Department of Health's dedication to minimizing the spread of this disease. Influenza is notoriously unpredictable, but I am confident that through all our combined efforts we have the capacity to blunt its effect.

Novel H1N1 **Vaccination** began this week with initial small shipments of live, attenuated influenza vaccine (LAIV or "nasal spray") to local health departments and many local hospitals for the purpose of beginning the vaccination of healthcare and emergency services workers with direct patient care duties. LAIV is an appropriate vaccination for healthcare and emergency services workers who are 49 years of age and younger, in good health (do not have any medical conditions that put them at increased risk for complications from influenza), are not pregnant, and do not work with profoundly immunocompromised patients who must be maintained in a protective environment (such as bone marrow transplant patients).

As of the evening of October 8th, the CDC has allocated a total of 185,200 doses of H1N1 vaccine for VDH to distribute. Of that total, 81,600 is injectable (preservative containing) and 103,600 is LAIV. Providers should prepare to receive vaccine as soon as the week of October 12th. Specific delivery dates cannot be provided due to the complexities of the distribution process. When you receive vaccine, please begin health care worker vaccinations as well as vaccination of your patients who fall within the priority groupings for H1N1 vaccine. And although the focus is on priority groups, do not lose any opportunity to vaccinate anyone who comes into your office. These next two weeks will likely see uneven distribution and availability until we have a steady flow of H1N1 vaccine in all its formulations. We anticipate full public availability of the H1N1 vaccine in Virginia by late October or early November.

VDH novel H1N1 **Communication** tools include our website at www.vdh.virginia.gov and the VDH Inquiry Center at 1-877-ASK-VDH3. The website now has updated Frequently Asked Questions that can help your office staff field questions. Public vaccination sites have been posted on the web to help the public understand the widespread network of vaccinators poised to provide the vaccine once it becomes widely available and to help them plan how they will receive the vaccine.

Community Mitigation efforts continue to be focused on assisting affected K-12 schools. Local health departments are working closely with those schools with suspected outbreaks to apply strategies that minimize social disruption while decreasing the spread of flu. I ask that you keep in mind that a negative rapid flu test does not rule out novel H1N1. Those children – and adults - with clinical influenza (even with a negative rapid flu test) should be kept out of school until they have been afebrile

for a full 24 hours without the use of antipyretics. Clinical diagnosis is paramount in treatment decisions for suspected novel H1N1.

The Centers for Disease Control and Prevention (CDC) guidelines for personal protective equipment (PPE) in **Direct Clinical Care** has not changed.

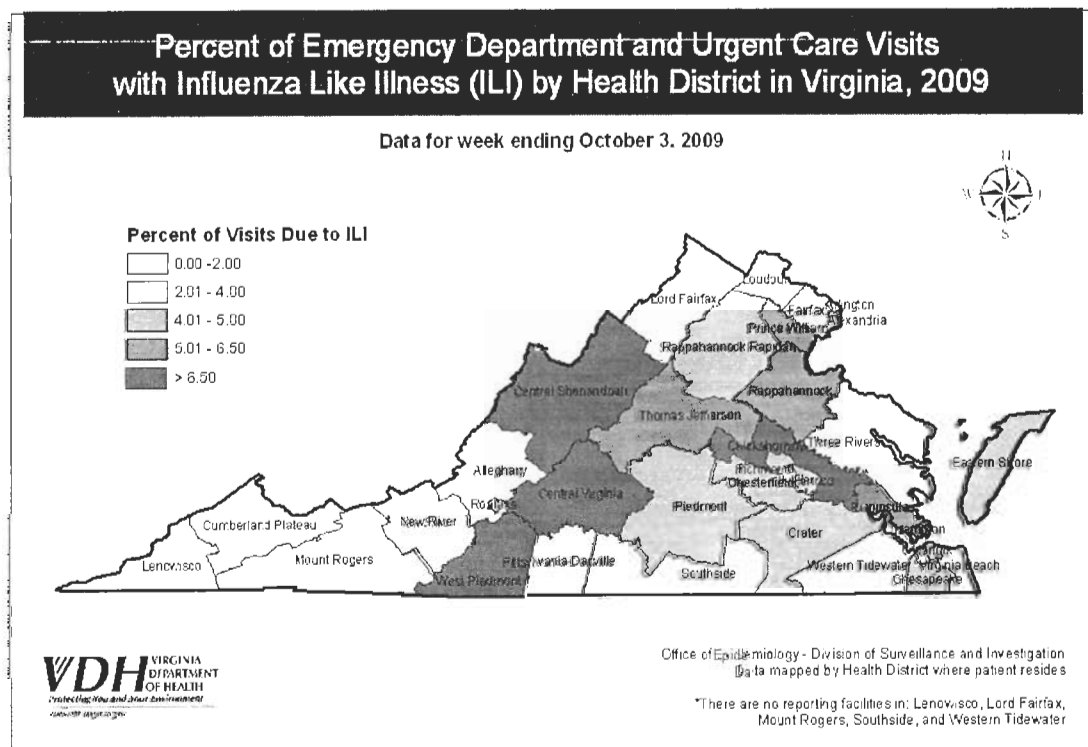
Surveillance continues to reveal widespread influenza activity in Virginia, with novel H1N1 influenza accounting for basically all typeable flu samples evaluated at the Division of Consolidated Laboratory Services (DCLS). All recent clusters or outbreaks of influenza or respiratory illness reported in the past week have been associated with K-12 schools. To date, no outbreak of novel H1N1 has been documented in a nursing home or other congregate facility of the elderly. See appended graphics.

This is a busy time for the medical community. Thanks to those of you who have the capacity to directly participate in the novel H1N1 vaccination program, but also thanks to every one of you who are engaged in promoting health in other ways!

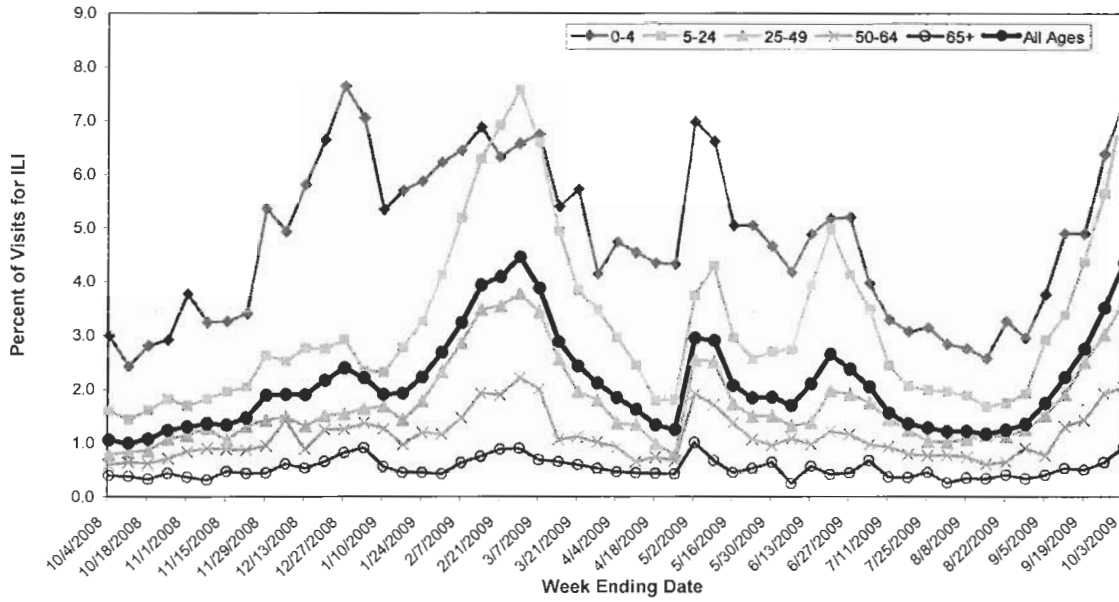
Sincerely,

Karen Remley, MD, MBA, FAAP
State Health Commissioner

SURVEILLANCE INFORMATION



Percent of Visits for ILI out of All Visits by Age Group in Virginia
2008-2009 Influenza Season



Positive Laboratory Isolates and ILI Reports by Week in Virginia,
2008-2009 Influenza Season

