



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
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September 28, 2009

**MEDICAL ADVISORY: Update on 2009 Influenza A(H1N1) Pandemic and Hawai'i Response**

Dear Hawai'i Healthcare Provider,

This update is provided to inform you regarding the ongoing influenza pandemic and guidance for influenza management and prevention measures including the upcoming 2009 H1N1 pandemic vaccination campaign.

**Influenza-like Illness and 2009 H1N1 Disease Activity**

The first wave of the 2009 H1N1 pandemic arrived in Hawai'i at the end of April 2009 and, unlike many states, continued through the summer.<sup>1</sup> Influenza-like illness (ILI) activity, which the Centers for Disease Control and Prevention (CDC) and all states are using as a proxy for influenza activity, did not return to a manageable level until mid-August. Currently in Hawai'i, ILI activity appears to remain at a level comparable to previous years. However, on the mainland, heavy widespread ILI activity, well above the normal expected activity for this time of year, is being reported, especially in the Southeast region and parts of the Northeast. Almost all influenza viruses identified thus far are 2009 influenza A(H1N1) viruses. Therefore, the second wave of the pandemic appears to be underway in parts of the mainland United States.

The vast majority of 2009 H1N1 viruses remain susceptible to oseltamivir (Tamiflu®) and zanamivir (Relenza®) with rare exception. Although studies<sup>2</sup> have suggested that the 2009 H1N1 virus appears to be more likely to infect lung tissue than regular seasonal influenza viruses, currently the severity of 2009 H1N1 infection remains similar to that of the seasonal strains. It is expected that 2009 H1N1 will cocirculate with the regular seasonal strains during the traditional influenza season. However, the timing, spread, and severity of the 2009 H1N1 virus as well as of the regular influenza viruses are uncertain. Therefore, CDC and state and local health departments continue to conduct enhanced surveillance and investigations for ILI.

**Antiviral Supply and Recommendations**

According to antiviral manufacturers, distributors, and retailers, supplies of the adult formulations (75 mg) oseltamivir (Tamiflu®) and zanamivir (Relenza®) are meeting demand. However, commercial and stockpiled supplies of Tamiflu® oral suspension (pediatric liquid formulation) are limited. The US Food and Drug Administration (FDA) has posted instructions on its website<sup>3</sup> for the emergency compounding of an oral suspension from Tamiflu® 75 mg capsules. The Hawai'i Department of Health (HDOH) will be engaging pharmacist representatives in the state and send an advisory regarding this instruction to Hawai'i pharmacists in the coming week.

Most healthy persons who develop ILI do not require antiviral treatment. Per CDC recently updated

<sup>1</sup> <http://hawaii.gov/health/family-child-health/contagious-disease/influenza/Influenza%20Reports/Influenza%20Surveillance%20Weeks%2034-35%202009.pdf>

<sup>2</sup> Itoh Y et. al. In vitro and in vivo characterization of new swine-origin H1N1 influenza viruses. Nature. 2009 Aug 20;460(7258):1021-5.

<sup>3</sup> <http://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm100228.htm>

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guidelines,<sup>4</sup> antiviral treatment should be initiated as early as possible, however, for those who are high risk for complications and/or are hospitalized.<sup>5</sup> High risk individuals include:

- Children younger than age 2 years;
- Persons aged 65 years or older;
- Pregnant women;
- Persons of any age with certain chronic medical or immunosuppressive conditions; and,
- Persons younger than age 19 years who are receiving long-term aspirin therapy.

Given the potential for persons, especially those at high risk for complications, to be infected with seasonal influenza as well as 2009 H1N1 influenza at separate times, HDOH has consulted with the Hawai'i Association of Health Plans and several insurers directly regarding coverage of oseltamivir (Tamiflu®). Most if not all insurance plans cover oseltamivir (Tamiflu®). Criteria and restrictions may be in place to regulate inappropriate prescribing; however, insurers are well aware of the current pandemic conditions and support the current CDC guidelines for antiviral use. Providers should contact insurance plans directly to obtain pre-authorization as necessary (e.g. if prescribing 2<sup>nd</sup> antiviral course within a 6 month period) or authorization for specific cases if a "rejection" occurs.

#### 2009 H1N1 Pandemic Vaccination Campaign

As a reminder, the Advisory Committee on Immunization Practices has recommended the following as the initial targets for 2009 H1N1 vaccination (<http://www.cdc.gov/h1n1flu/vaccination/acip.htm>):

- Pregnant women;
- Household contacts and caregivers for children younger than age 6 months;
- Healthcare and emergency medical services personnel with direct patient contact;
- All people from age 6 months through 24 years; and,
- Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.

Please refer to the August 14<sup>th</sup> Medical Advisory<sup>6</sup> for details regarding HDOH plans to distribute the anticipated 2009 H1N1 monovalent vaccine. Most, if not all primary care providers and community vaccinators who intend to administer 2009 H1N1 vaccine to their patients have registered with HDOH to ensure receipt of the vaccine and related supplies, all of which are being provided free by the federal government. Primary care providers and community vaccinators who have not registered previously but now wish to be a H1N1 vaccination provider may also register at the HDOH H1N1 vaccine registration website (<http://h1n1vax.doh.hawaii.gov>) under provisional status; if and when vaccine supplies allow, HDOH will instate these providers by date of registration for receipt of the vaccine. If you have questions about the process for 2009 novel H1N1 vaccine distribution in Hawai'i, please send inquiries to [h1n1vax@doh.hawaii.gov](mailto:h1n1vax@doh.hawaii.gov).

According to CDC, approximately 3 million H1N1 live attenuated vaccine (LAIV) will be distributed pro rata to states likely during the first week of October. HDOH plans to allocate this first shipment primarily to emergency medical service personnel, healthcare workers through Healthcare Association of Hawai'i facilities, and children participating in the HDOH school-located H1N1 vaccination campaign. CDC anticipates approximately 10-20 million doses of both LAIV and the injectable inactivated presentation will be available to be shipped pro rata to states weekly starting in

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<sup>4</sup> <http://www.cdc.gov/h1n1flu/recommendations.htm>

<sup>5</sup> As noted in the August 3<sup>rd</sup> advisory ([http://hawaii.gov/health/about/healthalerts/MedAdvisory\\_3Aug09.pdf](http://hawaii.gov/health/about/healthalerts/MedAdvisory_3Aug09.pdf)), interim management of patients with ILI should not depend on diagnostic testing. While preliminary testing to determine if a patient is influenza positive is available at commercial laboratories, subtyping to determine whether a patient has 2009 H1N1 infection or regular influenza infection continues to be performed at the State Laboratories Division only on a select basis.

<sup>6</sup> [http://hawaii.gov/health/about/healthalerts/MedAdvisory\\_NovelH1N1VaxPlans\\_14Aug09.pdf](http://hawaii.gov/health/about/healthalerts/MedAdvisory_NovelH1N1VaxPlans_14Aug09.pdf)

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mid-October. Registered Hawai'i providers will receive allotments based on vaccine availability and required reporting of doses administered to HDOH.

The 2009 H1N1 monovalent vaccine is a fully FDA-licensed vaccine produced in the same manner as the regular seasonal influenza vaccines except with an antigen or strain change. Preliminary findings from clinical trials indicate that the vaccine induces an antibody response in age groups similar to that of the regular influenza vaccine. It is anticipated, therefore, that while adolescents and adults will likely only require one dose to attain immunity, children under age 10 years will likely need 2 doses. CDC preliminarily recommends that the interval between those doses should be 4 weeks; however, if the interval is at least 21 days, the 2<sup>nd</sup> dose will be considered valid. Official recommendations are pending. CDC also recommends that all persons should be vaccinated, regardless of previous history of ILI as only laboratory confirmation can determine 2009 H1N1 diagnosis. For those with history of laboratory confirmed H1N1, vaccination should be considered with their clinician on a case-by-case basis, with strong consideration for vaccination especially if persons fulfill criteria for the initial vaccination target groups.

According to CDC, simultaneous administration of inactivated injectable seasonal influenza vaccine and inactivated injectable H1N1 vaccine are permissible if administered at different anatomic sites. LAIV presentation of the seasonal vaccine may be administered at the same time as the inactivated injectable H1N1 vaccine, and vice versa. However, pending the results of clinical trials, the LAIV presentation of both seasonal and H1N1 vaccines should NOT be administered simultaneously.

We appreciate the partnership of the medical community in preventing all influenza infections and protecting the health of the people of Hawai'i. Together we may prevent or mitigate the impact of a second wave of the current 2009 H1N1 pandemic.

Sincerely,



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