

EPI CONNECTIONS

November 2009

A Monthly Newsletter of the Communicable Disease Division

Administered 2009 H1N1 Vaccine Doses Must Be Reported

Colorado Department of Public Health & Environment (CDPHE) requires that information about administered H1N1 vaccines must be provided by each registered provider. This data is confidential and will be stored in the Colorado Immunization Information System (CIIS). By providing this information regularly, we will be able to ensure that higher-risk priority groups receive the H1N1 vaccine.

Reporting Options

Providers can report H1N1 vaccine administered in their practices the following ways:

- Through electronic exports via electronic medical record or billing software to CIIS.
- Only available for CIIS users: With an existing export set up scanning patient forms using GoScan software.
- By providing hard copies to the Boulder County Public Health (BCPH) courier for entry/scanning by BCPH.

GoScan Scanning Software

- Within the next week or so, GoScan software, patient screening/consent forms, and training materials will be made available on the CDPHE website. Registered providers will be notified when this becomes available.
- GoScan will provide a standard patient screening/consent form to be used by providers. This form must be used to scan the information into the GoScan system and into CIIS. (Data sent directly to CIIS from providers with an existing export setup do not need to use this form.)
- Setup for the GoScan software is easy. Any scanner or scan/fax/print device attached to a computer can be used. Minimum specifications to use the GoScan software are:
 - Intel Pentium III-based processor running 600 Mhz or higher
 - Microsoft windows XP or later
 - Microsoft .Net Framework 3.5 or above 100 MB free hard-drive space for complete installation
 - 256 MB RAM
 - VGA color or better monitor

Contributed by Sophia Yager

Flu Vaccines for Health Care Workers: Voluntary or Mandatory?

Influenza is the sixth leading cause of death among adults in the United States. Each year, 200,000 people are hospitalized, and 36,000 people die as a result of the flu. According to the Centers for Disease Control and Prevention (CDC), vaccination is the single most important control measure against influenza. And yet, the vaccination rate among health care workers is only 36-40%.

The benefits of vaccinating health care workers are significant. Individually, the result is fewer days out sick, fewer visits to health care providers, and decreased use of antibiotics. Even more importantly, the benefits also extend to patients, including reduced patient mortality and decreased hospital-acquired infections. Often, patients in health care facilities are aged, have weakened immune systems, or are recovering from surgery, so they are especially vulnerable to infection. One study showed a 43% decrease in flu-related illness in a long-term care facility in which staff had been immunized.

Given this data, steps have been taken to improve immunization rates among health care workers. The CDC recommends that employees who refuse vaccination sign declination forms in the hope that this will lead workers to more carefully consider their decision. Many organizations fund campaigns to promote voluntary vaccination, which include providing shots at no cost, using mobile "shot carts" to bring vaccines to staff, and offering incentives and prizes.

Other organizations have pushed for mandatory vaccination. This year in New York, the State Health Department issued a regulation mandating all hospital, home health, and hospice workers be vac-

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Iowa Governor Chet Culver
Iowa Lt. Governor Patty Judge

VIDPH
Iowa Department
of Public Health

Fight the Flu!

Remember the 3 Cs

- C** Cover your cough.
Use a tissue or your elbow.
- C** Clean your hands.
Use soap and water or hand sanitizer.
- C** Contain germs.
Stay home when sick.

Seniors Less Likely to Become Ill from H1N1 Flu

Since the 2009 Novel H1N1 virus emerged, very little illness has been reported among people 65 years or older, both in the United States and in the southern hemisphere.

Studies suggest that people 65 and older are least likely to get sick with the novel H1N1 virus. Laboratory testing of blood samples has confirmed that those 65 years and older may have some pre-existing immunity to the H1N1 influenza virus. In one study, rates of infection among younger persons were 15-20 times higher than their senior counterparts.

For these reasons, the Advisory Committee on Immunization Practices (ACIP) recommends that immunization programs focus on providing the first available doses to those people more likely to become infected with the H1N1 virus. These include:

- Children 6 months - 24 years of age
- Pregnant women
- People 25-64 years of age with underlying, high-risk, medical conditions
- Household contacts/caregivers of infants under 6 months of age
- Health care workers and EMS
- Note that live nasal flu mist may be available first and will not be appropriate for some of the above groups.
- As initial vaccine shipments may be small, providers may prioritize within the above categories.

The U.S. government purchased 250 million doses of the Novel H1N1 vaccine – enough to vaccinate anyone who wishes to be vaccinated. After the above target populations are vaccinated, providers should offer the H1N1 vaccine to their remaining clients, including those 65 years and older.

While people age 65 and older are at lower risk for becoming ill from H1N1, it is important to remind patients in this group to:

- Get vaccinated for seasonal flu now.
- Consider the need for Pneumococcal Polysaccharide Vaccine (PPSV).
- Seek medical advice quickly if they develop flu-like symptoms.
 - Although those 65 years of age and older are less likely to become infected with H1N1 influenza, if they do develop symptoms they may have severe complications; therefore, they are in the priority group to receive anti-viral treatment.
- Get vaccinated for H1N1 influenza when vaccine is available for that population.

Information Source: CDC

Contributed by Gina Bare

Contributed by Kristen Nelson

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nated against both seasonal and the H1N1 flu. Two hospital groups, Virginia Mason in Seattle and BJC HealthCare in St. Louis, require that staff be vaccinated against flu or face dismissal.

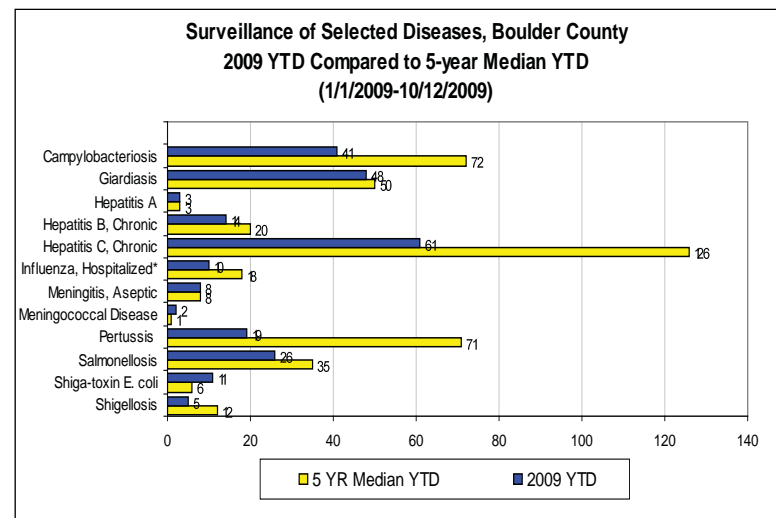
This is not the first time public health measures have been legislated. Currently, every state requires that health workers receive vaccines for measles, mumps, and polio. Schools require certain vaccinations for admission. Laws related to smoking, helmet use, and alcohol have all been passed in the name of public health. According to the Supreme Court, the social impact of private behavior may warrant legislative action.

Still, others question the ethics of such regulations, feeling that mandates violate individual choice. After considering mandatory vaccination for hepatitis B in 2003, Occupational Safety and Health Administration (OSHA) decided against it, determining that voluntary vaccination fosters greater cooperation and trust, improves compliance, and respects individual beliefs and rights to privacy.

Regardless of the approach taken, vaccination of health care workers is vital not only to the control of influenza, but to the overall care and protection of patients.

Adapted from: Steckel, Cynthia M. "Mandatory Influenza Immunization for Health Workers – An Ethical Discussion." American Association of Occupational Health Nurses Journal. 55.1 (2007): 34-39. Print.

McNeil, Donald G. and Karen Zraick. "New York Health Care Workers Resist Flu Vaccine Rule." The New York Times. 21 Sept. 2009. Web. 28 Sept. 2009.



Hospitalizations Due to Influenza

On this month's graph, we have added hospitalized influenza. This number represents the entire number of hospitalizations due to influenza since January 1. For the fall influenza season, which this year began on August 30, there have been 24 hospitalizations due to influenza; of those, 22 (92%) are influenza A/H1N1. Seventy percent of hospitalizations had underlying conditions, including neurologic and pulmonary disorders and pregnancy. Fourteen cases (58%) were under 18 years of age.

