

**Subject: Novel Influenza A (H1N1) Virus Update (Vaccine Q & A and Distribution Updates)**

**Date:** Sunday, October 18, 2009 11:17 PM

**From:** Bob May <rmay@asca.net>

**To:** "ascamembers@asca.net" <ascamembers@asca.net>

**Dear Members and Emergency Planners:**

**Of special interest in this issue:**

- **UPDATED Questions & Answers - 2009 H1N1 Influenza Vaccine**
- **UPDATED Vaccine Allocation and Distribution**
- **As the Pandemic Moves into Prime Time, Correctional Facilities Face the Biggest Challenge**
- **2009 H1N1 Flu (referred to as "swine flu" early on) and Seasonal Flu Information for People with Inflammatory Arthritis or Rheumatic Disease**

**Resources Repeated from prior updates to help you prepare for the potential resurgence of the H1N1 virus:**

- **ASCA's Draft H1N1 Checklist - See attached**
- **BJA Information on Public Health Emergencies**
- **The National Institute of Corrections (NIC) Resources**

**Visit the NEWS tab of the ASCA Website for more information on Pandemic and previous H1N1 updates (asca.net):**

**Members** – please note that the Correctional Pandemic Plans have been moved. Pandemic Plans are now in the Members section on a subsection called "Pandemic Plans."

If you have staff members that you would like to receive ASCA emails and newsletters about Pandemic Planning or H1N1 Alerts, just email their

names and email addresses to [Rmay@asca.net](mailto:Rmay@asca.net).

Executive Office

---

---

# WEEKLY NEWS & UPDATES

---

---

## Questions & Answers - 2009 H1N1 Influenza Vaccine [October 16, 2009, 10:45 AM ET]

### [2009 H1N1 Recommendations](#)

#### **Who will be recommended to receive the 2009 H1N1 vaccine?**

CDC's Advisory Committee on Immunization Practices (ACIP) has recommended that certain groups of the population receive the 2009 H1N1 vaccine when it first becomes available. These target groups include pregnant women, people who live with or care for children younger than 6 months of age, healthcare and emergency medical services personnel, persons between the ages of 6 months and 24 years old, and people ages of 25 through 64 years of age who are at higher risk for 2009 H1N1 because of chronic health disorders or compromised immune systems.

We do not expect that there will be a shortage of 2009 H1N1 vaccine, but availability and demand can be unpredictable. There is some possibility that initially the vaccine will be available in limited quantities. In this setting, the committee recommended that the following groups receive the vaccine before others: pregnant women, people who live with or care for children younger than 6 months of age, health care and emergency medical services personnel with direct patient contact, children 6 months through 4 years of age, and children 5 through 18 years of age who have chronic medical conditions.

The committee recognized the need to assess supply and demand issues at the local level. The committee further recommended that once the demand for vaccine for these target groups has been met at the local level, programs and providers should begin vaccinating everyone from ages 25 through 64 years. Current studies indicate the risk for infection among persons age 65 or older is less than the risk for younger age groups. Therefore, as vaccine supply and demand for vaccine among younger age groups is being met, programs and providers should offer vaccination to people over the age of 65.

### **Will two doses of vaccine be required?**

The U.S. Food and Drug Administration (FDA) has approved the use of one dose of 2009 H1N1 flu vaccine for persons 10 years of age and older. This is slightly different from CDC's recommendations for seasonal influenza vaccination which states that children younger than 9 who are being vaccinated against influenza for the first time need to receive two doses. Infants younger than 6 months of age are too young to get the 2009 H1N1 and seasonal flu vaccines.

### **What will be the recommended interval between the first and second dose for children 9 years of age and under?**

CDC recommends that the two doses of 2009 H1N1 vaccine be separated by 4 weeks. However, if the second dose is separated from the first dose by at least 21 days, the second dose can be considered valid.

### **Do those that have been previously vaccinated against the 1976 swine influenza need to get vaccinated against the 2009 H1N1 influenza?**

The 1976 swine flu virus and the 2009 H1N1 virus are different enough that its unlikely a person vaccinated in 1976 will have full protection from the 2009 H1N1. People vaccinated in 1976 should still be given the 2009 H1N1 vaccine.

## **Supply and Distribution**

### **How is vaccine shipped to project areas?**

CDC's contractor for centralized distribution ships vaccine to hospitals, clinics, doctor's offices, health departments, and other providers of vaccines

that have been designated as vaccine-receiving sites by the Project Area (the project areas include all 50 states, the District of Columbia, 8 US Territories and freely associated states, and 3 large metropolitan health departments).

**What kind of providers can be designated as vaccine recipients?**

Providers that have the capability to receive, store and administer vaccine, including but not limited to provider offices, occupational health clinics, hospitals, local health departments, community vaccinators and pharmacies.

**How many sites can a jurisdiction designate to receive vaccine?**

There is a maximum of 150,000 sites to which vaccine can be shipped via centralized distribution. Project areas have received information about their allocation of sites.

**How do project areas know how much vaccine is available for them to order?**

CDC sends project areas a weekly 2009 H1N1 allocation report each morning as it does for seasonal influenza vaccine. The report indicates how much of each formulation of 2009 H1N1 vaccine is available for them to order.

**What should project areas expect with respect to frequency of vaccine shipments?**

Vaccine will be shipped as it becomes available, taking into account state allocations and orders. The process is modeled after that utilized by immunization programs to order seasonal influenza vaccine off the federal contract.. Details about CDC's ordering/allocation process for seasonal influenza are described in the all-grantee message sent to immunization program grantees on 8/11/2009 (Grantee message for allocation).

**What is the minimum dose order for shipments of 2009 H1N1 vaccine?**

For each vaccine formulation (identified by its National Drug Code) the minimum dose order is 100 doses and all orders must be placed in increments of 100 doses. Each ancillary supply kit contains supplies to

support 100 doses of vaccine, with different kits available for prefilled syringe products and for multi-dose vial products.

### **When and how much of the 2009 H1N1 vaccine will be available?**

Both the flu shot (in the arm) and nasal spray form of 2009 H1N1 vaccines have now been produced and licensed by the Food and Drug Administration. The federal government has purchased a total of 250 million doses of 2009 H1N1 vaccine. 2009 H1N1 vaccine was available starting early October and approximately 29 million doses of licensed vaccine may be available by the end of October. Vaccine availability, however, depends on many factors so these numbers will be frequently updated. The first doses of live attenuated 2009 H1N1 flu vaccine were administered on October 5, 2009. Administration of the 2009 H1N1 flu shot will begin the week of October 12.

### **Will there be enough 2009 H1N1 flu vaccine for everyone who wants it?**

It is expected that there will be enough 2009 H1N1 flu vaccine for anyone who chooses to get vaccinated. The US federal government has procured 250 million doses of 2009 H1N1 flu vaccine. This quantity of vaccine accounts for the National Institutes of Health (NIH) clinical trial data showing that children 6 months to 9 years of age will need two doses and persons 10 and older will need one dose. Limited amounts of 2009 H1N1 vaccine became available in early October, and more will continue to become available over the upcoming weeks.

### **Where will the vaccine be available?**

Every state is developing a vaccine delivery plan. Vaccine will be available in a combination of settings such as vaccination clinics organized by local health departments, healthcare provider offices, schools, and other private settings, such as pharmacies and workplaces. For more information, see State/Jurisdiction Contact Information for Health Care Providers Interested in Providing H1N1 Vaccine <<http://www.cdc.gov/h1n1flu/vaccination/statecontacts.htm>> .

## **[Seasonal and H1N1 Vaccine](#)**

## **Will the seasonal flu vaccine also protect against the 2009 H1N1 flu?**

The seasonal flu vaccine is not expected to protect against the 2009 H1N1 flu.

## **Will this vaccine be made differently than the seasonal influenza vaccine?**

No. This vaccine will be made using the same processes and facilities that are used to make the currently licensed seasonal influenza vaccines.

## **Can the seasonal vaccine and the 2009 H1N1 vaccine be given at the same time?**

Inactivated 2009 H1N1 vaccine can be administered at the same visit as any other vaccine, including pneumococcal polysaccharide vaccine. Live 2009 H1N1 vaccine can be administered at the same visit as any other live or inactivated vaccine EXCEPT seasonal live attenuated influenza vaccine.

## **Prior Illness**

### **Should I get vaccinated against 2009 H1N1 if I have had flu-like illness since the Spring of 2009?**

The symptoms of influenza (flu-like illnesses) are similar to those caused by many other viruses. Even when influenza viruses are causing large numbers of people to get sick, other viruses are also causing illnesses. Specific testing, called "RT-PCR test," is needed in order to tell if an illness is caused by a specific influenza strain or by some other virus. This test is different from rapid flu tests that doctors can do in their offices. Since most people with flu-like illnesses will not be tested with RT-PCR this season, the majority will not know whether they have been infected with 2009 H1N1 flu or a different virus.

Therefore, if you were ill but do not know if you had 2009 H1N1 infection, you should get vaccinated, if your doctor recommends it. So, most people recommended for 2009 H1N1 vaccination should be vaccinated with the 2009 H1N1 vaccine regardless of whether they had a flu-like illness earlier in the year. If you have had 2009 H1N1 flu, as confirmed by an RT-PCR test, you should have some immunity against 2009 H1N1 flu and can choose not to get the 2009 H1N1 vaccine. However, vaccination of a person

with some existing immunity to the 2009 H1N1 virus will not be harmful. For more information on flu tests, see Influenza Diagnostic Testing During the 2009-2010 Flu Season <[http://www.cdc.gov/h1n1flu/diagnostic\\_testing\\_public\\_qa.htm](http://www.cdc.gov/h1n1flu/diagnostic_testing_public_qa.htm)> .

Any immunity from 2009 H1N1 influenza infection or vaccination will not provide protection against seasonal influenza. All people who want protection from seasonal flu should still get their seasonal influenza vaccine.

## Prevention

### **Are there other ways to prevent the spread of illness?**

Take everyday actions to stay healthy.

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. If soap and water are not available, use an alcohol-based hand rub.\* <<http://www.cdc.gov/h1n1flu/qa.htm#antibacterial>>
- Avoid touching your eyes, nose or mouth. Germs spread that way.
- Stay home if you get sick. CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.

**Follow public health advice** regarding school closures, avoiding crowds and other social distancing measures. These measures will continue to be important after a 2009 H1N1 vaccine is available because they can prevent the spread of other viruses that cause respiratory infections.

### **What about the use of antivirals to treat 2009 H1N1 infection?**

CDC has issued interim guidance for the use of antiviral drugs for this season. CDC also has published Questions & Answers related to the use of antiviral drugs for this season.

### **Are natural remedies (also referred to as “complementary” or “alternative” medicine) recommended to prevent the 2009 H1N1 flu virus?**

The first and most important step to prevent the flu is to get vaccinated. Vaccination stimulates an immune response using a killed or weakened

virus that uses the body's own defense mechanisms to prevent infection. CDC's current recommendations to protect against 2009 H1N1 virus do not include natural remedies as a sole prevention method. If you want to use a natural remedy to reduce symptoms, CDC recommends that you talk to your healthcare provider about options.

Alternative medicine should not be used as a replacement for proven conventional care, or to postpone seeing a doctor about a medical problem. The National Institutes of Health (NIH) provides information at <http://health.nih.gov/topic/AlternativeMedicine> <<http://health.nih.gov/topic/AlternativeMedicine>> on specific alternative options, including scientific information, potential side effects, and cautions for each.

The Federal Trade Commission (FTC) warns consumers to be cautious about products that claim to prevent, treat, or cure 2009 H1N1 influenza, specifically products like pills, air filtration devices, and cleaning agents can kill or eliminate the virus.

### [Canadian Study Reponse](#)

#### **I heard that getting a seasonal flu vaccine increases a person's chances of getting the 2009 H1N1 flu virus. Is this true?**

CDC has reviewed data from studies done in the United States, and these studies along with a published study from Australia found that receipt of seasonal influenza vaccine neither increased nor decreased the risk of getting 2009 H1N1 influenza. In contrast, a small published study from Mexico found that seasonal vaccine provided some protection against 2009 H1N1. There has been recent media coverage about research conducted in Canada that suggests getting a season flu vaccination increases a person's chances for becoming infected with the 2009 H1N1 flu virus. No other country has reported that seasonal vaccine has any positive or negative effect on the risk of getting 2009 H1N1 influenza. CDC is continuing to review the data as it becomes available.

#### **Should I still get a seasonal flu vaccination?**

All influenza viruses may cause serious illness and vaccination is the first and most important step in protecting against flu. CDC recommends

seasonal flu vaccination for anyone who wants to reduce their chances of getting seasonal flu.

### **What groups are recommended for seasonal flu vaccine?**

Vaccination is particularly important for people who are at high risk of having serious seasonal flu-related complications or people who live with or care for those at high risk for serious seasonal flu-related complications, including:

- Children aged 6 months up to their 19th birthday
- Pregnant women
- People 50 years of age and older
- People of any age with certain chronic medical conditions
- People who live in nursing homes and other long-term care facilities
- People who live with or care for those at high risk for complications from flu, including:
  - Health care workers
  - Household contacts of persons at high risk for complications from the flu
  - Household contacts and out of home caregivers of children less than 6 months of age (these children are too young to be vaccinated)

---

---

## **UPDATED Vaccine Allocation and Distribution Q&A - October 14, 2009, 4:15 PM ET**

The purpose of this document is to provide information on plans for allocation and distribution of 2009 H1N1 vaccine. This document has been updated with additional information about the distribution process.

2009 H1N1 vaccine distribution is a health department managed process similar to the process for the Vaccines for Children (VFC) Program. The distribution process for 2009 H1N1 vaccine builds on the existing mechanism for shipping vaccine to VFC providers. Vaccine orders are submitted by Project Area health departments on behalf of

vaccine providers. These orders are transmitted to CDC and are processed and forwarded to CDC's contractor for centralized distribution. The contractor, in turn, ships vaccine directly to the end user. The centralized distribution contract for the VFC program has been supplemented to provide for 2009 H1N1 vaccine distribution and distribution of ancillary supply kits.

## Questions and Answers

### Vaccine allocation

#### **1. How will vaccine be allocated among project areas (the CDC Public Health Emergency Preparedness grantees)??**

Vaccine is allocated to each project area in proportion to its population (pro rata).

#### **2. Will there be a separate allocation for active duty DOD?**

Yes, there will be a separate allocation for active duty DoD. It is not included in the project area allocations.

#### **3. Will there be a separate allocation for DoD dependants, retirees and civilian employees?**

There is no separate allocation for these groups. Military facilities may be willing to vaccinate these groups, but there will need to be allocated vaccine for these populations by the project areas.

#### **4. Will there be a separate vaccine allocation for IHS-served populations and other tribal communities?**

There will be no separate allocation. States and local areas needs to ensure that IHS-served population and other tribal communities are included in their state vaccination plans.

#### **5. Can Project Areas request less than their full allocation?**

Yes, Project Areas will not be required to accept vaccine they cannot store or administer.

#### **6. If a Project Area requests less than their full allocation, will they have given up rights to the balance of their allocation?**

Project Areas will not forfeit the remainder of their allotment if not all is ordered at one time.

## **7. Can Project Areas share or exchange allocations of specific products with other Project Areas?**

As with seasonal influenza vaccine, CDC will facilitate such exchanges.

## **Vaccine distribution**

### **8. How is vaccine shipped to project areas?**

CDC's contractor for centralized distribution ships vaccine to hospitals, clinics, doctor's offices, health departments, and other providers of vaccines that have been designated as vaccine-receiving sites by the Project Area (the project areas include all 50 states, the District of Columbia, 8 US Territories and freely associated states, and 3 large metropolitan health departments).

### **9. What kind of providers can be designated as vaccine recipients?**

Providers that have the capability to receive, store and administer vaccine, including but not limited to provider offices, occupational health clinics, hospitals, local health departments, community vaccinators and pharmacies.

### **10. How many sites can a jurisdiction designate to receive vaccine?**

There is a maximum of 150,000 sites to which vaccine can be shipped via centralized distribution. Project areas have received information about their allocation of sites.

### **11. Can project areas make changes to the sites to which vaccine will be shipped?**

Project areas can add their distribution sites over time, but cannot exceed their overall allocation. They cannot replace a site that has already received vaccine with a new site.

### **12. How is information about vaccine-receiving sites transmitted?**

Programs transmit orders to CDC as they do with VACMAN currently, and these orders, in turn, are sent to CDC's contractor for centralized

distribution.

**13. Will VACMAN be able to handle the increased volume required for 2009 H1N1 vaccine distribution?**

CDC is working to ensure that the anticipated large volume of 2009 H1N1 vaccine orders flowing through CDC systems (VACMAN, NIPVAC, EDI, SDN, etc.) are ready to support your 2009 H1N1 vaccine order volumes.

**14. How will the transition to Vaccine Tracking System (VTrckS) impact the 2009 H1N1 influenza program?**

The top priority during the 2009 H1N1 influenza pandemic will be to maintain the flow of data and vaccines. CDC assessed the impact of the 2009 H1N1 response on Vaccine Management Business Improvement Project (VMBIP) activities including the VTrckS deployment dates using recent survey results and feedback from grantees. Based on this information, CDC has decided to postpone full VTrckS deployment (as discussed in a National Center for Immunization and Respiratory Diseases (NCIRD) grantee message). CDC is currently in the process of planning VTrckS next steps, including planning a revised rollout timeline and strategy and more information will be provided when it becomes available.

**15. How do project areas know how much vaccine is available for them to order?**

CDC sends project areas a daily 2009 H1N1 allocation report each morning as it does for seasonal influenza vaccine. The report indicates how much of each formulation of 2009 H1N1 vaccine is available for them to order.

**16. What should project areas expect with respect to frequency of vaccine shipments?**

Vaccine will be shipped as it becomes available, taking into account state allocations and orders. The process is modeled after that utilized by immunization programs to order seasonal influenza vaccine off the federal contract.. Details about CDC's ordering/allocation process for seasonal influenza are described in the all-grantee message sent to immunization program grantees on 8/11/2009 (Grantee message for allocation).

**17. What is the shipping timeline?**

Details of the shipping timeline are described in the H1N1 Vaccine Ordering Guide Version 1.2 which has been shared with planners.

**18. What ancillary supplies will be provided by the federal government?**

Syringes and needles, alcohol swabs and sharps containers.

**19. How are orders of ancillary supplies transmitted?**

Ancillary supply kits and sharps containers are included in VACMAN as products, similar to individual vaccines. Project Areas place orders for these products and transmit these orders just as vaccine orders are transmitted.

**20. Can vaccine be sent to one address and ancillary supply kits to another address?**

Because of logistical considerations, vaccine and ancillary supply kit orders cannot be shipped to different addresses.

**21. What is the minimum dose order for shipments of 2009 H1N1 vaccine**

For each vaccine formulation (identified by its National Drug Code) the minimum dose order is 100 doses and all orders must be placed in increments of 100 doses. Each ancillary supply kit contains supplies to support 100 doses of vaccine, with different kits available for prefilled syringe products and for multi-dose vial products.

**22. What is the size of storage volume for each product type?**

This information is included in the H1N1 Vaccine Ordering Guide Version 1.2 which has been shared with planners.

**23. Can Project Areas determine where specific presentations of vaccine (multi-dose vials, single dose syringes, and nasal sprayers) are directed?**

Project Areas select the specific presentation of vaccine when ordering for providers in the VACMAN system.

# As the Pandemic Moves into Prime Time, Correctional Facilities Face the Biggest Challenge

*(On Behalf Of PortionPac Chemical Corporation)*

As the flu season hits, our customers managing and working in Correctional Facilities face the most difficult challenge. It is difficult to control the spread of the flu in 24 hour a day facilities. In previous Connections we covered some effective programs like "Clean Teams"

On August 5, 2009, CDC issued new recommendations for the amount of time persons with influenza-like illness should be away from others. The content on this webpage is under review and will be updated to incorporate the new recommendations.

This document provides interim guidance specific for correctional facilities during the outbreak of novel influenza A (H1N1) virus to ensure continuation of essential public services and protection of the health and safety of inmates, staff and visitors. Recommendations may need to be revised as more information becomes available.

## **Background**

Correctional institutions pose special risks and considerations due to the nature of their unique environment. Inmates are in mandatory custody and options are limited for isolation and removal of ill persons from the environment. The workforce must be maintained and options are limited for work alternatives (e.g., work from home, reduced or alternate schedules, etc.). In addition, many inmates and workforce may have medical conditions that increase their risk of influenza-related complications. The focus of this guidance is on general preventive measures for institutions, risk reduction of introduction of the virus into institutions, rapid detection of persons with novel influenza A (H1N1) infections, and management and isolation of identified cases. In this document, institution refers to staff, inmates, and visitors. Correctional facilities should contact and collaborate with their state, local, tribal and territorial health departments for more specific guidance.

## **Symptoms of Influenza-like Illness and Possible Novel Influenza A (H1N1)**

Symptoms of influenza-like-illness (ILI) include fever and either cough or sore throat. In addition, illness may be accompanied by other symptoms including headache, tiredness, runny or stuffy nose, body aches, diarrhea, and vomiting. Like seasonal flu, novel influenza A (H1N1) infection in humans can vary in severity from mild to severe. When severe, pneumonia, respiratory failure and even death are possible.

## **General Prevention Recommendations for the Facility**

- Encourage all persons within the facility to cover their cough or sneeze with a tissue. If a tissue is not readily available, cough or sneeze into your sleeve, not into your hand and not into the air. Throw all tissue in the trash after use. Maintain good hand hygiene by washing with soap and water, or using an alcohol-based hand sanitizer, especially after coughing or sneezing. Avoid touching eyes, nose and mouth without cleaning hands. See Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Novel Influenza A (H1N1) Virus Infection in a Healthcare Setting.
- Make the means for appropriate hand cleansing readily available within the facility, including intake areas where inmates are booked and processed, visitor entries and exits, visitation rooms, common areas, and staff-restricted areas, in addition to lavatories and food preparation and dining areas. The means for hand cleansing are ideally running water, soap, and hand drying machines or paper towels and waste baskets; alternatively, except in lavatories and food preparation areas, alcohol-based hand sanitizers may be used.
- Clean all common areas within the facility routinely and immediately, when visibly soiled, with the cleaning agents normally used in these areas. Eating utensils should be washed either in a dishwasher or by hand with water and soap. Cups and utensils should not be shared until after washing.
- Respiratory hygiene/cough etiquette should be implemented beginning at the first point of contact with a potentially infected person to prevent the transmission of all respiratory tract infections in the correctional settings.

## **Reduction of Risk of Introduction into the Institution**

- Potential visitors should be informed that anyone who had an influenza-like illness (ILI) in the 7 days prior or who still has symptoms of ILI 7 days after illness began may not enter the facility. When possible, facilities should use their usual communication channels to inform potential visitors of these rules before they travel to the facility. For example, facilities can ask inmates to inform their family members and visitors. In addition, visitors should be informed via signage (e.g., visuals, posters) in the visiting areas. See Respiratory Hygiene/Cough Etiquette in Healthcare Settings.
- Exclude visitors who had ILI in the 7 days prior or who still have symptoms of ILI 7 days after illness began.
- Staff with ILI should stay home (or be sent home if they develop symptoms while at the facility), and remain at home for 7 days or until 24 hours after symptoms resolve, whichever is longer.
- If there is ILI in the facility, cancel internal group gatherings and stagger group meals and other activities to provide more personal space between individuals. Consider temporarily suspending visitation or modifying visitation programs, when appropriate.

## **Rapid Detection of Cases**

- Instruct inmates and staff to report symptoms of ILI to the facility health care professional at the first sign of illness.
- Evaluate incoming inmates and isolate if they display symptoms of ILI. See Interim Guidance for Clinicians on Identifying and Caring for Patients with Swine-origin Influenza A (H1N1) Virus Infection.
- Consider daily temperature checks in units where ILI cases are identified.
- Testing of some persons with ILI should be done to determine what viruses are circulating at the institution.

## **Management and Isolation of Suspect and Confirmed Cases**

- Staff caring for sick inmates should follow CDC guidance for the care of sick persons.
- Refer to CDC interim guidance facemask and respirator use to reduce novel influenza A (H1N1) Virus transmission.
- Influenza antiviral chemoprophylaxis may be given to inmates and

health care personnel in accordance with current recommendations to reduce spread.

- Actively monitor the number, severity, and location of cases of ILI.
- Separate inmates with ILI from others by placing them in individual cells when possible. Consider separating cell mates of sick inmates for 48 hours for observation.
- Provide care of inmates with ILI, including scheduled temperature checks and access to increased fluids, and antiviral treatment when indicated. Also provide tissue, a plastic bag for the proper disposal of used tissues, and alcohol-based hand sanitizers.
- Restrict movements of inmates with ILI within the facility and restrict inmates from leaving, transferring from or to another facility during the 7 days after onset of symptoms or until 24 hours after symptoms resolve, whichever is longer, unless necessary for medical care, infection control, or lack of isolation space.
- If multiple inmates become ill with novel influenza A (H1N1), establish a designated area of the institution specifically for sick persons. Designate staff to care for these individuals only, and do not have these inmates circulating in other parts of the institution. Limit movement of designated staff between different parts of the institution to decrease the risk of staff spreading influenza to other parts of the facility. See *Using Antiviral Medications to Control Influenza Outbreaks in Institutions*.
- Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but they should not be shared without thorough washing. Linens (such as bed sheets and towels) should be washed by using laundry soap and tumbled dry on a hot setting. Individuals should avoid "hugging" laundry before washing it to prevent contaminating themselves. Individuals should wash their hands with soap and water or alcohol-based hand sanitizer immediately after handling dirty laundry.
- Assess and treat as appropriate soon-to-be released inmates with ILI or other flu symptoms and make direct linkages to community resources to ensure proper isolation and access to medical care.
- The facility health care providers should identify and address the special health needs of persons at high risk for complications following infection with novel influenza A (H1N1) virus. Persons at high risk for

complications from novel H1N1 infection may be similar to those who are at high risk for seasonal influenza complications and include the following: persons age 65 years and older, pregnant women, persons of any age with chronic medical conditions (such as asthma, diabetes, or heart disease), and persons who are immunocompromised (for example, taking immunosuppressive medications or infected with HIV). Information on the aforementioned high risk populations can be found at the following links.

- See Pregnant Women and Novel Influenza A (H1N1) Considerations for Clinicians
- See H1N1 Flu and Patients With Cardiovascular Disease (Heart Disease and Stroke).
- See Interim Guidance-HIV-Infected Adults and Adolescents: Considerations for Clinicians Regarding Swine-Origin Influenza A (H1N1) Virus.

### **Protection of the Workforce**

- Strict adherence to general hygiene practices should be followed. See Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Novel Influenza A (H1N1) Virus Infection in a Healthcare Setting.
- Follow current vaccination recommendations and offer the current season's influenza vaccine to unvaccinated staff and health care personnel. See Infection Control Guidance for the Prevention and Control of Influenza in Acute-Care Facilities.
- Influenza antiviral chemoprophylaxis may also be given to staff working directly with sick inmates in accordance with current recommendations to reduce risk and spread. See Interim Antiviral Guidance for 2008-09 and Antiviral Chemoprophylaxis for Novel (H1N1) Influenza.
- Information on mask and respirator use is available at Interim Recommendations for Facemask, and Respirator Use to Reduce Novel Influenza A (H1N1) Virus Transmission.

# 2009 H1N1 Flu (referred to as “swine flu” early on) and Seasonal Flu Information for People with Inflammatory Arthritis or Rheumatic Disease - October 15, 2009, 11:00 AM ET

## How does arthritis affect how I respond to the flu?

People with certain types of arthritis, called inflammatory or systemic arthritis or autoimmune rheumatic disease, have a higher risk of getting flu-related complications, such as pneumonia. Inflammatory arthritis affects the immune system which controls how well your body fights off infections. Also, many medications given to treat inflammatory arthritis can weaken the immune system. People with weakened immune systems are at high risk for getting more severe illness and complications such as hospitalization with the flu. Rheumatoid arthritis and lupus are the most common types of inflammatory arthritis.

People with osteoarthritis, also called degenerative arthritis, are likely not at increased risk of complications from the flu unless they also have other high-risk conditions for flu such as asthma, diabetes, heart disease, or cancer.

If you have one of these types of inflammatory arthritis, you may be at high risk for complications from the flu. You should discuss your risk for complications from the flu with your healthcare provider.

## Types of Inflammatory Arthritis

- Rheumatoid arthritis (RA)
- Systemic lupus erythematosus (SLE)
- Psoriatic arthritis
- Anti-phospholipid syndrome
- Polymyalgia rheumatica
- Systemic sclerosis/scleroderma
- Spondyloarthropathies
- Sjögren’s syndrome

- Polymyositis/dermatomyositis
- Vasculitis (e.g giant cell arteritis)
- Necrotising arteritis
- Sarcoidosis
- Polyarteritis nodosa

If you are taking one or more of these medications for your arthritis, you may be at high risk for getting the flu or complications from the flu. Note: This list applies to medications that are ingested or injected and does NOT include medications that are applied to the skin such as creams and ointments. Your healthcare provider can clarify if the medications that you take weaken the immune system.

### **Arthritis medications that weaken the immune system**

- Steroids (corticosteroids) taken by mouth or intravenously, not applied to the skin or injected into a joint.
- prednisone (Deltasone, Orasone, Prednicin-M, Sterapred)
- prednisolone (Prelone)
- methylprednisone (Medrol)
- hydrocortisone (Cortef, Hydrocortone)
- dexamethasone (Decadron, Hexadrol))
- cortisone acetate (Cortone)
- betamethasone (Celestone)
- DMARDs (disease-modifying antirheumatic drugs)
- methotrexate (Rheumatrex, Trexall)
- azathioprine (Imuran, Azasan)
- hydroxychloroquine (Plaquenil)
- leflunomide (Arava)
- sulfasalazine (Azulfidine)
- minocycline (Minocin, Dynacin)
- cyclosporine (Sandimmune, Neoral, Gengraf)
- mycophenolate mofetil (Cellcept)
- gold (Auranofin, Ridaura, Myochrysine)
- chlorambucil (Leukeran)
- cyclophosphamide (Cytoxan)
- Biological response modifiers (biologics)
- etanercept (Enbrel)

- infliximab (Remicade)
- adalimumab (Humira)
- anakinra (Kineret)
- abatacept (Orencia)
- rituximab (Rituxan)
- tacrolimus (Prograf, FK-506, fujimycin)

### **What are the symptoms of the flu?**

The symptoms of 2009 H1N1 flu virus in people are similar to the symptoms of seasonal flu and include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, and fatigue. Some people may have vomiting and diarrhea. People may be infected with the flu, including 2009 H1N1, and have respiratory symptoms without a fever.

### **How can I avoid getting and the flu or giving the flu to others?**

The flu is spread from person-to-person by coughing or sneezing by people with influenza. Sometimes people may become infected by touching something – such as a surface or object – with flu viruses on it and then touching their mouth or nose. You can take simple actions to protect yourself and others from getting the flu:

- Get a seasonal flu shot now and the 2009 H1N1 flu shot when it becomes available.
- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Avoid touching your eyes, nose, or mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- If you are sick with flu-like illness, seek medical care early. Your health care provider can determine if you need to be treated with antiviral medication.
- Keep away from others as much as possible to keep from making others sick. CDC recommends that you stay home for at least 24 hours after your fever is gone <<http://www.cdc.gov/h1n1flu/guidance/exclusion.htm>> except to get medical care or for other necessities. Your fever should be gone without the use of a fever-reducing

medicine.

### **Is there a vaccine against the 2009 H1N1 flu virus and who is it available for?**

Yes. A vaccine for the 2009 H1N1 flu has been developed and will be available beginning mid-October 2009. People with inflammatory arthritis within any of the following prioritized groups are recommended to receive the 2009 H1N1 vaccine when it first becomes available:

- Pregnant women
- People who live with or care for children younger than 6 months of age
- Healthcare and emergency medical services personnel
- Persons between the ages of 6 months and 24 years old
- Persons between the ages of 25 and 64 years old who are at higher risk for 2009 H1N1 because of chronic health disorders or compromised immune systems (including with inflammatory arthritis)

Persons age 65 or older (including those with inflammatory arthritis) are not included in these prioritized groups because current studies indicate that the risk for 2009 H1N1 flu infection among persons age 65 or older is less than the risk for younger age groups. We do not expect that there will be a shortage of 2009 H1N1 vaccine, but availability and demand can be unpredictable. Once the demand for vaccine among the younger groups has been met, however, people age 65 or older with inflammatory arthritis should receive the 2009 H1N1 flu shot.

### **Do I need to get a flu shot?**

Yes, CDC recommends certain persons with weakened immune systems, which includes people with inflammatory arthritis, get flu shots.

People with inflammatory arthritis should get—

- A seasonal flu shot every year. These are available beginning in September.
- The new 2009 H1N1 flu shot when available (see question above). These will begin to be available in mid-October 2009.

People living with inflammatory arthritis should get the "flu shot"— an inactivated vaccine (containing fragments of killed influenza virus) that is given with a needle, usually in the arm. The flu shot is approved for use in people inflammatory arthritis.

The other type of flu vaccine — nasal-spray flu vaccine (sometimes called LAIV for “live attenuated influenza vaccine)—is not currently approved for use in people with inflammatory arthritis. This vaccine is made with live, weakened flu viruses that do not cause the flu). LAIV (FluMist®) is approved for use in healthy people 2-49 years of age.

### **What should I do when I am sick?**

- If you develop flu-like symptoms contact your healthcare provider.
- Avoid contact with others. You should stay home and avoid travel, including not going to work or school, until at least 24 hours after your fever is gone except to get medical care or necessities. Your fever should be gone without using fever-reducing medications.
- If you leave the house to seek medical care, wear a facemask, if available and tolerable, and cover your coughs and sneezes with a tissue.
- Do not stop taking any medicine you take for your arthritis unless told to do so by your physician.
- Seek medical attention early if you develop symptoms of the flu. Treatment is available for persons with severe disease and those at high risk for complications. Persons with inflammatory arthritis are considered high risk for complications from the flu; therefore, your health care provider may choose to prescribe antiviral medications for you if you get the flu.
- If you are exposed to someone who has flu, consult your health care provider. They may prescribe medication to help prevent you from getting the flu or watch you closely to see if you develop flu symptoms.

---

---

## **RESOURCES**

---

---

### **ASCA Draft and Modified Pandemic Planning Checklist**

With funding from BJA, ASCA has also been developing a Corrections Checklist for Pandemic Planning to assist corrections administrators to assess whether their Continuity of Operations Plans (COOPs) are sufficient to handle a pandemic emergency. Given the rapid spread of the recent outbreak of the so-called H1N1 virus, we thought it would be important to release to you a Summary of the Checklist items that you could use now to mitigate the effects of the impending H1N1 Influenza emergency. The attached modified and shortened Draft Summary Checklist is **not** meant to cover every matter that will need to be addressed if a flu epidemic occurs, or if it transforms into a full-blown pandemic. Rather, it is meant to serve as a way to assess your current medical emergency plans to ensure that they are ready should the H1N1 virus begin to have a major impact on your staff, their families, the prisoners in your charge, and ultimately the ability of your institutions to operate as they should. See the attached ASCA Pandemic Planning Checklist.

---

---

## **State H1N1 Flu Information Site with Links**

This site has links to; State H1N1 Flu Websites, State Press Releases, Fact Sheets, Health Alerts. Guidance to Schools, Guidance to Health Care Providers and Testing Guidelines. Go to: [http://www.astho.org/templates/display\\_pub.php?pub\\_id=3797&admin=1](http://www.astho.org/templates/display_pub.php?pub_id=3797&admin=1)

---

---

## **BJA Information on Public Health Emergencies**

The Bureau of Justice Assistance (BJA) recognizes that public health emergencies, whether an epidemic or pandemic influenza, biological terrorist attack, or natural disaster with public health implications can threaten America's justice system and place the rule of law at risk. BJA has undertaken a broad-scope initiative to identify the critical planning and response objectives for local justice systems and to identify lessons learned

and promising approaches in preparing the justice system for such emergencies. The goal of BJA's initiative is to ensure that the rule of law is upheld during any public health crisis, whether natural or manmade. This initiative's design parallels the major components of the justice system: law enforcement, courts, corrections, and communities. To view the latest issue of Justice Today with links to a variety of additional resources, go to: <http://bja.ncjrs.org/justicetoday/newsletter.html>

---

---

## **The National Institute of Corrections (NIC) Online Resources**

- Pandemic Flu Planning Checklist for Corrections Facilities, CDC, 2007
- H1N1 Flu Website, Centers for Disease Control and Prevention
- Pandemic Flu Website, U.S. Dept. of Health & Human Services
- Pandemic Alert, Association of State Corrections Administrators, April 26, 2009
- Swine Flu News Bulletin, American Correctional Association, April 29, 2009
- Flu and HIV Blog, AIDS.gov
- American Correctional Health Services Association Webpage
- Federal Bureau of Prisons Pandemic Influenza Plans, 2008
- Module 1: Surveillance and Infection Control
- Module 2: Antiviral Medications and Vaccines
- Module 3: Health Care Delivery
- Module 4: Care of Deceased

To access the information, go to <http://www.nicic.gov/SwineFlu>. (NIC will update this page frequently)

---

---

ASSOCIATION OF STATE CORRECTIONAL ADMINISTRATORS

Executive Officers			Regional Representatives	
<i>President</i> Larry Norris	<i>Vice President</i> Patricia Caruso		<i>Midwest</i> Roger Werholtz	<i>Northeast</i> Jeffrey Beard
<i>Treasurer</i> Ashbel T. Wall, II	<i>Past President</i> Harold Clarke	<i>Southern</i> Gene Johnson	<i>Western</i>	

**CORRECTIONS CHECKLIST FOR H1N1 FLU VIRUS PREPAREDNESS**

May 1, 2009

In anticipation of the possibility that the Avian Flu would transform from a bird-to-human into a human-to-human contagion and cause an uncontrollable pandemic in our communities and in prison systems, ASCA, with funding from the Bureau of Justice Assistance, has been assembling expertise and guidance from medical, emergency response, corrections and other justice agencies to develop guidance for state prison operators about how to respond to an outbreak of pandemic influenza. The ASCA Pandemic Newsletter, together with frequent communiqués and updates you have been receiving from ASCA and the BJA Pandemic Consortium, have been a part of this effort.

ASCA has also been developing a Corrections Checklist for Pandemic Planning to assist corrections administrators to assess whether their Continuity of Operations Plans (COOPs) are sufficient to handle a pandemic emergency. This Checklist is based on an examination of pandemic emergency plans that have been developed and adopted by state corrections agencies, along with the advice of health experts and officials. The Checklist is in draft form and still under review.

Given the rapid spread of the recent outbreak of the so-called "swine flu" (here, and more correctly called the H1N1 Influenza virus) in the United States, and the elevation of the World Health Organization alert to Level 5 (an epidemic just short of a pandemic emergency), we at ASCA thought it would be important to release to you a summary of the Checklist items that you could use now to assess the adequacy of your medical emergency plans to mitigate the effects of the impending H1N1 Influenza emergency, should it reach your agency, and prepare for the very real possibility of this medical emergency developing into a pandemic.

The following Checklist clearly cannot cover every matter that will need to be addressed if a flu epidemic occurs, or if it transforms into a full-blown pandemic. Rather, it is meant to serve as a way to assess your current medical emergency plans to ensure that they are ready should the H1N1 virus begin to have a major impact on your staff, their