



Influenza Activity Spotlight

2012–2013 Season

Issue #2 — September 6, 2012

1. Summary of the National Influenza Vaccine Summit Call – 9/6/2012

Opening Announcements – L.J Tan (AMA)

L.J welcomed call participants and reminded them that the NIVS calls will resume a weekly schedule on October 4. This should coincide with the beginning of the influenza season and will follow the NFID national influenza press conference which will occur on September 27 at the National Press Club in Washington, D.C.

Influenza Surveillance Update – Scott Epperson, CDC

Scott reported that we continue to see low levels of specimens testing positive for influenza. The majority of those that have been positive were seasonal H3N2, with a few type B and a smaller number of H1N1. This is typical for this time in the influenza season. Three (3) cases of H1N2v were reported from Minnesota last week. These are in addition to the 288 cases of H3N2v that have been confirmed to date, with 16 hospitalizations and 1 death. The death occurred in an older adult with multiple recognized medical conditions, underscoring the importance of the recommendation that persons at risk for influenza complications should avoid swine and should seek medical care as soon as possible if they become ill. *Preliminary* demographic information indicates that 93% of the reported H3N2v cases have been in persons <18 years old, with a median age of 6 years. Cases are almost evenly split between males and females. Fifty-three percent (53%) of those persons for whom vaccination status was known had received influenza vaccine in the previous year, and 60% had been treated with antiviral medications.

Although some human-to-human transmission of H3N2v has been observed within household settings, no sustained transmission has occurred within communities. When questioned about whether CDC anticipates cases might decline as the fair season begins wrapping up in some states, Scott noted that many fairs are just now occurring in southern states.

HealthMap Vaccine Finder – John Brownstein (Harvard)

John gave an overview of the new [HealthMap Vaccine Finder](#) application. This application was modified from the Flu Vaccine Locator first sponsored by the American Lung Association and later coordinated by Google during the 2009 H1N1 outbreak. However, the tool lacked desired flexibility, and the project ultimately was turned over to the Informatics Program, Harvard-MIT Division of Health Sciences and Technology at Harvard Medical School. The Harvard group, which has run the HealthMap project for several years, wanted to keep the essence of the established content while providing greater flexibility to expand the effort. In particular, there was a desire to be able to discuss the diversity of influenza vaccines now available.

John provided a [presentation](#) to demonstrate the functionality of the application. Users are still able to search for vaccine by address, zip code, and pharmacy name. Results are ranked by proximity. A

critical feature is that the application automatically geocodes the location for the person requesting assistance and includes directions and hours of operation for a selected facility. The program also includes CDC guidelines for use of the different types of vaccine and ACIP recommendations. Users can answer a few simple questions and the tool will provide information about the type(s) of vaccine recommended for the individual. Summit members can go directly to the website to try out the application. The Harvard Group welcomes comments/suggestions about the program.

An exciting improvement to this tool will be implemented later in the fall, when HealthMap Vaccine Finder will be expanded to include 10 different vaccines targeted for adults. In addition to influenza, the program will include information about hepatitis A, hepatitis B, HPV, MMR, meningococcal, pneumococcal, Td, Tdap, varicella, and zoster.

The list of providers participating in the project is impressive. To date, the database includes >650 provider accounts, which already more than doubles the number that participated in the Google-based version of the vaccine finder. These accounts incorporate >50,000 locations. Although pharmacies provide the majority of these locations, the listing also includes clinics, community providers/immunizers, health departments, and health care provider offices. Nearly 20,000 of these locations already have included information on all adult vaccines. Registering with the system is a simple process. Providers can add sites individually or, in the case of large chains, can submit a bulk upload of the data.

This new tool is being widely promoted, but the Harvard group would welcome hearing from any group interested in promoting the application. Currently, many users access the site through the [DHSS influenza website](#). A widget linking to the program is available for use on any organization's website. HealthMap Vaccine Finder ranks high on a Google search. The program also is linked with [FluNearYou](#), a sentinel surveillance system that includes thousands of participants. Major chains are promoting the application, and press releases will go out later this month. Release of a mobile application is planned for later in the fall.

Any adult coalition or other interested group wishing to have John provide a version of today's presentation should contact him via [email](#).

Influenza-Associated Pediatric Deaths in Children with Neurologic Disorders – Georgina Peacock (CDC)

Dr. Peacock, a developmental behaviors pediatrician with CDC's National Center on Birth Defects and Developmental Disabilities, discussed the basic findings reported in a recent [Pediatrics article](#), "Neurologic Disorders Among Pediatric Deaths Associated With the 2009 Pandemic Influenza." Of the 336 children who died from influenza-related causes during the 2009 H1N1 pandemic and for whom information was available on underlying medical conditions, 227 (68%) had one or more underlying health conditions. One hundred forty-six children (64%) had a neurologic disorder such as cerebral palsy, intellectual disability, or epilepsy. Of the children with neurological disorders for whom vaccination status was available, only 2 (23%) had received seasonal influenza vaccine and 2 (3%) were fully vaccinated for 2009 H1N1. However, many of the reported deaths occurred before widespread availability of H1N1 vaccine. Additional findings indicated that children with neurological disorders tended to be older (median age of 10 years), have a longer duration of illness from onset to death (median time from symptom onset to death averaged 8 days), and were more likely to die in the hospital versus at home or in the ER. Although there is not a definitive answer about why children with underlying neurological disorders are more vulnerable to influenza-related death, it is speculated that it may be related to low muscle tone and subsequent difficulty in coughing.

Ultimately this study provides an important reminder about the importance of vaccine and early antiviral treatment for this vulnerable population. CDC is working with [Families Fighting Flu](#) to reach out to parents with this message. A live Twitter Chat for parents is scheduled for September 18 at 1 p.m., and an outreach program targeting clinicians is set for September 27.

National Council on Aging's *Flu + You* Campaign – Christine Harding (NCOA)

The [National Council on Aging \(NCOA\)](#) has established influenza immunization of older adults as a priority. On August 20 the group launched a new campaign, [Flu + You](#), to help empower older Americans with appropriate information about immunization. The campaign has been quite successful, with coverage included in both national and local media outlets.

In conjunction with the national campaign, regional efforts will begin next week in Arizona, Florida, and Pennsylvania. Local agencies in many cities in these states have planned health fairs and other activities promoting adult immunization. NCOA also has developed a [toolkit](#) describing the importance of vaccination, the seriousness of the influenza threat, and vaccine options. The materials are available in both English and Spanish. Summit members seeking additional information may contact [Christine](#).

Other Items – Litjen Tan (AMA)

In closing the meeting, L.J reminded Summit members that the next call is scheduled for September 20. Weekly calls will return beginning October 4, following the national influenza press conference hosted by NFID on September 27.