



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

October 30, 2009

Dear Colleague,

I. Maryland 2009 H1N1 Update

Influenza activity in Maryland remains widespread: statewide surveillance systems continue to show elevated levels of outpatient and emergency room visits for flu symptoms, increased hospitalizations, increased laboratory positivity, and increased flu outbreaks in schools and institutions. To date, no resistance to oseltamivir (Tamiflu) has been identified in Maryland. No change in severity of symptoms has been detected in Maryland or elsewhere (www.marylandfluwatch.org).

II. 2009 H1N1 ANTIVIRAL TREATMENT

A. [Intravenous \(IV\) peramivir](#), an investigational neuraminidase inhibitor has been authorized for antiviral use by the U.S. Food and Drug Administration (FDA), subject to the Emergency Use Authorization (EUA) terms and conditions(http://www.cdc.gov/H1N1flu/EUA/peramivir_recommendations.htm)

1. IV peramivir may be appropriate for certain hospitalized and critically ill adult and pediatric patients with suspected or confirmed 2009 H1N1 influenza, such as patients not responding to either an oral or inhaled antiviral therapy and patients without a dependable oral or inhaled route of drug delivery (e.g. unable or unlikely to absorb oseltamivir due to ileus or high nasogastric tube output).
2. Clinicians should carefully review the [healthcare provider fact sheet on peramivir](#) on the CDC website at <http://emergency.cdc.gov/h1n1antivirals/> This fact sheet also includes the terms and conditions of the EUA and safety and efficacy data on peramivir.
3. To request Peramivir IV, complete the [Peramivir IV Request Form](#) (also at <http://emergency.cdc.gov/h1n1antivirals/>) and FAX the completed form to (770) 488-7107 or (404) 553-7508. For any questions, call 1-800-CDC-INFO (1-800-232-4636).

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258

Web Site: www.dhmh.state.md.us

B. Maryland Medicaid Policy Regarding Coverage for Antiviral Therapy

In order to simplify and expedite initiation of therapy, the prior preauthorization requirement for antiviral therapy for oseltamivir and zanamivir has been lifted for all adult and pediatric Medicaid enrollees in fee-for-service categories. This includes children in the REM program and Model Waiver patients.

C. Antiviral Treatment

On October 16, CDC released revisions to its treatment guidelines. These guidelines can be found online at

<http://www.cdc.gov/h1n1flu/recommendations.htm> and revisions include:

1. Clarification of treatment and chemoprophylaxis considerations for persons vaccinated with the 2009 H1N1 and seasonal influenza vaccines.
2. Inclusion of women up to 2 weeks postpartum as higher risk for complications from 2009 H1N1 influenza.
3. Additional oseltamivir dosing instructions for children younger than 1 year of age.
4. Review of adverse events and contraindications associated with oseltamivir and zanamivir.
5. Recommendation of treatment with oseltamivir or zanamivir for all persons with suspected or confirmed influenza requiring hospitalization.
6. Guidance that early empiric treatment (within 48 hours of symptoms) with oseltamivir or zanamivir should be considered for persons with suspected or confirmed influenza who are at higher risk for complications including:
 - a. Children younger than 2 years old;
 - b. Persons aged 65 years or older;
 - c. Pregnant women and women up to 2 weeks postpartum (including following pregnancy loss);
 - d. Persons of any age with certain chronic medical or immunosuppressive conditions
 - e. Persons younger than 19 years of age who are receiving long-term aspirin therapy.
7. Treatment should not wait for laboratory confirmation of influenza because laboratory testing can delay treatment and because a negative rapid test for influenza does not rule out influenza.

III. 2009 H1N1 VACCINE

- A. UPDATE: 2009 H1N1 vaccine first became available to order in early October, 2009. To date, Maryland has been able to order 473,500 doses of 2009 H1N1 vaccine. The majority of the available vaccine has been LAIV, followed by multi-dose injectable vaccine. There has been a nominal amount of pre-filled thimerosal-free vaccine available. Maryland has prioritized the vaccine for pediatric and obstetric patients, to hospitals (for healthcare workers and high risk patients), to local health departments, federally-qualified health centers and to emergency medical workers. Vaccine has also been distributed in limited supply to medical practices serving high risk adults. There is a nationwide delay in shipment of the H1N1 vaccine, with only half the projected amount of vaccine available. This has meant that there is virtually no medical practice that has received adequate amounts of vaccine for their priority populations. Please remember that there is no need to reorder vaccine if you receive less than what you requested: when supplies are available, DHMH will attempt to fill your previous order. Maryland DHMH is working to distribute any available vaccine as quickly as possible to those who have registered, but expects limited vaccine supplies into November. Likewise, many practices have experienced a shortage of seasonal vaccine: more seasonal vaccine is expected in late November/early December. Please see website at www.flu.maryland.gov for further information on ordering H1N1 vaccine and direct specific detailed questions to H1N1Info@dhmh.state.md.us.
- B. Health care providers should be aware of the following recommendations for LAIV (live attenuated influenza vaccine), or “FluMist” administration. According to the CDC, the only healthcare workers or vaccine recipients who should avoid LAIV are those who have **direct contact with severely immunosuppressed patients**, defined by CDC as those with *hematopoietic marrow transplant who are in a protected environment* (e.g., bone marrow transplant on isolation). CDC authorizes LAIV for healthcare workers and household contacts of those with mild to moderate immunosuppression, such as HIV/AIDS, those on chemotherapy or other immunosuppressive drugs, those with diabetes mellitus, or other chronic medical conditions, without restrictions. However, any healthcare workers or patients with any of the above conditions should not receive LAIV. See: http://www.cdc.gov/h1n1flu/vaccination/nasalspray_qa.htm and <http://www.cdc.gov/mmwr/PDF/rr/rr5808.pdf>.

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Thank you for your cooperation with and continued feedback on the 2009 H1N1 influenza response.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lucy E. Wilson".

Lucy E. Wilson, MD, ScM
Chief, Center for Surveillance, Infection Prevention and Outbreak Response
Infectious Disease and Environmental Health Administration
Maryland Department of Health and Mental Hygiene

A handwritten signature in cursive script, appearing to read "John M. Colmers".

John M. Colmers
Secretary
Department of Health and Mental Hygiene