



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.
Commissioner

James W. Clyne, Jr.
Executive Deputy Commissioner

March 17, 2010

Dear New York State Health Care Provider,

I would like to thank you for your efforts during the H1N1 Pandemic of 2009 and provide you with some information about what to expect in the next few months, traditionally the closing months of the annual winter/spring influenza (flu) season. This expands on information provided by Thomas R. Freiden, M.D., M.P.H., Director, Centers for Disease Control and Prevention (CDC) (copy enclosed).

This year's flu season has been particularly interesting. We continue to learn about this new pandemic strain of flu, who it impacts, and the time course of the pandemic. We know that while overall mortality associated with H1N1 is thus far lower than anticipated and lower than what we see during traditional flu seasons, we also know that certain subpopulations, including children, have been more severely impacted and that both health care systems and schools were impacted to a greater extent than in a typical flu season.

Given that we are still in a period that is considered part of the flu season, we encourage you to continue to offer vaccine to your patients, including two doses for children up to 10 years of age. It is also likely that current H1N1 vaccine antigen will be a part of the trivalent seasonal flu vaccine that will be used routinely this coming fall. Since we have the advantage of having the same H1N1 vaccine available now, we encourage all health care providers to continue to offer H1N1 vaccine to all their patients who have not yet been immunized. In particular, since two vaccine doses for children under age 10 years will likely be recommended again in the fall to assure adequate immunity against H1N1, providers should continue to offer H1N1 vaccine to children in this age range who have not received any vaccine doses yet to give them a head start for the fall.

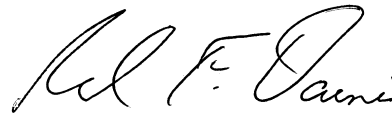
The New York State Department of Health (Department) has allocated more than 5.9 million doses of the vaccine for New York State outside of New York City, the maximum made available by CDC. Also, as a reminder, hospitals are required to offer the H1N1 flu vaccine to the family members and caregivers of newborns in intensive care units and to hospital patients who are sixty-five years of age or older until April 1, 2010.

To assist the Department in collecting unused H1N1 vaccine at no cost to you, please complete the Vaccine Inventory Survey by calling 1-888-H1N1-VAC (1-888-416-1822) and choosing Option #1. Also, please complete reporting of all H1N1 vaccine doses administered if you have not already done so. For instructions on how to report, go to:

http://www.nyhealth.gov/diseases/communicable/influenza/h1n1/health_care_providers/vaccine/docs/vaccine_reporting_requirements.pdf

Again, I thank you for your dedication, professionalism, and patience as we continue to learn about H1N1 flu. We will continue to update you as any new information becomes available so that you will be able to most appropriately treat and care for individuals in your community.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard F. Daines". The signature is fluid and cursive, with the first name "Richard" being the most prominent.

Richard F. Daines, M.D.
Commissioner of Health

Enclosure

From: Thomas R. Frieden
Sent: Thursday, March 04, 2010 3:09 PM
To: CDC State Health Commissioners
Subject: Current H1N1 Strategy

Dear State Health Officer:

As we approach spring and influenza activity remains low, I would like to share with you our perspective on where we have been and where we are likely heading with 2009 H1N1 influenza.

Since the beginning of the New Year, flu activity has been relatively low, with the vast majority of circulating influenza viruses continuing to be 2009 H1N1. A substantial portion of the United States population has now gained immunity to 2009 H1N1 influenza, either through infection or immunization. We estimate that between April 2009 and January 16, 2010, approximately 57 million people became sick with 2009 H1N1 and more than 80 million people have been vaccinated. This substantial immunity to 2009 H1N1 from illness or immunization, especially evident among children who have the highest rates of immunization and clinical infection, reduces the likelihood of additional large outbreaks of 2009 H1N1 disease at this time. However, flu activity has occurred in waves during past pandemics, and the United States could experience another smaller wave, or, more likely, localized 2009 H1N1 outbreaks in communities that have been less affected by illness, or where disease or vaccination rates have been lower than other areas. Although another large wave is unlikely, 2009 H1N1 has not gone away, and we expect that flu activity, caused either by 2009 H1N1 or seasonal flu viruses, will continue. Sporadic influenza cases also may be detected this summer.

The 2009 H1N1 vaccination initiative has been a remarkable success. Approximately 37% of children age 18 years old and younger and 23% of adults over 18 years of age have been vaccinated. Since mid-January, there has been a decline in public interest in 2009 H1N1 vaccination. As supply has surpassed demand, the number of doses ordered and shipped has declined, from 11.6 million during the first week of January, to 68,000 during the last week of February. Claims for H1N1 vaccine administration in private providers' offices increased after the winter holidays, peaked in mid-January, and have subsequently declined.

Despite current lower levels of disease and increased vaccination coverage, we encourage you to remain vigilant to detect changes in influenza activity. Testing, including sub-typing of influenza A viruses to detect both pandemic and seasonal influenza strains, should continue for all hospitalized and severely ill patients, including patients aged ≥ 65 years, and for specimens submitted by ILINet providers. Timely reporting of all pediatric deaths associated with laboratory-confirmed influenza remains important. Continued reporting of ILI through ILINet also will be important to track changes in influenza activity. Health care providers should continue to use established reporting channels to report any particularly severe or unusual influenza cases and cases among health care workers to local or state health departments. Institutional closings or clusters of influenza infections in prisons, schools, colleges, and long-term care facilities also should be reported through state and local health departments.

Vaccine should continue to be made available through provider offices, retail settings, and health departments. We encourage you to determine how best to promote 2009 H1N1 vaccination, based on your assessment of influenza activity and demand for vaccine at the local level. At this point, targeted outreach may be the most appropriate strategy, (e.g. to those at high risk of severe illness, to parents of young children who need to return for the second dose of vaccine, minority and hard-to-reach populations, college and university students, and people 65 years and older). We particularly recommend direct communication with health care providers and retailers to continue to encourage vaccination of people with high risk conditions. As part of this communication, The Centers for Disease Control and Prevention (CDC) recommends that state health departments request that retailers, pharmacies, and health care providers retain their unexpired H1N1 vaccine supplies as a reserve should demand for vaccination increase before demand for seasonal vaccine becomes available.

CDC will continue to inform the public, partners and health care providers about H1N1 flu activity and recommendations/guidance in weeks and months ahead, especially with respect to vaccination. As plans are finalized, we will share information concerning guidance with health departments on disposal of expired vaccine.

Thank you for continued work keeping the public safe and healthy this influenza season.

Sincerely,

Thomas R. Frieden, M.D., M.P.H.

Director, CDC, and Administrator, Agency for Toxic Substances and Disease Registry