



# COMMONWEALTH of VIRGINIA

Department of Health

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Dear Colleague:

The news about novel H1N1 continues to evolve. Today the CDC issued an official Health Advisory in the realm of **Direct Medical Care**, noting that not all people recommended for antiviral treatment are getting treated. Proper antiviral use can improve patient outcome. The CDC urged clinicians to:

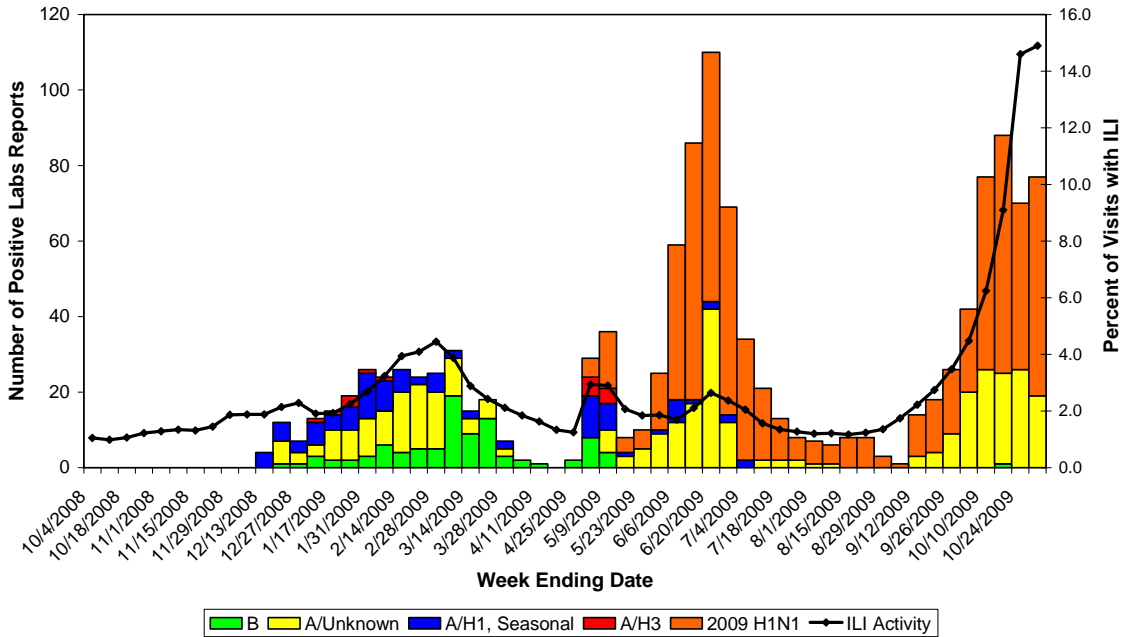
- Remember it is not too late to treat, even if symptoms began more than 48 hours ago.
- All hospitalized patients with suspected or confirmed novel H1N1 should receive antiviral treatment as early as possible after illness onset.
- Moderately ill patients, especially those with risk factors for severe disease and those who appear to be getting worse, can also benefit from antiviral treatment.
- Some people without risk factors may also benefit from antivirals.
- Indicated treatment should be started empirically and not delayed while waiting for lab results.

Updated information is available at [www.cdc.gov/H1N1flu/recommendations.htm](http://www.cdc.gov/H1N1flu/recommendations.htm).

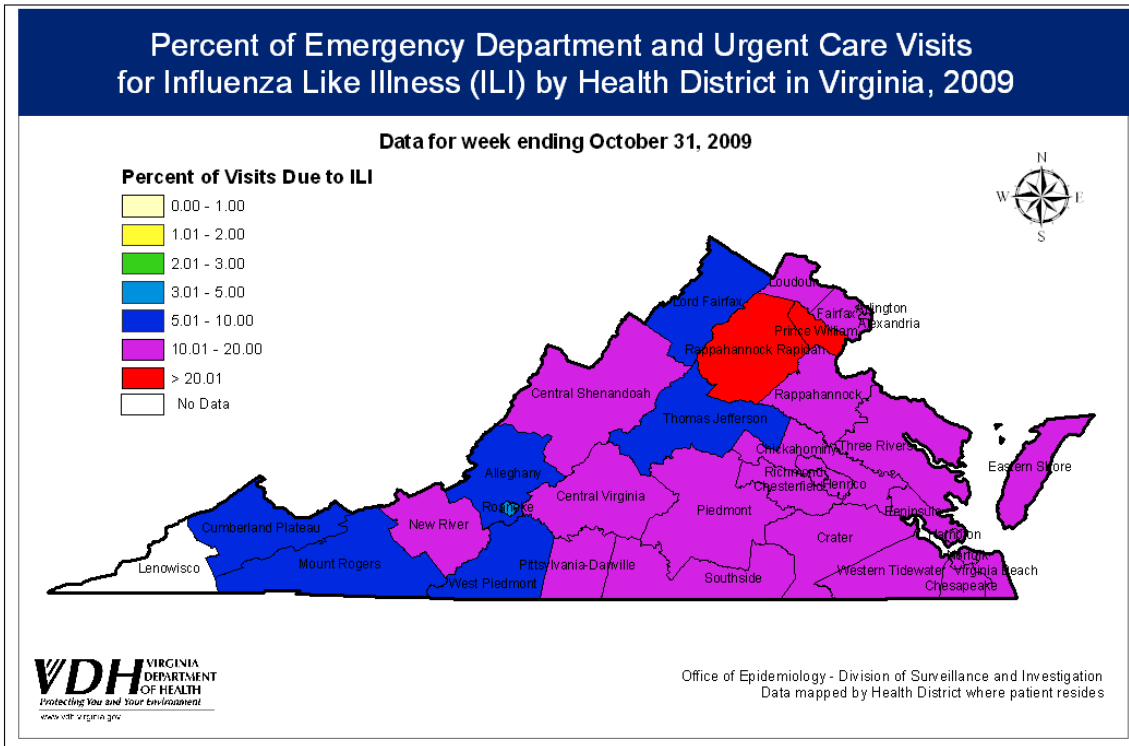
Remember that for your indigent and uninsured patients, the local health department can provide antiviral medications. Direct Medical Care news also includes the use in Virginia of the investigational antiviral medication, Peramivir Intravenous (IV) which was released under Emergency Use Authorization (EUA) last week. This medication is authorized only for hospitalized adult and pediatric patients who are not responding to either oral or inhaled antiviral therapy; or when drug delivery by a route other than intravenous is not expected to be dependable or feasible; or, for adults only, when the clinician judges IV therapy is appropriate due to other circumstances. Clinicians considering the use of Peramivir IV under EUA should first read and understand the Emergency Use Authorization of Peramivir IV: Fact Sheet For Health Care Providers at [www.cdc.gov/h1n1flu/eua](http://www.cdc.gov/h1n1flu/eua). Ordering information is available at the same site.

**Surveillance** data continue to almost exclusively show novel H1N1 circulating.

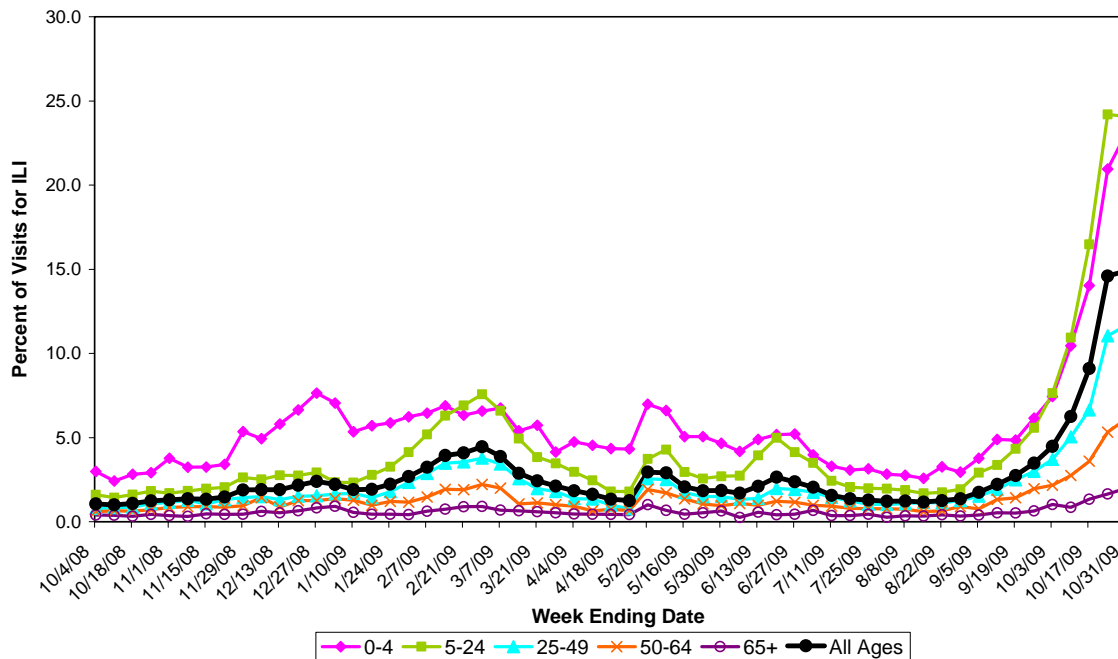
**Positive Laboratory Reports and ILI Visits  
by Week, Virginia, 2008-09 and 2009-10 Influenza Seasons**



The percent of visits to emergency departments and urgent care centers remain high. Thanks again to all those who support surveillance by participating as sentinel physicians and sentinel facilities.



**Percent of Emergency Department and Urgent Care Visits for Influenza-like Illness (ILI)  
by Age Group, Virginia, 2008-09 and 2009-10 Influenza Seasons**



**Community Mitigation** efforts are predominantly in the K-12 schools, but there has been some disease clustering in facilities that serve both younger children and older adults. Please continue to report suspected outbreaks to your local health department.

**Vaccination** with novel H1N1 vaccine is continuing throughout the Commonwealth, focused on giving all those in the CDC priority groups the opportunity to be protected first. To date, nearly 900,000 doses of vaccine have been given out or are in transit to Virginia, with increasing amounts available in private physician offices. To date, 39% of vaccine orders have been shipped to private physician offices, 18% to hospitals and 39% to local health departments. The amounts are still less than we had anticipated and so patience, especially on the part of healthy adults, is encouraged.

The flow of **Communication** across all groups involved in addressing the novel H1N1 virus remains robust. VDH's campaign to promote awareness of the importance of vaccination through TV and radio spots is one tool, but I know that it is the everyday communication with nurses, doctors, emergency responders, and other caregivers that is providing the critical context for each person affected by H1N1. Thank you again for all you do and trust that I will keep you updated with accurate public health information.

Sincerely,

Karen Remley, MD, MBA, FAAP