



For Information Contact:

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H1N1 Updates: Vaccination Registry; Vaccine Advisory; EMS Update: Mass Vaccination Plan; Obstetric Antiviral Recommendations; EMTALA Guidance and HAVBED Changes

Hospitals and providers planning to administer Influenza A (H1N1) monovalent vaccine should pre-register with NYSDOH at:

<https://hcsteamwork1.health.state.ny.us/pub/top.html>

See attached [Hospital Pre-Registration information](#) letter from NYSDOH.

NYSDOH Bureau of Immunization H1N1 Vaccine Advisory: Attached. Provides current summary of vaccine and vaccination protocols and requirements. Outlines priority groups, vaccine distribution, dispensing and reporting.

NYSDOH Bureau of EMS H1N1 Update: Attached. Please be aware that according to NYSDOH, EMS personnel are subject to the state's mandatory healthcare worker vaccination regulation under the following conditions: 1) if the hospital owns the ambulance service; 2) if the hospital contracts with the ambulance service; 3) if EMS students are participating in rotations or course work within the hospital.

NYSDOH Novel H1N1 Influenza Mass Vaccination Campaign Plan: The draft plan dated 09/14/09 provides planning assumptions and a general response outline but does not provide new guidance or details.

Children under 9 likely to need 2 doses of H1N1 vaccine: A single dose of H1N1 flu vaccine is likely to produce a protective immune response in most healthy children over age 9, while younger children may require two doses of the vaccine, the National Institutes of Health [announced](#). About 600 children are participating in the ongoing clinical trial of a vaccine made by Sanofi Pasteur, which produced a strong immune response in 76% of children ages 10 to 17 who received one 15-microgram dose of vaccine, compared with 36% of children ages 3 to 9 and 25% of children ages 6 months to 35 months. "As we had hoped, responses to the 2009 H1N1 influenza vaccine are very similar to what we see with routinely used seasonal influenza vaccines made in the same way," said Anthony Fauci, M.D., director of the National Institute of Allergy and Infectious Diseases. The Centers for Disease Control and Prevention's Advisory

Committee on Immunization Practices will consider the data and make vaccination recommendations to the CDC, which will issue guidance to providers who administer the vaccine.

CDC H1N1 Clinicians Questions and Answers:

http://www.cdc.gov/h1n1flu/vaccination/clinicians_qa.htm

Updated Interim Recommendations for Obstetric Health Care Providers Related to Use of Antiviral Medications in the Treatment and Prevention of Influenza for the 2009-2010 Season: http://www.cdc.gov/h1n1flu/pregnancy/antiviral_messages.htm

EMTALA Guidance for Pandemic and HAVBED Changes Causing Concern: Newly revised HAVBED data elements contain a new question that asks hospitals for information on the number of patients who **left without being seen** – referred to as “LWBS”. Rear Admiral Ann Knebel from ASPR said during a recent conference call with hospital association preparedness staff and in an email to CMS requesting clarification, that "We struggled to come up with a question that reflected stress on the emergency department and came up with the question: 'Has the facility seen an increase in the number of patients (above baseline for this time of year) who left the ED without being seen during the last 24 hours.'" During the call a concern was raised that hospitals may not accurately report their status for this question out of fear that they will be cited for EMTALA violations. The response from CMS is as follows:

"With regards to the AHA and their members concerns about potential EMTALA violation investigations and citations for providing data indicating an increase in LWBS (Leave without being seen) patients, the relevant point(s) are these:

- EMTALA is a complaint driven process (someone—as an individual or as part of an organization-- has to file a complaint for an investigation to be authorized);
- CMS would not typically use statistical data to initiate an investigation;
- There are no standardized answers to FAQs about this concern.

There is a clear distinction between actions taken by a hospital when the patient seeks to leave against medical advice (AMA). AMA & LWBS are not the same. With AMA, the patient is typically already admitted and chooses to leave. There is an obligation to try to convince the patient of the risks of that decision before he/she leaves, and so on. Typically, with LWBS, you may only have the name of the person and their chief complaint. They typically sneak out before being seen b/c they often realize that there are more people, sicker than them in the ER to be seen and they decide that maybe they'll try to get an urgent appt with their physician during business hours." CMS encouraged Admiral Knebel to share with hospitals that "...they should do the best they can under the circumstances presented. We are reasonable people."

I will provide further information on this as it becomes available.