

Diabetes and Influenza (both Seasonal and H1N1): What Clinicians need to Know

Suchita Lorick, DO MPH

Pamela Allweiss, MD MPH

Kristina Ernst BSN

October 29, 2009

NOTE: This transcript has not been reviewed by the presenter and is made available solely for your convenience. A final version of the transcript will be posted as soon as the presenter's review is complete. If you have any questions concerning this transcript please send an email to coca@cdc.gov.

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen only mode. After the presentation we will conduct a question and answer session. To ask a question at that time please press star 1.

Today's conference is being recorded. And if you have any objections you may disconnect at this time. I would now like to turn the meeting over to Ms. Alycia Downs.

Alycia Downs: Thank you. Hello and welcome to today's COCA conference call, "Diabetes and Influenza Both Seasonal and H1N1 What Clinicians Need to Know.

We are very excited to have CDC's subject matter experts present on this call. With us today we have Dr. Suchita Lorick, Dr. Pamela Allweiss, and Ms. Kris Ernst.

We are using a PowerPoint presentation that you should be able to access from our Web site. If you have not already downloaded the presentation please go to emergency.cdc.gov/coca. Again that is emergency.cdc.gov/coca. Click on conference call information summaries and slide sets. The PowerPoint can be found under the caller number and pass code.

If you have any issues locating the PowerPoint please send an email to coca@cdc.gov. Again that email address is, coca@cdc.gov.

After this activity the participants will be able to identify the types of vaccines and antiviral coverage that are appropriate with people with diabetes. And describe the key sick day rules healthcare providers should emphasize to people with diabetes.

In compliance with continuing educational requirements all presenters must disclose any financial or other relationships with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters as well as any use of unlabeled products or products under investigational use.

CDC, our planners, and our presenters wish to disclose they have no financial interests or other relationships with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters. This presentation does not involve the unlabeled use of a product or products under investigational use. There is no commercial support.

I will now turn the call over to Dr. Lorick.

Suchita Lorick: Great, thank you Alycia. So like Alycia said we're going to talk a little bit about seasonal and H1N1 Flu. And my part is going to cover just H1N1 vaccine implementation overview.

And I'm going to go on to the slide's that's titled "Outline." I'm going to cover four major areas. I'm going to over the ACIP Recommendations for

H1N1 vaccination, safety monitoring activities, vaccine logistics and vaccine financing.

And the next slide is title "ACIP Recommendations." The ACIP is the Advisory Committee on Immunization Practices that makes recommendations for vaccinations in the US. And when they met in July they came up with first five initial target groups. So they said that when vaccine was first available we wanted to target these first five groups. And the five groups make up about 159 million people in the US which is about half the US population.

So the first group is pregnant woman, the second group is household and caregiver contacts of children younger than 6 months of age. And this would be your parents, your siblings, daycare providers.

Then the third group is healthcare and emergency medical services personnel. The fourth group is persons from 6 months of age through 24 years of age. And the last group is persons 25 through 64 years who have a medical condition associated with higher risk of influenza complications such as folks with diabetes.

And just to give you a rough idea when we look at seasonal influenza vaccination coverage levels for these five target groups from previous seasons that runs about 20 to 50%.

And the next slide is also a little more about the "ACIP recommendations." So when the ACIP made their recommendations they came up with some smaller subset of priority groups in case vaccine demand and supply weren't matching up well.

So as you may have heard some of the vaccines supply for H1N1 have been slower than we had expected. So, in this scenario many states and localities are turning to these smaller priority groups.

And so these five priority groups make up about 42 million people in the US. And these include pregnant women, the second group is household and caregiver contacts of children younger than 6 months of age.

Healthcare and emergency medical services personnel with direct patient contact. So that's a little different than the larger target group that I went over on the slide before.

Children 6 months through 4 years of age and then children and adolescents age 5 through 18 years who have medical conditions associated with a higher risk of influenza complications.

And then I'm going to go to the next slide, so once the demand from the larger five target groups is met, ACIP said that we should continue on and offer vaccines to persons that are 25 through 64 years of age, and then following that we would go on to folks 65 and older.

As you may have heard it appears that for this H1N1 Flu Virus older adults seem to have a little bit of protection and that's what the ACIP recommendations really reflect.

And I think in a general sense ACIP also wanted to make sure that when providers are trying to make decisions about which groups to vaccinate they really coordinate efforts with their local public health authorities so that vaccine is being administered in an equitable manner in their community.

Okay so the next slides this is the graphical depiction of what I just went through. So the first bar is the primary five large target groups which make up about 159 million.

And then you add the healthy adults on top of that, and then you add the 65 and that brings you to the entire US population. Okay I'm going to go on to the next slide.

So, a little bit about using the vaccine, folks may recall that in the initial days we thought that most folks would need two doses of vaccines. But based on clinical trial data we know now that children 6 months through 9 years of age should receive two doses of H1N1 vaccine. And then person 10 and older should receive one dose.

And for the kids who are receiving two doses we want to try to separate them by 4 weeks. And the as far administering H1N1 vaccine with other vaccines it is permissible to give inactivated H1N1 Vaccine with any other vaccine alive or inactivated other vaccines including seasonal vaccines.

So if you have a person that comes in - an adult with diabetes in the office you would want to give them - you can give them seasonal and activated at the same time as you give H1N1 inactivated.

And then as far as administering live H1N1 and live seasonal influenza vaccines this is not recommended because there is not enough data to support administering both vaccines intra nasally at the same visit. So that is not recommended. And of course for your diabetes patients you would not recommend live vaccine for them anyway.

And so next slide, it's just briefly about life insure of the H1N1 Vaccine. So the manufacturers for H1N1 had to submit a supplement to their seasonal influenza biologic license as a strain change supplement.

This is exactly what happens each year so for seasonal flu vaccines each year in this country the manufacturers submit to FDA strain change supplement and that's how the H1N1 Vaccine was also licensed.

I'm going to go on to the next slide. Okay, I'm going to get into a little bit about safety monitoring and the national objective for safety monitoring. The overall objectives are - four main objectives.

We have one identified clinical significant adverse events following receipt of vaccine in a timely manner. You want to rapidly evaluate serious adverse events following the receipt of vaccine and determine what they're public health importance is.

You want to evaluate if there is risk for Guillian-Barre' Syndrome associated with receipt of vaccine. And possibly most importantly we want to make sure we're communicating vaccine safety information in a clear and transparent manner to health care providers, public health officials and the public.

We're going to go on to the next slide for safety monitoring activities the Vaccine Adverse Event Reporting System or VAERS is going to be the front line for monitoring vaccine safety for H1N1.

And it's - the method for collecting and analyzing volunteer reports. And I've placed the Web site and telephone there so that you have that easily accessible if you're not familiar with the system.

And the next slide this is just a screen shot of the VAERS Web site. And to report adverse - any adverse events to VAERS you can do it in three different ways. It's not shown here, but if you click on the next screen where it says report the reaction you can - it shows you that you can do it via the Web, by fax or by phone.

And the next slide I'm going to skip this one but it really list out all the different methods that besides VAERS we're going be using to monitor any you know, vaccine safety concerns. And there is actually more - additional stuff that's not listed here that's also going to be ongoing active and passive monitoring of safety.

And the next slide is - this is where I'm going to start talking a little about the vaccine logistics.

So the vaccines for H1N1 2009 are being developed by five manufacturers. There is CSL, GSK, MedImmune, Novartis and Sanofi. And GSK is one company that is currently not licensed but they are in the process of getting their license. So we have both inactivated and live intranasal vaccine. None of the vaccines contain adjuvants, therefore none of the vaccines have squalene or aluminum.

And then there is also Thimerosal-free vaccine. Although we know that there is based on many epidemiologic studies there is no evidence that is it associated with health problems.

We know that there are some concerns out there and there are folks we seek the vaccine. So there will be some of this vaccine available as well.

And then the storage and handling for this vaccine is identical to that of seasonal influenza vaccine.

I'm going to move on to the next slide. It's titled Purchase and Allocation of Vaccine. And so besides vaccine the US government has procured and purchased ancillary supplies and these - the vaccines and the supplies are being made available at no cost to both states and providers. And providers are really defined very broadly here.

In the ancillary supplies we - there is included syringes, needles, sharps containers, alcohol swabs and vaccination record cards. So that - that providers can use those to fill them out so that patients would have a record of it especially if they think they are having an adverse event and go seek treatment elsewhere.

And then both the vaccine and the ancillary supplies are being allocated across states proportional to their population size. I'm going to go on to the next slide and this is about the current vaccine supply situation. And I've placed a link there and if you go to this link I've got the screen shot for last week here.

So based on last week and the numbers have gone up this week. But, the recent numbers will be posted tomorrow. But if you go to look at last week we've got about 14 million doses allocated, which means those doses were made available for ordering to the states. And then out of those about 12.5 million had been ordered. And out of that about 11 million had been shipped.

So this - this Web link before - and the slide before will give you a good idea of the supply, and we play to post it this every week. And it also includes which is not shown in the slide here. But it also includes the amount of doses that were shipped by state - okay.

And then we'll go on to the next slide, which is titled Vaccine Distribution, so both vaccines and ancillary supplies are shipped by the manufacturers to essential distributor that the US Government has contracted with.

And the central distributor then ships these vaccines and supplies to state and local - state and local jurisdiction designated locations which include a mix of local health departments, provider offices, work places, schools, hospitals and other settings. And then some of the state and local jurisdictions will also be repackaging and redistributing some of them vaccines themselves.

We're going on to the next slide which is titled Public Health Efforts, so state and local public health jurisdictions and health departments have been working really hard trying to get this process rolling, and getting vaccine out to their providers.

And among the other things that they're working on are planning large scale clinics including those in schools for school kids. And they're also recruiting providers there is all different types including health care facilities where a vaccine would be made available and accessible. And then also their monitoring use and demand and reporting data back to CEC. We're going to go on to the next slide.

This is titled Vaccine Provider, this state and public health departments are designating who can serve as a vaccine provider in their jurisdictions. And what providers have to do is enter into agreement with state or local public health to receive H1N1 vaccines.

And then most states have developed a registration process for potential providers. So providers out there where - who haven't looked into this but

have some interest in perhaps becoming a provider, CDC has gathered all that information. And at the link that's provided on this slide you can go and click on your state and find information on how you can become a provider if you are interested.

And also many of those Web sites will give you additional information about where vaccine is available so that you can refer your patients if you're not interested or able to provide vaccine in your offices and facilities.

The next slide is titled vaccine financing for private providers, the providers cannot charge a fee for the vaccine syringes or needles since they are being provided at no cost to the provider. And then providers may charge a fee for the administration of the vaccine to the patient, or they can bill their health insurance plan, or a third party payer.

And then providers are encouraged to vaccinate under or uninsured patients. However, if they are unable to do so then they're encouraged to refer these patients to a public health location or (last) vaccination location or an affiliated public health provider.

The next slide, it shows a couple of links for you in case you are not familiar with them at CDC and then at Flu.Gov where you can find more information about vaccination.

And the next slide it's titled Footnotes, many people have a question about what we mean by healthcare personnel in the target and priority groups. And I just have this here in a footnote.

And it really is very broad, so if you work in a hospital setting for example, you know mostly everybody in the - working within the walls will be included in this definition. So it's fairly broad in the target group.

And then also the second footnote lists the chronic medical condition which is also one of the target groups that's listed. The next slide - okay, and actually that's it and I'll turn over to Dr. Allweiss.

Pamela Allweiss: Thank you. Thank you so much for this introduction, both and Kris and I will be doing the next section.

You know 24 million people have diabetes so we're talking about so many folks. So why are we talking about this - about seasonal flu, H1N1 and people with diabetes. The reason is because with diabetes are considered at high risk for developing complications from seasonal and from the 2009 H1N1 Influenza.

So we really want to prepare the people who are giving care to the folks with diabetes. We want to give the information, we want them to have consistent messages, and we want to give you resources.

Next slide, "What is the 2009 H1N1 Virus?" Well it's a new virus it's very different from what normally circulates in the North American pigs so we keep on changing the name, and the official name is now the 2009 H1N1 Virus.

And it actually has multiple genes from avian genes, human genes, pigs et cetera. So we call it a quadruple reassortant virus. So I'm going to turn this over to Kris, and we're going to go over just some general concepts on how the H1N1 virus will spread.

We're going to go over some of the indications for vaccination, for antiviral medicine, specific information about sick day rules for people who do get sick and they have diabetes. And then just some general precautionary things with people with diabetes should do.

Kristina Ernst: Okay next slide, How Does 2009 H1N1 Viruses Spread? Well it's thought that the spread of 2009 H1N1 Virus - the spread occurs the same way as it does as that seasonal virus spreads. Flu viruses are spread mainly from person to person through coughing or sneezing by people with influenza.

Sometimes people can become affected by touching something such as the surface or an objective with the flu virus on it. And then touching their mouth or nose which is why we ask people not to - to keep their hands away from their face and avoid touching their eyes, their nose or their mouth.

"What are the signs and symptoms of 2009 H1N1 Virus?" In people, primarily fever, cough, sore throat, running or stuffy nose, body aches, headache, chills and fatigue.

There have been a number of people who have also - we have been affected who have also reported diarrhea and vomiting. So their illness and death have occurred as a result of illness associated with the virus.

"How severe is illness associated with 2009 H1N1 Flu Virus?" Been mild to severe, most people who have been sick have recovered without needing medical treatment, hospitalizations and death from infection with this virus have also occurred.

Pamela Allweiss: Next slide. "Who is at high risk and what does that mean?" Even when we look at seasonal flu we find that people who have diabetes might be more prone to developing some complications.

When we are looking at the folks who have been hospitalized because of the 2009 H1N1 Flu Virus we also see that there is certain groups of folks who are hospitalized. And certainly people who have quote metabolic conditions like diabetes out in this high risk group.

Usually like with seasonal flu we will say that people over 65 can be higher risk. But it turns out for the H1N1 people over 65 might be at high risk for developing complications. But they seem to be at lower risk for even developing the H1N1 Virus. And we'll talk more about that later.

When we look at the numbers at 70% of people who have been hospitalized with the 2009 H1N1 Virus have had one or more medical conditions that have been recognized in the past as high risk.

And that would included people who are pregnant, people who have chronic medical conditions like diabetes, heart disease, asthma and kidney disease. But certainly our folks with diabetes can also have coexisting heart disease and kidney disease as well.

It shows that children and adults less than 60 have any antibody to the H1N1 Flu Virus so it seems like they're more prone and that's way the vaccination is so important. And about a third of adults over the age of 60 seem to have some antibodies against this 2009 H1N1 Virus.

The next slide, "Who Is Higher risk?" so we are looking at folks for the 2008 we had higher risk for complication such as secondary pneumonia et cetera.

These groups include children we are less than five years old. And it seems like the highest risk would be children who are less than two years old.

Adults 65 and older if they get the virus they seem to have more complications, pregnant women, people of any age with a chronic medical condition as we talked about and that includes diabetes and certainly people who are less than 19 who are on aspirin therapy.

So we talk about altered immune processes and it seems like that people who have diabetes might have some problems with the way their white blood cells function. And we have lots of theories we don't know all the reasons why people who have diabetes might have an altered immune response.

But that's at least one reason why we're worried about folks who have diabetes about developing more complications when they do get the flu.

Next slide, it's titled Diabetes and Seasonal Influenza. This is a very good opportunity for us to address both the seasonal influenza and now the 2009 H1N1. It seems like most of the cases of the people who come in with the flu, indeed have H1N1 type of influenza. But people many times are treating the folks and aren't always saying what type of seasonal or H1N1Flu Virus the person actually has.

Only about 32% of people between the ages of 18 and 49 with a chronic condition even get a seasonal flu vaccine. And this is very worrisome because we know that if a person does get a seasonal flu vaccine, we know it should be part of a person's general diabetes management plan.

But when we see numbers that less than 50% of folks with diabetes even get a seasonal flu vaccine we worry about this because they still can get complications from the plain old seasonal flu vaccine.

People with diabetes are six times more likely to be hospitalized with seasonal flu vaccine with complications such as pneumonia. And also when people are sick, their blood glucose levels go up, and they can't fight an infection as efficiently as they should.

Over 10% of deaths related to seasonal influenza and pneumonia are attributed to diabetes. And as I said before controlling blood glucose levels when a person is sick can sometimes be tough. So we try to learn from seasonal influenza for this new H1N1 vaccine as well.

The next slide is entitled "Four Key Messages." We have four key messages for folks who have diabetes and for the folks who take care of them. So we're going to go over the vaccine information, we're going to go over antiviral medication information. And we're going to go over how people with diabetes can make a plan - have, they need to know sick day rules and what are the everyday precautions.

So we'll start with the Vaccination Messages 2009 H1N1. The goal is to vaccinate all people. And as we just heard the supplies are coming in on a regular basis, but we have to prioritize the groups of people who should get the 2009 H1N1 vaccine first.

We are hoping that all of our folks who have diabetes have been in the process of getting their seasonal - their usual - their annual flu vaccination. Those supplies have been out now since the beginning of September.

But for the people who need to get the 2009 our goal as I said is to vaccinate everybody but we do have some priority groups. And people with diabetes ages 6 months through the age of 64 are in the target group to receive the 2009 H1N1 Vaccine. They are in the higher priority group.

Now, we have to make this very clear people who have diabetes must get the injectable type of vaccine for both the seasonal flu vaccine virus and the H1N1 Virus. I repeat, people need to get the injection for both types of vaccines.

We don't want people with diabetes to get the nasal mist, this is a live virus. So in years past we have always been consistent in telling folks who have diabetes to get the injectable "dead" inactivated vaccine. This hasn't changed and the same goes for the H1N1. So we want all of our providers to understand that.

And people with diabetes can get both the injected seasonal flu vaccine as well as the H1N1 at the same time as long as we use different sites. It can be one arm and then the other. But since we're giving the dead injectable virus we can give both vaccines on the very same day.

Next slide, "Vaccination Messages," now we now with people 65 and older are in the high risk groups to be targeted because they could get more complications. But it seems like they might be less prone to developing the H1N1 because they might already have antibodies.

So as soon as the folks between 6 months and 64 years are vaccinated we want our folks who are over 65 with diabetes to get that H1N1 vaccine as well. And they definitely need to get the seasonal vaccine right now.

Next slide, now about the Vaccination Messages, we also expect that the 2009 H1N1 Influenza Vaccine will have a very similar safety profile as the annual seasonal influenza vaccine.

So there is a very good safety track record. The side effects are the same, sometimes people can get some local redness. If side effects occur they are very similar to the annual seasonal flu vaccine that people with diabetes should have been getting for many years. And we just heard about the safety efforts that are going on.

Next slide, we also have messages, we want people with diabetes to know they should take time to get vaccinated against influenza, and meaning both seasonal and H1N1.

We're monitoring how many people with diabetes are getting both. And we're hoping that we will see an increase number of folks getting even the seasonal influenza vaccine when they go to get the H1N1 Vaccine.

The other thing is we're also recommending people who have contact with folks who have diabetes to get the vaccination as well. Getting a regular seasonal flu vaccine is a part of overall diabetes management.

We also want folks to remember that they should get a pneumonia shot at some point. A pneumococcal vaccine and we want folks to talk to their health their health care provider about this. Next slide.

We want to tell our patients and our folks with diabetes that the influenza vaccine both of them seem to be safe and effective. It's the most effective intervention for reducing the impact of influenza.

Studies have shown that a seasonal influenza vaccination can reduce by 72% the number of hospitalization and deaths in people with diabetes from 18 to 64.

So we know that the seasonal flu vaccine can really have a positive impact on our folks who have diabetes. And as I said before a pneumococcal vaccine should also be part of the plan. Next slide.

Now we've had some questions and we've answered some of them. How many doses of the H1N1 2009 Vaccine are required? Children under ten should receive two doses separated by 28 days.

And usually at least in the single dose in folks about 10 to 17, those folks will have some protection about ten days after the vaccination. So it's really good to have this information. The next slide.

Can both the seasonal and H1N1 Vaccination be given at the same time and are they both recommend? Yes and yes, people with diabetes should get both the seasonal and the H1N1 vaccinations. They may get both vaccinations on the same day because we definitely want them to get the injectable form the dead vaccine. Next slide.

Can patients who are allergic to eggs receive the H1N1 Flu Vaccine? If a person does have a severe egg allergy that person needs to talk to the healthcare provider. And there are ways if it's - if the person is considered a very high risk, there are protocols that people have to give folks who have an allergy to eggs the vaccination.

There also had been a question about latex but it turns out the licensed vaccines do not have latex. So if a person does have a latex allergy we don't have to worry about that anymore. The next slide.

Can contacts of people who have a weakened immune system get the nasal spray flu vaccine. If a person is taking care of a person who has diabetes, if the caregiver does not have diabetes or another chronic illness, that person may get the nasal mist vaccine. So that has been a question that people have asked. The next slide.

Anti viral medication, there are medications to treat H1N1 infections. And CDC recommends the use of two types of antiviral medication, Tamiflu and Relenza for the treatment or prevention with - the 2009 H1N1 Flu Virus. The antiviral medications are usually pills or liquid or inhaled powder. And they work most effectively in the first 48 hours after a person has symptoms.

We also have a priority use for these anti viral medications. And of course people who have a chronic condition such as diabetes are in this priority group.

We also want our - next slide, we want our providers to understand, that if a person presents to you with a flu like illness, please consider treating the person. Do not wait until you get back solid evidence that this is either H1N1 or seasonal flu.

Most of the flu cases are actually H1N1. However we do not want you to wait before you treat. If the person is ill has problem - has a condition like diabetes please treat with one of the antiviral medications.

All of the guidance documents are on the CDC Web site which we will give you at the end - very good recommendations how to use it et cetera. So we want you to treat empirically in the high risk groups. These groups include people with diabetes, but also people who are pregnant, people who are 65 or older, and folks who are younger than 19 on aspirin therapy. Next slide.

This just summarizes what I said when treatment of influenza is indicated in the patient with suspected influenza. Healthcare providers should initiate empiric antiviral medication as soon as possible. And they should not wait for laboratory confirmation.

Now I'm going to turn it over to Kris to talk about sick day guidelines for people who have diabetes.

Kristina Ernst: Any illness especially like the flu, blood glucose values are likely to go up. That's very common. But what's most important that clinicians need to emphasize before the individual becomes ill is what - how to manage sick days, what they should do to prevent problems from their diabetes.

It needs to be emphasized that people take their normal dose of diabetes medication rather than be pills or insulin as close as possible to the same time as usual.

If they are unable to eat their usual diet they should eat enough soft food or drinks to replace the fruits and starchy foods that they normally eat.

Next slide, Key Messages Sick Day Guidelines Continued, they may need additional sugar free, calorie free liquids like water or diet soda or tea, 4 to 6 ounces every hour in small sips so it doesn't come back up.

It's important that people are well hydrated that's why we recommend that they take in pretty - large amount of extra calorie free liquids. They should be advised to check their temperature every four hours and contact the healthcare provider if their temperature is above 101 degrees Fahrenheit.

They should also check their urine for ketones. And if they have a moderate or large amount of ketones in the urine, and the blood glucose is 300 milligrams per deciliter or higher they need to call their healthcare provider go to directly to the emergency room. This could be signs of diabetic ketoacidosis.

So everyday - next slide, some every day steps to protect health, we need to emphasize to our patients to cover their nose and their mouth with a tissue when they cough or sneeze. And then they should throw the tissue in the trash after they've used it.

It's important that people wash their hands often with soap and water especially after they've coughed or sneezed. And alcohol based hand cleaners are also so effective.

If the person does not have a tissue it is advisable that they cough into their sleeve rather into their hands, because their hands may touch objects or people of they - so they can spread the flu virus that way.

It's important to emphasize that people avoid touching their eyes, nose or their mouth because that's how germs spread.

They should try to avoid close contact with people that are sick. The recommended distance apart from somebody that is ill is 4 to 6 feet. If you are sick with a flu like illness CDC recommends that you stay at home for at least

24 hours after the fever is gone, except to get to the medical care provider or other necessities.

The fever should be gone without the use of fever reducing medication. So that's 24 hours without a fever, without taking fever reducing medication. When you're sick it's important to isolate yourself keep away from others as much as possible to keep other from becoming sick.

Next slide, Everyday Steps to Protect Your Home, follow public health advice regarding school closures, avoiding crowds and other social distancing measures. Make a plan, we need to emphasize to our patients that they have a plan and be prepared in case they get sick and need to stay home for week. This plan could include having a supply of over the counter medicine like fever reducing medicines.

Adequate amount of diabetes meds and supplies alcohol based hand rubs, tissues and other related items that they can be useful and help avoid the need to take - make trips outside in the public when they are sick and contagious.

I'll turn it back over to Dr. Allweiss who is to discuss resources and some helpful Web sites.

Pamela Allweiss: Thank you. I want to kind of summarize the folks with diabetes we still have the 4 key messages. Vaccination for both seasonal and the 2009 H1N1, these vaccinations should be the injectable form the dead type of - the dead virus injectable form for both.

The folks with diabetes are in the high risk group for complications. And as a healthcare provider if you see somebody who has symptoms and is in the high

risk group using antiviral medication can be very effective within the first 48hours. Do not wait for confirmatory H1N1 diagnosis.

Three, prepare your folks with diabetes they need to know about sick day rules before they are ill with any type of illness. And then teach the folks just the general everyday precautions.

And the next slide on the CDC Division of Diabetes Translation, if you go to the CDC/Gov/Diabetes we do update that Web site on a regular basis. So we do have information about sick day rules, diabetes in general. The next slide.

There are CDC Web sites for clinicians and consumers and there is more information about the guidance for antiviral medications. The last slide the clinician outreach activity those of - some of you might have received this information via email. If somebody forwarded the information to you, please go on the Web site and sign up because you will get updates on a regular basis.

We also noticed that the slides are very difficult to see because they are like white with yellow, so we will fix those when you come back.

I think it's time for questions - Alycia?

Alycia Downs: Yes Laurie if we could go ahead and open up the lines for the question and answer session.

Coordinator: Thank you. At this time we are ready to begin the question and answer session. If you would like to ask a question please press star 1, please unmute your phone and record your first and last name when prompted. And to

withdraw the question you may press star 2. Once again if you like to ask a question, please press star 1.

One moment please for the first question. One moment please. Your first question is from (Saron Macroff).

(Saron Macroff): Yes hi, I'm asking a question about the site. Does it have to be given in two sites, and why? Because one patient wanted in both arms because - that person had a mastectomy and they could only use arm. How do you deal with situations like that? For the seasonal and H1N1?

Suchita Lorick: This is Suchita, and Kris, and Dr. Allweiss you jump in - feel free, but it is my understanding that in those circumstances if you pick two different areas of the deltoid that would be okay. We just want to make sure folks don't inadvertently pull - draw up the H1N1 and the seasonal into one syringe.

(Saron Macroff): Oh okay.

Suchita Lorick: And I don't know if Dr. Allweiss or...

Pamela Allweiss: Oh that is fine, that's exactly the reason why they wanted in two different sites. And it's - probably much better to have it in two different sites on the arm, than to have one in the arm and maybe one in the rear.

(Saron Macroff): Okay.

Pamela Allweiss: So - but that's the real reason, we didn't want people to inadvertently take away the vaccine that was just given.

(Saron Macroff): Okay, thank you.

Coordinator: Thank you. The next question is from (Norman Castell).

(Norman Castell): Yes, on the elderly there was information that I saw saying that they - immunity that's being seen came from a flu that was around in the 20s and 30s. And now I'm not hearing that anymore. Does anybody know if that's true?

Suchita Lorick: I think it might go a little beyond that. So I think - because even in folks that were over 50 as I understand it there was a little bit of protection seen in some people. So it might be you know, both older folks who have been exposed to even more different viruses. But also some younger ones who are 50 and older.

(Norman Castell): Thank you.

Coordinator: Your next question is from Dr. (John Silva).

(John Silva): Okay good afternoon, so my question has to do with patients with other chronic diseases. I realize this is a division of diabetes translation, but do these intense urgent recommendations apply as well to asthmatics...

Pamela Allweiss: Yes.

(John Silva): ...and our congestive heart failure patients?

Pamela Allweiss: Yes. As a matter of fact there was a call last week and you can find the archives on the COCA Web site about asthma as well. So yes, indeed especially the folks with asthma.

Now the folks with congestive heart failure we haven't seen as much yet with people who might CHF. But they are considered chronically ill, so there are in our at risk group.

So yes, these recommendations do go for folks who have those illnesses as well, but especially folks who have asthma, COPD any type of respiratory illness. Same recommendations go, which would include the injectable form of the vaccine and empirical antiviral medications.

(John Silva): Okay.

Alycia Downs: And I just wanted to add that there will be a COCA conference call specifically on asthma and H1N1 on November 10th at 11:00 am. So be on the lookout for that call information.

(John Silva): I have an additional question as well, so we're a family practice and we see a lot of nursing moms and babies. And the question that's come up is, can we give the flu mist to mothers with breast feeding children at home.

(John Silva): Under six months of age.

Suchita Lorick: Yes, you can nursing moms can receive the LAIV.

(John Silva): Okay thank you.

Suchita Lorick: Sure.

(John Silva): All right, well good.

Woman: Yes, because they hadn't made that clear (unintelligible).

(John Silva): Right.

Pamela Allweiss: Right because you know, there are - the pregnant folks need the injectable. But this has been like kind of updated. So I'm glad you asked the question.

Coordinator: Thank you. The next question comes from (Iris Bramble).

(Iris Bramble): Hi the question is is it true a person exposed to so many different viruses is less susceptible to the H1N1?

Pamela Allweiss: I don't know if any evidence about that Suchita?

Suchita Lorick: No I think it's just some older folks who have been exposed to many seasons of influenza viruses might have some protection. But unfortunately you know there is no easy test to even say that who would be protected from previous seasons.

So I think we can all sort of - especially among the younger folks assume that none of us have innate or sort of acquired protection from the H1N1 virus.

Pamela Allweiss: And the other thing is you know, ever season we have different strains and that's why each year we have different type of seasonal flu vaccine. So you know, each year changes.

Suchita Lorick: Right and many infections can have the same symptoms as in influenza. So even if this year you were thinking about patients who say oh, I think I have the flu, unless they had an RTPCS that diagnosed the H1N1 2009 Virus, you should go ahead and assume that they have not been infected and get them vaccinated.

(Iris Bramble): Thank you.

Coordinator: Your next question is from (Doty Chaman).

(Doty Chaman): Yes hi, I had a question about - there was sort of a difference in the vaccination for caregivers between seasonal and H1N1. And I just wanted to get clarification on that.

So on Slide 40 it says that seasonal flu should be given for close household contacts?

Pamela Allweiss: Yes.

(Doty Chairman): Of anyone with diabetes. But then for H1N1 that's not on the list. It actually is just for household and caregiver contacts of children younger than 6 months of age.

Pamela Allweiss: I understand because that would be the priority group. So we - usually well we thought we have enough of the seasonal - all right, but the H1N1 eventually you want everybody to get it but our priority groups include those listed.

So once those people get it then the caregivers would be included as well.

(Doty Chairman): So the messaging of somebody - you know, there might be somebody who says well how come I'm getting one and not the other one we can just explain it that way.

Pamela Allweiss: Correct.

(Doty Chairman): Okay. Because I can imagine someone would say I don't understand the difference.

Pamela Allweiss: I understand and that's a very good point - yes.

(Doty Chairman): Thanks.

Coordinator: Thank you. The next question is from (Melanie Foreman).

(Melanie Foreman): Yes I wanted to inquire if the H1N1 shot is required or is recommended for a person - a pregnant woman who has had the flu?

Pamela Allweiss: Yes and they should - and I'll have doctor Lorick go on as well. We don't - as Dr. Lorick just said, we don't know if a person - a person could have a flu type illness, but unless there was hard evidence that the person really had the specific 2009 H1N1 infection a pregnant woman should be vaccinated and especially with the injectable form...

(Melanie Foreman): Yes.

Pamela Allweiss: ...of the vaccine.

(Melanie Foreman): Okay. Thank you.

Suchita Lorick: Right, and that test is the RTPCR Test which will definitely tell us if it was H1N1.

(Melanie Foreman): Right, okay.

Coordinator: At this time there are no further questions.

(Alicia Down): Well I would like to thank our presenters for providing our listeners with this information today. I would also like to thank our participants for joining us on this call.

If you have any other questions that come to you please remember you can always send an email to COCA@CDC.gov. Again that email address is COCA@CDC.gov.

The recording of this call and the transcript will be posted to the COCA Web site Emergency.CDC.gov/COCA, again that's Emergency.CDC.gov/COCA within the next week.

You have one year to obtain continuing education for this call. All continuing education credits and contact hours for COCA conference calls are issued online through the CDC training and continuing education online system. www.2A.CDC.gov/TCEonline. Thank you again for participating and I hope everyone has a wonderful day.

END