



COMMONWEALTH of VIRGINIA

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State Health Commissioner

Department of Health
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June 5, 2009

Dear Colleague:

A couple of weeks have passed since I last communicated with you about the ongoing novel influenza A (H1N1) situation. I wanted to write again to update you on activities at the Virginia Department of Health (VDH) and changes we are observing in the patterns of disease caused by this new strain of the influenza virus.

VDH is continuing to monitor the situation, track information on the occurrence of disease throughout the state, provide consultation on strategies to prevent the spread to the contacts of ill individuals, and investigate reported clusters and outbreaks. Our goal is to remain vigilant throughout the summer, learn all we can, and be prepared for whatever unfolds during the upcoming influenza season beginning this fall.

I thought you would be interested to know that I have created a Clinical Advisory Group composed of infectious disease specialists from all across the state to increase the collaboration and information sharing between public health and the clinical community. This group will supply their knowledge and insights, raise important questions, and advise on policy decisions. The first meeting included a discussion of the patient testing and surveillance aspects of the novel influenza A (H1N1) situation.

We continue to post influenza A (H1N1) case counts on our web site at www.vdh.virginia.gov. The current count is 57 confirmed cases. We are hearing about outbreaks in various group settings; your local health director is available to advise on the use of antiviral medications and other measures that may be implemented to reduce the spread of disease to others. One interesting change we are seeing is that most of the influenza confirmed by our state public health laboratory is now the novel influenza A (H1N1). Seasonal strains of influenza have not been detected for the past few weeks. This finding has treatment implications; Tamiflu should be an effective treatment for patients with influenza at this time.

Because smoking is a risk factor for complications from influenza and appeared to be associated with severe disease in Mexico's H1N1 outbreak, we want to take this opportunity to increase our efforts to assist Virginians with quitting smoking. We will be emphasizing smoking cessation in upcoming public information campaigns. Please continue all possible efforts to reduce smoking among your patients in order to help us minimize the ill effects of this influenza outbreak. This summer offers a timely opportunity for smokers to quit.

We are also working to prepare for vaccine distribution this fall and need your assistance to ensure we are all in the best position possible to protect the residents of Virginia. From what we have heard, we anticipate that a seasonal influenza vaccine will be available as usual in early fall. In addition, a monovalent novel H1N1 flu vaccine may be available later in the fall. The monovalent vaccine might require two doses and be released in phases as it becomes available from the manufacturer(s). We need to be prepared for multiple vaccine campaigns occurring at different times and having different requirements but probably overlapping in time.

It will be very important to vaccinate your patients against seasonal influenza soon after that vaccine becomes available and inform them of their subsequent need for H1N1 vaccine if one is released. Any new H1N1 vaccine, because of its anticipated initial limited availability, will probably be distributed to priority groups first which will include critical healthcare workers. We will keep you informed as plans progress relative to vaccine distribution.

Thank you for your support and assistance as we all work together to respond most appropriately to this new public health challenge.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen Remley". The signature is fluid and cursive, with a long, sweeping tail on the final letter.

Karen Remley, MD, MBA
State Health Commissioner