

**Medical Director's Report
Board of Health
October 2010**

General Activities

- Reviewed policies regarding:
 - HPV Vaccine
 - Influenza
 - Gardasil
 - Lead Prevention

- Presentation to County legislature Budget Committee: On October 12th, I presented with other department heads from the TCHD. I spoke last giving a general overview seeking to put this year in perspective with budget reductions of the past several years. I pointed out the high regard practitioners hold the functions of the department and the significant threat to carrying on disease prevention, disaster preparedness, and child/adolescent care that the administrative and program cutbacks would pose.

- Immunization conference: Attended October 19th regional conference update. Points of discussion included the need for more public awareness of the success of vaccines in preventing devastating illness. Specific diseases mentioned included meningococcal septicemia and meningitis which is so hard to treat with antibiotics. Vaccination is far more effective.

Mentioned also were pertussis (whooping cough), Herpes zoster (shingles), and the expanded indications for Pneumococcal vaccine which now includes smokers and those with asthma. Access to vaccination was mentioned as a continuing problem with a need for greater availability through practitioners' offices and health clinics. Current funding methods do not provide adults with access at every point of care.

Reflections on 2009-10 Pandemic Flu

At the immunization conference, Dr Corson-Rikert presented an overview of the national experience and specifics regarding Cornell's experience. Of interest to us in thinking of challenges ahead should the general community experience anything like what the Cornell community did is the following:

Cornell health services found that it was necessary to redirect staff and resources from their other health concerns to the effort of combating H1N1. Even by doing so, their overtime and on-call burdens became so great that staff fatigue was significant and resources were severely strained. They were very fortunate to only be subjected to this amount of stress for a matter of a few weeks. If the peak of the pandemic had been more prolonged they would have been threatened with significant difficulties in sustaining the effort.

Pivotal in the success of minimizing the impact of the Cornell outbreak on the resources of the general community was the collaboration of TCHD with Cornell and CMC. Without this advance planning, the operations of the hospital, urgent care center, and university would have been seriously compromised. It was only because of sufficient support staff that TCHD was able to partner with the community and put the appropriate contingency plans in place.

Nationally, there were 12,000 deaths with disproportionate numbers of those in the over 50 year-old group. The highest number of cases of pandemic flu were in the under 50 group.

Influenza Update

This year a higher dose formulation of influenza vaccine is available for use in persons 65 and older. The relative effectiveness of this vaccine is still being studied. The intent is to achieve better antibody levels than have been possible in the past. The assumption is that this will produce better protection at an acceptable side-effect profile. Due to the higher dose, it is projected that such side-effects as sore arms and slight temperature may be more frequent. Study results will probably not be available until next year. The ACIP (Advisory Committee on Immunization Practices - (a CDC standing committee)) has not expressed a preference for the high dose vaccine in persons 65 and older. The Health Department does not stock it. I presume most practitioners and commercial vendors will not stock it this year. All-in-all, waiting to see the outcome of the studies now underway would seem prudent.

It is predicted that the 2009 H1N1 influenza strain will replace the previously seen H1N1 strain from prior years. Thus, the vaccine this year includes the 2009 strain, plus an H3N2 and B strains. All these viruses are currently projected to cause a similar illness in most unvaccinated people and often be mild.

Current information indicates no changes to antiviral resistance compared to last season. Thus, the same considerations apply to the use of backup medications.

Influenza testing and surveillance will resume a more routine approach this year. Outbreak activities will focus on healthcare settings such as hospitals and nursing homes and on containment of outbreaks.