



*4th Working Together for Quality and
Service Conference*

Infection Prevention ...

Protect Our Patients, Protect Our Health

October 7, 2009

The Times Center





Agenda

- Questions and Fun Facts
- Educational Session-What's the Latest Information?
 - A Look at the Flu Season
- Break
- Panel Discussion
- Lunch
- Success Stories from IPC Hospitals
- Educational Session-Environmental Cleanliness
- Preparing for Infection Prevention Week & Closing Remarks





Infection Prevention Conference

1199SEIU Training and Employment
Funds

October 7, 2009

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Chief, Infection Prevention

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Importance of Vaccination





Influenza

- 226,000 hospitalizations
- 36,000 deaths
- Number of influenza deaths is increasing!
- 50% of infected persons don't have symptoms
- Contagious before you are sick





Influenza Immunization

- Unvaccinated healthcare workers have been sources of healthcare-associated outbreaks
- <40% of healthcare workers get immunized
- 30% healthcare workers infected





Influenza Vaccine is Safe

- 1990 – 2005
- 750 million doses
- When seasonal influenza vaccines are used according to licensed indication and usage information they are considered to be safe.
- It is anticipated that the safety profile of licensed influenza A (H1N1) 2009 monovalent vaccine (2009 H1N1 vaccine) will be similar to seasonal influenza vaccines.
 - Serious adverse events after vaccination are uncommon.





Health Care Worker Mandatory Influenza Immunization



- August 13, 2009
 - NY State Hospital Review and Planning Council AND NY State DOH
 - Article 28 of the Public Health Law
- Mandatory Influenza Immunization
 - Hospitals
 - Diagnostic and Treatment Centers
 - Home Health Care, AIDS Home Care
 - Hospices
 - May be amended to include Nursing Home





Health Care Worker Mandatory Influenza Immunization



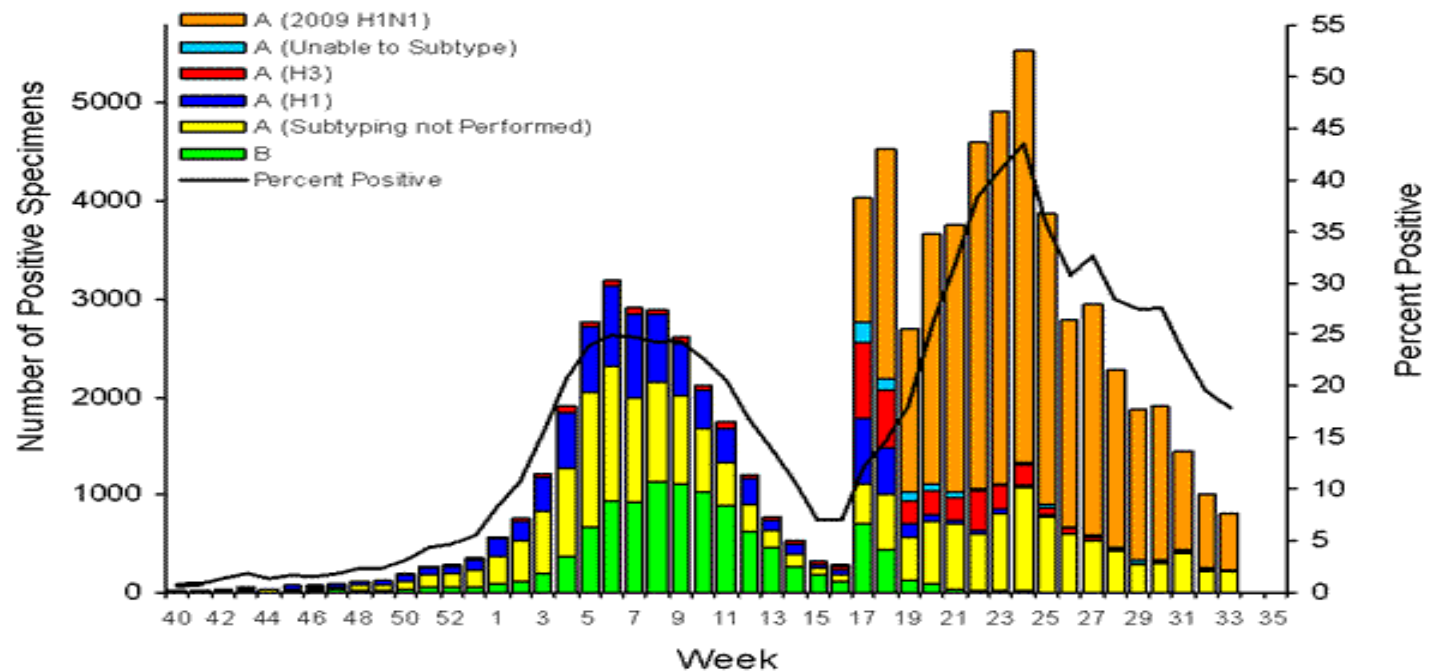
- All personnel affiliated with an organization covered by the regulation
 - Paid or unpaid
 - Direct contact with patients
 - Perform duties that, if they are ill, could infect patients or staff with direct patient contact
- Only exception is medical contraindications to the vaccine





H1N1 Influenza A

Influenza Positive Tests Reported to CDC by U.S. WHO/NREVSS Collaborating Laboratories, National Summary, 2008-09



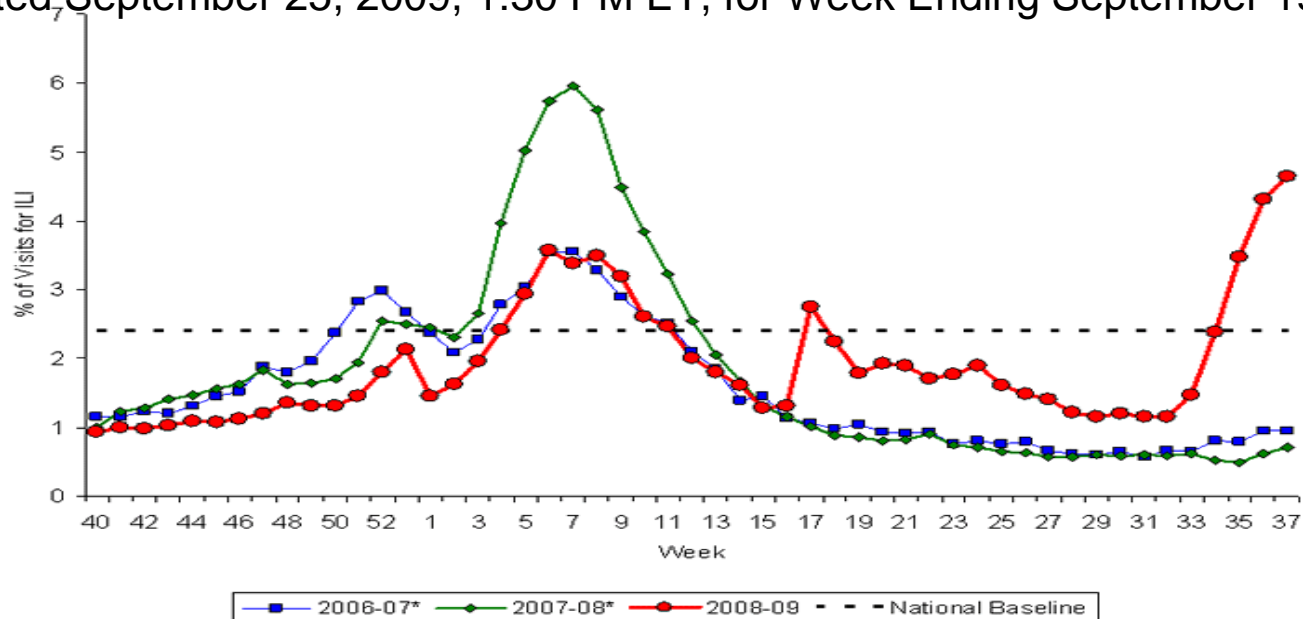
Mostly H1N1





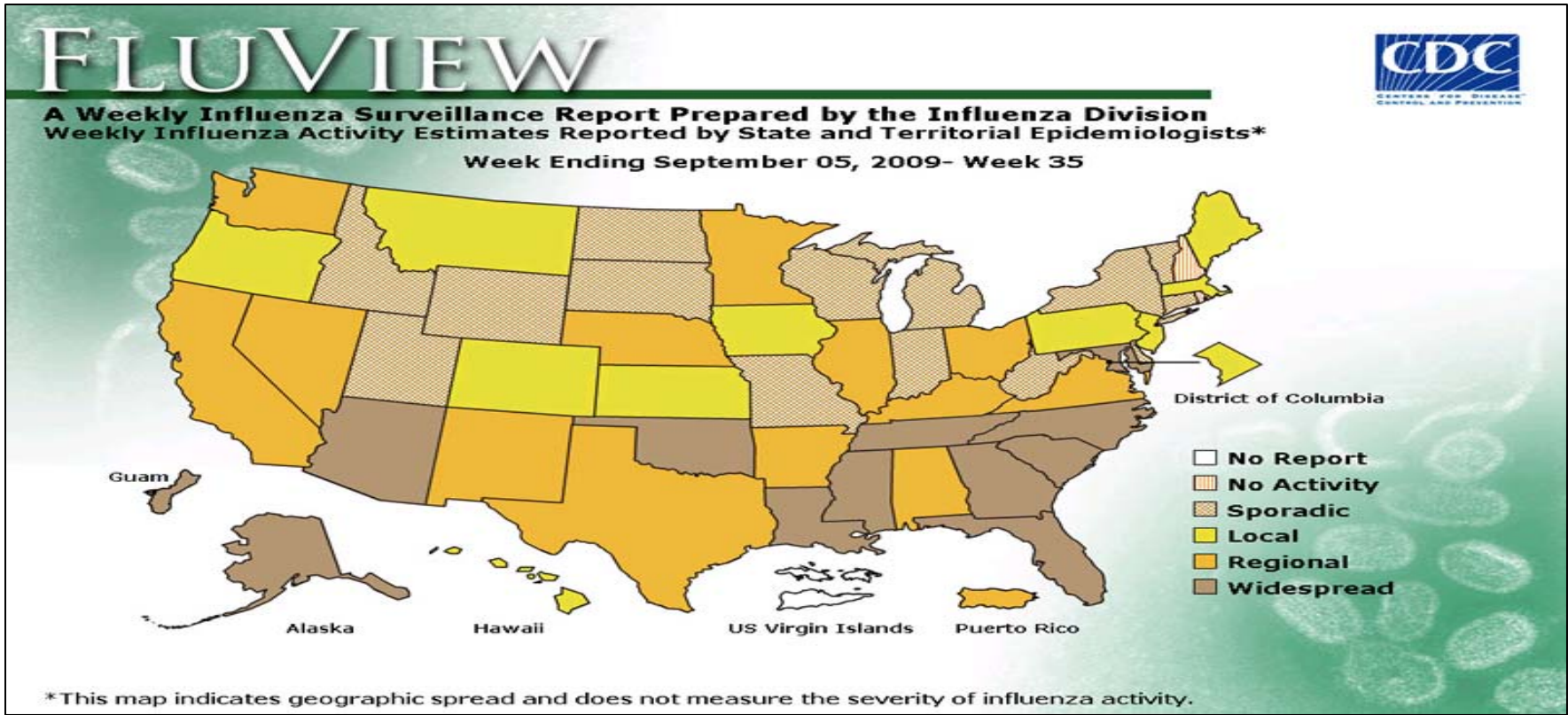
Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), National Summary 2008-2009 and Previous Two Seasons

(Posted September 25, 2009, 1:30 PM ET, for Week Ending September 19, 2009)

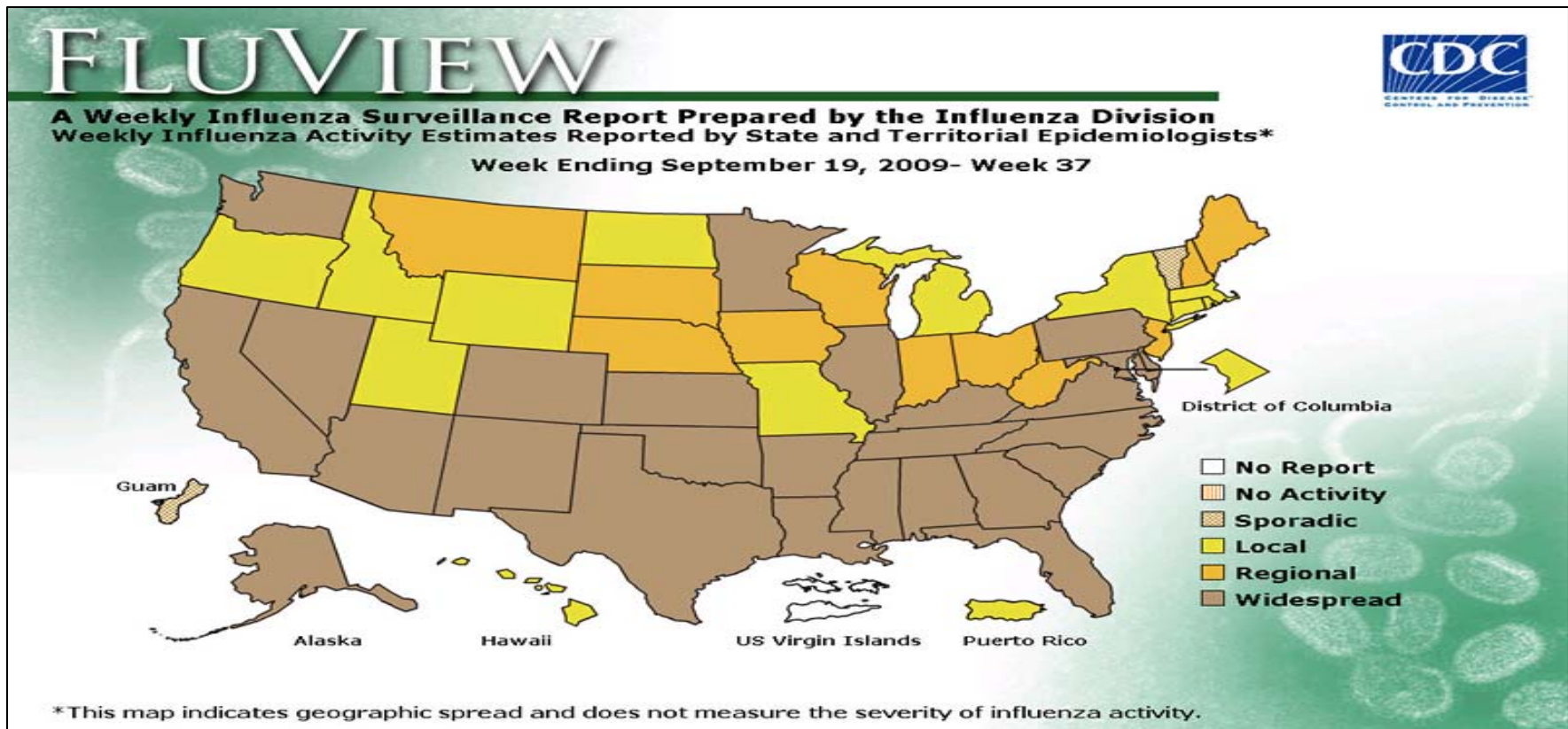


*There was no week 53 during the 2006-07 and 2007-08 seasons, therefore the week 53 data point for those seasons is an average of weeks 52 and 1.





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protect our health



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H1N1 Influenza A in NYC

As of July 8, 2009 in NY City

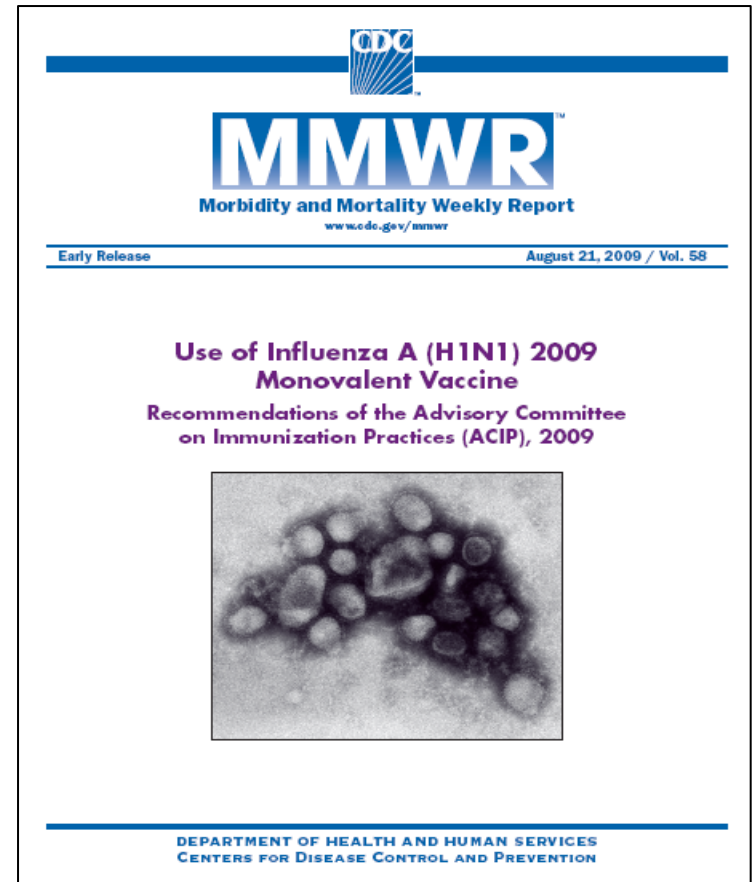
- 800,000 New Yorkers, 10% of the population developed symptoms
- 909 hospitalizations
 - 225 (25%) required ICU care
 - 124 (14%) required intubation
 - Median age of 21
 - 393 (43%) < 18 years of age
 - 76% with risk factor for complications
 - 45 (5%) deaths
 - Asthma
 - Diabetes
 - Heart Disease
 - Immune Deficiency





Influenza Vaccination

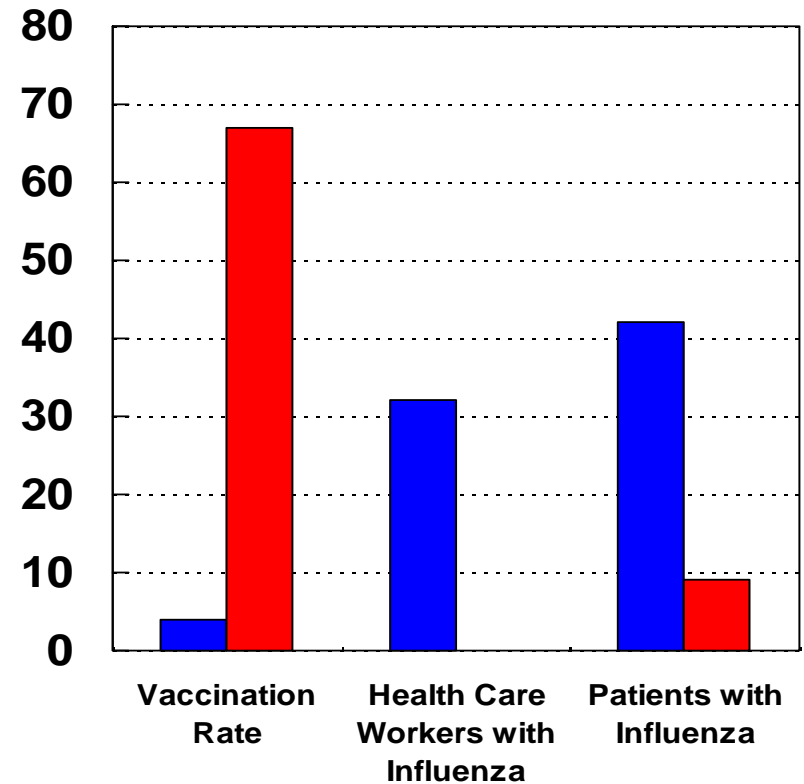
- Seasonal Trivalent Vaccine
 - A/Brisbane/10/59/2007 (H1N1)-like
 - A/Brisbane/10/2007 (H3N2)-like
 - B/Brisbane/60/2008-like
- Influenza A (H1N1) 2009 Monovalent Vaccine





Needs and Benefits

- Confirmed influenza outbreaks in NYS hospitals and LTCFs
 - 70 facilities
 - 663 patients/residents
 - 158 staff





Influenza Vaccine Efficacy

- 90% effective in preventing illness in young, healthy adults
- 60% effective in preventing illness in adults \geq 60 years of age
- Reduced risk of hospitalization for:
 - Heart disease (reduction of 19%)
 - Stroke (reduction of 19%)
 - Pneumonia or influenza (reduction of 30%)
- Risk of death from all causes reduced by 50%





Guillain-Barre and Influenza Vaccines

- A/New Jersey/1976 Vaccine (different virus than H1N1)
 - National Immunization Program suspended when preliminary data suggested an increased risk of GBS among those vaccinated and threat of pandemic passed
 - Attributable risk of GBS 1 case per 100,000 persons vaccinated
 - Whole virus vaccine
- Subsequent influenza vaccines have not found a consistent association with GBS
- When found the attributable risk has been small
 - < 1 case per 1,000,000 persons vaccinated
- Subunit vaccine



Health Care Worker Mandatory Influenza Immunization

- 51 year old oncology nurse in Carmichael, CA died of a co-infection with H1N1 influenza A and MRSA
- Health care worker as well as patient safety issue
- Strong Union Leadership supporting influenza immunization is essential to make this be as successful – and less divisive – as possible

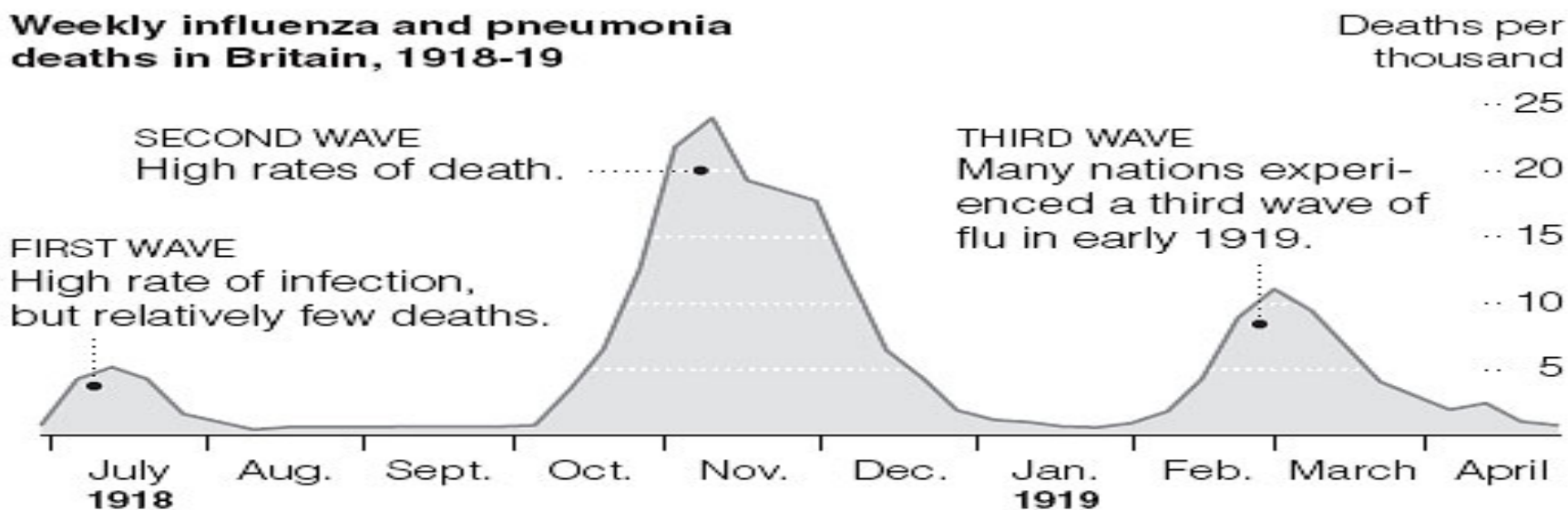




The 1918 Pandemic

The influenza pandemic of 1918 spread across Europe, Asia and North America in three distinct but uneven waves, and was fatal for about 2 percent of those who caught it. Global data is incomplete, but death rates in Britain hint at the severity of the three waves.

Weekly influenza and pneumonia deaths in Britain, 1918-19



Sources: *Emerging Infectious Diseases*; Jeffery K. Taubenberger and David M. Morens

THE NEW YORK TIMES

