

Talking Points- CLINICAL  
H1N1 Influenza Campaign -Joint Information Center

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# Talking Points-CLINICAL

## H1N1 Influenza Campaign -Joint Information Center

### MESSAGE OF THE WEEK

#### **(NEW) Recommended viruses for influenza vaccines for use in the 2010-2011 northern hemisphere influenza season**

The World Health Organization (WHO) convenes technical meetings<sup>1</sup> in February and September each year to recommend viruses for inclusion in influenza vaccines<sup>2</sup> for the northern and southern hemispheres, respectively. This recommendation relates to the influenza vaccines for the forthcoming influenza season in the northern hemisphere (2010 -2011). A

It is recommended that the following viruses be used for influenza vaccines in the 2010-2011 influenza seasons (northern hemisphere):

1. an A/California/7/2009 (H1N1)-like virus;
2. an A/Perth/16/2009 (H3N2)-like virus;\*
3. B/Brisbane/60/2008-like virus.

\* A/Wisconsin/15/2009 is an A/Perth/16/2009 (H3N2)-like virus and is a 2010 southern hemisphere vaccine virus.

For more information, please use following link:- [Recommended viruses for influenza vaccines for use in the 2010-2011 northern hemisphere influenza season - full report \[pdf 63kb\]](#)

### CDC VACCINE ADVERSE EVENTS REPORTING SYSTEM (VAERS)-REPORTS FOR ARIZONA

#### **Arizona VAERS Summary (as of January 22<sup>nd</sup> 2010):**

- There have been more than 2.6 million doses of H1N1 influenza vaccine shipped to healthcare providers in Arizona
- A total of 193 adverse events following H1N1 influenza vaccination in Arizona have been reported to VAERS.
- Fifteen (15) out of 193 (or 0.58 per 100,000 doses of H1N1 vaccine administered) of the VAERS reports were classified as serious. There has been one case of possible Guillain-Barré syndrome and one death.
- The Arizona Department of Health Services will continue to monitor Arizona VAERS reports and work with CDC on analyzing vaccine safety.

#### **US VAERS Summary:**

- Please use this link to review the detailed VAERS report as of January 22<sup>nd</sup> 2010.  
<http://www.azdhs.gov/flu/h1n1/pdfs/vaccine/AZSeriousVAERSSummary.pdf>
- To review weekly updates on National VAERS report , please use following link at the CDC VAERS web site <http://vaers.hhs.gov/index>

## **VACCINE INFORMATION**

### **Vaccine Recall Related Information**

#### **February 2, 2010- Voluntary Non-Safety-Related Recall of Specific lots of Sanofi Pasteur H1n1 Vaccine in Pre-Filled Syringes**

To ensure that its vaccine meets potency standards, Sanofi Pasteur (the manufacturer) is **shortening the expiration period of all its 2009 H1N1 influenza vaccine in pre-filled syringes** that are **not** included in either of the two previous Sanofi Pasteur H1N1 vaccine recalls.

- All lots of Monovalent 2009 H1N1 influenza vaccine in pre-filled syringes manufactured by Sanofi Pasteur, **not included in the two earlier recalls, should now be administered by February 15, 2010 regardless of the expiration imprinted on the package.**
- These actions apply only to the lots of 2009 H1N1 vaccine in pre-filled syringes manufactured by Sanofi Pasteur. . On February 2, 2010, Sanofi Pasteur sent health care providers instructions to return unused vaccine from the affected lots.
- There are no safety concerns with the recalled lots of 2009 H1N1 vaccine and no re-administration of the vaccine is required. All of the 2009 H1N1 vaccine lots successfully passed pre-release testing and additional post-release testing supports the conclusion that there is no cause for concern over safety.
- For details, please review following Q& A:
  1. Non-Safety-Related Voluntary Recall of Sanofi Pasteur H1N1 Vaccine in Pre-filled Syringes Questions & Answers (February 2010)
  2. Non-Safety-Related Voluntary Recall of Certain Lots of Sanofi Pasteur H1N1 Pediatric (0.25 mL, for 6-35 month olds) Vaccine in Pre-Filled Syringes Questions & Answers (December 2009).

#### **On January 29, 2010 Sanofi Pasteur announced that it is voluntarily recalling unused doses of 6 specific lots of Influenza A (H1N1) 2009 Monovalent Vaccine in prefilled syringes due to a slight decrease in potency:**

1. Five (5) distributed lots of single-dose, pre-filled syringe pediatric (**0.25 mL**) vaccine, and
2. One (1) distributed lot of single-dose pre-filled syringe for older children and adults (**0.5 mL**) vaccine.

**CDC Recommendations-**While the potency of these lots is now below the manufacturer's specification for the product, CDC and FDA are in agreement that the small decrease in antigen content is unlikely to

result in a clinically significant reduction in immune response among persons who have received the vaccine. Therefore:

- Parents of children who received vaccine from the recalled lots do not need to take any special actions.
- There are no safety concerns with these lots of H1N1 vaccine.
- There is no need to re-administer a dose to those who received vaccine from these lots.

Providers are asked to return any unused vaccine from the affected lots to the manufacturer as identified by the following lot numbers:

1. **UT023AA, UT023BA, UT023CA, UT023EA, UT023FA** ((NDC # 49281-650-25, which also may be recorded as # 49281-0650-25), 0.25 mL syringes in 10-packs
2. **UT037AA**- (NDC # 49281-650-90, which also may be recorded as # 49281-0650-90), 0.5 mL syringes in 25-packs

**January 7<sup>th</sup> 2010- MedImmune- Influenza A (H1N1) 2009 Monovalent Vaccine Live, Intranasal Expiration Date Update**

- MedImmune Quality Assurance Vice President, Mr. Timothy J. Maines notified all **Distributor/Health Care Professional on January 7<sup>th</sup>** that some lots of Influenza A (H1N1) 2009 Monovalent Vaccine Live,
- Intranasal have a shorter expiration period than that indicated on the label. The following lots are affected by the shorter dating period:

<b>Product Code (NDC)</b>	<b>Lot Number</b>	<b>Labeled Expiration Date</b>	<b>Re-Assigned Expiration Date</b>
66019-200-01 66019-200-05 66019-200-10	500778P	1/29/2010	1/15/2010
	500779P	2/4/2010	1/15/2010
	500780P	2/6/2010	1/15/2010
	500781P	2/10/2010	1/15/2010
	500782P	2/11/2010	1/15/2010
	500783P	2/12/2010	1/15/2010
	500784P	2/14/2010	1/15/2010
	500785P	2/16/2010	1/15/2010
	500796P	2/17/2010	1/15/2010
	500797P	2/19/2010	1/15/2010
	500798P	2/21/2010	1/15/2010
	500799P	2/22/2010	1/15/2010

- These lots should be used by January 15, 2010 as indicated in the table above regardless of the expiration date imprinted on the sprayer. Please see Prescribing Information for indications and usage, dosage and administration, and safety information. MedImmune is conducting this field correction with the full knowledge of the Food and Drug Administration.
- Should you have any questions regarding this information, please contact MedImmune at: 1-877-574-5040. Should you have any medical questions please contact MedImmune at: 1-877-633-4411.

**On December 22, 2009** MedImmune announced that it is voluntarily recalling unused doses of 13 *specific lots* of Influenza A (H1N1) 2009 Monovalent Vaccine Live, Intranasal due to a slight decrease in potency. The slight decrease in potency should not affect how the vaccine works.

- There are no safety concerns with these lots of H1N1 vaccine.
- There is no need to re-administer a dose to those who received vaccine from these lots.
- Parents of children who received vaccine from the recalled lots do not need to take any special actions. As is recommended for all 2009 H1N1 vaccines, all children 9 years of age and younger should get the recommended two doses of H1N1 vaccine approximately a month apart for the optimal immune response. Children less than 10 years old who have only received one dose of the nasal spray vaccine thus far should still receive a second dose of 2009 H1N1 nasal spray vaccine or inactivated 2009 H1N1 vaccine.
  
- MedImmune is sending providers directions for returning any unused vaccine from these lots. Providers who received doses from the recalled lots will receive a letter from the manufacturer, along with directions and prepaid UPS packing labels to return any unused vaccine.
  
- If the county has received doses from these lots which were redistributed to providers, the providers may be directed to call: **1-866-209-9273** to get the UPS prepaid packing labels and packing directions sent directly to them.
  
- Approximately 4.7 million doses in these lots were distributed to providers nationwide. The affected lot numbers are:
  - 500754P
  - 500751P
  - 500756P
  - 500757P
  - 500758P
  - 500759P
  - 500760P
  - 500761P
  - 500762P
  - 500763P
  - 500764P
  - 500765P
  - 500776P
  
- AHDS will be determining how many doses of 2009 H1N1 nasal spray vaccine from the affected lots were distributed to Arizona. The manufacturer's Q&A, letter to the providers and press release are attached.

**December 7<sup>th</sup> 2009- Non-Safety Related Voluntary Recall of Four Sanofi Pasteur Pediatric 2009 H1N1 Influenza Vaccine Lots**

Sanofi Pasteur has issued a voluntary recall of four lots of the 0.25 mL syringes of 2009 H1N1 influenza pediatric vaccines.

There is no safety issue with this recall. Sanofi Pasteur detected a decrease in antigenic content below specified limits that occurred after shipment of the vaccine.

**There is no need to repeat the dose in children who have received vaccine from these lots.** However, all children under 10 years of age still need to have two doses of 2009 H1N1 influenza vaccine with at least 28 days between doses to be optimally protected against infection.

**Do not administer any of the lot numbers listed below:**

**0.25 mL pre-filled syringes, 10-packs (NDC # 49281-650-25, sometimes coded as 49281-0650-25):**

- UT023DA
- UT028DA
- UT028CB

**0.25 mL pre-filled syringes, 25-packs (NDC # 49281-650-70, sometimes coded as 49281-0650-70):**

- UT030CA

Providers are being asked to return any unused vaccine from these lots to the manufacturer.

For further information, please visit: [http://www.cdc.gov/h1n1flu/vaccination/syringes\\_qa.htm](http://www.cdc.gov/h1n1flu/vaccination/syringes_qa.htm)

## **OTHER Vaccine Related Information**

### **FDA Approves A High Dose Seasonal Influenza Vaccine Specifically Intended for People Ages 65 and Older- Accelerated approval process used in vaccine approval**

- On December 23<sup>rd</sup> 2009, the U.S. Food and Drug Administration approved Fluzone High-Dose, an inactivated influenza virus vaccine for people ages 65 years and older to prevent disease caused by influenza virus subtypes A and B.
- People in this age group are at highest risk for seasonal influenza complications, which may result in hospitalization and death. Annual vaccination remains the best protection from influenza, particularly for people 65 and older.
- Fluzone High-Dose was approved via the accelerated approval pathway. As part of the accelerated approval process, the manufacturer is required to conduct further studies to verify that the Fluzone High-Dose will decrease seasonal influenza disease after vaccination. To read the entire text of FDA press release, please use following link:  
<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm195483.htm>

### **Article in the Journal of American Medical Association (JAMA)**

- An article in the December 21, 2009, *Journal of American Medical Association (JAMA)* was released on December 24<sup>th</sup> 2009. “**Immunogenicity of a Monovalent 2009 Influenza A (H1N1) vaccine in infants and children: a randomized trial**” (Nolan et al) describes a study that found that one dose of 2009 H1N1 vaccine stimulated a protective antibody response among most healthy infants and children. CDC has written an editorial in response to this article.
- The editorial summarizes that while most children in the study had an excellent antibody response to one dose, children younger than 10 years of age still had a lower response than older children and adults.

- Experience with seasonal flu vaccines shows that young and previously vaccinated children who receive one dose of vaccine are not as well protected from infection as children who have received two doses of vaccine.

### **For parents**

Parents who request thimerosal free vaccine. CSL pre-filled syringes do not contain thimerosal, but are only available in 0.5mL pre-filled syringes. To vaccinate children ages 6 -35 months, the provider would have to use half of the 0.5 mL pre-filled syringe (0,25 mL) and discard the unused portion. The unused 0.25 mL dose should not be reserved to administer to the same patient at a later time, or be given to another individual. Furthermore, transfer of vaccine content from one syringe to another is not permissible. Therefore, remaining partial doses must be discarded.  
[http://www.cdc.gov/h1n1flu/vaccination/csl\\_guidance.html](http://www.cdc.gov/h1n1flu/vaccination/csl_guidance.html)

### **Seasonal Vaccine**

- Manufacturers produced more seasonal influenza vaccine in 2009 (115 million doses) than in any previous year. Prior to 2009, 110 million does was the highest single-year yield.

### **H1N1 Vaccine Information**

- Adults and older children need only one dose. Children 9 and younger should get two (2) doses of 2009 H1N1 Influenza vaccine about a month apart that contains ½ the dose used for older children and adults.
- People with a severe, life-threatening allergy to eggs or another substance in the vaccine should not get 2009 H1N1 influenza vaccine.
  - Tell your doctor if you've had a life-threatening allergic reaction after a dose of seasonal flu vaccine, or Guillain-Barre Syndrome (GBS).
  - Some inactivated 2009 H1N1 Influenza vaccines contain a preservative called thimerosal, which some claim might be related to autism. A 2004 review by the Institute of Medicine and other studies have found no association between thimerosal and autism.
- A vaccine, like any medication, could cause a severe allergic reaction
  - Life-threatening allergic reactions to vaccines are rare. If they do occur, it is usually within a few minutes to a few hours after the vaccination.
  - Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, rapid heartbeat, or dizziness.
  - At the sign of any unusual condition, such as a high fever or behavior change, call a doctor or get the person to a doctor right away.

### **2009 H1N1 Inactivated Influenza Vaccine**

Inactivated vaccine contains killed flu virus and is injected into the muscle like the annual flu shot.

- The virus in inactivated 2009 H1N1 vaccine is dead, so you cannot get influenza from the vaccine.
- Inactivated 2009 H1N1 vaccine may be given at the same time as seasonal influenza vaccine.
- The Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO) recommends 2009 H1N1 Influenza inactivated vaccine for:
  - Pregnant or breastfeeding women;
  - People who live with or care for infants younger than 6 months of age;

- Health care and emergency services personnel;
- Anyone 6 months to 24 years of age; and
- Anyone ages 25 to 64 with a chronic health condition or compromised immune system.
- The risks from 2009 H1N1 inactivated vaccine are expected to be similar to those from seasonal vaccine.
  - If problems occur, they usually begin soon after the shot and last one to two days.
  - Mild problems include soreness, redness, tenderness or swelling in the area of the vaccination, headache, muscle aches, fever, nausea, fainting (mainly in adolescents).

### **2009 H1N1 Influenza Live Attenuated Intranasal Vaccine (LAIV)**

- Live, attenuated intranasal vaccine (LAIV) is sprayed into the nose.
  - The virus in LAIV is attenuated (weakened); it will not cause illness.
- 2009 H1N1 LAIV and seasonal LAIV should not be given together.
  - Tell your doctor if you've had any other vaccine within the past month or plan to get any within the next month.
- The World Health Organization (WHO) has approved LAIV for healthy people ages 2 to 49 years old. WHO also recommends that healthy people ages 25 to 49 years old that live or care for infants under 6 months old, or are health care or emergency medical workers get vaccinated
- LAIV should not be given to:
  - Children younger than 2 years old;
  - Children younger than 5 years old who have asthma or one or more episodes of wheezing in the past year;
  - Children or adolescents on long-term aspirin treatment;
  - Adults 50 years and older;
  - Pregnant women;
  - People with a weakened immune system; and
  - People with long-term health conditions, including:
    - Heart disease,
    - Lung disease,
    - Asthma,
    - Kidney or liver disease,
    - Metabolic disease such as diabetes,
    - Anemia and other blood disorders.
  - Anyone with a certain muscle or nerve disorder like cerebral palsy that can lead to breathing or swallowing problems
  - Anyone in close contact with a person with severely weakened immune system and who requires care in a protected environment.

- The risks from 2009 H1N1 LAIV are expected to be similar to those from seasonal LAIV.
  - Mild problems include runny nose, nasal congestion, cough, headache, occasional diarrhea or vomiting, and fever in children and adolescents ages 2 to 17.
  - Mild problems include cough, chills, headache, sore throat and nasal congestion in adults ages 18 to 49.

## H<sub>1</sub>N<sub>1</sub> AND PNEUMOCOCCAL PNEUMONIA

- During the 2009-2010 influenza seasons, pneumococcal vaccines can be useful in preventing secondary pneumococcal infections and reducing illness and death among those infected with influenza viruses.
- All children younger than 5 years of age should continue to receive pneumococcal conjugate vaccine (PCV7) according to existing recommendations.
- CDC's Advisory Committee on Immunization Practices (ACIP) recommends a single dose of pneumococcal polysaccharide vaccine (PPSV) for all people 65 years of age and older and for persons 2 through 64 years of age with certain high-risk conditions. **High-risk conditions include:**
  - For those 19 through 64 years of age: having asthma or smoking cigarettes.
  - For those 2 through 64 years of age:
    - chronic cardiovascular disease (congestive heart failure and cardiomyopathies),
    - chronic pulmonary disease (including chronic obstructive pulmonary disease and emphysema),
    - diabetes mellitus, alcoholism, chronic liver disease (including cirrhosis),
    - cerebrospinal fluid leaks,
    - cochlear implant,
    - functional or anatomic asplenia including sickle cell disease and splenectomy
    - immunocompromising conditions including HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure, nephrotic syndrome;
    - those receiving immunosuppressive chemotherapy (including corticosteroids); and
    - Those who have received an organ or bone marrow transplant, and residents of nursing homes or long-term care facilities.

## 2009 H1N1 AND DIABETES

- November is the American Diabetes Awareness Month; people with diabetes are at much increased risk for H1N1 complications.
- If you have diabetes and develop signs and symptoms of ILI, please contact your provider; and please get vaccination- both seasonal flu and H1N1 flu vaccination.
- CDC recommends that diabetic patients are also vaccinated against pneumococcal infections.

## PREGNANT WOMEN

- The 2009 H1N1 flu is causing severe complications for pregnant women.
- It is strongly recommended that pregnant women get both the 2009 H1N1 and seasonal flu vaccines.
- At the first signs of flu, pregnant women should call their health care provider; treatment options are available.
- A vaccinated, pregnant woman can extend protection to her unborn child from birth to 6 months.
- Flu spreads through close contact. Breast milk is safe for your baby but breastfeeding is considered close contact.
  - If you're sick, express your milk and ask someone who is healthy to feed your baby. If that isn't possible, wear a mask while you breast feed and care for your baby.
- Families can protect expecting mothers by getting vaccinated and limiting contact; including kissing and hugging. People can be contagious before they show symptoms.

## ANTIVIRAL MEDICATION

- CDC and US Department of Health and Human Services has issued questions and answers for opening and mixing Tamiflu® Capsules with liquids if child cannot swallow capsules- Questions and Answers – please visit [http://www.flu.gov/individualfamily/prevention/medicine/tamiflu\\_mixing\\_qa.html](http://www.flu.gov/individualfamily/prevention/medicine/tamiflu_mixing_qa.html)
- For additional information see:
  - [Video of Opening and Mixing Tamiflu® Capsules with Liquids if Child Cannot Swallow Capsules](#)
  - [CDC: Caregiver Instruction Sheet: Opening and Mixing Tamiflu® Capsules with Liquids if Child Cannot Swallow Capsules](#)
- **Authorization of Use for Certain Lots of Expired Tamiflu and Relenza.** The following links contain information about FDA's authorization to use 18 lots of Tamiflu Capsules and 3 lots of Relenza Inhalation Powder beyond their expiration dates.

### Updated web pages with the authorized lots

- FDA “Stockpiled Antiviral at or Nearing Expiration” page <http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm154962.htm>
- FDA “Influenza (Flu) Antiviral Drugs and Related Information” page <http://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm100228.htm#Stockpile>
- **The Tamiflu Letter of Authorization and both fact sheets:** <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm107838.htm>
- **The Relenza Letter of Authorization and both fact sheets:** <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm183783.htm>

- The EUA Questions and Answers:  
<http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm153228.htm>
- US Food and Drug Administration (FDA), under Emergency Use Authorization (EUA) terms and conditions, have authorized the use of intravenous (IV) peramivir for certain hospitalized and critically ill patients with suspected or confirmed 2009 H1N1 influenza.
- Intravenous peramivir has been authorized for patients not responding to either an oral or inhaled antiviral therapy or patients without a dependable oral or inhaled route of drug delivery (e.g. patients unable or unlikely to absorb oseltamivir due to ileus or high nasogastric tube output).
- Clinicians should carefully review the healthcare provider fact sheet on IV peramivir on the CDC website. This fact sheet also includes the terms and conditions of the EUA and safety and efficacy data on peramivir.
- Antiviral drugs are prescription medicines (pills, liquid or an inhaled powder) that fight against the flu by keeping flu viruses from reproducing in your body.
- Antiviral drugs can make illness milder and shorten the time you are sick. They can also prevent serious flu complications.
- For treatment, antiviral drugs work best if started within the first 2 days of symptoms.
- It's important for the public to remember that most people sick with 2009 H1N1 influenza have recovered without medical care or antiviral drugs, and the same is true of seasonal flu.
- The priority use for antiviral drugs this season is to treat people who are very sick (hospitalized) or people who are sick with flu-like symptoms and who are at increased risk of serious flu complications, such as pregnant women, very young children, people 65 and older and people with chronic health conditions.
- The FDA warned consumers to use extreme care when purchasing any products over the internet that claim to diagnose, prevent, treat or cure the H1N1 influenza virus. Patients who buy prescription drugs from web sites operating outside the law are at increased risk of suffering life-threatening adverse events, such as side effects from inappropriately using prescription medications, dangerous drug interactions, and impure ingredients found in unapproved drugs.
- Updated interim recommendations from CDC for the use of antiviral medication includes women up to 2-weeks postpartum as a priority group. Priority use of antiviral medications during this flu season continues to be for people who are hospitalized with influenza and those at increased risk of influenza related complications.

Additional recommendations include weight based dosing of oseltamivir (antiviral) for children younger than 1-year old (preferred), particularly for premature or underweight infants.

### **First antiviral resistant case of 2009 H1N1 virus identified in Arizona**

- On November 20, 2009 an oseltamivir-resistant 2009 H1N1 virus was identified in an isolate from a severely immunosuppressed patient who was receiving oseltamivir therapy. This is the first case of antiviral resistant 2009 H1N1 virus identified in Arizona. The patient received multiple courses of Tamiflu, and likely developed antiviral resistance, instead of acquiring an antiviral resistant strain from someone else.
- Limited influenza antiviral resistance testing is available at CDC for patients who meet following criteria:

1. Patient is either in ICU or severely immunosuppressed
2. Patient has confirmed 2009 H1N1 infection
3. Patient received 5 day course of antiviral therapy
4. No signs of clinical recovery
5. Persistent influenza A documented (by PCR, DFA, Rapid Influenza Test, etc)
6. Testing results will alter clinical care

Testing at CDC is considered on a case-by-case basis. Please contact your local health department if you have a patient that meets the testing criteria

## **MISCELLANEOUS H1N1 RELATED INFORMATION**

### **Abbreviated Pandemic Influenza Plan Template for Primary Care Provider Offices**

With the emergence of the 2009 pandemic H1N1 influenza (pH1N1), the importance of the primary care provider's (PCP) role in the community healthcare system has become increasingly evident. Often serving as the entrance into the healthcare system, PCP offices are likely to play a large role in alleviating surge on the hospital emergency department. As such, PCP offices should integrate their pandemic influenza plans into their community's plan. However, anecdotal evidence has shown that many PCP offices lack these plans.

The **Abbreviated Pandemic Influenza Plan Template for Primary Care Provider Offices** is a planning tool developed based on input from stakeholders (PCPs, PCP office managers, hospitals, local and state public health departments, and local and state emergency management agencies) during a CDC-sponsored meeting in August 2009. It is intended to assist PCPs and office managers with preparing their offices for quickly putting a plan in place to handle an increase in patient calls and visits, whether during the 2009-2010 influenza season or future influenza seasons.

For complete information please use the following link: [Abbreviated Pandemic Influenza Plan Template for Primary Care Provider Offices: Guidance from Stakeholders \(PDF\)](#)

## **WEBSITES AND PHONE NUMBERS**

- Flu.gov (general info and flu shots in AZ)
- Stopthespread.org or [www.EviteElContagio.org](http://www.EviteElContagio.org)
  - (entry to county, state, fed websites about flu)
  -
- Fluaz.org (flu shots in AZ)

### **Phone number**

- Arizona Flu Hotline (877) 764-2670