



AAP-CA3 Infectious Disease Committee Tuesday, October 6, 2009 AAP-CA3 Conference Room at 6pm Meeting minutes

Attending: Loubaba Adlouni MD, Eyla Boies MD, Pradeep Gidwani MD MPH, Megan Kennedy, Meredith Kennedy, Michelle Leff MD, Rich McNeal MD, Mark Sawyer MD (Chair), Dean Sidelinger MD MEd, Howard Taras MD and Joe Zwass, MD.

- I. Introductions
- II. Updated on communication strategies for ID Committee
 - a. Email Communications – the group agreed email is the primary mode of communication.
 - b. Potential for ID Committee page on Chapter website – the group suggested the page should include links to existing information at credible sites such as the CDC; City and County websites; national AAP; clinics that will immunize via www.sdiz.org. The website can also include information on vaccine availability and supplies. Hot topics such as H1N1 and items specific to the San Diego area. The website could also include a map of personal beliefs – rates by school district, zip code with high and low school vaccination rates. Information about MRSA and increasing parental awareness. The website could also include an FAQ for physicians (Dr. Bradley's/Germ Committee handout). The group suggested seeking permission from Rady Children's to post the 'Antibiotic Gram.' Other FAQ of interest – HPV vaccination.
 - c. ID-related resources (e.g. CAHAN, County Influenza Watch, California DPH Influenza Update – the group suggested we publicize these groups to the AAP-CA 3 memberships including information on how to use SD CAHAN.
 - d. Other communication strategies – establish a mechanism for approving recommendations (i.e. The AAP-CA 3 Infection Disease Committee recommends....). ID newsletter brief to include in Coastal Currents.
- III. Continued discussion on committee purpose and activities – to review cases and to serve as a two way communication flow from pediatricians' offices to ID committee and back.
- IV. Influenza
 - a. Update on disease activity – there has been widespread activity through California. There has been increased influenza in the south east and south of the border. The rapid flu test does not tell MDs much, a positive result indicates the patient has influenza A. Mark emphasized that MDs should act on the presenting clinical picture of the patient. Lab testing is reserved for hospital cases, deaths, clusters and health workers. For mild flu conditions, it is advised patient stay home. AAP recommends MDs treat moderate to severe patients (with respiratory distress, trouble maintaining fluids, etc..)
 - b. Discussion on guidelines for use of antiviral therapy treatment and prophylaxis – there is no shortage of Tamiflu, although there is a small supply of pediatric Tamiflu. Pharmacists can extract/compound adult Tamiflu for pediatric use. It would be useful to have a list of pharmacies that will compound. Howard mentioned the possibility of having pharmacy students conduct a survey of local pharmacies. The committee would like to share the list with

colleagues. If a child has been vaccinated, but still gets sick, it is recommended the child be treated. County Immunization Watch monitors other flu strains – it is useful to check for updates regularly.

c. Status of seasonal vaccine supply – shortage

d. Update on H1N1 vaccine plans

- i. Vaccine availability – the vaccine has been shipped and the supply will follow typical production and shipping. There may still be periodic shortages. H1N1 vaccine will be readily available by mid-October. The first tier of those eligible for the vaccine include healthy individuals age 2-18 years old, household contacts of children under 6 months of age, and pregnant women. 80 providers will also be getting the vaccine this week (Oct 6-13th). Community resources for information include: www.sdiz.org and 211 San Diego.
- ii. Vaccine recommendations – no change in vaccine recommendations. There is an ACIP meeting at the end of October – where the members may vote to revise dosing. The H1N1 vaccine can be given at the same time as seasonal flu vaccine provided they are both injected, or one is injected and one is nasal. Two nasal doses of these vaccines may not be effective. For two nasal doses to be effective there should be spacing of 4 weeks. The group asked Dean to have the county produce a formal message to providers and patients about the safety of the H1N1 vaccine – that it is the same as other flu vaccines, same manufacturers and same process – had we seen H1N1 earlier in the season it would've been combined with the seasonal flu vaccine.
- iii. School-based immunization efforts – schools may serve as vaccination site for many kids. The schools are working through legal contracts to provide this service. Parent permission would be required. SDUSD's Horton school may be the first site for school immunizations. All vaccinations given at schools will be entered into the IZ registry (SDIR), though there may be a bit of lag time. If a family opts to have their record sealed, the child will need to present their card. H1N1 vaccine will come with a card for record keeping. Dean also mentioned potential vaccination clinics throughout the county that may begin in November, or once there is ample vaccine available.

e. Mandatory healthcare worker vaccine policies in local hospitals – both the seasonal and H1N1 vaccines.

V. Flu/School issues: Recommendations on which students with flu symptoms need to be sent to doctors, new surveillance technology, and eliciting from committee if there are any community-based MD concerns with school-based flu vaccine programs. (Taras) – SDUSD created a handout for school nurses and administrators about how to treat and triage cases of flu this season. The group would like to adapt this letter for pediatricians, pediatric triaging nurses & staff, and parents. Howard and Dean will work together on this effort. Of note: if returning to an area with high risk individuals, the recommendation is to keep the infected child away.

VI. Interesting cases – please bring cases to discuss at the next meeting.

vii. Next meeting date – Monday, November 16th at 6:30pm at the AAP offices.