

SURVIVING FLU SEASON IN THE WAKE OF THE VACCINE SHORTAGE

The recent, unexpected decision by British regulators to shut down a major flu-shot supplier has left the United States with only half the expected supply of vaccine – just as flu season begins. This edition of *ALERT* provides the latest information on the vaccine crisis and offers suggestions to help reduce influenza-associated risks for hospitals with skilled care units, all long term care facilities, and clinics with vaccination programs.

Rationing and Legal Sanctions Health officials are currently rationing the 54 million available vaccine doses to those most at risk, including persons ≥ 65 years of age, residents of long term care facilities, and those with chronic underlying medical conditions. However, the government has not impounded existing vaccine supply to enforce the recommendations. The climate of anxiety may result in unscrupulous conduct. As you monitor the shortage situation, beware of these risks:

Looting supplies. If your facility stores its own vaccine supply, make sure it is securely locked. Thefts from medical offices and clinics have been reported.

Flouting the guidelines. Some states are now enforcing flu-shot guidelines with threats of fines or even imprisonment for providers who vaccinate people who do not fall into the high-risk categories.

Price-gouging. Reports have surfaced of price-gouging by suppliers (e.g., offering flu vaccine vials at 4 to 10 times the regular price). Should you hear of such acts, promptly report them to your state attorney general's office.

Targeting Patients, Residents and Staff The Centers for Disease Control and Prevention (CDC) have asked Aventis, another leading supplier of flu vaccine,

to produce additional doses or to alter its distribution plan so that those individuals at greatest risk of death or hospitalization from influenza are served first. As of this writing, Aventis reportedly plans to distribute about 14.2 million doses of its flu vaccine over the next six to eight weeks to high-priority vaccine providers, including extended care settings. You can monitor further developments on the CDC's Web site at www.cdc.gov.

Healthy staff members may wish to consider taking MedImmune Inc.'s FluMist, an inhaled flu vaccine. Approximately one million doses of this vaccine, which is made from live but weakened influenza virus, are available for healthy 5 to 49 year-olds. Encourage staff to discuss this option with their physician. There are also proposals to extend the supply by diluting available vaccines, in the belief that a weakened vaccine is better than none at all – at least for healthy individuals in a high-risk environment.

Antiviral Treatments Remind staff that antibiotics work only against bacteria, not viruses such as influenza, and that improper use of antibiotics results in more resistant germs. Antivirals are the only drugs shown to be effective against the flu; however, they are not a substitute for influenza vaccination. Four antivirals are available, each of which are prescription drugs and should be administered within 48 hours of onset. The newest is oseltamivir, sold under the brand name Tamiflu. The others are zanamivir (Relenza), amantadine (Symmetrel) and rimantadine (Flumandine). Three of the antiviral drugs (amantadine, rimantadine and oseltamivir) have been approved by the Food and Drug Administration for flu treatment.

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Critical Decision-Making With a limited supply of flu vaccine, now is the time to devise strategies for managing and containing a flu outbreak in your facility. Early and decisive interventions should include:

- a plan for who will receive the rationed vaccinations, based on high-risk categories only
- mandatory and documented in-service training on infection control procedures, clinical care guidelines for flu management and how to prevent the transmission of flu from staff to patient/resident
- written guidelines for screening and testing epidemic numbers of suspected influenza victims
- provisions to maintain essential staff in the event of widespread outbreak, e.g., exploring supplemental staffing through *per diem* registry and/or agency options
- a review of human resource written policy, i.e., indication(s) to furlough staff with suspected exposure to the flu, duration of furlough period, and compensation status therein
- procedures for a coordinated emergency response from fire/EMS, law enforcement, public health and other essential services

Staff preparedness and rapid response to a flu outbreak are necessary to minimize risk exposures. The following proactive measures may help reduce liability associated with an outbreak.

Prepare alert bulletins for patient/resident populations and families instructing them on the vaccine shortage, flu symptoms and risk factors, as well as your facility's plan to limit a potential outbreak. Be sure to include infection control training, such as these prophylactic measures:

- Wash hands frequently with soap and water or use an alcohol-based hand sanitizer before and after touching a patient/resident or anything in their immediate environment.

- Use tissues to contain secretions from coughs and sneezes and dispose of them in a covered trash can. If no tissue is available, cough or sneeze into the upper sleeve, not the hands.
- Never share a patient/resident's personal items such as drinking glasses and utensils.
- Use verbal greetings during the flu season and refrain from handshaking and kissing.

Post signs at all facility entry points instructing patients/residents and visitors to inform staff if they have symptoms of respiratory infection. Prohibit visitors with flu symptoms from entering your facility.

Maintain a log of visitors to assist in contact tracing of infected persons.

Actively screen for influenza all newly admitted patients/residents and create a fever assessment team/clinic in your facility. Cohort influenza patients/residents in designated rooms away from uninfected persons.

Observe droplet precautions for patients/residents with unexplained febrile respiratory symptoms. This involves separating these patients/residents from others, wearing a mask when providing care for them and requiring them to wear a mask when leaving their rooms.

Monitor all staff absenteeism and illness for links to influenza. Institute daily checks to evaluate possible flu symptoms in staff members that are coughing and/or sneezing. Require the wearing of face mask and gloves if the staff member remains in the care setting.

The flu vaccine shortage gives new urgency to these health measures. You're encouraged to use the current crisis as an opportunity to educate staff, patients/residents and their families about flu prevention and the importance of controlling wide-spread community outbreak.

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