



**Rod Bremby,**  
**Secretary of the Kansas Department**  
**of Health and Environment**

**Sandy Praeger,**  
**Commissioner of Insurance**



Aug. 24, 2009

Dear Kansas State Health Insurer:

The coming influenza season will likely be a challenging one for all of us, in particular because of the potential for pandemic H1N1 influenza A to cause widespread disease.

Because we believe that coordinated efforts by all sectors will help to minimize the impact of influenza on the state and its economy, the Kansas Department of Health and Environment (KDHE) and the Kansas Insurance Department (KID) are asking for your assistance in responding to the pandemic.

The novel H1N1 virus, a new strain of influenza A, first appeared in Kansas in late April. It has remained active throughout the state during the summer, and case counts here could accelerate substantially this fall and winter. Health insurers will play a critical role in facilitating access to treatment and vaccinations. Your involvement is also essential in educating your insureds and participating health care providers about flu prevention strategies and treatment options.

The pandemic has already had a tremendous impact in Kansas and across the country. The federal Centers for Disease Control and Prevention (CDC) estimates that infections have already occurred in over one million people nationwide. In Kansas, KDHE estimates that at least 10,000 Kansans have already been infected with the novel H1N1 influenza A virus. In addition:

- Viral activity has been confirmed in 50 of the state's 105 counties
- The vast majority of cases have suffered relatively mild illness
- At least 30 persons have been hospitalized and one patient has died
- The average age for confirmed cases is 17 years, with approximately 80 percent of cases occurring in persons under 35 years of age

Current flu activity in Kansas, as in the rest of the United States, is unusually high for the summer months. Nearly every sub-typed influenza A isolate is now the pandemic H1N1 strain.

While it is not possible to predict exactly what the pandemic virus will do next, recent experience in the Southern Hemisphere and elsewhere suggests that an escalation in cases will occur in the coming months. As many as 20-40 percent of the population in Kansas (between 550,000 and 1.1 million individuals) may become infected in the next two years, with many cases compressed into

“waves” of infection lasting several weeks. These pandemic waves may put considerable stress on the state’s health care system, particularly hospital emergency departments and ambulatory clinics. In addition, the pandemic may cause significant increases in absenteeism, stretching the ability of Kansas businesses, schools and other worksites to function normally.

With only a few exceptions worldwide, the pandemic H1N1 strain remains sensitive to the antiviral medications Oseltamivir (Tamiflu) and Zanamivir (Relenza). At the moment the private supply chain in Kansas is able to meet the demands for these drugs, without the need to draw from the state’s share of the Strategic National Stockpile. However, this could change with a rapid escalation of cases, at which point KDHE will issue instructions on the dispensing of antivirals from the stockpile.

As you may be aware, a monovalent H1N1 vaccine is currently in production, with the initial distribution to states likely to occur as early as late September. It is our expectation that administration costs will be covered for this vaccine by private health insurers in the same way that you pay for other immunization visits, including those for the seasonal flu vaccine. At this point it appears that two doses will be required for most age groups.

The priority groups to receive the H1N1 vaccine are different from those traditionally targeted to receive the seasonal flu vaccine. Based on a careful assessment of the epidemiology of disease caused by the novel virus, the federal Advisory Committee on Immunization Practices has recommended that initial vaccination efforts be focused on five key populations:

- All people 6 months through 24 years of age
- People who live with or care for children younger than 6 months of age
- All pregnant women
- Health care and emergency medical services personnel, and
- People aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.

Early immunization of these priority groups offers the best hope of reducing the impact of the pandemic on everyone. Once demand for vaccine in these prioritized groups has been met, providers will be able to offer the vaccine to everyone aged 25 to 64 years. As supply increases further, H1N1 immunization can be extended to persons over 65 years of age.

The importance of immunization against seasonal flu is in no way diminished by the recent focus on pandemic H1N1 disease. Seasonal flu vaccine is already becoming available in Kansas and we strongly encourage all Kansans, particularly those traditionally at high risk for serious complications from seasonal flu, to get immunized earlier than usual this year. However, the seasonal flu vaccine does not protect against novel H1N1 flu.

As stated above, while the direct cost of the H1N1 vaccine supply is being borne by the federal government, the cost of administering the vaccine will need to be addressed for the vaccination campaign to be successful. Since the recommended novel H1N1 vaccination schedule is likely to

require two or more health care provider visits, it is important that costs to health care providers for vaccine administration are not passed on to patients, creating a financial barrier for them to participate in the vaccination effort.

In an effort to minimize the negative public health, infrastructure, and financial impacts of this potentially deadly disease, KDHE and KID strongly encourage all private health insurers to work with us to prepare for this influenza season by assuring that all Kansans have access to needed care and treatment. We believe that this will best be achieved by attaining the following goals:

- Ensure that as many Kansans as possible are vaccinated against H1N1 influenza. In order to achieve this goal we ask that you review your programs and internal policies to address coverage for administration of the H1N1 vaccine. While the actual vaccine will be provided free of charge, costs associated with administration will impact health care providers who administer the vaccines. Appropriate reimbursement of health care providers is critical to ensure that there are no financial barriers to providers' participation in the vaccination program.
- Ensure that as many Kansans as possible are vaccinated against seasonal influenza. This goal will also be achieved by reviewing your programs and internal policies to address coverage for purchase and administration of seasonal influenza vaccine, particularly for persons who, because of age or underlying chronic conditions, are at greater risk of severe disease and death. By limiting the impact of seasonal influenza with this proven cost-effective prevention tool, we will be able to preserve as much health care capacity as possible in the event of widespread, severe H1N1 disease.
- Review and augment drug coverage and formulary requirements to ensure access to the neuraminidase inhibitors Oseltamivir (Tamiflu) and Zanamivir (Relenza). Ensuring that your members are provided with coverage for these medications, while preserving access to these and other medications for seasonal influenza, will assist in the effective treatment of those who are ill (shortening the length and minimizing the severity of the illness) and help prevent disease and hospitalization in those defined as high risk (e.g., persons with asthma, diabetes and other underlying chronic health conditions).
- Consider additional actions to plan for an active fall influenza season including:
  - Providing educational information to your enrolled members and health care providers covering influenza fundamentals (e.g., signs and symptoms of influenza, modes of transmission) and personal and family protection strategies (e.g., hand and respiratory hygiene, cough etiquette, environmental cleaning, social distancing, and contingency plans).
  - Developing a plan to communicate pandemic-related changes in policies to enrollees, employers, employers, plan sponsors, network providers, business associates, regulators, other clients, and the media.
  - Establishing dedicated toll-free hotlines, dedicated websites, recorded messages or

other methods for communication with health care providers, hospitals, employers/purchasers, clients, customers, vendors and suppliers during a pandemic.

- Staying well informed and coordinating your responses with KDHE and KID. Information about H1N1 will likely change over time, and KDHE and KID stand ready to keep you up-to-date on important changes or developments. New and updated information will also be provided on the KDHE website, [www.kdheks.gov](http://www.kdheks.gov). Likewise, it is important that you keep us updated on your efforts as well.

We look forward to working productively with you on the issues raised in this letter, as together we ensure the healthiest possible outcomes for all Kansans during the coming influenza season.

Sincerely,



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Kansas State Health Officer and  
Director of Health  
Kansas Department of Health and Environment



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