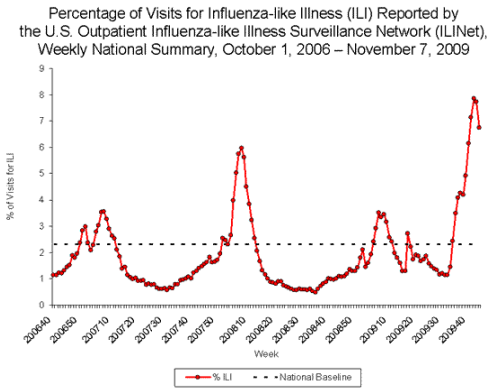
H1N1 Update

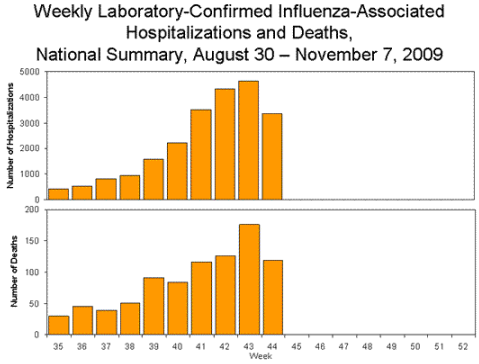
from the Fort Wayne-Allen County Department of Health

November 16, 2009

National Data Synopsis: It's getting better!
During week 44 (November 1-7, 2009), influenza activity decreased slightly in the U.S.

- All subtyped influenza A viruses being reported to CDC were 2009 influenza A (H1N1) viruses.
- The proportion of deaths attributed to pneumonia and influenza (P&I) was above the epidemic threshold for the sixth consecutive week.
- Thirty-five influenza-associated pediatric deaths were reported. Twenty-six of these deaths were associated with 2009 influenza A (H1N1) virus infection, eight were associated with an influenza A virus for which the subtype was undetermined, and one was associated with an influenza B virus infection. Since August 30, 2009, CDC has received 117 reports of influenza-associated pediatric deaths that occurred during the current influenza season
- The proportion of outpatient visits for influenza-like illness (ILI) was 6.7% which is above the national baseline.





FDA Expands Approved Use of H1N1 Vaccines to Include Infants and Children
The U.S. Food and Drug Administration has approved the use of the CSL Limited¿s 2009 H1N1 influenza vaccine to include children ages 6 months and older. This vaccine was previously approved only for use in adults, ages 18 years and older.

CDC Estimates of 2009 H1N1 Cases and Related Hospitalizations and Deaths from April-October 17, 2009, By Age Group (http://www.cdc.gov/h1n1flu/estimates_2009_h1n1.htm)

2009 H1N1	Mid-Level Range*	Estimated Range *
Cases		
0-17 years	~8 million	~5 million to ~13 million
18-64 years	~12 million	~7 million to ~18 million
65 years and older	~2 million	~1 million to ~3 million
Cases Total	**~22 million**	**~14 million to ~34 million**
Hospitalizations		
0-17 years	~36,000	~23,000 to ~57,000
18-64 years	~53,000	~34,000 to ~83,000
65 years and older	~9,000	~6,000 to ~14,000
Hospitalizations Total	**~98,000**	**~63,000 to ~153,000**

Deaths		
0-17 years	~540	~300 to ~800
18-64 years	~2,920	~1,900 to ~4,600
65 years and older	~440	~300 to ~700
Deaths Total	**~3,900**	**~2,500 to ~6,100**

Pneumococcal Vaccination Recommended to Help Prevent Secondary Infections
Summary of 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. Special emphasis should be placed on vaccinating adults under 65 years of age who have established high-risk conditions for pneumococcal disease; ***PPSV coverage among this group is low and this group may be more likely to develop secondary bacterial pneumonia after an influenza infection***. All children younger than 5 years of age should continue to receive pneumococcal vaccine (PCV7) according to existing recommendations.

Interim Guidance: Considerations Regarding 2009 H1N1 Influenza in Intrapartum and Postpartum Hospital Settings (http://www.cdc.gov/h1n1flu/guidance/obstetric.htm)

Summary

Pregnant women who enter the hospital setting with illness from suspected or confirmed 2009 H1N1 influenza virus infection represent a special population warranting clinical management that considers the specific risks that 2009 H1N1 virus exposure poses to the newborn infant.

The location of the mother and newborn should be considered based on postpartum and/or newborn ward configuration and existing infection control policies. As clinically indicated providers should consider a two-step process to manage postpartum and newborn care.

Step 1: Providers should consider temporarily separating the infected mother from the newborn within her room (in an isolette) or in separate rooms until the risk of infectious transmission is reduced, defined as having met ALL of the following criteria:

- The mother has received antiviral medications for at least 48 hours and;
- The mother is without fever for 24 hours without antipyretics and;
- The mother can control cough and respiratory secretions.

Once these criteria are met, the mother and infant can initiate close contact throughout the postpartum period with droplet precautions and the mother can begin infant feedings.

Step 2: Once the mother and infant are able to initiate close contact, the following guidance is offered for mothers immediately prior to feeding and handling the infant in order to protect the newborn from droplet exposure:

- The mother should wash her hands with soap and water;
- The mother should put on a face mask;
- The mother should observe all respiratory hygiene/ cough etiquette guidelines.

These precautions should be followed for 7 days after symptom onset or 24 hours after resolution of symptoms, whichever is longer.Healthy term newborns of infected mothers with suspected or confirmed 2009 H1N1 should be considered exposed, rather than infected, if they are born in the hospital setting following infection control guidelines. These infants should be observed for signs of infection. Unless clinically indicated, these newborns should be cared for with standard precautions whether they are cared for in the mother's room or in the term newborn nursery setting.

Local Epi:

- School absenteeism rates significantly improving.
- We have recommended lifting the visitor restrictions in hospitals and nursing homes

5 Pneumonia Deaths

1 Ages 25-44 1 Ages 45-64 3 over 65 years 1 Influenza

Questions call Deb McMahan, MD