

Eastern Michigan University – Emergency Management  
2009 Influenza A (H1N1) Situation Report

**Situation Update #17**

**Date: 26 October 2009**

**Time: 4:00pm EDT**

**President Obama Signs Emergency Declaration for H1N1 Flu**

On October 24<sup>th</sup>, in an effort to proactively address the ongoing pandemic, the President signed a [National Emergency Declaration on H1N1](#) that allows healthcare systems to quickly implement disaster plans should they become overwhelmed.

As experts expected, H1N1 flu is moving rapidly throughout the country and the majority of states now have [widespread influenza activity](#). This declaration gives authority for the [Department of Health and Human Services](#) (HHS) to waive certain regulatory requirements for healthcare facilities in response to the ongoing pandemic. Specifically, healthcare facilities will be able to submit waivers to establish alternate care sites, and modified patient triage protocols, patient transfer procedures and other actions that occur when they fully implement disaster operations plans.

Under [Section 1135 of the Social Security Act \[42 USC §1320b–5\]](#) healthcare facilities may petition for HHS approval of waivers in response to particular needs within the geographic and temporal limits of the emergency declarations. Before HHS has the authority to approve such “1135 Waivers” two conditions must be met: first, the Secretary must have declared a Public Health Emergency, and second, the President must have declared a National Emergency either through a Stafford Act Declaration or National Emergencies Act Declaration. 1135 Waivers still require specific requests be submitted to HHS and processed, and some State laws may need to be addressed as well.

The Secretary may tailor authorities granted under Section 1135 waivers to match the specific situational needs, but the requirements that may be waived include those related to Medicare, Medicaid or the Children’s Health Insurance Program (CHIP), the Emergency Medical Treatment and Active Labor Act (EMTALA), and the Health Insurance Portability and Accountability Act (HIPAA).

**Eastern Michigan University**

<http://www.emich.edu/uhs/swineflu/>

Eastern Michigan University has initiated comprehensive H1N1 prevention and preparedness activities to minimize impacts caused by both the seasonal flu and the H1N1 virus. EMU's initiatives include providing up-to-date information to faculty, staff, students and parents; contingency planning for continuity of operations in the event of an outbreak; lessons in proper hand washing; and, offering informational meetings for students and employees.

**Key Activities**

- EMU distributed 2,500 bottles of hand sanitizer and informational letter during student move-in day (September 5<sup>th</sup>).
- Parents of first-year students, age 24 or younger, received a letter outlining medical services, including information about available vaccines, offered by University Health Services.
- Informational letters were distributed to the following target populations:
  - All EMU students
  - Residence hall students and university apartment tenants
  - New Student Orientation Student Assistants
  - International students
  - Greek community members
  - Faculty and Academic Affairs Administrators
  - Parents of students
  - EMU employees

**Surveillance**

EMU’s influenza surveillance is a collaborative effort between federal, state and local health departments and other agencies. The campus surveillance effort includes:

- Finding out when and where influenza activity is occurring
- Tracking influenza-related illness
- Tracking what influenza viruses are circulating
- Measuring the impact influenza is having on the EMU campus community

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- For the week of 10/19/09, EMU documented 4 new cases of Influenza-like Illness on campus. Influenza-like Illness case definition = fever (> or = 100 degrees F) AND cough and/or sore throat (in the absence of a known cause other than influenza).
- EMU is participating with the American College Health Association in a national surveillance network to report data on a weekly basis that is specific to campus communities. ACHA Pandemic Influenza Surveillance - Influenza Like Illness (ILI) in Colleges and Universities [http://www.acha.org/ILI\\_Surveillance.cfm](http://www.acha.org/ILI_Surveillance.cfm):
  - In this weekly period of influenza activity, a total of 7,099 new ILI cases were reported (thirteen hospitalizations) among campus populations totaling nearly 3.4 million. Ninety-five percent of 278 colleges and universities reported new ILI cases, compared to 92% reporting new cases the prior week. The nationwide attack rate was 20.9 cases/10,000 students, nine percent higher than the prior week's rate.
  - Except for a few states with reported increases, regional outbreaks of ILI seem to have already peaked in the Southeast and Northeast. The Mid-Atlantic region has seen a slight increase in activity since the previous week. The Midwest, Rocky Mountain area, and Southwest are experiencing continued robust activity. Statewide outbreaks continue to be active in the West and Northwest regions. Again, no deaths were observed among the reporting institutions for the weekly period of October 10th through October 16th.
  - "Among these 3.4 million students, we have observed over 47,000 cases of ILI. But there have been only 78 hospitalizations and no deaths, indicating this disease remains generally mild. However, there continues to be risk of exposure to vulnerable individuals in our campus communities. ACHA remains hopeful that H1N1 vaccine becomes available in the next few weeks to permit vaccination of students and staff before the next pandemic wave commences." according to Dr. James C. Turner, president of the American College Health Association and executive director of the department of student health at the University of Virginia.

### **Vaccination**

Due to the limited amount of H1N1 flu serum provided to Eastern Michigan University, the Snow Health Center staff has instituted several procedures to deal with the vaccination shortage. At this time, only EMU patients considered at high risk will be vaccinated. This includes pregnant women, persons with certain chronic medical conditions such as asthma, health care workers, first responders, and those who live with or care for infants younger than 6 months of age. High-risk patients are asked to go to the vaccination clinic, [Wednesday](#) or [Thursday](#), 4 p.m. – 7:30 p.m., in the lower level of Snow Health Center. The clinic is accessible through the north door, which faces the parking lot.

Those at high risk who are unable to make the clinic hours should call Snow Health Center at [487.1122](tel:487.1122) to schedule an appointment, provided the serum is still available. According to an update from the Washtenaw County Health Department, the county's vaccine supply is currently about 30 percent of what was expected at this date. Limited amounts of nasal spray (FluMist) and multi-dose vials of flu shots are being allotted to the county on a weekly basis. For further information, call University Health Services @734.487.1122.

- CDC's Advisory Committee on Immunization Practices (ACIP) has recommended that certain groups of the population receive the 2009 H1N1 flu vaccine when it first becomes available:
  - Pregnant women because they are at higher risk of complications and can potentially provide protection to infants who cannot be vaccinated;
  - Household contacts and caregivers for children younger than 6 months of age because younger infants are at higher risk of influenza-related complications and cannot be vaccinated;
  - Healthcare and emergency medical services personnel because infections among healthcare workers have been reported and this can be a potential source of infection for vulnerable patients;
  - All people from 6 months through 24 years of age;
  - Children from 6 months through 18 years of age because we have seen many cases of novel H1N1 influenza in children and they are in close contact with each other in school and day care settings;
  - Young adults 19 through 24 years of age because we have seen many cases of novel H1N1 influenza in these healthy young adults and they often live, work, and study in close proximity, and they are a frequently mobile population; and,
  - Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.

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## Campus Community Mitigation

Community mitigation includes such measures as social distancing (e.g., cancelling events with large crowds, school and daycare closures, etc.) and targeted use of antiviral medications. Isolation and treatment are all effective measures in preventing the spread of influenza. Isolation refers to the separation of persons who have a specific infectious illness from those who are healthy by restricting movement and interaction to stop or minimize the spread of that particular illness.

- EMU has installed hand sanitizer along with informational signage at high traffic/contact locations including the student center, computing centers, Halle Library and other locations.
- A Web site listing action steps for preventing the spread of the flu and an FAQs page providing current information and updates. The site can be accessed at <http://www.emich.edu/uhs/swineflu/>
- **CDC recommends that individuals with influenza-like illness remain at home and away from other people until at least 24 hours after they are free of fever (100° F [37.8° C] or greater), or signs of a fever, without the use of fever-reducing medications.**

## Communications

Guidance to the campus community about how to protect themselves is an essential component of influenza prevention. When health risks are uncertain, people need information about what is known and unknown, as well as interim guidance to formulate decisions to help protect their health and the health of others.

- EMU is preparing the campus community for the H1N1 influenza pandemic by developing messages and materials to promote preparedness and prevention. The university is employing public outreach efforts to the campus community through its website, EMU Hotline, informational letters and posters, public outreach to various groups on campus, and by sharing information with the media.
- September 3<sup>rd</sup> press release on EMU H1N1 preparations and interviews with local radio and television outlets.
- September 4<sup>th</sup> letter from Provost to faculty on H1N1 prevention & preparedness.

## World Health Organization (WHO)

**World Health Organization** <http://www.who.int/en/> [On June 11, WHO raised the pandemic alert level from Phase 5 to Phase 6 indicating that an influenza pandemic is underway.]

As of 17 October 2009, worldwide there have been more than 414,000 laboratory confirmed cases of pandemic influenza H1N1 2009 and nearly 5000 deaths reported to WHO.

As many countries have stopped counting individual cases, particularly of milder illness, the case count is significantly lower than the actual number of cases that have occurred. WHO is actively monitoring the progress of the pandemic through frequent consultations with the WHO Regional Offices and member states and through monitoring of multiple sources of data.

In general, influenza activity in the northern hemisphere is much the same as in the last week, though respiratory disease activity continues to spread and increase in intensity. In North America, the U.S.A. is still reporting nationwide rates of Influenza-Like Illness (ILI) well above baseline rates with high rates of pandemic H1N1 2009 virus detections in clinical laboratory specimens (29% of all specimens tested are positive for influenza A and all of those subtyped are pandemic H1N1 2009 virus. Canada reports increases in ILI rates for the fourth straight week but the highest level of activity is in the western province of British Columbia.

**Pandemia (H1N1) 2009: Interactive Map:** <http://new.paho.org/hq/images/atlas/en/atlas.html>

## CDC

**CDC U.S. Human Swine Influenza Infection website:** <http://www.cdc.gov/swineflu/investigation.htm>

**CDC Guidance:** <http://www.cdc.gov/swineflu/guidance/>

As of last week, a review of the key indicators found that influenza activity continued to increase in the United States from the previous week. Below is a summary of the most recent key indicators:

- Visits to doctors for influenza-like illness (ILI) increased steeply since last week in the United States, and overall, are much higher than what is expected for this time of the year. ILI activity now is higher than what is seen during the peak of many regular flu seasons.
- Total influenza hospitalization rates for laboratory-confirmed flu are climbing and are higher than expected for this time of year.
- The proportion of deaths attributed to pneumonia and influenza (P&I) based on the 122 Cities Report has increased and has been higher than what is expected at this time of year for two weeks. In addition, 11 flu-related pediatric deaths were reported this week; 9 of these deaths were confirmed 2009 H1N1, and two were influenza A viruses, but were not

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subtyped. Since April 2009, CDC has received reports of 95 laboratory-confirmed pediatric 2009 H1N1 deaths and another 7 pediatric deaths that were laboratory confirmed as influenza, but where the flu virus subtype was not determined.

- Forty-six states are reporting widespread influenza activity at this time. They are: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming. This many reports of widespread activity are unprecedented during seasonal flu.
- Almost all of the influenza viruses identified so far are 2009 H1N1 influenza A viruses. These viruses remain similar to the virus chosen for the 2009 H1N1 vaccine, and remain susceptible to the antiviral drugs oseltamivir and zanamivir with rare exception.

### **Internet Resources**

#### **Washtenaw County H1N1 and Seasonal Influenza Information**

[http://www.ewashtenaw.org/government/departments/public\\_health/school\\_portal/H1N1%20Influenza](http://www.ewashtenaw.org/government/departments/public_health/school_portal/H1N1%20Influenza)

#### **Michigan Department of Community Health**

[www.michigan.gov/swineflu](http://www.michigan.gov/swineflu)

#### **Google Map H1N1 Flu Tracking (Colleges and Universities)**

<http://tinyurl.com/HigherEdH1N1Map-Sep09>

<http://tinyurl.com/HigherEdH1N1Map>

#### **U.S. Government Influenza information**

<http://flu.gov/psa/index.html>