

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

Situation Update #19

Date: 9 November 2009

Time: 2:00pm EDT

On October 24, 2009, President Obama signed a proclamation declaring the 2009 H1N1 influenza pandemic a National Emergency to facilitate our ability to respond to the pandemic by enabling – if warranted – the waiver of certain statutory Federal requirements for medical treatment facilities. In particular, this proclamation is aimed at providing HHS the ability to waive legal requirements that could otherwise limit the ability of our nation's health care system to respond to the surge of patients with the 2009 H1N1 influenza virus.

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.

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.

Surveillance

- For the week of 11/01/09, EMU documented 24 new cases of Influenza-like Illness on campus (age 17-24: 21 cases, age 25+: 3 cases). There were no cases hospitalized. 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).
- H1N1 influenza activity has increased sharply over the last week in Washtenaw County. To date, the county is reporting approximately 2,400 cases of influenza like illness. All cases are H1N1 influenza. 33% of cases and 25% of hospitalizations are in 18 – 24 year olds, while 5 – 17 year olds represent 29% of cases and 14% of hospitalizations. No deaths due to the 2009 H1N1 virus have been reported in Washtenaw County residents to date.
- 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:

In the last weekly period of influenza activity, a total of 9,128 new ILI cases were reported (25 hospitalizations) among campus populations totaling nearly 3.2 million. Ninety-seven percent of 274 colleges and universities reported new ILI cases, a proportion unchanged from the prior week. The nationwide attack rate was 28.6 cases/10,000 students, two percent higher than the prior week's rate. Consistent with CDC reports, flu is widespread nationally on college campuses and fluctuation in disease activity varies significantly both on local and regional levels. Again, no deaths were observed among the reporting institutions for the weekly period of October 24th through October 30th.

As the CDC reported this week, flu is widespread nationally and fluctuation in disease activity varies significantly both on local and regional levels. Again, no deaths were observed among the reporting institutions. This recent return of flu helps reaffirm the importance of vaccination once it becomes available.

Vaccination

Seasonal and H1N1 flu vaccines are in limited supply. Those needing flu vaccines are encouraged to call the health center at 734.487.1122 before coming to make sure the vaccine is available.

Overall, Washtenaw County has received approximately 30,000 doses of the H1N1 vaccine; on average about 80 percent is going to hospitals, universities and community health care providers for their priority patients and staff. Public Health is using the remaining 20 percent for mass vaccination clinics for priority groups.

- The Washtenaw County Public Health Department will hold an H1N1 vaccine clinic Saturday, Nov. 14 from 9 a.m. to 2 p.m. at Pioneer High School in Ann Arbor. Saturday's clinic is open to the wider set of priority groups defined by the Centers for

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

Disease Control and Prevention (CDC). The priorities now include all individuals from 6 months through 24 years of age and individuals 25 to 64 years old who have medical conditions that put them at higher risk for influenza-related complications.

- CDC's Advisory Committee on Immunization Practices (ACIP) has recommended that certain groups of the population receive the 2009 H1N1 flu vaccine:
 - 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, which increases the likelihood of disease spread;
 - 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.

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 3rd press release on EMU H1N1 preparations and interviews with local radio and television outlets.
- September 4th 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 6 November 2009, worldwide more than 199 countries and overseas territories/communities have reported laboratory confirmed cases of pandemic influenza H1N1 2009, including over 6000 deaths.

As many countries have stopped counting individual cases, particularly of milder illness, the case count is likely to be 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.

Intense and persistent influenza transmission continues to be reported in North America without evidence of a peak in activity. The proportion of sentinel physician visits due to influenza-like-illness (ILI)(8%) has exceeded levels seen over the past 6 influenza

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

seasons; 42% of respiratory samples tested were positive for influenza and 100% of subtyped influenza A viruses were pandemic H1N1 2009. Rates of ILI, proportions of respiratory samples testing positive for influenza, and numbers of outbreaks in educational settings continues to increase sharply in Canada as activity spreads eastward. Significantly more cases of pandemic H1N1 have been recorded in Mexico since September than were observed during the initial springtime epidemic.

Since the new pandemic H1N1 2009 virus emerged, infections in different species of susceptible animals (pig, turkey, ferret, and cat) have been reported. Limited evidence suggests that these infections occurred following direct transmission of the virus from infected humans. These isolated events have had no impact on the dynamics of the pandemic, which is spreading readily via human-to-human transmission. As human infections become increasingly widespread, transmission of the virus from humans to other animals is likely to occur with greater frequency. Unless the epidemiology of the pandemic changes, these will continue to pose no special risks to human health.

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 November 6, 2009, 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) nationally decreased very slightly this week over last week after four consecutive weeks of sharp increases. While ILI declined slightly, visits to doctors for influenza-like illness remain at much higher levels than what is expected for this time of the year and parts of the country continue to see sharp increases in activity. It's possible that nationwide ILI could rise again. ILI continues to be higher than what is seen during the peak of most regular flu seasons.
- Total influenza hospitalization rates for laboratory-confirmed flu are climbing and are higher than expected for this time of year. Hospitalization rates continue to be highest in younger populations with the highest hospitalization rate reported in children 0-4 years old.
- The proportion of deaths attributed to pneumonia and influenza (P&I) based on the 122 Cities Report continues to increase and has been higher for five weeks now than what is expected at this time of year. In addition, 18 flu-related pediatric deaths were reported this week; 15 of these deaths were confirmed 2009 H1N1, and three were influenza A viruses, but were not subtyped. Since April 2009, CDC has received reports of 129 laboratory-confirmed pediatric 2009 H1N1 deaths and another 15 pediatric deaths that were laboratory confirmed as influenza, but where the flu virus subtype was not determined.
- Forty-eight states are reporting widespread influenza activity at this time; a decline of one state over last week. They are: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming. This many reports of widespread activity at this time of year are unprecedented during seasonal flu.
- Almost all of the influenza viruses identified so far continue to be 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.washtenaw.org/government/departments/public_health/school_portal/H1N1%20Influenza

Michigan Department of Community Health

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>