

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

Situation Update #21

Date: 24 November 2009

Time: 5:00pm 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

- As of November 19th, Washtenaw County Public Health officials confirmed the first local death from H1N1. The individual was an adult who did not have any significant underlying medical condition. Statewide, there have been 37 confirmed H1N1 deaths in Michigan residents since September 1, 2009.
- In Washtenaw County, illness rates as well as hospitalization rates remain at peak levels and are higher than during a typical flu season. Confirmed H1N1 influenza cases in Washtenaw County are highest among those aged 18 to 24 years, followed by 25 to 49 year-olds and 5 to 17 year-olds. Hospitalizations in Washtenaw residents are highest in the 25 to 49 year age group. H1N1 is expected to continue circulating during the coming months, along with seasonal flu strains.
- 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 6,373 new ILI cases were reported (12 hospitalizations) among campus populations totaling nearly 3 million. Ninety-five percent of 263 colleges and universities reported new ILI cases, compared to 98 percent reporting new cases the prior week. The nationwide attack rate was 21.3 cases/10,000 students, 27 percent lower than the prior week's rate. Tragically, there were two deaths reported in this weekly period. These are the first deaths reported to ACHA's surveillance project. All but five states report significant declines in disease activity.

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.

- CDC's Advisory Committee on Immunization Practices (ACIP) has recommended that certain groups of the population receive the 2009 H1N1 flu vaccine:
 - Pregnant women;
 - Household contacts and caregivers for children younger than 6 months of age;
 - Healthcare and emergency medical services personnel with direct patient care;

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- 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; 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 23 November 2009, worldwide more than 206 countries and overseas territories or communities have reported laboratory confirmed cases of pandemic influenza H1N1 2009, including over 6,770 deaths.

The situation remains similar since the last update. In temperate regions of the northern hemisphere, the early arriving winter influenza season continues to intensify across parts of North America and much of Europe. However, there are early signs of a peak in disease activity in some areas of the northern hemisphere.

In the United States, influenza transmission remains active and geographically widespread, although disease activity appears to have recently peaked in most areas except in the northeastern United States. In Canada, influenza transmission continues to intensify without a clear peak in activity; the ILI consultation rate, which has been highest among children aged 5-19, continues to significantly exceed mean rates observed over the past 12 influenza seasons.

In Europe, widespread and increasing transmission of pandemic influenza virus was observed across much of the continent but the most intense circulation of virus occurred in northern, eastern, and southeastern Europe. Transmission appears to have peaked in few countries of Western Europe including Iceland, Ireland, the UK (Northern Ireland), and Belgium after a period of sustained intense transmission. Further east, a number of countries reported sharp increases in the rates of ILI (Serbia, Moldova, Norway, Lithuania, Georgia) or ARI (Belarus, Bulgaria, Romania, and Ukraine).

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

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CDC

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

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

During the last week, influenza activity decreased across all key indicators, but overall remained very high for this time of year.

Below is a summary of the most recent key indicators:

- Visits to doctors for influenza-like illness (ILI) nationally decreased again this week over last week. This is the third consecutive week of national decreases in ILI after four consecutive weeks of sharp increases. (All regions showed declines in ILI.) While ILI declined overall nationally, visits to doctors for influenza-like illness remain high.
- Influenza hospitalization rates are beginning to decline but remain 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 decreased slightly but is still higher than what is expected for this time of year and has remained elevated for seven weeks now. In addition, 21 flu-related pediatric deaths were reported this week: 15 of these deaths were associated with laboratory confirmed 2009 H1N1; 6 were influenza A viruses, but were not subtyped. Since April 2009, CDC has received reports of 171 laboratory-confirmed pediatric 2009 H1N1 deaths, one influenza B death, and another 28 pediatric deaths that were laboratory confirmed as influenza, but the flu virus subtype was not determined. (Laboratory-confirmed deaths are thought to represent an undercount of the actual number. CDC has provided estimates about the number of 2009 H1N1 cases and related hospitalizations and deaths.
- Forty-three states are reporting widespread influenza activity at this time; a decline of three states from 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, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia, and Wisconsin.
- 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.ewashtenaw.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>

The Department of Labor has issued questions and answers on pandemic flu and the [Fair Labor Standards Act](#), and the [Family Medical Leave Act](#).

The Chronicle of Higher Education explained [health and safety procedures for study abroad programs](#) during pandemic outbreaks.