

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

Situation Update #12

Date: 1 September 2009

Time: 1500 EDT

H1N1 now the dominant virus strain

Evidence from multiple outbreak sites demonstrates that the H1N1 pandemic virus has rapidly established itself and is now the dominant influenza strain in most parts of the world. The pandemic will persist in the coming months as the virus continues to move through susceptible populations. Close monitoring of viruses by a WHO network of laboratories shows that viruses from all outbreaks remain virtually identical. Studies have detected no signs that the virus has mutated to a more virulent or lethal form.

Eastern Michigan University

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

EMU Preparedness Measures

The goals of Eastern Michigan University's pandemic preparedness and response efforts are to:

1. Decrease the spread of flu among students, faculty, and staff.
2. Continue functions essential to university operations during and after a pandemic - teaching, research and service operations.
3. Keep the EMU community educated and informed.
4. Support the local community and affiliated institutions when possible.

These goals will be attained through preparedness and response actions in the areas of surveillance, vaccination, campus community mitigation measures and communications.

Surveillance

University Health Services and the University Emergency Management Office monitor and analyze information on influenza activity on campus, in the local community, the state as well as nationwide. 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

EMU will be 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. Also, the University monitors the Michigan Health Alert Network (MIHAN), a secure, Internet-based, emergency notification system.

Vaccination

One of the best ways to protect against the flu is to get vaccinated each year. All EMU students, faculty and staff will be encouraged to get vaccinated. The EMU Snow Health Center will provide vaccination services to the campus community.

Seasonal influenza vaccine usually becomes available early in the fall. There is no vaccine available right now to protect against the 2009 H1N1 flu virus. However, a vaccine is currently in production, and initial doses of this vaccine are expected to become available for the public later in the fall. 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, which increases the likelihood of disease spread, and
 - Young adults 19 through 24 years of age because we have seen many cases of novel H1N1 influenza in these healthy

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- 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.

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.

If possible, residential students, faculty, or staff members who live relatively close to the campus should return to their home to keep from making others sick. Students leaving EMU to go to a private home to recuperate should be instructed to do so in a way that limits contact with others as much as possible.

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. Additional information distribution and outreach activities are planned throughout the year.

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 will prepare the campus community for an influenza pandemic by developing messages and materials to promote preparedness and prevention. The university will employ 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.

World Health Organization (WHO)

World Health Organization <http://www.who.int/en/>

On June 11, the World Health Organization raised the pandemic alert level from Phase 5 to Phase 6 indicating that an influenza pandemic is underway. The novel influenza A (H1N1) virus now will be referred to as “2009 influenza A (H1N1) virus.”

Not the same as seasonal influenza

- Current evidence points to some important differences between patterns of illness reported during the pandemic and those seen during seasonal epidemics of influenza. The age groups affected by the pandemic are generally younger. This is true for those most frequently infected, and especially so for those experiencing severe or fatal illness.
- To date, most severe cases and deaths have occurred in adults under the age of 50 years, with deaths in the elderly comparatively rare. This age distribution is in stark contrast with seasonal influenza, where around 90% of severe and fatal cases occur in people 65 years of age or older.
- Perhaps most significantly, clinicians from around the world are reporting a very severe form of disease, also in young and otherwise healthy people, which is rarely seen during seasonal influenza infections. In these patients, the virus directly infects the lung, causing severe respiratory failure.

Vulnerable groups

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- An increased risk during pregnancy is now consistently well-documented across countries. This risk takes on added significance for a virus, like this one, that preferentially infects younger people.
- Data continue to show that certain medical conditions increase the risk of severe and fatal illness. These include respiratory disease, notably asthma, cardiovascular disease, diabetes and immunosuppression.
- Moreover, conditions such as asthma and diabetes are not usually considered killer diseases, especially in children and young adults. Young deaths from such conditions, precipitated by infection with the H1N1 virus, can be another dimension of the pandemic's impact.

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 August 28, 2009, 8,843 hospitalizations and 556 deaths (15 deaths in individuals 0-4 years, 86 deaths in individuals 5-24 years, 235 deaths in adults 25-49 years, 158 deaths in adults 50-64 years, 50 deaths in adults age 65 and older, and 12 deaths for which age was no reported) associated with 2009 influenza A (H1N1) virus have been identified by CDC and state and local public health departments (<http://www.cdc.gov/h1n1flu/update.htm>)

Activity appears to be increasing in the Southeast based on influenza-like illness data reported by health care providers. Below is a summary of the most recent key indicators:

- Visits to doctors for influenza-like illness (ILI) were highest in February during the 2008-09 flu season, but rose again in April 2009 after the new H1N1 virus emerged. Current visits to doctors for influenza-like illness are down from April, but are higher than what is expected in the summer and has increased over the last two weeks. Total influenza hospitalization rates for adults and children are similar to or lower than seasonal influenza hospitalization rates depending on age group.
- The proportion of deaths attributed to pneumonia and influenza (P&I) was low and within the bounds of what is expected in the summer.
- Most state health officials are reporting regional or sporadic influenza activity. Two states (Alaska and Georgia) and Puerto Rico are reporting widespread influenza activity at this time. Any reports of widespread influenza activity in August are very unusual.
- Almost all of the influenza viruses identified were the new 2009 H1N1 influenza A viruses. These 2009 H1N1 viruses remain similar to the viruses chosen for the 2009 H1N1 vaccine and remain susceptible to 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>