



Osceola County Health Department, Epidemiology Program, 1875 Boggy Creek Road, Kissimmee, FL 34744, (407) 343-2155

H1N1 Influenza Update **November 13, 2009**

FL DOH Toll-free number to provide public health information and updates on H1N1 flu available from 8 AM to 8 PM Eastern, in English, Spanish and Creole. **Telephone Number: 877-352-3581**

- **Osceola County update including schools:** Influenza like illness (ILI) activity still remains “localized” in pockets all over the county. The number of cases of ILI in the public school system for week # 11, (11/02/09 to 11/06/09), was 151 with an absentee percentage of 4.71%. This is a decrease from 5.01% in week 10.
- **Vaccine update:** Distribution of H1N1 vaccine to the local level has improved, more vaccine is now available. The first Osceola County Health Department sponsored vaccine event will be at Gateway High School, Wednesday, 11/18/09; a Public Service Announcement is to be sent to the media today stating event is for school aged children. H1N1 priority groups remain the same: *Pregnant women, household contacts and caregivers for children younger than 6 months of age, healthcare and emergency medical services personnel, all people from 6 months through 24 years of age, persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza* **The following Centra Care locations have H1N1 vaccine: Formosa Gardens, 7848 W. Irlo Bronson Highway, Kissimmee, Phone: (407) 397-7032; Hunter's Creek, 3293 Greenwald Way North Street, Kissimmee, Phone: (407) 847-6771; Kissimmee, 4320 W. Vine Street, Kissimmee, Phone: (407) 390-1888.**
- **Influenza in the US, week ending 10/31/09: CDC released new numbers on 11/12/09** and now estimates that between 14 million to 34 million cases of 2009 H1N1 occurred between April 2009 and October 17, 2009. The mid-level in this range is about 22 million people infected with 2009 H1N1. CDC also estimates that between 63,000 and 153,000 2009 H1N1-related hospitalizations occurred during that time. The mid-level in this range is about 98,000 H1N1-related hospitalizations. **Deaths:** CDC estimates that between 2,500 and 6,000 2009 H1N1-related deaths occurred between April and October 17, 2009. The mid-level in this range is about 3,900 2009 H1N1-related deaths. During week 43, (October 25 - 31, 2009), seasonal influenza A (H1), A (H3), and B viruses co-circulated at low levels when compared with 2009 influenza A (H1N1) viruses. Over 99% of all subtyped influenza A viruses reported to CDC this week were 2009 influenza A (H1N1) viruses and all 2009 H1N1 viruses tested since April 2009 have been resistant to the adamantanes (amantadine and rimantadine).
- **Clinical trials reaffirm two doses of 2009 H1N1 vaccine needed for children under 10 years of age.** Initial data for pregnant women suggest one dose may be adequate. See 11/2/09 news at <http://www.cidrap.umn.edu/cidrap/content/influenza/swineflu/news/nov0209vaccine-jw.html>.
- **CDC issues health advisory for clinicians about antiviral treatment.** Key points include:
 - All hospitalized patients with suspect or confirmed influenza should receive antiviral therapy (oseltamivir or zanamivir) as early as possible as it is most effective if started within the first 48 hours after illness onset. However, studies have shown that hospitalized patients still benefit when treatment is started more than 48 hours after illness onset. Outpatients, particularly those with risk factors for severe illness, who are not improving might also benefit from treatment initiated more than 48 hours after illness onset.
 - Some people without risk factors for severe illness, e.g., healthy persons with signs of lower respiratory tract involvement or clinical deterioration, may also benefit from antiviral. To date, 40% of children and 20% of adults hospitalized with 2009 H1N1 did not have risk factors.
 - Treatment if indicated should be started empirically. If a decision is made to test for influenza, treatment should not be delayed while waiting for laboratory confirmation.
- **CDC urges providers to make sure their adult patients have gotten pneumococcal polysaccharide vaccine.** Pneumococcal infections have been identified as an important complication in severe and fatal cases of H1N1 influenza infection. Pneumococcal vaccines may be useful in preventing secondary pneumococcal infections and reducing illness and death. Currently, 2 vaccines are available for prevention of pneumococcal disease, a 23-valent pneumococcal polysaccharide vaccine (PPSV23) and a 7-valent pneumococcal conjugate vaccine (PCV7) recommended for all children < 5 yrs of age. See <http://www.cdc.gov/h1n1flu/vaccination/provider/lettertoprovider.htm>.
- **Questions and Answers about 2009 H1N1 in animals.** Recent findings suggest that influenza A viruses in animals and humans increasingly behave like a pool of genes circulating among multiple hosts. The potential exists for novel influenza viruses to be generated in animals including swine. This reinforces the need for close monitoring and close collaboration between public health and veterinary authorities. Recently pandemic H1N1 virus has been recovered from commercial and pet pigs, pet ferrets and a cat. CDC just updated their H1N1 questions and answers page with specific questions on companion animals <http://www.cdc.gov/h1n1flu/ga.htm#>



For additional information go to http://www.avma.org/public_health/influenza/new_virus/default.asp or http://www.usda.gov/wps/portal/?navid=USDA_H1N1