



## Viral H1N1 Influenza Update October 2, 2009

- **Osceola County update:** Novel H1N1 is present in our community. Almost all cases of influenza are currently due to this novel strain. Influenza-like-illness (ILI) activity is considered “localized” all over in the county. Osceola District Schools continues to provide the Health Dept a weekly absenteeism report with the number of students experiencing ILI in public schools . The absentee percentage for week 5 (09/21 – 09/25/09) was 4.73%, up from 3.53% in week 4.
- **U.S. Influenza and Pneumonia-Associated Hospitalizations and Deaths from August 30 – September 19, 2009**

Cases Defined by	Hospitalizations	Deaths
Influenza and Pneumonia Syndrome*	8,392	822
Influenza Laboratory-Tests**	1,690	114
<b>Totals:</b>	<b>10,082</b>	<b>936</b>

\*Reports can be based on symptom presentation, admission or discharge data, or a combination of data elements that could include laboratory-confirmed H1N1 or just presentation of [influenza-like illness](#) requiring hospitalizations.

\*\*Laboratory confirmation includes any positive influenza test (rapid influenza tests, RT-PCR, DFA, IFA, or culture), whether or not specific typing which type of influenza was done or not.

The table shows aggregate reports of all [influenza and pneumonia-associated hospitalizations and deaths](#) (including 2009 H1N1 and seasonal flu) since August 30, 2009 received by CDC from U.S. states and territories.

- **Morbidity & Mortality Weekly Report (MMWR): Early Release Co-infections in Specimens of Fatal Cases of 2009 Pandemic Influenza A (H1N1).** To help determine the role of bacterial co-infection in the current influenza pandemic, CDC examined postmortem lung specimens from patients with fatal cases of 2009 pandemic influenza A (H1N1) for bacterial causes of pneumonia. During May 1– August 20, 2009, medical examiners and local and state health departments submitted specimens to CDC from 77 US patients with fatal cases of confirmed 2009 pandemic influenza A (H1N1). Evidence of concurrent bacterial infection was found in specimens from 22 (29%) of the 77 patients, including 10 caused by *Streptococcus pneumoniae* (AKA pneumococcus). These findings confirm that bacterial lung infections are occurring among patients with fatal cases of 2009 Novel H1N1 and underscore both the importance of pneumococcal vaccination for persons at increased risk for pneumococcal pneumonia and the need for early recognition of bacterial pneumonia in persons with influenza. To see report go to: <http://www.cdc.gov/mmWR/preview/mmwrhtml/mm58e0929a1.htm>



- **H1N1 Flu: A Guide for Community and Faith-based Organizations** - Leaders and members of community and faith-based organizations (CFBOs) know their communities well -- the people in our community who are most vulnerable and hard-to-reach. These organizations are uniquely positioned to help keep people healthy during the 2009-2010 flu season. For more information visit <http://www.flu.gov/professional/community/cfboguidance.pdf>
  - Recommendation is to plan for the impact of a pandemic on your organization and its mission
  - Plan also for the impact of a pandemic on your staff, members and the community
  - Set up policies to follow during a pandemic
  - Allocate resources to protect your staff, members and persons in the community during a pandemic
  - Coordinate with external organizations and help your community
- **2009 H1N1 Influenza Vaccine Supply Information**
  - MedImmune**- LAIV (live attenuated intranasal vaccine) only, **2 to 49** yrs old. Intranasal 0.1 ml to each nostril. For those 2 to 9 yrs old, 2 doses 1 month apart. For those 10 to 49 yrs old, 1 dose. **No preservative.**
  - CSL Limited** - Inactivated (or killed vaccine) for those **> 18** yrs old. 0.5 ml IM (intra muscular), 1 dose only. 0.5 pre-filled syringe, **Thimerosal-free**. Five (5) ml multi-dose vial, 24.5 mcg/0.5 ml dose *with Thimerosal*.
  - Novartis** - For 4 to 9 yrs old, two 0.5 ml IM doses 1 month apart. For 10 to 17 yrs old, single 0.5 ml IM, for those > 18 yrs old, single 0.5 ml IM. Pre-filled single dose syringe, ≤ 1 mcg Hg/0.5 ml (**Thimerosal-free**). Multi-dose vials 5 ml, *with Thimerosal* 25 mcg/0.5 ml.
  - Sanofi** - For 6 months through 35 months, 0.25 ml IM, 2 doses, 1 month apart. For 36 months to 9 yrs old, 0.5 ml IM, 2 doses, 1 month apart. For 10 yrs old through adult, 0.5 ml IM, 1 dose. Pre-filled syringe 0.25 ml, **no preservative**. Pre-filled syringe 0.5 ml, **no preservative**. Single dose vial, 0.5 ml, **no preservative**. Multi-dose vial 5 ml, *with Thimerosal* 25 mcg/0.5 ml.
- **H1N1 Mass Vaccination Campaign Planning and Activities:** OsCHD continues working with Osceola District Schools and other community agencies to enable OsCHD to vaccinate priority groups. Final details will be worked out when adequate vaccine stocks are available. As these details become available, they will be published.

