

2009-2010 Influenza Season

(August 30, 2009 – present)

Utah Public Health

Situation Report

10/21/2009

Updated Wednesdays at: <http://health.utah.gov/epi/h1n1flu/>



Status summary as of Wednesday, October 21:

Utah:

Circulation:

- The indicator used by public health to measure the circulation of influenza in the community is influenza-like illness (ILI) as reported by sentinel clinics. (An ILI sentinel clinic is a clinic that reports to public health the percentage of patient visits seen for influenza-like illnesses).
- Influenza is currently circulating at a level that is greater than what is typically seen during regular flu seasons. At this level of influenza activity, the potential to stress health care and other systems in Utah exists. The level of influenza activity currently occurring is considered very unusual for this time of the year.
- For the past week (MMWR week 41), the ILI rate for Utah is 6.6% (up from 3.0% last week).
 - This value is above the ILI outbreak threshold of 1.1%.
 - ILI is up for the third consecutive week.

Severity:

- The severity of an influenza outbreak (epidemic or pandemic) is measured by the number of influenza infections that result in hospitalization or death. To date, severity for the 2009 H1N1 Pandemic is comparable to or slightly greater than the severity seen during regular flu seasons.
- At this time there is no evidence that severity for the 2009 H1N1 Pandemic is changing.
- There have been 274 influenza-associated hospitalizations (IAHs) (due to both seasonal and 2009 pandemic strains) reported this season, this is a 147 more than reported last week. The current number of IAHs is very unusual for this early in the influenza season.
 - 97 have occurred during the past week.

2009 Pandemic A (H1N1) deaths:

- The severity measure listed above is for influenza caused by all strains (regular seasonal flu and the 2009 Pandemic A (H1N1)). In addition, Utah is collecting data on patient deaths (whether hospitalized or not) known to have been caused by the 2009 Pandemic A (H1N1) strain.
- 5 deaths occurred in Utah during the past week in which the persons had confirmed 2009 Pandemic Influenza A (H1N1). For more information regarding these deaths, please refer to the Local Health District.
 - 2 in Davis County Health District

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- 1 female, age 50-64
- 1 female, age 65+
- 2 in Salt Lake Valley Health District
 - 1 male, age 25-39
 - 1 female, age 65+
- 1 in Tri-County Health District
 - 1 male, age 25-49
- There have been a total of 8 deaths related to 2009 Pandemic Influenza A (H1N1) since the beginning of the 2009-2010 influenza season (which began August 30, 2009).

Circulating strains:

- No data available this week due to technical difficulties.
- Data from the previous week shows that 65 total specimens were submitted to the Utah Public Health Laboratory for confirmatory influenza testing. Of the 65 specimens tested, 27 specimens or 41% were positive for influenza, all of which were 2009 Pandemic A (H1N1):
 - 100% due to 2009 Pandemic A (H1N1)
 - 0% due to seasonal A (H1)
 - 0% due to seasonal A (H3)
 - 0% due to Influenza B

National/international surveillance:

- Influenza illness is ongoing in the U.S. At this time, national ILI levels are higher than what is expected during this time of year. During the past week, widespread influenza activity was reported in 41 states, with regional influenza activity being report in 8 states (see map).
- Nationally, the proportion of deaths attributed to pneumonia and influenza (P&I) during the past week was 6.7%, which is above the epidemic threshold for this time of year (6.5%). This is an increase from the previous week in which P&I attributed deaths were right at the epidemic threshold.

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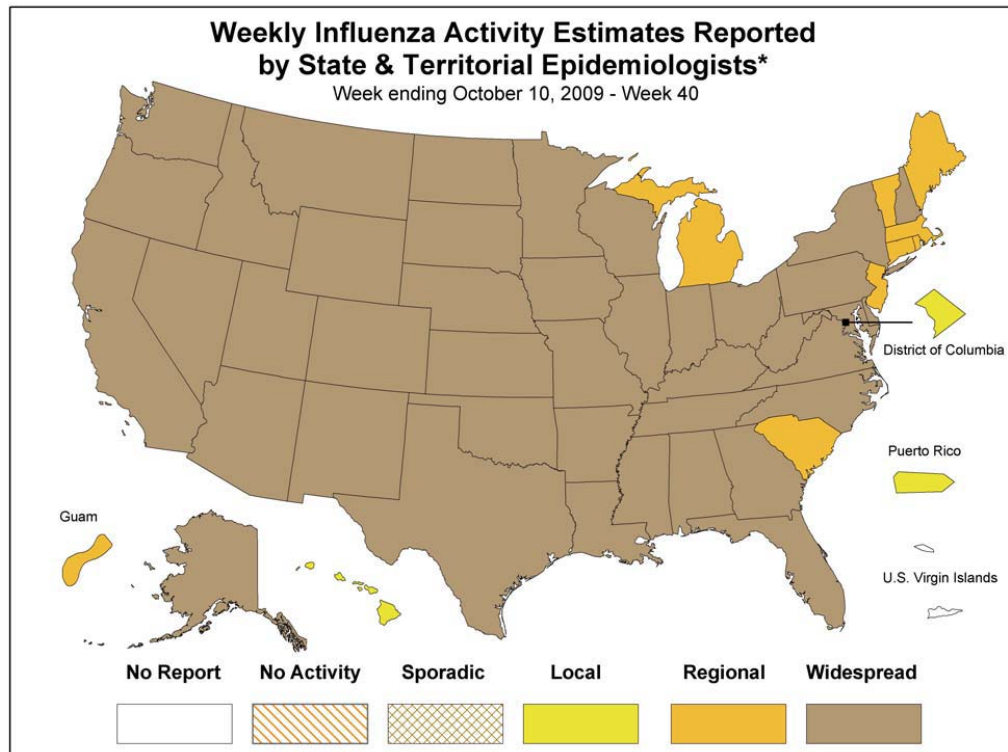
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* This map indicates geographic spread & does not measure the severity of influenza activity

Viral circulation and resistance:

Data in this section comes from the CDC and is collected nationally:

- 99.6% of all influenza isolates typed at national reference labs this week were Influenza A:
 - 99.3% of subtyped isolates were 2009 Pandemic A (H1N1).
 - 0.0% were seasonal A (H1)
 - 0.0% were seasonal A (H3)
 - 0.7% of isolates were unable to be subtyped
- 0.4% were Influenza B
- The majority of influenza viruses currently circulating in the U.S. are 2009 Pandemic A (H1N1)

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This antiviral susceptibility profile is compiled by CDC and represents strains identified since September 1, 2009.

	Samples tested	% resistant to Oseltamivir	Samples tested	% resistant to Zanamivir
2009 Pandemic A (H1N1)	406	0.5%	89	0%
Seasonal A (H1)	0	0	0	0
Seasonal A (H3)	0	0	0	0
Influenza B	0	0	0	0

2009 Pandemic Influenza A (H1N1) Vaccine Information:

- The 2009 Pandemic A H1N1 vaccine is delivered directly to Local Health Departments or designated providers in Utah from the central vaccine distributor. The Utah Department of Health does not control the supply and distribution of the vaccine.
- 2009 Pandemic A H1N1 vaccine shipments continue to arrive in limited amounts and available supplies at Local Health Departments are low for both H1N1 and seasonal flu vaccines. Check with your Local Health Department or designated provider to find out what type of vaccine they have available and to whom they are giving it.
- CDC put together "10 FAQs for immunization programs and providers", it was posted on Wednesday, Oct. 21, 2009 and is available at: http://www.cdc.gov/H1N1flu/vaccination/top10_faq.htm

Guidance:

New CDC guidance available at: <http://www.cdc.gov/h1n1flu/whatsnew.htm>

- Updated Recommendations on Antivirals (posted Friday, Oct. 16, 2009).
- Pediatric Supplement: Recommendations for use of antiviral medications for 2009 H1N1 influenza in children and adolescents (posted Friday, Oct. 16, 2009).
- 2009-2010 Influenza Season Triage Algorithm for Children (18 years or Younger) With Influenza-Like Illness (posted Friday, Oct. 16, 2009).
- Planning Guide for Vaccinating Pediatric Patients Against 2009 H1N1 Influenza in Primary Healthcare Settings (posted Friday, Oct. 16, 2009).
- Recommendations for Early Empiric Antiviral Treatment in Persons with Suspected Influenza who are at Increased Risk of Developing Severe Disease (posted Monday, Oct. 19, 2009).