

2009-2010 Influenza Season

(August 30, 2009 – present)

Utah Public Health

Situation Report

11/04/2009

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



Note: Due to the holiday next week the Situation Report will be distributed Thursday, Nov. 12.

Status summary as of Wednesday, November 4:

Note: In previous influenza situation reports the data reported in the Utah section was reported from Wednesday to Tuesday. Starting with today's situation report, the Utah data is being reported from Sunday to Saturday. For today's report that is from 10/25/09 to 10/31/09.

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 typical for what is seen during regular flu seasons, but higher than what is usually expected for this early in November. At this time ILI activity appears to have decreased slightly from previous weeks but is still above the epidemic threshold for the state.
- For the past week (MMWR week 43), the ILI rate for Utah is 4.5% (down from 9.4% last week).
 - This value is above the ILI outbreak threshold of 1.1%.
 - ILI is down from what was seen in previous weeks.

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.
- A total of **520** influenza-associated hospitalizations (IAHs) (due to both seasonal and 2009 pandemic (H1N1) strains) have been reported to public health this influenza season. This is **116** more than reported last week (last week's total IAHs was **404**). Of the **116** IAHs reported this week, **59** occurred within this last reporting week (10/25/09 to 10/31/09), and **57** occurred prior to that but were not reported to public health until this week. In some instances reporting lag times exist from the time the hospitalization occurs to when it is reported to public health.

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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 related to the 2009 Pandemic A (H1N1) strain.
- A total of **14** deaths related to 2009 Pandemic A (H1N1) have been reported to public health this influenza season. This is **two** more than reported last week. Of the **two** deaths reported this week, both died within the last reporting week (10/25/09 to 10/31/09).
- For more information regarding these deaths, please refer to the Local Health District.
- Deaths not previously reported:
 - 1 in Salt Lake Valley Health District
 - 1 female, age 50-64 (died within the last reporting week)
 - 1 in Weber-Morgan Health District
 - 1 female, age 50-64 (died within the last reporting week)

Circulating strains:

- No data available this week due to technical difficulties.
- Data as reported from the previous week's situation report shows 147 total specimens were submitted to the Utah Public Health Laboratory for confirmatory influenza testing. Of the 147 specimens tested, 104 specimens or 71% were positive for influenza A. Of the 104 influenza A positive specimens, 102 (or 98%) were 2009 Pandemic A (H1N1); the other 2 were not subtyped or were unable to be subtyped.
 - 98% due to 2009 Pandemic A (H1N1)
 - 0% due to seasonal A (H1)
 - 0% due to seasonal A (H3)
 - 2% either not subtyped or unable to subtype
 - 0% due to Influenza B

National/international surveillance:

- Influenza illness is ongoing in the U.S. At this time, national ILI levels have increased sharply over the past few weeks, and overall, are higher than what is expected during this time of year. ILI activity is now higher than what is seen at the peak of many regular flu seasons.
- During the past week, widespread influenza activity was reported in 48 states, with regional influenza activity being reported in 2 states (see map on next page).

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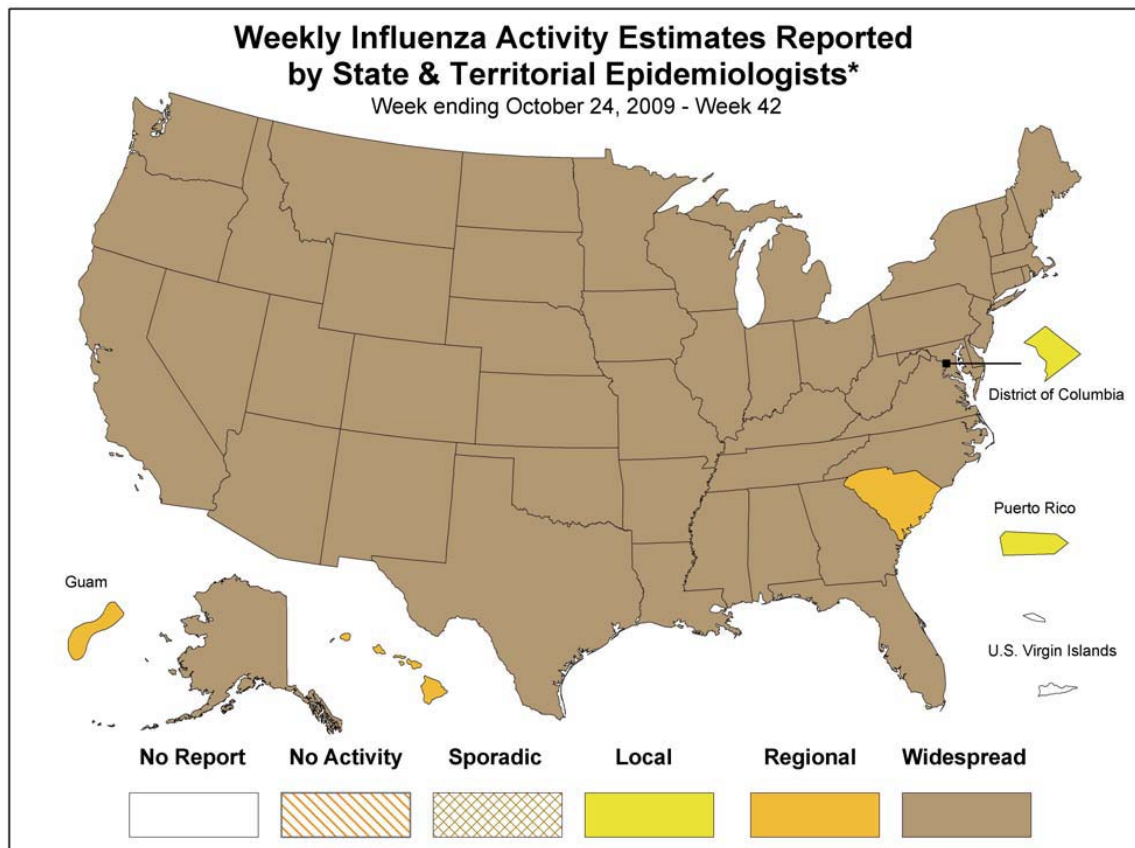
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- Nationally, the proportion of deaths attributed to pneumonia and influenza (P&I) during the past week was 7.1%, which is above the epidemic threshold for this time of year (6.6%). P&I mortality has been above the epidemic threshold for four consecutive weeks.



* 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:

- 99.7% of all influenza isolates typed at national reference labs this week were Influenza A:
 - 99.1% of subtyped isolates were 2009 Pandemic A (H1N1).
 - 0.0% were seasonal A (H1)
 - 0.0% were seasonal A (H3)
 - 0.9% of isolates were unable to be subtyped
- 0.3% were Influenza B

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- The majority of influenza viruses currently circulating in the U.S. are 2009 Pandemic Influenza A (H1N1)

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)	730	0.5%	166	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:

- Utah has been allocated for this week 78,600 doses of H1N1 vaccine that should arrive within a week. To date, Utah has received a total of 217,600 doses. When the 78, 600 doses arrive, Utah will have received a total of 296,200 doses. H1N1 vaccine distribution continues to come in weekly shipments and vaccine is still in limited supplies.
- As of October 30, about 30 million doses of H1N1 vaccine were available for states to order, much less than is needed to vaccinate the total U.S. population. Millions more doses will become available each week.
- It is important to keep in mind that there are lag times between states placing orders, vaccine being shipped, and vaccine arriving in provider offices or clinics.
- 2009 Pandemic A H1N1 vaccine continues to arrive in weekly shipments and vaccine is still in limited supply. 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.
- Many local health districts are now distributing tickets and setting appointment times for priority groups to get vaccinated, rather than vaccinating first come, first served.
- In an effort to increase H1N1 vaccination access points to the public, the Salt Lake Valley Health Department (SLVHD) has partnered with three area retail pharmacy chains. Beginning this week, all Harmons Grocery, Smith's Food & Drug and Walgreens pharmacy locations in Salt Lake County will be offering H1N1 flu vaccine on a limited basis. Visit the SLVHD website www.slvhealth.org for more information.

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- The recommended minimum interval between doses of seasonal LAIV and 2009 H1N1 LAIV is 28 days (4 weeks). However, based on previous studies of LAIV replication and immune response, as little as 14 days (2 weeks) might be sufficient to allow for an appropriate immune response to both vaccines. Therefore, an interval between the two types of LAIV of 2 weeks or more may be acceptable, although an interval of 28 days is preferred.

Guidance:

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

- CDC Interim Guidance for Workers who are Employed at Commercial Swine Farms: Preventing the Spread of Influenza A Viruses, Including the 2009 H1N1 Virus (posted Wednesday, Nov. 4, 2009).
- 2009 H1N1 Vaccine Dosage, Administration, and Storage Guidance (posted Tuesday, Nov. 3, 2009).
- 2009 H1N1 Influenza: Resources for Pharmacists. The includes information regarding Peramivir IV and guidance for pharmacies on the Advance Compounding of Tamiflu Oral Suspension (posted Monday, Nov. 2, 2009)
- Peramivir IV Questions and Answers for Health Care Providers (posted Thursday, Oct. 29, 2009).

Pre-Hospital Influenza A (H1N1) Data:

The UDOH daily receives data from Emergency Medical Services (EMS) providers in the State. Included in the data are primary patient symptoms, primary impressions of paramedics and medical technicians of the patients, and other surveillance indicators for flu-like illness. The overall trend for the past 2 weeks is a decrease in pre-hospital influenza-like illness symptoms, impressions and indicators.

In the News:

- The media campaign for H1N1 and the flu season was launched last Monday, October 26 by Dr. Sundwall, Dr. Miner (Utah County) and a healthcare representative. The campaign theme is "Flu Fighter" – proactive steps the public can take to help fight the flu.
- Many stories continue to run in local and statewide newspapers and television stations regarding the H1N1 flu and vaccine. No major rumors or incorrect information has been detected this week.