Novel 2009-H1N1 Influenza
Updated Key Points
August 14, 2009

What's New and Updated Today

- Activity Update
- International Update

Activity Update

- Influenza illness, including illness associated with the novel 2009-H1N1 influenza virus, is ongoing in the United States.

- As of August 14, 2009, 7,511 total novel 2009-H1N1 influenza hospitalizations, and 477 total deaths have been reported to CDC by state and local public health departments.

- CDC estimates that between April and June 2009, more than 1 million cases of novel 2009-H1N1 flu occurred in the United States.

- The August 14 *FluView* Report shows that influenza activity decreased in the United States during August 2-8, 2009, compared to the previous week; however, there are still higher levels of influenza-like illness than is normal for this time of year. Novel 2009-H1N1 flu outbreaks are ongoing in parts of the United States, in some cases with intense activity.

- Fourteen (14) states and Puerto Rico are reporting widespread or regional influenza activity:

    - This includes four (4) states in the United States that are reporting widespread influenza activity (Alaska, Hawaii, Maine, and South Carolina) and Puerto Rico;

    - 10 states that are reporting regional influenza activity;

    - 10 states and the District of Columbia that are reporting local influenza activity; and

    - 26 states that are reporting sporadic activity.

- It is very unusual for this time of year to still be having so many states reporting regional and widespread activity.

- Novel 2009-H1N1 influenza viruses now make up more than 97% of all sub-typed influenza A viruses analyzed by the U.S. WHO/NREVSS collaborating laboratories.

- During Week 31 (the week ending August 8, 2009), 3 influenza-associated pediatric deaths were reported to CDC.

  - These deaths occurred in Arizona, Mississippi and Utah, and all were associated with novel 2009-H1N1 flu.

  - These deaths occurred between June 14 and August 1, 2009.

- Since September 28, 2008, CDC has received 101 reports of laboratory confirmed influenza-associated pediatric deaths that occurred during the 2008-09 influenza season, 33 of which were due to novel 2009-H1N1 influenza virus infections.

- CDC anticipates that novel 2009-H1N1 influenza viruses will co-circulate with regular seasonal influenza viruses over our influenza season.

- The timing, spread and severity of novel 2009-H1N1 virus – in addition to our regular seasonal influenza viruses - are uncertain.

International Situation Update as of August 14, 2009

- The novel 2009-H1N1 influenza virus is the predominate influenza virus in circulation worldwide.

- The epidemiology of the disease caused by the novel 2009-H1N1 influenza virus in the Southern Hemisphere is very similar to that described in the United States this past spring.

- Isolates sequenced at WHO and CDC suggest that circulating novel 2009-H1N1 influenza viruses look similar to A/California/07/2009 (the reference virus selected by WHO as a potential candidate for the new H1N1 vaccine).

- World Health Organization (WHO) regions have reported 177,457 laboratory-confirmed cases of novel 2009-H1N1 influenza virus (new H1N1) with 1,462 deaths. The laboratory-confirmed cases represent an underestimation of total cases in the world as many countries have shifted to strategies of clinical confirmation and prioritization of laboratory testing for only persons with severe illness and/or high risk conditions.

- The new H1N1 influenza virus is the dominant influenza virus in circulation in the world. According to a WHO Global Influenza Surveillance Network (GISN) report dated August 4th, 71% of all influenza viruses currently detected globally are the new H1N1.

- The new H1N1 accounts for 66% of influenza viruses in the Northern Hemisphere and 89% of influenza viruses in the Southern Hemisphere.

- There are indications that disease may be decreasing in South America and part of Australia. Disease associated with new H1N1 influenza is continuing to increase in southern Africa.

Exclusion Period

- On August 5, CDC revised its recommendation about how long people with flu-like illness should stay home and away from other people to prevent spreading the flu.

- CDC now recommends that those with flu-like illness stay home until at least 24 hours after their fever is gone, without using fever-reducing medicines like acetaminophen or ibuprofen.

- CDC will update the guidance as more information becomes available.

School Guidance

- On August 7, CDC released new guidance to help schools promote a safer environment for their students and staff and reduce exposure to influenza during the 2009-10 school year.

- The new guidance is designed to decrease the spread of regular seasonal flu and the new H1N1 flu while limiting the disruption of day-to-day activities and the vital learning that goes on in schools.

- This guidance provides a menu of tools to fight flu that school officials can enact, in coordination with local health officials, based on conditions in their area and what CDC and other public health organizations are learning about the virus.

- We know far more about the new H1N1 flu virus than we did when it was first detected in April. We know that closing schools is not the best option in most cases.

- With this guidance, we're providing a set of strategies that schools can use to stay open while doing what they can to protect students and staff, particularly those at high-risk of complications.

- The options schools use should match the severity of the illness that's being reported and local flu activity.

- For an outbreak similar to the spring H1N1 outbreak, CDC recommends stepping up basic good hygiene practices like hand washing, keeping sick students and staff away from school and helping families identify their children who are at high-risk for flu complications

and would benefit from early evaluation from their physician if they develop the flu.

- If outbreaks become more severe, CDC recommends extending the time that sick people are away from school, allowing people at high risk for flu to stay home, actively watching for signs of illness in students and staff and considering preemptive school dismissal.

- The recommendations will be most effective when implemented together as a package that combines good hygiene and practices to keep those who are ill separated from those who are well, with more active interventions based on the severity of the flu outbreak.

- We do anticipate more illness from the new H1N1 influenza than this past spring and more school-based outbreaks because influenza is typically transmitted more easily in fall and winter. By taking planning steps now schools can help ensure they're prepared for any future flu activity.

- CDC and its partners will be continually monitoring the spread of flu, the severity of the illness it's causing (including hospitalizations and deaths) and whether the virus characteristics are changing. We will provide updated assessment of severity and revise guidance as indicated.

For more information

- Visit www.cdc.gov/cleanhands for more information on hand hygiene.

- Visit http://www.cdc.gov/flu/protect/covercough.htm for more information on respiratory etiquette.

- Visit http://www.cdc.gov/h1n1flu/guidance_homecare.htm for more information on caring for sick persons in the home.

- The EPA provides a list of EPA-registered products effective against flu: http://www.epa.gov/oppad001/influenza-disinfectants.html

- Visit http://www.epa.gov for more information on cleaning

Novel H1N1 Influenza Vaccine

- CDC's Advisory Committee on Immunization Practices (ACIP), a panel made up of medical and public health experts, met July 29, 2009, to make recommendations on who should receive the new H1N1 vaccine when it becomes available, and to determine which groups of the

population should be prioritized if the vaccine is initially available in limited quantities.

- The Committee recommended that initial vaccination efforts focus on five key populations:
    - all people 6 months through 24 years of age
    - people who live with or care for children younger than 6 months of age
    - all pregnant women
    - healthcare and emergency services personnel, and
    - people aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.

- Together, these key populations equal 159 million.

- By vaccinating these priority groups we hope to reduce the impact of the new H1N1 flu. People in these groups are at higher risk of disease or serious complications, likely to come in contact with the new H1N1, or who could infect young infants.

- Vaccinating persons who live with or care for children <6 months is the best way to help protect these children since there is no influenza vaccine for children <6 months.

- Once the demand for vaccine for these prioritized groups has been met at the local level, programs and providers should begin vaccinating everyone from the ages of 25 through 64 years.

- Current studies indicate that the risk for infection among persons age 65 or older is less than the risk for younger age groups. Many older adults seem to already have some existing immunity to the novel H1N1 virus. However, as vaccine supply and demand for vaccine among younger age groups is being met, programs and providers should also offer vaccination to people 65 years and older.

- Availability and demand for vaccine can be unpredictable. It is possible that initial amounts of vaccine will not be enough to meet demands.

- If vaccine is available in insufficient amounts for the initial priority groups, the following groups would be prioritized:

    - pregnant women,

    - people who live with or care for children younger than 6 months of age,

  - healthcare and emergency services personnel with direct patient contact,
  - children 6 months through 4 years of age, and
  - children 5 through 18 years of age who have chronic medical conditions.

- Novel H1N1 vaccine supply and availability is projected to increase quickly over time, and vaccine should not be kept in reserve for later administration of the second dose.
- The novel H1N1 vaccine is not intended to replace the seasonal flu vaccine – it is intended to be used along-side seasonal flu vaccine to protect people.
- It is anticipated that seasonal flu and novel H1N1 vaccines may be administered on the same day.
- The ACIP recommendations are one important step in a broader plan related to novel H1N1 vaccine production and implementation of a national voluntary vaccination program.
- We are aggressively taking early steps in the vaccine manufacturing process, working closely with manufacturing and the rest of the government.
- CDC isolated the novel H1N1 virus, made candidate vaccine virus strains that can be used to create vaccine, and has provided this virus to industry so they can begin scaling up for production of a vaccine.
- Scientists in a network of medical research institutions across the United States will soon begin an initial set of five clinical trials of candidate novel H1N1 influenza vaccines. The research will be under the direction of the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health. More information about these clinical trials can be found at http://www3.niaid.nih.gov/news/QA/vteuH1N1qa.htm
- The five manufacturers who already produce U.S.-licensed seasonal vaccine are also conducting their own novel H1N1 influenza vaccine trials under contract with HHS.
- There are many steps involved with producing a vaccine and we are committed to going forward with the NIH, FDA, BARDA, and the manufacturers of influenza vaccines, to see about developing full scale vaccine production.

- If things progress to full scale production, vaccine may be available as early as mid-October.

- The novel H1N1 influenza vaccine will be made using the same processes and facilities that are used to make the currently licensed seasonal influenza vaccines.

- We will provide the public with transparent information about what we know and do not know about the safety and efficacy of novel H1N1 vaccines to help them make informed decisions.

- A mass vaccination program of even a modest scale will involve extraordinary efforts at the federal, state and local levels.

Novel H1N1 Influenza Vaccine Safety

- As medical and public health professionals, parents, and grandparents, ensuring the health and safety of our children is a top priority.

- We are concerned with protecting our nation's children from vaccine-preventable diseases like influenza and preventing any possible adverse events from vaccines.

- The potential for more severe illness and many more deaths or disability caused by this new strain of influenza weighs heavily on our minds – as does the unfortunate outcome of the 1976 swine flu vaccination program.

- The novel H1N1 flu vaccines will be very much like seasonal flu vaccines, which have a very good safety profile. However, no vaccine is 100% safe. This vaccine will be no exception.

- Those who choose vaccination for themselves or their children will be screened for contraindications (such as egg allergy) and will receive information sheets describing the vaccine's risks and benefits, signs and symptoms of adverse events to look for following vaccination, and how to report adverse events.

- We expect that novel 2009-H1N1 vaccines will be available in multiple formulations, including a formulation that does not contain the preservative thimerosal.

- CDC is working to enhance our safety monitoring systems and will actively encourage providers and vaccine recipients to report to us adverse events following vaccination (whether or not they believe the vaccine caused the event). We will be monitoring very closely for any signs that the vaccine is causing unexpected adverse events and we

will work with state and local health officials to investigate any unusual events rapidly.

Seasonal Influenza Vaccine

- The new H1N1 influenza virus is a reminder of the unpredictable nature of influenza, and the importance of prevention.

- While the novel H1N1 influenza virus has been the focus of attention since the spring, it is important that we do not forget the risks posed by seasonal influenza viruses.

- Every year in the United States, on average 5% to 20% of the population gets the flu; more than 200,000 people are hospitalized from flu complications, and; about 36,000 people die from flu-related causes. Some people, such as older people, young children, and people with certain health conditions, are at high risk for serious complications from seasonal influenza.

- The single best way to protect yourself and your loved ones against the flu is to get vaccinated each year.

- We hope that people, especially those at high risk for serious complications and their close contacts, will start to go out and get vaccinated in September or as soon as vaccine is available at their doctors' offices or in their communities.

- It is not too early to get a flu vaccine as soon as it is available in August or September. The protection you get from the vaccine will not wear off before the flu season is over.

- While we hope that people who want to avoid getting seasonal influenza will not delay getting vaccinated, we know that some will. We will be encouraging them to get vaccinated throughout the influenza season, into December, January, and beyond.

- Annual flu vaccines contain three viruses: one A (H1N1) virus, one A (H3N2) virus and one B virus. The viruses in the vaccine change each year based on international surveillance and scientists' estimations about which types and strains of viruses will circulate in a given year.

- We recognize the fact that annual flu vaccines contain an A (H1N1) virus may cause some confusion. The novel H1N1 influenza virus that has caused the current pandemic is not the same as the H1N1 virus in the seasonal flu vaccine.

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- We want to make sure that we communicate clearly to the public that the seasonal flu vaccine is not expected to protect against the novel H1N1 influenza virus. There are efforts underway to develop a safe and effective novel H1N1 vaccine.

- As always, it's not possible for us to predict at this time of year whether this year's seasonal vaccine will be a good match with circulating viruses.

- Influenza viruses are constantly changing – they can change from one season to the next or they can even change within the course of the same season.

- Experts must pick which viruses to include in the vaccine many months in advance in order for vaccine to be produced and delivered on time.

- Because of these factors, there is always the possibility of a sub-optimal match between circulating viruses and the viruses in the vaccine.

- While a less than ideal virus match can reduce the vaccine's effectiveness against the variant virus, the vaccine can still offer cross-protection against related influenza viruses and prevent many illnesses and flu-related complications.