Novel H1N1 influenza is widespread in Alabama; health care system is handling it well

FOR IMMEDIATE RELEASE

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The novel H1N1 virus remains the dominant virus in Alabama, with more than 99 percent of the recently circulating influenza viruses confirmed as that strain. The frequency of disease shows that there has been a dramatic increase in people presenting with H1N1 influenza, with the percent of people with influenza-like symptoms seen in doctors’ offices increasing from less than 1 percent on July 25 to almost 8 percent on Aug. 29.

“We are still in the acceleration phase of H1N1 influenza, and there has been almost logarithmic growth in its incidence,” said Dr. Donald Williamson, state health officer at a joint news conference with State Superintendent of Education Dr. Joe Morton Tuesday. “Looking at our schools, three weeks ago 20 percent of schools had more than 5 percent absenteeism, and now 54 percent of schools have absenteeism rates of this level. On a positive note, relatively few schools have more than 20 percent absenteeism and this seems to be stabilizing.”

Alabama’s health care system appears to be weathering the situation well. When looking at hospitals, 20 percent of emergency room patients are presenting with influenza-like illnesses and 5 to 6 percent of hospital admissions are patients with influenza-like illness. Data show that 25 to 35 percent of beds remain available.

Treatment of influenza calls for the use of the antiviral medications Tamiflu and Relenza. To meet the demand, the health department has supplied approximately 40,000 courses of these antivirals to physicians and hospitals. These medications were made available to patients without insurance or without insurance coverage for pharmaceuticals and also were directed to geographical areas with temporary shortages.
Alabama and other southeastern states are seen as harbingers for the rest of the nation for widespread influenza activity. The state is on track to start receiving H1N1 vaccine in early October and will hold vaccine clinics with the assistance of public health nurses, school nurses and credentialed volunteer nurses.

Morton said, “We are working in full cooperation with the health department and will do all we can to keep parents posted. On Sept. 4 we had about double the percentage of absences we have in most years.”

Colleges and universities have particular challenges in minimizing the effects of H1N1 influenza because they are “a living environment, not just learning environment,” Williamson said. “Please do not go to an athletic event if you’re sick. Give your tickets to someone who is not ill.”

Institutions of higher education are advised to encourage ill students not to come to class, should make allowances for absences, place alcohol-based hand sanitizers in every possible location, and make liberal use of handwashing. These are the main interventions available until the H1N1 vaccine arrives.

Every person who experiences influenza-like symptoms does not have to seek medical care. However, people with underlying medical conditions such as breathing problems should seek care from their primary care physician or emergency room. Ill persons should inform their physician of their illness before coming to the office so that precautions can be taken to prevent their spreading influenza to others.

**Warning Signs Requiring Urgent Medical Attention:**
If your child experiences any of the following:

- Fast breathing or trouble breathing
- Bluish or gray skin color
- Not drinking enough fluids
- Severe or persistent vomiting
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough

In adults, emergency warning signs that need urgent medical attention include:
• Difficulty breathing or shortness of breath
• Pain or pressure in the chest or abdomen
• Sudden dizziness
• Confusion
• Severe or persistent vomiting
• Flu-like symptoms improve but then return with fever and worse cough

Updated information is available at www.adph.org.

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