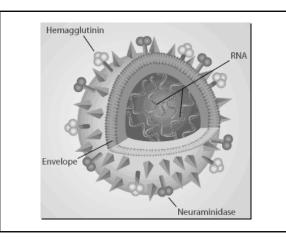
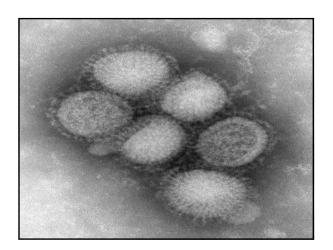
H1N1 Briefing from the Alabama Department of Public Health

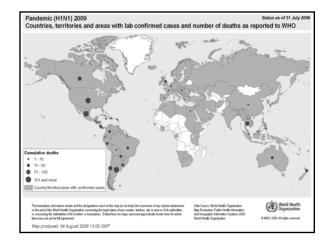
August 13, 2009





Necessary Conditions for Pandemic

- Novel virus with general population susceptibility
- Efficient person-to-person transmission
- · Must cause human disease

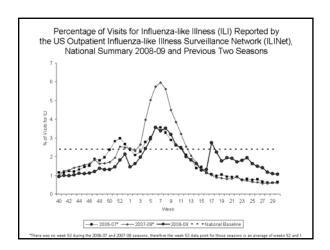


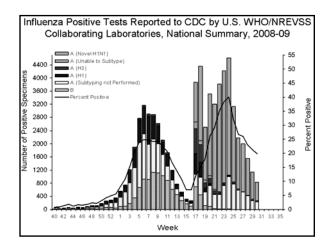
PI Emergency Orders

- Proclamation of State of Emergency
- Fatality Management Issues
- Altered Standards of Care
- Vaccine Rationing
- Isolation and Quarantine
- Social Distancing closing mass events

Influenza Surveillance Program

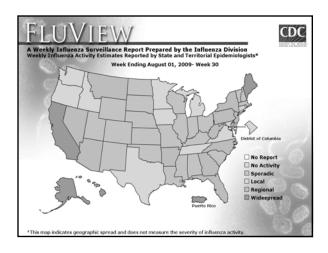
- Goal monitor year round for the extent and types of influenza virus
- Confirmatory testing by public health laboratory
 - Hospitalized patients
 - -Pregnant patients
 - Sample of patients seen at designated physician practices across the state





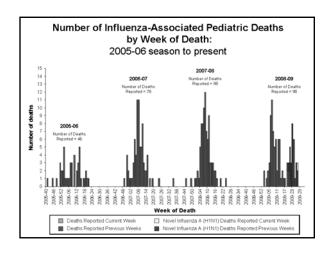
Influenza Activity Map

- Report weekly influenza activity to CDC, published as the Weekly Influenza Surveillance Report
- The maps display influenza-activity levels
 - -No activity
- -Regional
- -Sporadic
- -Widespread
- -Local



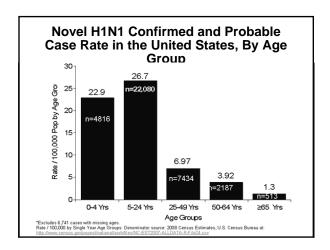
Pneumonia and Influenza Mortality Surveillance

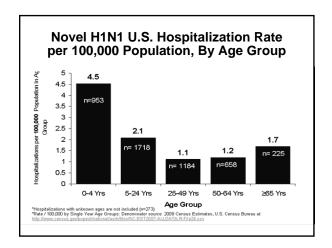
- Jefferson, Montgomery, and Mobile Counties participate in CDC's 122 Cities Mortality Reporting System (122 CMRS)
- A national surveillance system that reports deaths attributed to pneumonia and influenza (P&I) on death certificates



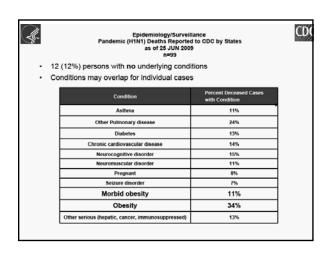
US H1N1 Cases and Characteristics

- 6,506 hospitalized cases; 436 deaths
- About 10-20% of household members became ill following an H1N1 case in the house
- Subsequent illnesses typically occurred 2-3 days after the first person became ill





	No (%)
Asthma or COPD	32%
Diabetes	16%
mmunocompromised	12%
Chronic cardiovascular disease**	11%
Neurocognitive disorder	8%
Neuromuscular disorder	8%
Current Smoker	10%
Pregnant	7%
Chronic Renal Disease	8%
Seizure disorder	6%
Cancer	3%



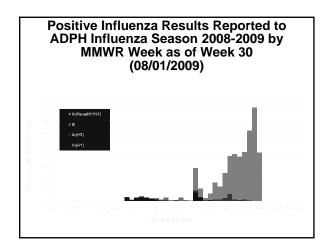
AL's H1N1 Cases as of 8/5/2009

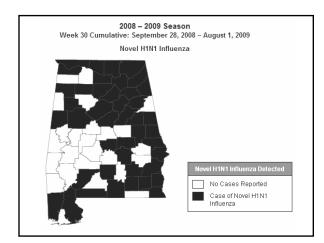
• 882 confirmed and probable cases

• Age range: 7 wks - 86 yrs

• Median age: 12 yrs

• 2/3 of cases <18 years of age





HHS Federal Planning Assumptions

- · Attack rate 30% or higher
 - -40% school-aged children
 - -20% working adults
- Absenteeism up to 40%
 - -Illness
 - Fear of infection
 - Care provision
- 1/2 of ill will seek care
- · Virus spreads up to 2 days before symptoms

HHS Federal Planning Assumptions

- Viral shedding
 - -1 day before 5 days after onset
 - Highest 2 days of onset
 - -Children shed more
- One sick person will make 2 sick
- Outbreaks 6-8 weeks
- Multiple waves

HHS Pandemic Planning Assumptions
These assumptions, based largely on the 1918 influenza
epidemic, are being used throughout the federal
government to define a severe case scenario.

Forecasted Impact of Pandemic Influenza

	Alabama	
Characteristic	Moderate (1957/68-like)	Severe (1918-like)
Illness (30%)	1.35 million	1.35 million
Out patient Medical Care (50%)	675,000	675,000
Hospitalization	12,975	148,500
ICU care	1,931	22,275
Mechanical ventilation	973	11,183
Deaths	3,135	28,545

Based upon Table 1 of HHS Planning Assumptions, http://www.pandemicflu.gov/plan/pandplan.html

Medical Surge Capacity

- 7,000 hospital surge beds
- 700,000 courses of antivirals in-state and access to 500,000 more
- 750,000 N95 masks
- 425,000 surgical masks
- 80 portable ventilators
- 1,224 single-use ventilators

Nonpharmaceutical Interventions (NPIs)



Nonpharmaceutical Interventions (NPIs)

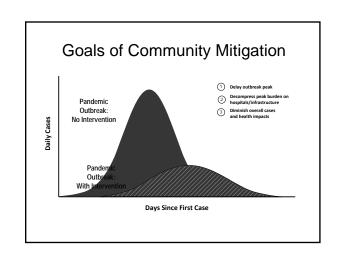
- · Voluntary isolation
- · Voluntary quarantine
- · Dismissal of students
- · Reduce out-of-school contact
- · Decrease number of social contacts

Nonpharmaceutical Interventions (NPIs)

- Increase distance between people
- Modify, postpone or cancel public gatherings
- Modify work place schedules and practices

Personal Prevention Practices

- Wash hands frequently, especially after coughing or sneezing
- Use a tissue or sleeve, not hands, to cover a cough or sneeze
- Get vaccinated when vaccine is offered to you
- Stay home when ill (until at least 24 hours after your fever goes away)



Issues for the Fall

- Ongoing dynamics of H1N1
- Changes in testing criteria
- Vaccine
 - Availability
 - -Target groups
 - Delivery
 - Demand
 - -Seasonal/pandemic interaction

Planning Assumptions

- Initial bolus of 40m, 80m or 160m doses for US
- Translates to 600,000, 1.2m, or 2.4m initial doses for Alabama
- Target for vaccine release in mid-October
- Additional doses made available over next months so that 2 doses available for all

Target Groups

- Persons aged 6 months through 24 years
- Pregnant women
- Household contacts of infants under 6 months of age

Target Groups

- Healthcare and emergency services personnel
- Persons aged 25 through 64 years who are at higher risk for H1N1 because of chronic health disorders

Likely Vaccine Delivery Sites

- Schools
- Private providers
- Hospitals
- · Large employers
- Pharmacies and other community immunizers

Seasonal Influenza

- 119 million doses expected
- 51 million available by end of August
- >90% shipped by 11/01/2009
- No evidence that early vaccination reduces effectiveness
- · Vaccinate when vaccine available
 - -Do not delay until later in season

Outreach Efforts

- Newsletter articles
- Planning meetings
- State Health Officer briefings to various groups
- Press conferences

School-related Activities

- Mass vaccination clinic planning
- Distributed four grade-specific CDs
 - How cold and flu spread
 - How to fight cold and flu and when to call a doctor
 - -Infection control measures
- "Mimi Mouse Learns Healthy Habits" DVD

Available H1N1/Pandemic Influenza Resources

- Presentations by ADPH employees
- Free printed materials
- Personal protection supplies for participating community organizations
- Multimedia resources
- See adph.org/H1N1flu









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