



Director's Update Brief

Tuesday

14 JUL 2009 0815 EDT Day 87

Week of State Planning for the Fall



Key Events Pandemic H1N1 – 14 JUL 2009



- Pandemic H1N1 Declarations
 - WHO: Pandemic Phase 6 (11 JUN 2009 1600 EDT)
 - Outbreaks in at least one country in > two WHO regions
 - USG: Public Health Emergency declared (26 Apr 2009)
 - HHS: Downgraded to Phase 1 Awareness (9 May 2009)
- US Cases (next update 17 JUL 2009)

US TOTALS	CASES	HOSPS	DEATHS
CASES	37,246	4,132	211
SLTTs AFFECTED	54	48	24

- Majority of states only testing hospitalized cases.
- International
 - 94,512 cases, 122 countries (429 deaths)



International Global Cases - 122 countries – 94,512 cases (429 deaths) Pandemic H1N1 – 14 JUL 2009



Global Case Count and Number of Countries with Confirmed Cases, April 24 to July 14







- Vietnam
 - Previous report of cases with resistant strain is unfounded
 - No difference in strain sequence from 2 individuals in question
 - Confusion stemmed from headline of report from viral shedding study





- Among 52 obese patients
 - 27/33 (82%) of obese have at least one known underlying condition
 - Adults: 19/22 (86%)
 - Children: 8/11 (73%)
 - 16/19 (84%) of morbidly obese* have at least one known underlying condition
- Among 75 patients without a known underlying condition conferring risk
 - 5/54 (9%) of those without a known underlying condition were obese
 - Adults: 2/21 (10%)
 - Children: 3/33 (9%)
 - 3/21 (14%) of adults without a known underlying condition were morbidly obese*

*Morbid obesity defined as BMI ≥40; was not calculated for children <2-18 years old





- Median days from onset to
 - Antiviral treatment (n=176), 3 days (0 to 29 days)
 - Hospitalization admission (n=244), 3 days (range 0-18 days)
 - ICU (n=49), 4 days (0-19 days)
- Median days from onset to antiviral treatment
 - In all hospitalized patients (n=176), 3 days (0 to 29 days)
 - In ICU patients (n=57), 5 days (0-24 days)
 - In deaths (n=19), 10 days (range 3-20 days)



Epidemiology/Surveillance Distribution by Age Group of Influenza Hospitalized Cases Emerging Infections Program - Pandemic H1N1 -14 JUL 2009









Epidemiology/Surveillance Confirmed, Probable Fatalities by Date of Death as of 14 July 2009





•Date of death available for 178/211 (84%) of reported fatalities



Epidemiology/Surveillance States with Increased ILI Activity 14 JUL 2009







Epidemiology/Surveillance States with Decreased ILI Activity 14 JUL 2009









- Data analyzed by state for percent of influenza positive lab specimens
 - Increasing trends
 - Hawaii noted to have a consistent increasing trend
 - A number of states had trends that appeared to be increasing, though the data needs to be further examined (VT, MS, KS, ID, AK)
 - Four states had increase in ILINet
 - Many states showed data that did not have a consistent trend due to reporting difficulties resulting in lack of data for some weeks
 - Currently looking at ways to provide an efficient visualization for summary review.



Laboratory MMWR Prepared for Release on Use of Rapid Influenza Diagnostic Tests Pandemic H1N1- 14 JUL 2009



MMWR Prepared for Release on Use of Rapid Influenza Diagnostic Tests (RIDTs) for Pandemic H1N1

- Commonly used RIDTs are capable of detecting Pandemic H1N1 from respiratory samples containing high virus titers
- Overall sensitivity was <70% among all samples tested (18-69%)
- All RIDTs performed well compared to rRT-PCR for samples with Ct values <20 with 90-100% sensitivity
- Sensitivity of the RIDTs was highest among specimens with Ct values of 20-<25
- Among samples with Ct values of 20 or greater, the sensitivity declined substantially
- Four RIDTs (BinaxNOW, Directigen EZ, QuickVue A+B, and QuickVue) detected cultured A/California/4/2009 with a lower limit of detection between 104.5 and 105.5 TCID50, slightly higher TCID50 levels than for detection of seasonal influenza viruses



Laboratory Performance of RIDTs Compared to Ct Values in Type A rRT-PCR Assay Pandemic H1N1- 14 JUL 2009



RIDT	Samples positive for:	Number of rRT-PCR Positive Specimens Ct Values				# Test Positive/ # rRT-PCR
		<20	20 to <25	25 to <30	>30	Positive (%)
	Pandemic 2009 H1N1	8/9	7/17	2/13	1/6	18/45 (40%)
BinaxNOW	Seasonal H1N1	ND	2/3	1/2	ND	3/5 (60%)
	Seasonal H3N2	ND	10/10	2/4	0/1	12/15 (80%)
	Pandemic 2009 H1N1	8/9	10/16	2/12	1/6	21/43 (49%)
Directigen EZ	Seasonal H1N1	ND	2/2	1/2	ND	3/4 (75%)
	Seasonal H3N2	ND	8/8	2/3	0/1	10/12 (83%)
	Pandemic 2009 H1N1	9/9	13/17	6/13	3/6	31/45 (69%)
QuickVue A+B	Seasonal H1N1	ND	2/3	2/2	ND	4/5 (82%)
	Seasonal H3N2	ND	10/10	2/4	0/1	12/15 (80%)
QuickVue	Pandemic 2009 H1N1	3/3	1/5	0/4	0/1	4/13 (31%)
	Pandemic 2009 H1N1	4/4	1/5	1/4	0/1	6/14 (43%)
3M	Seasonal H1N1	ND	ND	ND	ND	ND
	Seasonal H3N2	ND	2/2	ND	ND	2/2 (100%)
Xpect	Pandemic 2009 H1N1	3/4	1/9	0/7	0/2	4/22 (18%)
OSOM	Pandemic 2009 H1N1	2/3	1/3	0/3	0/1	3/10 (30%)
	Seasonal H1N1	ND	ND	ND	ND	ND
	Seasonal H3N2	ND	0/3	1/1	ND	1/4 (25%)





- Section 1: Background
 - Context: Keep schools open
 - Recommendation: collaborative community level decision making
 - Roles of PH, ED, schools, parents, students, community
- Section 2: Interventions by Scenario
 - Basic interventions for all schools at all times
 - Seasonal flu conditions and/or H1N1 "spring-like" conditions
 - H1N1 "severe" conditions OR unable to protect high risk
- Section 3: Decision-Making
 - Local and collaborative
 - Based on Epi + Values + Intent + Feasibility
 - School dismissal section





- Vaccine Implementation Steering Committee: ASTHO, CSTE, NACCHO, AIM, Preparedness Program Directors, National Vaccine Program Office (NVPO)
 - Goal: Address key policy issues that will affect success of Pandemic H1N1 vaccination campaign
 - Teleconference every Monday and Wednesday
 - Additional meetings scheduled for subcommittees
 - Vaccine Administration Reimbursement
 - Issues under discussion
 - Provider engagement, particularly non-VFC providers
 - Implementation of planning scenarios
- Upcoming Events
 - National Vaccine Advisory Committee (NVAC) Vaccine Safety Meeting: July 15-16
 - Vaccines and Related Biological Products Advisory Committee (VRBPAC) meeting to discuss pathways to licensure: July 23
 - Advisory Committee on Immunization Practices (ACIP): July 29



Healthcare Delivery & Infection Control Influenza Antiviral-Related ED Visits and Antiviral Prescriptions Pandemic H1N1 – 14 JUL 2009





• Pediatric Stakeholder Meeting set for September 9 & 10





- Harvard Poll Press Release Expected 7/16/09
 - Conducted 6/22-28
 - Nationally representative sample: 1328 respondents (260 Hispanic;
 315 Non-Hispanic African American; 305 cell phone interviews)
- Results:
 - Awareness: 92% seen/heard out about outbreak
 - 72% of those followed news closely
 - Level of Concern:
 - At any time: 42% concerned that someone in family would be sick
 - Today: 38%
 - Perceived severity
 - If household member became ill, 51% thought would likely be lifethreatening
 - Proximity
 - 27% aware of cases in their community
 - 18% schools in community closed due to H1N1





- Self reported responses
 - Washed hands/used sanitizer more: 62% (-5%; 5/6 Poll)
 - Taken steps to avoid someone who has flu-like symptoms 38% (+3%)
 - Avoided places where many people gather: 16% (-9%)
 - Avoided air travel: 13% (-14%)
 - Purchased a face mask: 5%
 - Worn a face mask: 6% (+1%; 4/29 Poll)
 - Gotten a prescription/purchased antivirals: 3% (+1%; 5/6)
- Ability to stay at home
 - 7-10 days: 68%
 - Most of 7-10 days: 17%
 - A few days: 9%