



## Director's Situation Update Tuesday

12 May 2009 1100 EDT Day 24

The Day of Sustaining the Workforce



#### Novel Influenza A (H1N1) Key Events 12 May 2009 1100 EDT



- Novel Influenza A (H1N1) Declarations
  - HHS: Downgraded to Phase 1 Awareness (9 May 2009)
  - WHO: Pandemic Phase 5 (29 Apr 1600 EDT)
  - Declarations of Emergency (no changes)
    - USG: Public Health Emergency declared (26 Apr 2009)
    - SLTT Declarations: 10
      - CA, TX, WI, FL, NE, VA, MD, IA, OH, American Samoa
    - National Declarations: 4
      - Ecuador, Costa Rica, Colombia, Mexico
- US Cases:
  - Confirmed: 3,009 cases ( 391)
    - 3,002 cases, 44 States; 7 cases DC
  - Probable: 643 cases
    - 640 cases, 35 States; 3 cases DC
  - Confirmed/Probable: 3,652 cases (\$\infty\$330)
    - 3,642 cases, 46 States; 10 cases DC
  - Total Deaths 3: (2-TX, 1-WA)
- International Cases: 5,251 in 30 Countries
  - New countries with confirmed cases: None
  - Deployments: 112 deployed, 13 pending



#### Epidemiology/Surveillance Team Novel Influenza A (H1N1) Cases as of 12 May 2009 1100 EDT



	Confirmed (CDC Lab)											
	Cases				Hosp				Deaths			
	# State	#	# DC	TTL	# State	#	# DC	TTL	# State	#	# DC	TTL
	Cases	States	Cases	States+	Cases	States	Cases	States+	Cases	States	Cases	States
				DC				DC				+DC
12-May	3,002	44	7	3,009	102	22	1	103	3	2	0	3
Change	388	1	3	391	9	1	0	9	0	0	0	0

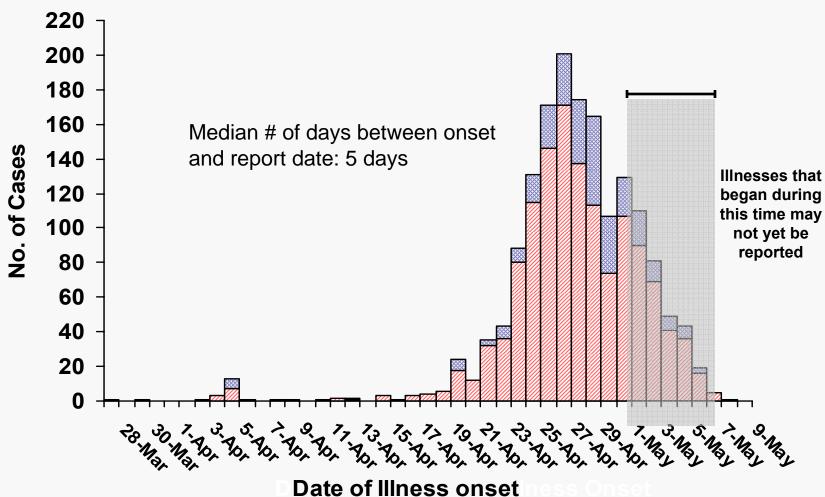
	Total Confirmed and Probable											
	Cases				Hosp				Deaths			
	# State	#	# DC	TTL	# State	#	# DC	TTL	# State	#	# DC	TTL
	Cases	States	Cases	States+	Cases	States	Cases	States+	Cases	States	Cases	States
				DC				DC				+DC
12-May	3,642	46	10	3,652	115	24	1	116	3	2	0	3
Change	330	0	0	330	6	0	0	6	0	0	0	0



#### **Epidemiology/Surveillance** Confirmed, Probable Cases by Onset Date (n=1,632) as of 12 May 2009 1100 EDT



☑ Confirmed (n=1,335) ■ Probable (n=297)





### Epidemiology/Surveillance as of 12 May 2009 1100 EDT



Confirmed and Probable Novel H1N1 Cases from Web-application Reporting (Convenience Sample of Reported Cases) N=451

- 49% male, 49% female
- 6% hospitalized
- Median age: 15 years

Age Groups	%
0-4 years	13%
5-18 years	47%
19-29 years	22%
30-49 years	11%
≥50 years	7%



### Confirmed and Probable Novel H1N1 Cases from Web-application Reporting (Convenience Sample of Reported Cases) N=451 12 May 2009 1100 EDT



Exposure	%	Symptom	%			
Traveled to Mexico	12%	Fever/feverishness	95%			
Family member with pneumonia or ILI	25%	Cough	90%			
Close contact with	12%	Sore throat	64%			
susp./prob./conf. case		Runny nose	49%			
Work in a healthcare	5%	Vomiting	24%			
setting		Diarrhea	18%			
Handled samples in lab setting	<1%	Shortness of breath	19%			
Setting						

- Time from onset date to first influenza test: median 2 days
- Received 08-09 influenza vaccine: 28%



### Epidemiology/Surveillance Assessment & Plan as of 12 May 2009 1100 EDT



#### Assessment:

 Pace of increase in counts appeared to have slowed; cannot rule out impact of decreased testing

#### Plan:

- Continuing to review general epi trends
- Expect data from other special studies over next
   1-2 weeks
- States to begin aggregate reporting midweek; web-based application for data entry under development



### Epidemiology/Surveillance Current Influenza Surveillance -as of 12 May 2009 1100 EDT



#### WHO/NREVSS Collaborating Laboratories (graph as of 5/11/2009)

- Seasonal influenza A (H1), A (H3), and B viruses co-circulated with novel influenza A (H1N1) viruses
- Relative proportion of influenza A (H3N2) virus reports increasing

#### Influenza-associated Pediatric Deaths

- No new influenza-associated pediatric deaths reported
- -2008-09 season total = 59

#### 122 Cities Mortality Reporting System (graph as of 5/11/2009)

- As weekly mortality reports continue to be received at CDC for week ending 5/9/2009, the percentage of pneumonia and influenza deaths is not expected to be significantly elevated
- Percentage of deaths due to pneumonia and influenza remain stable based upon daily mortality reports from the 122 Cities Mortality Reporting System

#### • ILINet (graphs by region, EARS analysis as of 5/11/2009)

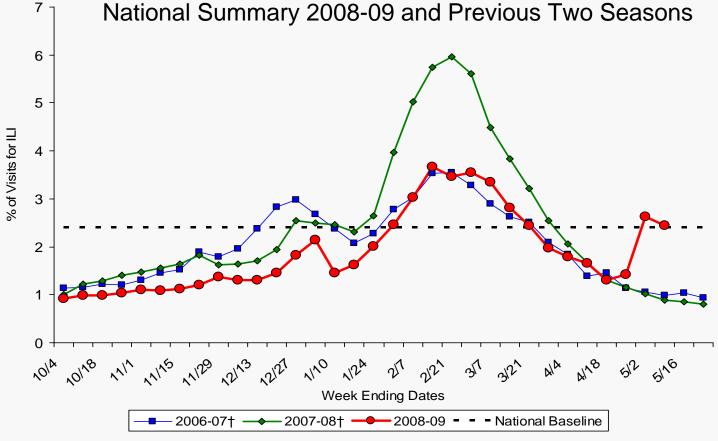
 During week ending 5/9/2009, the percentage of ILI outpatient visits was above the national baseline



### Epidemiology/Surveillance Current Influenza Surveillance – ILINet 12 May 2009



Percentage of Visits for Influenza-like Illness (ILI) Reported by the US Outpatient Influenza-like Illness Surveillance Network (ILINet),



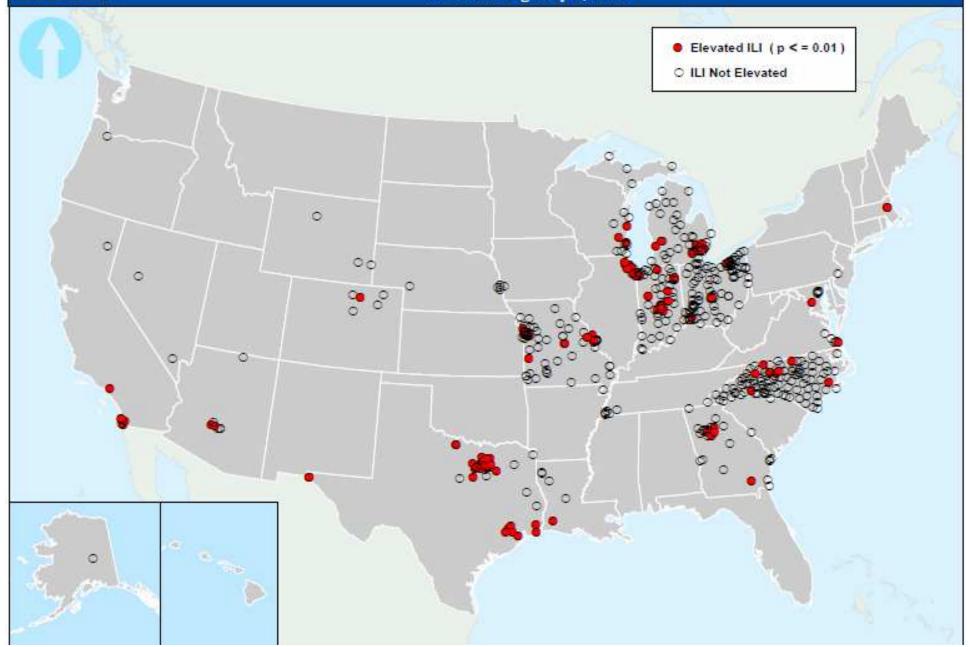
NOTE: Week ending dates vary by influenza season

\*Preliminary ILI data for week 18, as of May 11, 2009 (n=565 weekly ILI reports received from XX states)

† There was no week 53 during the 2006-07 and 2007-08 seasons, therefore the week 53 data point for those seasons is an average of weeks 52 and 1.



# Influenza-like Illness (ILI) from BioSense Emergency Department Self-Reported Chief Complaints Analyzed by the Early Aberration Reporting System (EARS) C2 Week Ending May 9, 2009





## International Novel Influenza A (H1N1) - 12 May 2009 1100 EDT



## WHO global case count: 5,251 confirmed cases in 30 countries\*

- No new countries with confirmed cases
- Countries with highest confirmed case count after the US and Mexico:
  - Canada: 330 Cases (↑46) Spain: 95 (=) UK:
     55 (↑8)
- Panama case count now 16 (↑14)

# ECDC reporting confirmed cases in 14 EU countries



#### Division of Global Migration and Quarantine Novel Influenza A (H1N1) - 12 May 2009 1100 EDT



- Ports of Entry (POEs)
  - 160 events, 16 confirmed cases
  - Maritime 2 ILI cases among crew identified on Royal Caribbean ship – Vancouver/Alaska/San Francisco.
    - Ship to be boarded May 12 by 2 Quarantine Officers in Sitka, AK.
- Community Mitigation (CM)
  - Mexico Community Mitigation revised protocol sent to CDC for Clearance



## Communications Summary Novel Influenza A (H1N1) - 12 May 2009 1100 EDT



#### **Communicating to Prevent Stigma**

#### **CDC Resources for Partners:**

- "Countering Stigmatization" CDC Podcast (4,794 downloads)
- Avoiding Stigmatization of Migrant Farmworkers
  - Sent to 1,250 State/local health communication and PIO
  - Referrals to Stigma: Its Harm and Remedy in Outbreaks
     Like Swine Flu (Center for Biosecurity UPMC)

## Perform communication surveillance to discern public stigmatizing perceptions

- Not a major theme of calls or news stories
- Association of illness with travel to Mexico, rather than with Mexican people