

H1N1 (Swine Flu) Update

May 20, 2009

This daily report is designed to provide you with current information about the swine flu, the NPS role, and how it affects our jobs and lives. For your convenience, this document summarizes both **official** (NPS and other government sources) and **non-official** (media coverage) information. It includes four sections: (1) Overview of Current Situation, (2) NPS Monitoring and Response, (3) Information from Other Official Sources, and (4) Summaries of News (National and Global).

1. Current Situation

Today the World Health Organization (WHO) is reporting that 40 countries have a total of 9,830 confirmed H1N1 flu cases while in the US the Centers for Disease Control and Prevention (CDC) reported has a total of 5,469 confirmed cases in 48 states as of May 19th. The World Health Organization is encouraging that antiviral drugs be given to only high risk patients to make sure that supplies are available if the virus mutates and becomes more virulent. In the US, CDC continues to emphasize that pregnancy appears to be a significant risk factor for H1N1 and is advising treatment of pregnant women with Tamiflu if the patient has flu symptoms and history of contact with someone who has swine flu. The CDC is also strongly emphasizing that H1N1 is not going away, transmission of the virus is continuing in a sustained manner and it is still important to pay close attention to this disease. CDC and public health officials are reminding the public that there is still no vaccine for H1N1 available and even though initial data seems to indicate that the severity of the disease appears to be "mild" or at least similar to seasonal flu there are some important anomalies and features of novel H1N1 to be monitored.

Important features, trends and new guidance regarding Novel H1N1:

1. Transmission in the U.S. is being sustained and is not decreasing. H1N1 is not going away.
2. There is no vaccine available or expected for several months.
3. The initial trend of this virus disproportionately affecting young people is continuing to be sustained. The cause of this and whether the trend will be sustained or not is still unclear.
4. Hospitalization rates appear to be higher in H1N1 compared to seasonal flu especially among younger people (this is a significant anomaly that is being closely studied). *Anne Schuchat-CDC Press Briefing May 18, 2009*
5. There is an abnormal level of seasonal flu circulating for this time of year. About half of the cases are attributable to the Novel H1N1 virus while the rest are from previously identified seasonal flu strains. There is concern that the Novel H1N1 virus will undergo reassortment or "gene swapping" with the seasonal flu viruses and gain virulence and/or antiviral drug resistance. There is no evidence that this has occurred at this time but it is being closely watched.
6. CDC's Travel Health Warning recommending against non-essential travel to Mexico, in effect since April 27, 2009, has now been downgraded to a Travel Health Precaution for Mexico. See CDC's Travel Health Precaution web-site for more details.
<http://wwwn.cdc.gov/travel/content/travel-health-precaution/novel-h1n1-flu-mexico.aspx>

2. National Park Service – Monitoring and Response

- Coordinating and communicating with federal health agencies and DOI
- Formed a Servicewide H1N1 Coordination and Response Team, led by the Emergency Services Branch and the Office of Public Health
- Providing weekly updates and briefings for NPS senior staff
- Participating in CDC briefings with state and county health officials
- Established two websites—intranet and public use—for improving dissemination of information and guidance materials
- Assisting NPS units and regional offices in:
 - developing and/or implementing pandemic flu preparedness or response measures
 - interpreting CDC guidance documents as applicable to NPS employees, visitors, and work settings
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3. Information from Other Official Sources

- World Health Organization-- 20 May 2009 -- As of 06:00 GMT, 20 May 2009, 41 countries have officially reported 10,243 cases of influenza A(H1N1) infection, including 80 deaths (essentially double the number of worldwide confirmed case since one week ago).

Mexico has reported 3648 laboratory confirmed human cases of infection, including 72 deaths. The United States has reported 5469 laboratory confirmed human cases, including six deaths. Canada has reported 496 laboratory confirmed human cases, including one death. Costa Rica has reported nine laboratory confirmed human cases, including one death.

Many other countries have reported laboratory confirmed cases with no deaths.

WHO is not recommending travel restrictions related to the outbreak of the influenza A (H1N1) virus. Individuals who are ill should delay travel plans and returning travelers who fall ill should seek appropriate medical care. These recommendations are prudent measures which can limit the spread of many communicable diseases, including influenza.

- Centers for Disease Control and Prevention—

Table. U.S. Human Cases of H1N1 Flu Infection

(As of May 19, 2009, 11:00 AM ET)

States*	<u>Confirmed and Probable Cases</u>	Deaths
Alabama	61	
Arkansas	3	
Arizona	488	2
California	553	
Colorado	56	
Connecticut	56	
Delaware	69	
Florida	103	
Georgia	25	
Hawaii	21	
Idaho	8	
Illinois	707	
Indiana	96	
Iowa	71	
Kansas	34	
Kentucky**	16	
Louisiana	65	
Maine	10	
Maryland	39	
Massachusetts	156	
Michigan	165	
Minnesota	38	
Mississippi	4	
Missouri	20	
Montana	9	
Nebraska	28	
Nevada	31	
New Hampshire	20	
New Jersey	18	
New Mexico	68	
New York	267	
North Carolina	12	
North Dakota	3	

Ohio	13	
Oklahoma	42	
Oregon	94	
Pennsylvania	55	
Rhode Island	8	
South Carolina	36	
South Dakota	4	
Tennessee	85	
Texas	556	3
Utah	91	
Vermont	1	
Virginia	23	
Washington	362	1
Washington, D.C.	13	
Wisconsin	766	
TOTAL*(48)	5,469 cases	6 deaths

*includes the District of Columbia

**one case is resident of KY but currently hospitalized in GA.

This table will be updated daily Monday-Friday at around 11 AM ET.

International Human Cases of Swine Flu Infection

See: [World Health Organization](#).

NOTE: Because of daily reporting deadlines, the state totals reported by CDC may not always be consistent with those reported by state health departments. If there is a discrepancy between these two counts, data from the state health departments should be used as the most accurate number.

May 13 Confirmed Cases TOTAL (41) 3009 cases 3 deaths

4. Media Coverage

Worldwide Update

- Many people suffering from swine influenza, even those who are severely ill, do not have fever, an odd feature of the new virus that could increase the difficulty of controlling the epidemic, said a leading American infectious-disease expert who examined cases in Mexico last week. Fever is a hallmark of influenza, often rising abruptly to 104 degrees at the onset of illness. Because many infectious-disease experts consider fever the most important sign of the disease, the presence of fever is a critical part of screening patients. But about a third of the patients at two hospitals in Mexico City where the American expert, Dr. Richard P. Wenzel, consulted for four days last week had no fever when screened, he said. (NY Times, 5/13/09)
- With swine flu still spreading, the U.N. health agency is warning countries to limit their use of antiviral drugs to only high-risk patients to ensure adequate supplies in case the virus should mutate and become more dangerous. The World Health Organization said Tuesday that antiviral drugs should be given to only patients most at risk. Its comments appeared aimed at European countries, which have been using antiviral drugs such as Tamiflu and Relenza much more aggressively than the U.S. and Mexico, administering them whenever possible in an attempt to contain the virus before it spreads more widely. A WHO medical expert, Dr. Nikki Shindo, said the U.N. agency thinks antivirals should be targeted mainly at people already suffering from other diseases or complications – such as pregnancy – that can lower a body's defenses against flu. (Washington Post, 5/13/09)
- Japan has experienced a recent sharp increase in the number of H1N1 cases since the beginning of the week resulting in many school closures and has now been identified in Tokyo. TOKYO, May 20 (Reuters) - Japan confirmed its first case of the new H1N1 flu in its densely populated capital Tokyo on Wednesday, as the number of cases rose to more than 250 in the western part of the country. Nobody has died of the virus in Japan and the majority of cases, affecting mostly teenagers, have been mild, a Health Ministry spokesman said. (Reuters 5/20/09)
- WHO and world health officials continue the process of deciding how to proceed with making decisions on production of seasonal and Novel H1N1 vaccines. GENEVA, May 19 (Reuters) - Health officials sought on Tuesday to find ways to increase the global supply of vaccines that could be used to protect the world's most vulnerable people against H1N1 flu. U.N. Secretary-General Ban Ki-moon conferred in Geneva with the head of the World Health Organization (WHO) and executives from 30 pharmaceutical companies about how to bolster production of both seasonal and pandemic flu injections. The vaccine industry is looking for guidance from the WHO about whether it should start mass-producing jabs to fight the newly-discovered virus strain that has infected nearly 10,000 people and killed 79. (Reuters 5/19/09)

US Update:

- CDC is emphasizing a message of continued vigilance in regards to Novel H1N1. "I think it's important to dispel the idea that we're out of the woods, or that this was a problem that really didn't merit response. I think that we continue to see illness, it's a new virus, it's capable of

causing severe disease. We hope that it will not continue to cause illness and outbreaks in the Southern hemisphere the way it's been causing problems here in the U.S. But we really need to continue to have our guard up, and to continue to be vigilant as we look towards the summer in the Southern hemisphere and the fall back here in the U.S. So, you know, the final comment is influenza is unpredictable, and we really need to stay attuned to that, to be prepared for surprises in the days and weeks ahead." *Anne Schuchat-CDC Press Briefing May 18, 2009*

- The U.S. Centers for Disease Control and Prevention said pregnant women in particular should take the drugs if they are diagnosed with swine flu, even though the effects on the fetus are not completely known. Pregnant women are more likely to suffer pneumonia when they catch flu, and flu infections have raised the risk of premature birth in past flu epidemics. A pregnant Texas woman who had swine flu died last week, and at least 20 other pregnant women have swine flu, including some with severe complications. For all these reasons, risks from the virus are greater than the unknown risks to the fetus from Tamiflu and Relenza, said Dr. Anne Schuchat of the CDC. "We really want to get the word out about the likely benefits of prompt antiviral treatment" for pregnant women, she said (*Washington Post*, 5/13/09). Additionally, because a positive test for the new H1N1 flu can take days, the agency said, Tamiflu should be given to any pregnant patient with flu symptoms and a history of likely contact with someone else with swine flu. "If I'm thinking influenza — the classic symptoms, febrile, aching all over, came on all of a sudden — and this flu is in the community, and I'd otherwise give the patient Tamiflu if she wasn't pregnant, we're saying, 'Don't delay because she's pregnant,'" said Dr. Denise Jamieson, a C.D.C. medical officer. "At that point, the benefit of giving Tamiflu outweighs the risk." Tamiflu is not normally recommended for use by pregnant women because the effects on the unborn child are unknown, according to its maker, Roche. The CDC and the World Health Organization said case histories in Mexico and the United States suggested that pregnancy was emerging as a risk factor rivaling asthma, diabetes, immunosuppression and cardiovascular disease. (*NY Times*, 5/13/09)