

2009 Pandemic Influenza A Update and Flu Surveillance In Connecticut

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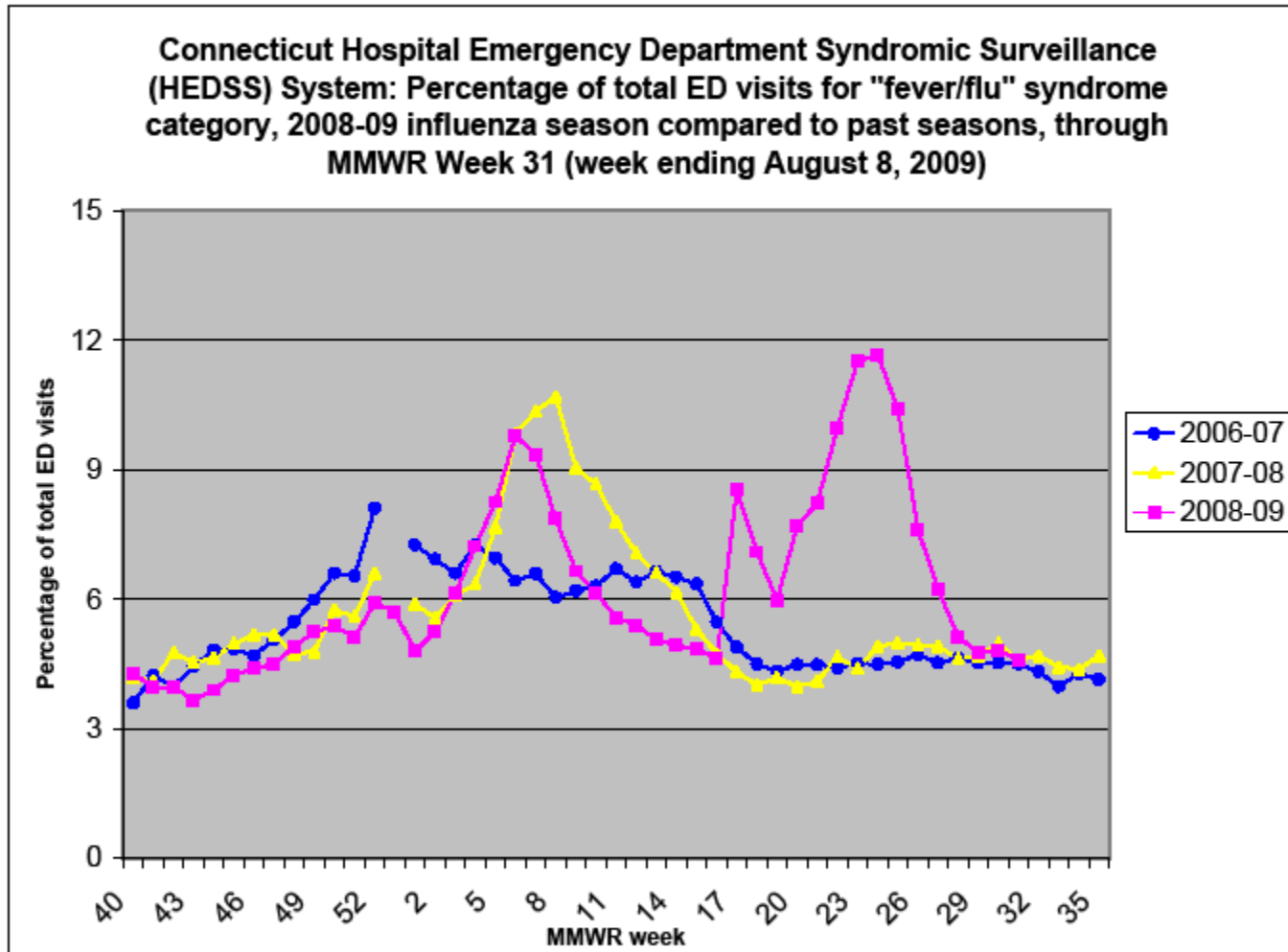
September 10, 2009



Current status- Connecticut (as of 8-27-09)

- **1964 confirmed cases**
- **Age range <1-93 years; median=14 years**
- **51% female**
- **Most towns affected**
- **137 hospitalizations, 9 deaths**

Current Status- Connecticut



Current Recommendations

- **Diagnosis/Testing**
- **Antiviral Use**
- **Respirator/Mask Use**
- **School specific guidelines**

Diagnosis

- **Mainly a clinical diagnosis**
- **Persons with mild illness do NOT need to be tested**
- **Rapid flu tests should be used with caution**
- **Decisions about treatment and prophylaxis should be made at the time of patient evaluation**

Testing at the DPH Laboratory

- **Currently only being done for the following:**
 - **Hospitalized patients with ILI**
 - **Healthcare workers with ILI**

Antiviral Use

- **Oseltamivir (Tamiflu) and Zanamivir (Relenza) are active against novel H1N1**
- **Both recommended for treatment and chemoprophylaxis**
- **Treatment course = 5 days; within 48 hours of symptom onset**
- **Chemoprophylaxis = 10 days; after last known exposure during infectious period of sick person**

Treatment

- **Recommended for:**
 - **Hospitalized patients with suspected flu**
 - **Persons at increased risk for flu complications**

High Risk Groups

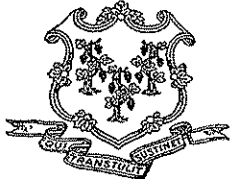
- **Children < 5 years old (esp < 2 years old)**
- **Adults ≥ 65 years old**
- **Persons with the following conditions:**
 - **Chronic pulmonary, cardiovascular, renal, hepatic, hematologic, neurologic, neuromuscular and metabolic conditions**
 - **Pregnant women**
 - **Immunosuppression caused by medications or HIV**
 - **Children < 19 years on chronic aspirin therapy**
 - **Residents of nursing homes and long-term care facilities**

Chemoprophylaxis

- **Recommended for:**
 - **Persons at increased risk for flu complications who live with or care for sick persons**
 - **Healthcare workers with recognized, unprotected, close contact exposure to a sick person**
- **Pre-exposure prophylaxis generally NOT recommended**

Respirator/Mask Use: Healthcare Settings

- **CDC continues to recommend N-95 respirators for all encounters with patients with novel H1N1 flu in healthcare settings**
- **Guidance currently under review at CDC**
- **DPH developed interim guidelines in consultation with infectious disease expert advisory group**



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

HEALTH ADVISORY: SWINE-ORIGIN INFLUENZA A (H1N1) VIRUS (S-OIV) INFECTION

Connecticut DPH Modifications of Existing CDC Guidelines: Droplet Precautions and N95 Respirators

Please distribute immediately to all staff in the Departments of Laboratory Medicine, Critical Care, Emergency Medicine, Family Practice, Internal Medicine, Infectious Disease:

May 2, 2009

After consultation with a group of Connecticut experts in infectious diseases, the Connecticut Department of Public Health (DPH) recommends the following modifications to the interim guidelines from the Centers for Disease Control and Prevention (CDC):

- It is appropriate for hospitalized patients with confirmed, probable or possible swine flu to be cared for with droplet, rather than airborne, precautions. This means that patients *may* be placed in private, rather than negative pressure, rooms with appropriate use of gloves, *surgical* masks, gowns and hand washing.
- Current usage of N95 Respirators should be confined to instances of direct airway manipulation (e.g., bronchoscopy, intubation, nasopharyngeal suction).
- If N95 respirators are either not available or in short supply, please follow the CDC

Interim Domestic Guidance on the Use of Respirators to Prevent Transmission of SARS,
May 3, 2005: <http://www.cdc.gov/ncidod/sars/respirators.htm>.

These modifications of current CDC guidelines will be reevaluated and updated as new data are received.

Mask/Respirator Use: Residential/Home Settings

- **Facemasks should be used by sick persons when they need to leave their homes/dorm room to seek medical care, other services**
- **Facemasks should be used by well persons caring for sick persons if close contact (< 6 feet) is required**
- **Facemasks not recommended for well persons in public settings (e.g. classes, public events)**

Update on Schools

- **New school guidance released 8/7/09**
- **Variety of strategies for managing influenza in schools, depending on severity of illness**
- **DPH conferences with K-12 schools, private schools, colleges and LHDs this summer**
- **Importance of schools and local health depts working closely together**
- **Regular communication is key**

Current Status- Vaccine

- **Currently under production by 5 different manufacturers**
- **Clinical trials of vaccine underway**
- **Vaccine will be free**
- **First shipments expected in mid-October**
 - **Based on amount of available vaccine and population of state**
 - **Mixed public and private model**

Current Status- Vaccine

- **DPH working to enroll interested healthcare providers**
- **Local health departments will work with towns/schools to determine need/feasibility of mass vaccine clinics**
- **Priority groups for vaccination based on vaccine supply**
- **Seasonal influenza vaccine should be encouraged for all**

Vaccine Priority Groups

- **Pregnant women**
- **Caregivers/contacts to children <6 months old**
- **Healthcare and EMS personnel**
- **All persons aged 6 mos-24 years**
- **Persons 24-64 years old at increased risk for flu complications**

Methods of Flu Surveillance

- **Laboratory**
- **Syndromic surveillance**
- **Mortality surveillance**

Laboratory Surveillance

- **Sent from hospitals and providers**
- **Sentinel provider network**
- **PCR**

Syndromic Surveillance

- **Influenza-like illness**
- **Long term care facilities**
- **Emergency room visits**
- **Hospital admissions**

Mortality Surveillance

- **Pneumonia and influenza deaths**
- **Pediatric deaths**

**Figure 3a. Laboratory Confirmed Tests by Flu Season
Connecticut, 2004-2009**

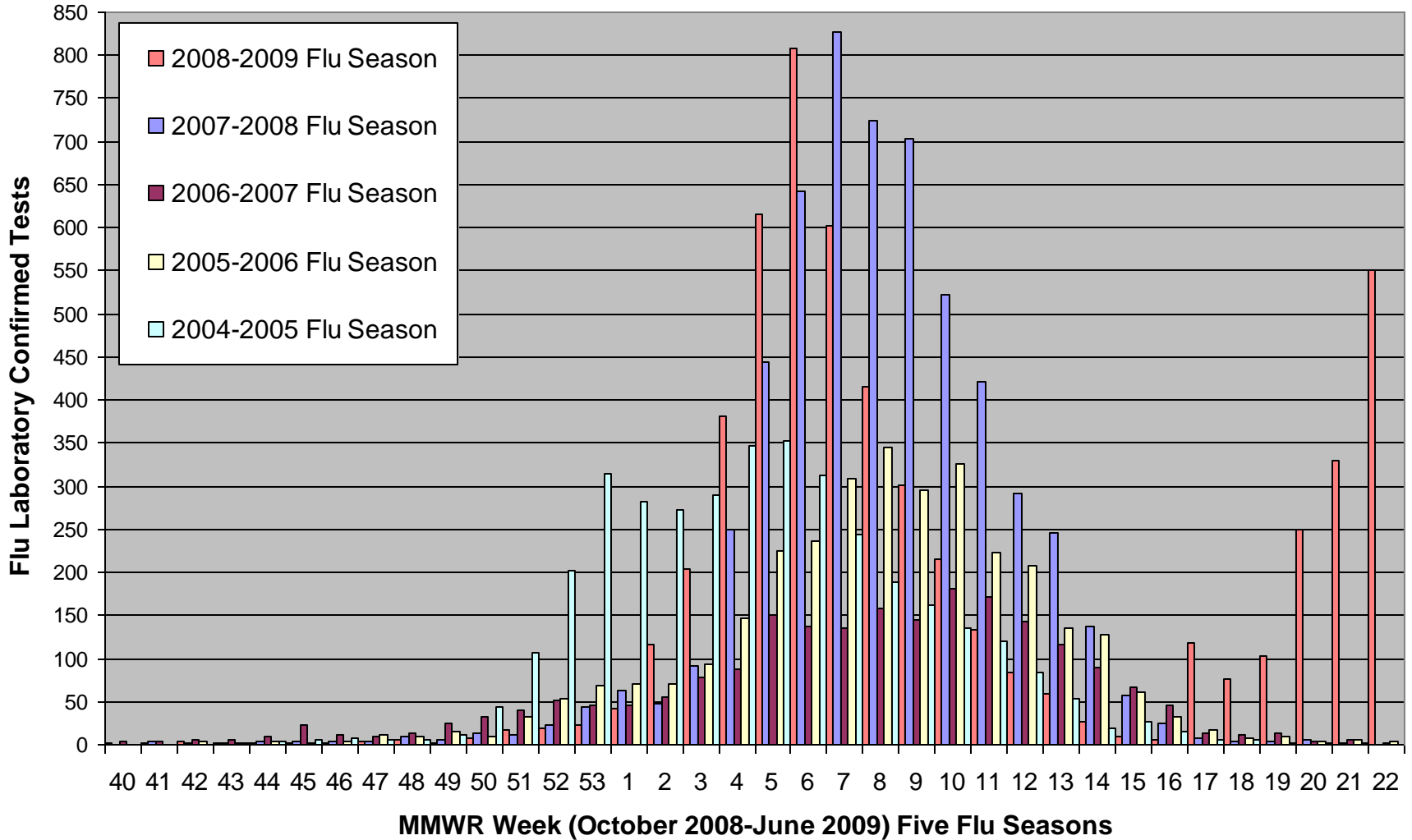


Figure 4. Respiratory Outbreaks & Influenza in Long-term Care Facilities (LTCF), Connecticut, 2008-2009 Influenza Season

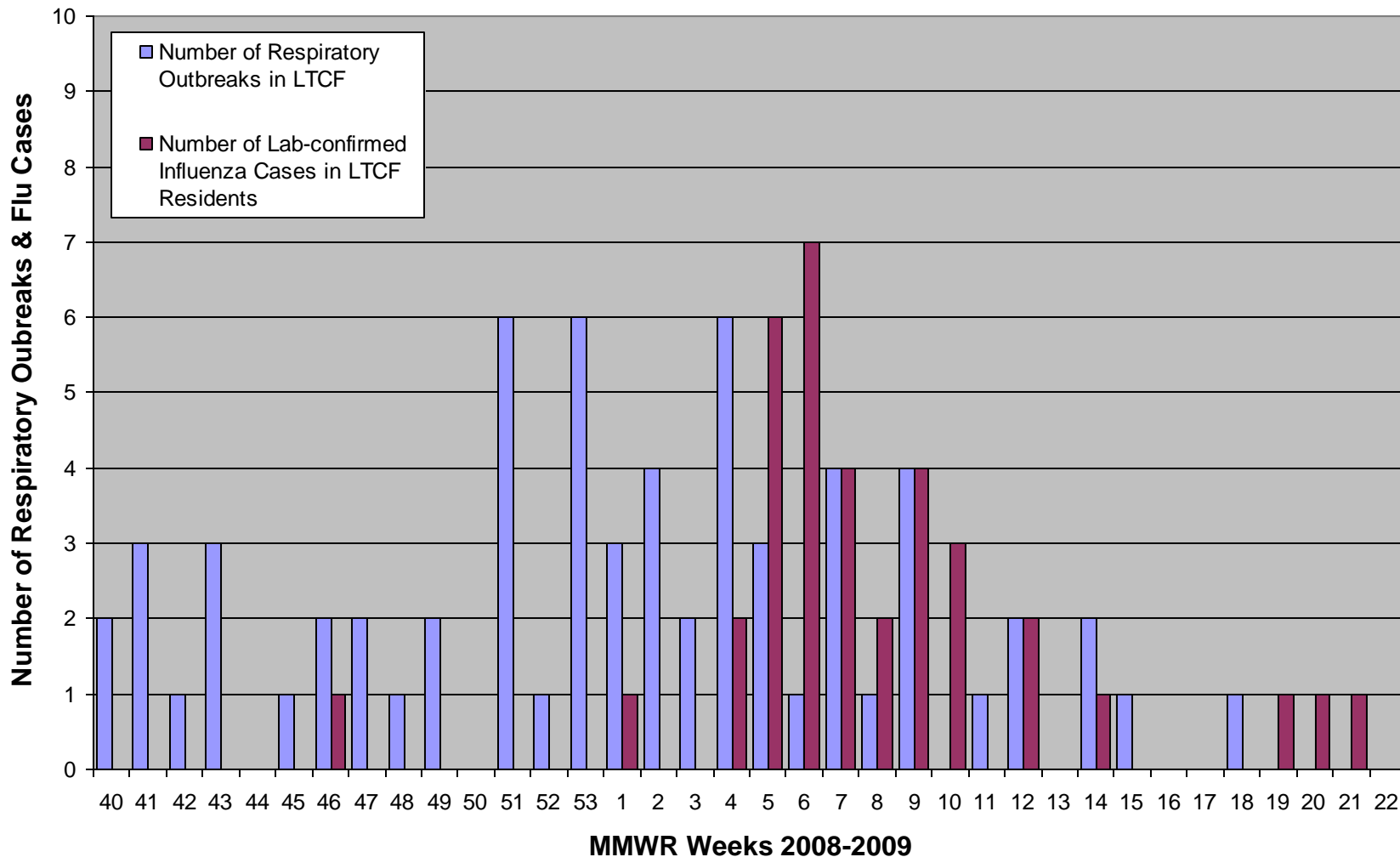


Figure 5. Outpatient Influenza-Like Illness Surveillance Network (ILINet), Statewide Visits of Patients with Influenza-Like Illness (ILI), Connecticut, 2007-2009

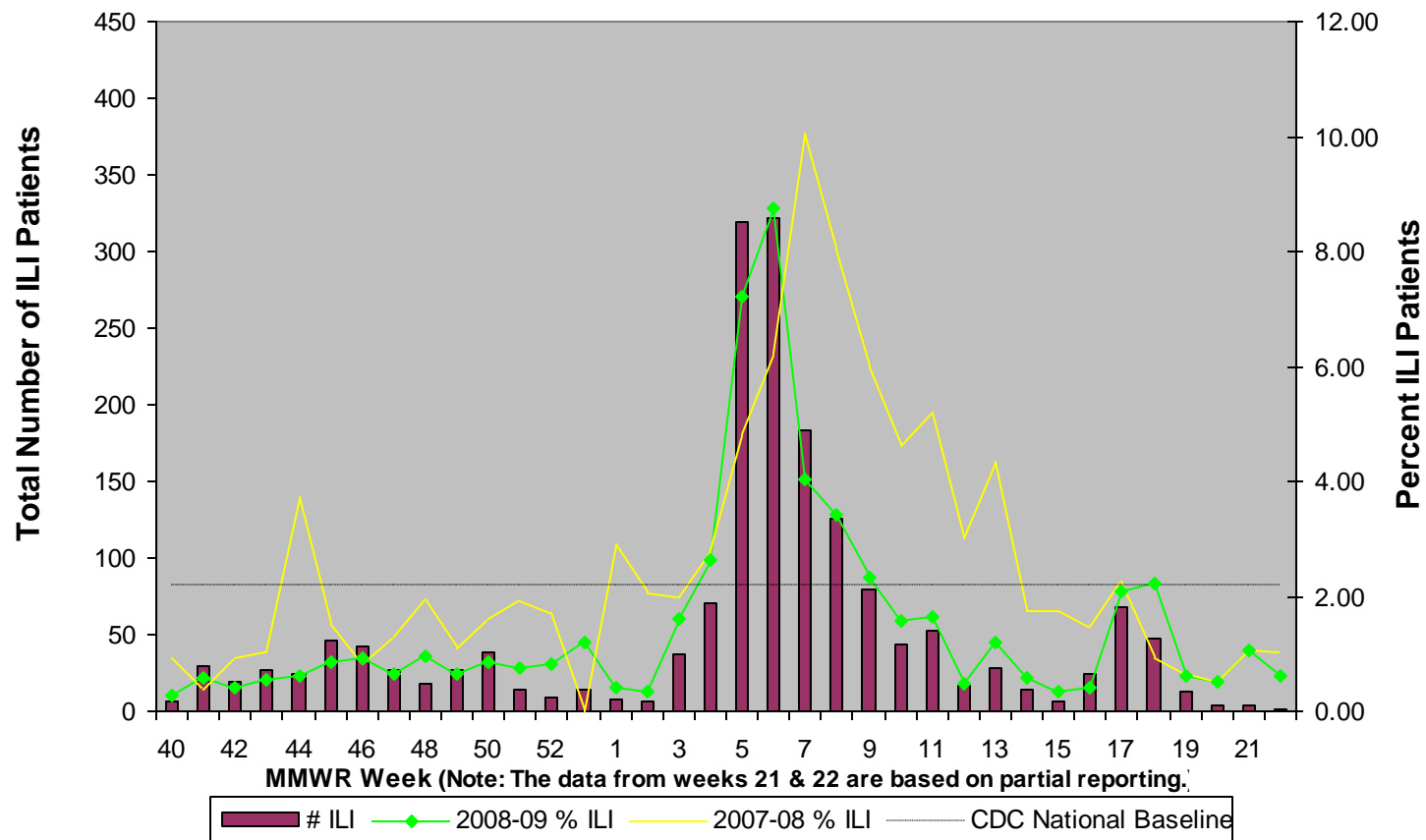
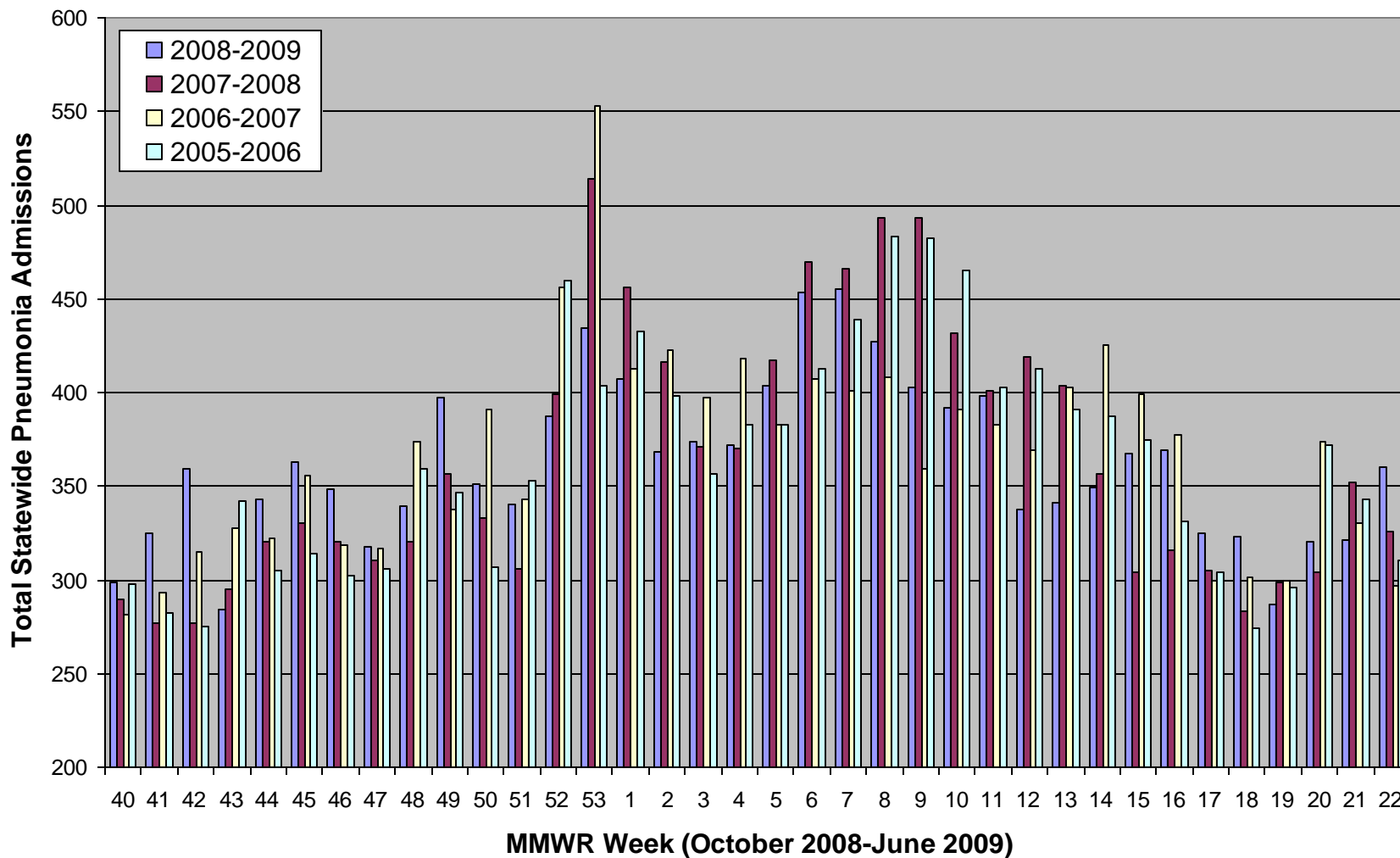


Figure 7. Hospital Admissions Syndromic Surveillance (HASS) System, Connecticut Statewide Pneumonia Admissions by Flu Season; 2005-2009



Guillain-Barre Syndrome (GBS) Surveillance

- **GBS was associated with influenza vaccine during the vaccination campaign in 1976**
- **Concerns for similar risk with new H1N1 vaccine**
- **Sentinel surveillance to be performed among 10 EIP sites nationwide**
- **In addition to other adverse effect reporting systems in place for vaccinations**

GBS Surveillance

- **Surveillance through neurologists, pharmacists**
- **Review of hospital discharge data**

School Surveillance

- **New monitoring system for school closings developed by CDC in conjunction with the Department of Education**
- **Schools report school/district closings by email or fax**



Novel Influenza A (H1N1)-Related School Dismissal Reporting Form



The Centers for Disease Control and Prevention and the U. S. Department of Education have established a School Dismissal Monitoring System to report on novel influenza A (H1N1)-related school or school district dismissals in the United States. Your assistance in reporting known school dismissals is very important.

Instructions: You can fill out this form on your computer and email your submission to CDC. Alternatively, you can go to www.cdc.gov/FluSchoolDismissal to submit this information directly. You may also fill out the form on your computer, print it, and fax it to CDC at 770-488-6156.

Note: If an entire school district is dismissing all students, provide only the name of the school district. It is not necessary to list all the individual schools in the school district. If a single school is dismissing all students, provide the name of that school. If multiple schools (but not all schools in the school district) are dismissing all students, complete a separate form for each school.

Required Information:

Name of school
or school district:

Zip code of school
or school district:

(5 digit format)

Date school or school
district dismissed:

(yyyy-mm-dd)

Date school or school district is
projected to re-open (if known):

(yyyy-mm-dd)

Optional Information:

Name of person
submitting this form:

Organization/Agency:

Email address:

Telephone number:

Thank you for your help.

For more school-related influenza information, please go
to www.ed.gov or www.cdc.gov/h1n1flu.

Thank you!

- www.ct.gov/ctfluwatch
- www.cdc.gov/h1n1flu