



State of Wisconsin
Department of Health Services

Jim Doyle, Governor
Karen E. Timberlake, Secretary

H1N1 Situation Report

November 4, 2009 at 12:00 Hours

Overview

Nationally, the Centers for Disease Control and Prevention (CDC) reports that flu activity continues to increase and is now widespread in 48 states. Visits to doctors for influenza-like-illness continue to increase steeply and accounted for 8% of patient visits across the U.S. In addition, flu-related hospitalizations and deaths continue to go up nationwide and are above what is expected for this time of year. In Wisconsin, activity is widespread with 69 of the 72 counties reporting confirmed H1N1 cases.

The guidance DHS issued on October 27th to local health departments and health professionals asking them to target H1N1 vaccine for a subset of individuals most-at-risk during the next several weeks remains in effect. Vaccine supplies continue to fluctuate and DHS has requested that public and private health care providers refrain from mass public vaccination clinics, unless they are targeted at those most at risk.

The vaccines allocated to Wisconsin for the week of October 26th met the CDC's projections and Wisconsin had been allocated – or assigned – a total of 588,100 H1N1 doses. There is a lag time between the state receiving its allocation and the shipment of doses to the providers.

H1N1 vaccine is being provided for free from the federal government, and DHS strongly advises that anyone within the target group who presents to a public health agency's vaccination clinic for an H1N1 vaccination be immunized on-site, rather than being referred elsewhere. Local health departments are receiving federal funding for administering the vaccine and should not turn away anyone in the target group.

The CDC continues to stress there will be adequate supplies of H1N1 vaccine available for everyone who wants it, but it will take a longer time than previously projected for adequate supplies to become available.

People are encouraged to follow good hygiene precautions such as hand washing, covering their cough/sneeze with their sleeve or a tissue, and staying home when ill. Call your health care provider first to determine if you should be seen by your local physician or if you should go to the ER/urgent care for treatment.

H1N1 Surveillance

Influenza activity is widespread across the state and continues to increase in all five public health regions. Influenza-like activity is higher than normal for this time of year, with 69 of the 72 counties reporting confirmed H1N1 cases. There is no indication the H1N1 virus has changed or is more severe than in the spring, although hospitalizations are on the rise due to widespread illness.

Since September 1, 2009, there have been 120 hospitalizations due to H1N1 virus infection in Wisconsin. In the last week there have been two confirmed H1N1-related deaths reported in Rock and Kenosha Counties, bringing the statewide death total to 16 since the spring.

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H1N1 Vaccine Update

The guidance DHS issued on October 27th to local health departments and health professionals asking them to target H1N1 vaccine for a subset of individuals most-at-risk during the next several weeks remains in effect. Vaccine supplies continue to fluctuate and DHS has requested that public and private health care providers refrain from mass public vaccination clinics, unless they are targeted at those most at risk.

Consistent with Advisory Committee on Immunization Practices guidelines, DHS recommends that the public health and health care community focus vaccination efforts on the following subset of CDC's target groups:

- Pregnant women
- Persons who live with or provide care for infants age 6 months or younger (examples: parents, siblings, daycare providers)
- Health care and emergency medical services personnel who have direct contact with patients or infectious material
- Children age 6 months - 4 years
- Children and adolescents age 5-18 years who have chronic medical conditions that put them at higher risk for influenza-related complications

DHS has also requested that public and private health care providers refrain from H1N1 mass public vaccination clinics, unless they are targeted at those most-at-risk. The CDC continues to stress there will be adequate supplies of H1N1 vaccine available for everyone who wants it, but it will take a longer time than previously projected for adequate supplies to become available. Community vaccination clinics will resume as H1N1 vaccine becomes more readily available.

The ordering of the H1N1 vaccine is a continuous process as newly manufactured vaccine approved by the U.S. Food and Drug Administration (FDA) is allocated to the states and distributed each week. DHS places orders with the CDC for more than 2,000 public and private health care providers based on the state's assigned allotment. There is a lag time between the state receiving its allocation and the shipment of doses to the providers.

As of close of business Tuesday November 3rd Wisconsin had been allocated 588,100 doses of H1N1 vaccine.

Wisconsin H1N1 Vaccine Allotments in October

| Date | Daily Doses Allocated to WI | Total Doses Allocated to WI |
|--------------------------------|------------------------------------|------------------------------------|
| As of October 30 th | --- | 497,700 |
| November 2 | 65,700 | 563,400 |
| November 3 | 24,700 | 588,100 |

DHS Activities

DHS continues to staff a call center for health professionals pertaining to vaccine ordering questions and information. The call center is receiving approximately 70-100 calls each day. DHS also continues to host weekly webcasts for health professionals statewide and issue updated guidance as needed.

Health care providers and other organizations across Wisconsin are calling 2-1-1 and providing detailed information on the type of flu shot that is available (seasonal or H1N1), date, time and locations of vaccination clinics on the flu clinic finder available online at <http://pandemic.wisconsin.gov> or www.wisconsinfluclinic.info.

School Closures

The CDC and DHS continue to stress that school closure should be used as a last resort due to disruption of learning and the social impact. However, if high rates of student or staff absenteeism make it difficult for schools to operate, a limited closure may be the best option to decrease exposure to influenza. In most cases, the decision to close schools is a joint decision made by local health departments and school administrators in consultation with DHS.

School closure information is listed on the DPI website at <http://dpi.wi.gov/sspw/pandemicflu.html> or can be found in the Media Room at <http://pandemic.wisconsin.gov/>.

Parents are reminded that keeping sick children home from school until 24 hours after they are free of fever (100°F [37.8°C] or greater) without the aid of medication is the safest way to prevent the spread of any illness. DHS is also encouraging parents to have a pre-designated plan for caring for a sick child at home for the duration of a school exclusion period. Wisconsin businesses are also encouraged to adopt similar plans with their employees.

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