



State of Wisconsin
Department of Health Services

Jim Doyle, Governor
Karen E. Timberlake, Secretary

H1N1 Situation Report

November 11, 2009 at 12:00 Hours

Overview

Nationally, the Centers for Disease Control and Prevention (CDC) reports most states are reporting widespread influenza activity and many southern states are experiencing a downward trend in cases. This may be related to the fact that this autumn's wave of H1N1 infections began earlier in those southern states. H1N1-related pediatric deaths for the fall have already exceeded the pediatric deaths for each of the last three influenza seasons.

In Wisconsin, activity is widespread with 70 of the 72 counties reporting confirmed H1N1 cases. Although H1N1 activity is widespread throughout the state, all five public health regions are experiencing a modest decrease in cases. While current H1N1 activity in Wisconsin may be nearing its peak, widespread H1N1 activity will likely occur for the next several months. States in the southern U.S. which saw their H1N1 activity peak several weeks ago are still reporting widespread activity. It is also possible that another wave of H1N1 cases could occur later in the influenza season. Seasonal influenza cases are expected to occur later in the season, perhaps in December or January.

The DHS guidance 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 remains in effect. Although Wisconsin's vaccine allocations during the past few weeks have increased and have been close to what the CDC has projected, DHS recommends that providers continue to complete vaccinations of this subset.

People are still 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

In Wisconsin, activity is widespread with 70 of the 72 counties reporting confirmed H1N1 cases. Although H1N1 activity is widespread throughout the state, all five public health regions are experiencing a modest decrease in cases. While current H1N1 activity in Wisconsin may be nearing its peak, widespread H1N1 activity will likely occur for the next several months. It is also anticipated that another wave of H1N1 cases could occur later in the influenza season. Seasonal influenza cases are expected to occur later in the season, perhaps in December or January.

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. While Wisconsin may begin to experience a decline in H1N1 cases overall, the number of hospitalizations may continue to rise as more data becomes available linking hospital admissions to the cause of illness.

Since September 1, 2009, there have been 288 hospitalizations due to H1N1 virus infection in Wisconsin, with approximately 82% of those individuals having underlying medical conditions. In the last week, there have been four additional confirmed H1N1-related deaths reported in Dodge, Grant, Ozaukee and St. Croix counties, bringing the statewide death total to 20 since the spring.

- MORE -

H1N1 Vaccine Update

As of Friday, November 6th, the CDC reports it had allocated 38 million doses of H1N1 vaccine nationwide. At that time, Wisconsin has been allocated 697,700 thousand doses. As of today, Wisconsin has been allocated a total of 751,400 doses.

Wisconsin's vaccine allocations during the past few weeks have been close to what the CDC has projected. Although Wisconsin's vaccine allocations during the past few weeks have increased and have been close to what the CDC has projected, DHS recommends that providers continue to complete vaccinations of the recommended subset of the target group including:

- 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

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.

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. There is a lag time between the state receiving its allocation and the shipment of doses to the providers.

Wisconsin H1N1 Vaccine Allotments

Date	Daily Doses Allocated to WI	Total Doses Allocated to WI
As of November 6 th	---	697,700
November 9	3,400	701,100
November 10	50,300	751,400
November 11	0	751,400

On November 9th, DHS issued new guidance to Wisconsin physicians and pharmacists regarding the use of antivirals to treat H1N1 influenza illness in conjunction with updated CDC guidance. Per the CDC's November 6th advisory, the new CDC recommendations include:

- It is not too late to treat patients with antivirals even if symptoms began more than 48 hours ago.
- Outpatients, particularly those with risk factors for severe illness who are not improving, might also benefit from treatment initiated more than 48 hours after illness onset.
- All hospitalized patients with suspected or confirmed H1N1 infection should receive antiviral treatment as early as possible.
- Some persons without risk factors for severe disease may also benefit from antivirals.
- When antiviral treatment is indicated, it should be started empirically and should not be delayed waiting for laboratory test results.

DHS Activities

DHS continues to staff a call center for health professionals pertaining to vaccine ordering questions and information. 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.

- END -