

# **Human Cases of Swine Influenza A (H1N1) in the United States and Abroad**

## **Updated Key Points**

**April 28, 2008; 10:30am**

**CASE COUNT INFORMATION IS EMBARGOED UNTIL 11 AM**

### **Situation Update**

- Today CDC is reporting 64 human cases of swine influenza A (H1N1) in the United States (an increase in 24 over the number of cases reported yesterday. This includes 17 additional cases in New York, 3 additional cases in California and 4 additional cases in Texas.)
- The confirmed case count is: California (10), Kansas (2), New York (45), Ohio (1) and Texas (6).
- In addition, 5 hospitalizations from swine flu have been reported.
- No deaths have been confirmed so far.
- The number of states reporting human cases of swine flu is still limited to 5 states. (No increase in the number of states reporting.)
- But as I mentioned yesterday, as we look harder, we are likely to continue to see more cases, more hospitalizations and probably we will see deaths from this outbreak.
- Influenza is always serious – each year, in the United States, seasonal influenza results, on average, in an estimated 36,000 dying from flu-related causes.
- This swine outbreak certainly poses the potential to be at least as serious as seasonal flu if not more so.
- Because this is a new virus, most people will not have immunity to it and so illness may be more severe and widespread as a result.
- The picture on the world stage is more somber today too.
- Internationally, cases have now been confirmed in Canada, Mexico, Scotland and Spain. Spain (1), Scotland (2).
- All three of these cases had recent travel to Mexico.
- Based on the rapid spread of the virus thus far, we believe that more cases will be identified over the coming weeks and months.
- Yesterday, the Director-General of the World Health Organization raised the level of influenza pandemic alert from phase 3 to phase 4.

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- Phase 4 is characterized by verified human-to-human transmission of a new influenza virus to which humans have not previously been widely exposed and which cause “community-level outbreaks.”
- The change to a higher phase of pandemic alert indicates that the likelihood of a pandemic has increased.
- As further information becomes available, WHO may decide to either revert to Phase 3 or raise the level of alert to another phase.
- This decision was based primarily on epidemiological data demonstrating human-to-human transmission and the ability of the virus to cause community-level outbreaks.
- This is indeed sobering, but it’s important to keep in mind that we are not helpless.
- The Federal Government is mounting an aggressive response to this outbreak.
- CDC has activated its Emergency Operations Centers to coordinate the agency’s response to this emerging health threat and ensure an immediate and appropriate response to emerging developments.
- CDC’s goals during this public health emergency are to reduce transmission and illness severity, and provide information to assist health care providers, public health officials and the public in addressing the challenges posed by this newly identified influenza virus.
- To this end, CDC continues to update guidance. New guidance has been issued overnight. Visit the CDC website at [www.cdc.gov/flu/swine](http://www.cdc.gov/flu/swine) for more information or call 1-800-CDC-INFO.
- This is a rapidly evolving situation and guidance should be considered interim and will be updated frequently.
- Yesterday (April 27), CDC issued a travel health warning recommending that travelers postpone all non-essential travel to Mexico until further notice.
- CDC is concerned that continued travel by U.S. travelers to Mexico presents a serious risk for further outbreaks of swine flu in the United States and travel to Mexico poses a significant risk to those travelers.

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- In addition, CDC's Division of the Strategic National Stockpile (SNS) is releasing one-quarter of its antiviral drugs, personal protective equipment, and respiratory protection devices to help states respond to the outbreak.
- U.S. Department of Health and Human Services has determined the priority for delivering countermeasures, based on recommendations from the Strategic National Stockpile as follows:
  - States with reported cases
  - States who have no reported cases, but who have requested materials
  - All other states, localities and U.S. territories
- The Strategic National Stockpile has 49.9 million regimens of antiviral drugs. Six million of this total quantity is designated for specific purposes i.e. containment and the remaining 44 million are allocated to the public health emergency preparedness project areas, based on their population. The Division of Strategic National Stockpile has begun pro-rata deployment of the first 25% of SNS held antiviral drugs and other materials to all 50 states and U.S. territories.
- This includes:
  - approximately 11 million antiviral regimens
  - masks, N95 respirators, Gowns, Gloves and face shields
- Materials are currently en-route to Arizona, California, Indiana, New York and Texas. New York and Arizona will receive their materials today. SNS estimates all states and territories will receive their 25% allocation by the May 3.
- At the local level, some schools have been closed in parts of California, Texas and Ohio.
- Community-level social distancing efforts to slow the spread of disease will be in an important tool at our disposal against this swine influenza outbreak.
- Simply put 'social distancing' is a way of 'keeping our distance' from each other to lessen the spread of flu.
- Another important weapon in our arsenal against influenza viruses are influenza antiviral drugs.

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- Many people believe that there is no treatment for a viral infection and that it must run its course. That is not true.
- Influenza antiviral drugs are prescription medicines (pills, liquid or an inhaler) with activity against influenza viruses, including swine influenza viruses.
- As part of our pandemic preparedness efforts, the Government has purchased 50 million treatment courses of antiviral drugs -- oseltamivir and zanamivir -- for the Strategic National Stockpile.
- 25 percent of those courses are being released and made available to all of the states, but particularly prioritizing the states where we already have confirmed incidents of swine flu.
- In addition, the Department of Defense has procured and strategically prepositioned 7 million treatment courses of oseltamivir.
- It should also be noted that these drugs are available commercially as well, since they are routinely used in the treatment of seasonal influenza.
- We will be using antiviral drugs to treat swine flu or to prevent infection with swine flu viruses.
- These medications must be prescribed by a health care professional.
- Influenza antiviral drugs work best when started soon after illness onset (within two 2 days), but treatment with antiviral drugs should **still be considered after 48 hours of symptom onset, particularly for hospitalized patients or people at high risk for influenza-related complications.**
- The swine influenza A (H1N1) viruses that have been detected in humans in the United States and Mexico are resistant to amantadine and rimantadine so these drugs will **not** work against these swine influenza documents.
- Laboratory testing on these swine influenza A (H1N1) viruses so far indicate that they are **susceptible** (sensitive) to **oseltamivir** and **zanamivir**.

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#### **Recommendation re: Mexico Travel**

- We are recommending that people avoid non-essential travel to Mexico at this time.
- If you must travel to Mexico, there are steps you should take to reduce your risk of infection:
  - First, prepare for your trip before you leave by monitoring the international situation; checking with your doctor about prescription antiviral medications; packing a travel health kit; reviewing your health insurance plan; and finding where you can get health care services while traveling.
  - Also, practice healthy habits to help stop the spread of germs including washing your hands often with soap and water, covering your mouth and nose with a tissue when you cough or sneeze, and following all local health advice. This may include being asked to wear a surgical mask to protect others.
  - Remember if you are traveling to Mexico, you should be sure you get a seasonal flu vaccination. It is not expected to protect against swine flu, but it will protect you against seasonal flu. Flu season runs through May in the northern hemisphere, and is just beginning in tropical and southern hemisphere countries.
- After you return from Mexico pay close attention to your health for 10 days. If you become sick with a fever PLUS a cough and sore throat, or if you have trouble breathing during the 10 days after you return see a doctor.
  - When you make your appointment tell the doctor about your symptoms, where you traveled, and if you had close contact with a sick person or farm animals. This way the doctor is aware you traveled to an area reporting swine flu.

#### **Clinicians**

- CDC recommends the use of oseltamivir or zanamivir for the treatment and/or prevention of infection with swine influenza viruses.
- Clinicians should continue to consider swine influenza infection in the differential diagnosis of patients with acute febrile respiratory illness who have either been in contact with persons with confirmed swine flu,

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or who were in one of the U.S. states that have reported swine flu cases or in Mexico during the 7 days preceding their illness onset.

- Patients who meet these criteria should be tested for influenza. At this point, specimens should be sent through the public health laboratory systems to conduct testing specific for swine influenza virus. Guidance of collection and testing of the specimens.....

### **Public**

- There is no vaccine available right now to protect against swine flu, but we have begun the process to get a vaccine developed.
- But as mentioned before, we do have antiviral medications in our arsenal against flu.
- In addition, there are everyday actions that can help prevent the spread of germs that cause respiratory illnesses like influenza.
- Take these everyday steps to protect your health:
  - Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
  - Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
  - Avoid touching your eyes, nose or mouth. Germs spread this way.
  - Try to avoid close contact with sick people.
- Do not go to work or school if you are sick. CDC recommends that you limit contact with others to keep from infecting them.
- If you are sick, do not go to work or school.