

MEMORANDUM

TO: State Executives
AHCA and NCAL Leadership and Members

FROM: Janice Zalen, Sr. Director of Special Programs

SUBJECT: **H1N1 Influenza A Update No. 9**

DATE: May 11, 2009

The H1N1 influenza virus continues to spread and H1N1-related hospitalizations are increasing. CDC reported today that there are 2,618 laboratory confirmed cases of H1N1 Influenza A in 43 states and the District of Columbia and a total of 3,300 probable and confirmed cases in 46 states. Since many states did not report over the weekend, CDC expects a spike in cases tomorrow.

To date, there have been 94 confirmed cases that required hospitalization. An H1N1-related death was reported yesterday (Sunday), bringing the total number of deaths to 3. The patient was 39 years old. The median age for this virus is 15 years, with 62% of the confirmed cases under 18 years. The oldest patient is 86 years old. Laboratory data shows that regular seasonal influenza A and B viruses are still circulating in the U.S., but novel influenza A (H1N1) account for a significant number of cases.

In a telebriefing to the media today, the Centers for Disease Control and Prevention (CDC) noted that this is the time to guard against complacency. We concur and recommend that long term care (LTC) facilities stay apprised of newly revised CDC interim guidance and continue to improve their preparations for H1N1. We suggest that facilities explore avenues for obtaining antiviral medication now should they need it for the future.

The strategic national stockpile, which was deployed to the states, contains antivirals and states have additional antivirals in their state stockpiles. Given the CDC's updated interim guidance on antiviral recommendations, which notes that residents of "nursing homes and other chronic-care facilities" are high-risk for complications of H1N1, there is good reason for local health departments to reserve some of their supply for LTC facilities.

Currently, CDC believes that information from seasonal flu applies to H1N1 viruses as well, but studies are ongoing to learn more about its characteristics and to learn what groups are at highest risk. For now, LTC residents and any one over 65 or with a chronic condition are considered high risk and, therefore, a priority for antiviral medications if they have the flu.

For prevention (chemoprophylaxis), CDC recommends that clinicians consider use of antivirals in people at high risk of serious seasonal flu-related complications who have been in close contact with someone who is ill with H1N1. Health care workers who were in close unprotected contact with persons sick with H1N1 also should be considered for chemoprophylaxis.

Although influenza antiviral drugs work best when started soon after illness onset (within 2 days), 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, which includes residents in LTC facilities. The updated interim antiviral guidance was released on Thursday, May 7 and may be accessed at <http://www.cdc.gov/h1n1flu/recommendations.htm>. This is the same guidance that we reported on in our last update and is repeated here because of its relevance to LTC.

For people who are sick with H1N1, CDC recommends that they stay home for 7 days after symptoms begin or until one is symptom-free for 24 hours, whichever is longer.

CDC continues to issue additional revised interim guidance. Over the weekend, the CDC issued guidance on public gatherings and guidance for institutions of higher education (available at <http://www.cdc.gov/h1n1flu/guidance/>).