City of Milwaukee Health Department (MHD)
Novel Influenza A (H1N1) Situational Awareness Report
September 10, 2009

The following Novel Influenza A (H1N1) situational report is being provided to key stakeholders to provide information on the latest updates regarding the MHD, State of Wisconsin Department of Health Services and the Centers for Disease Control & Prevention (CDC) response to Novel Influenza A (H1N1). MHD will provide weekly situational awareness reports during the 2009 – 2010 influenza season.

New Key Developments

1. **CDC is not reporting any major issues or red flags associated with the current clinical trials for the Novel Influenza A (H1N1) Vaccine**
    a. **The National Institute of Allergy and Infectious Disease (NIAID) announced the initiation of Novel Influenza A (H1N1) clinical trials in pregnant women**
2. **Public Health monitoring of the Novel Influenza A (H1N1) Virus has not identified any major mutation or shift in the virus from the virus that was circulating in the City of Milwaukee and the United States in the spring of 2009**

Novel Influenza A (H1N1) Surveillance

- MHD's local surveillance has identified an increase over the last several days for fever/flu visits to local emergency departments by individuals 18 – 39 years of age
- The CDC is reporting that 97% of all subtyped influenza A viruses being reported to the CDC were Novel Influenza A (H1N1) during the week of August 23rd – 29th

MHD Activities

- MHD has four upcoming sector specific Novel Influenza A (H1N1) summits (http://www.city.milwaukee.gov/DiseaseControlandEnv417/H1N1CommunitySummits.htm).
    - Milwaukee Mayoral Business Summit → September 15, 2009
    - (2) K-12 and Childcare Summits → September 15-16, 2009
    - Healthcare Summit → September 18, 2009
    - Faith Based Organizations and Community Based Organizations → September 25, 2009
- MHD is currently planning to initiate 3 vaccination sites within the city to vaccinate individuals who are listed within the five key target groups when Novel Influenza A (H1N1) vaccine becomes available, which is expected to be in mid-October

Novel Influenza A (H1N1) Vaccine

- MHD will follow the CDC Advisory Committee on Immunization Practices (ACIP) recommendations regarding five key priority groups for the following five key target groups (www.cdc.gov/h1n1flu/vaccination/acip.htm):
    - Pregnant woman
    - Persons who live with or care for children less than 6 months of age

- Healthcare and emergency services personnel
- Persons between the age of 6 months and 24 years of age
- Persons from age 25 to 64 years of age who are at higher risk for Novel Influenza A (H1N1) because of chronic health disorders or compromised immune systems

- Wisconsin is expected to receive approximately 500,000 doses of Novel Influenza A (H1N1) Vaccine by mid October
  - CDC continues to provide guidance that identifies the need to provide 2 separate doses of Novel Influenza A (H1N1) Vaccine
    - It is anticipated that Novel Influenza A (H1N1) Vaccine will be available in two forms: injectable (killed virus) vaccine, and intra-nasal (live attenuated virus) vaccine
    - The two doses of Novel Influenza A (H1N1) Vaccine should be administered at least 21 days apart
    - Ideally individuals will receive the same type of Novel Influenza A (H1N1) Vaccine as the initial dose. If the same type of Novel Influenza A (H1N1) Vaccine is not available, a different type of vaccine may be used as long as the other vaccine can be administered to the individual
    - It is anticipated that individuals who fall within the Novel Influenza A (H1N1) vaccine target groups will also be able to receive a Seasonal Influenza vaccination at the same time; however, simultaneous administration of intranasal seasonal and intranasal novel influenza vaccine is not recommended

Seasonal Influenza Vaccine

- Novel Influenza A (H1N1) Vaccine **is not intended** to replace Seasonal Influenza Vaccine
  - Seasonal Influenza Vaccine will be available in two forms: injectable (killed virus) vaccine, and intra-nasal (live attenuated virus) vaccine.
  - Individuals should not delay being vaccinated for seasonal influenza while waiting until Novel Influenza A (H1N1) vaccine becomes available

Antiviral Medication

- Antiviral treatment with neuraminidase inhibitors (Tamiflu® or Relenza®) is recommended for individuals who are suspected or confirmed with Novel Influenza A (H1N1) infection
  - Treatment should occur for individuals who are severely ill or hospitalized, or for individuals who are at risk for medical complications due to Novel Influenza A (H1N1) infection
  - Although some seasonal influenza A viruses have widespread resistance to neuraminidase inhibitors, at this time almost all circulating influenza is the Novel Influenza A (H1N1) strain, not seasonal.

Community Infection Control Measures

- Current surveillance has not identified an increase in severity of illness with respect to the Novel Influenza A (H1N1) Virus. For this reason, MHD will continues to recommend that schools or child care centers should NOT close due to suspected or confirmed cases of Novel Influenza A (H1N1)

- Health care workers who are experiencing influenza like illness - - defined as fever plus either cough or sore throat - - should stay home from work and avoid exposing others in the community. This self-isolation should continue for seven days after symptom on-set or 24 hours after resolution of fever without use of anti-fever medications, whichever is longer
    - Health care workers who have been exposed - - defined as close contact to a suspect, probable or confirmed case of Novel Influenza A (H1N1) without proper personal protective equipment - - but are asymptomatic can continue to work, if they have been provided with post exposure prophylactic (PEP) antiviral treatment within 7 days of the known exposure
    - Health care workers who have been exposed and are asymptomatic but are not taking PEP antiviral treatment should remain out of work until 10 days have elapsed since the last exposure
- For the general population should stay home from work or school and avoid exposing others in the community if they are experiencing influenza like illness. This self-isolation should continue until 24 hours after the fever has resolved without use of anti-fever medications.
    - Individuals who develop symptoms while at work or school should be encouraged to wear a surgical mask until the individual can be removed from settings where other individuals may be exposed

Additional Resources and Information

- www.milwaukee.gov/2009SwineFlu
- www.pandemic.wisconsin.gov
- http://www.cdc.gov/h1n1flu/

For comments or questions regarding this report, please contact Mat Wolters, MS with the City of Milwaukee Health Department at 414-286-5448 or at mwolte@milwaukee.gov.