

H1N1, California, as of Sept 23, 2009

Hospitalizations	2,258
% admitted to ICU	25%
% in ICU intubated	53%
Severe pediatric cases	159
Deaths	174
Median age, ICU admit	33 yr
Median age, deaths	44 yr



Why are we concerned about H1N1 virus?

- Limited immunity leads to more illness
- Likely overload of health care system
- Potential for impact across all sectors
- Response marathon
- Little capacity for mutual aid
- We will be responders and victims

Report from Southern Hemisphere

- 2009 H1N1 is globally predominant flu virus.
- The epidemiology of H1N1 disease in the So Hemisphere is very similar to U.S.
- No significant changes detected between isolates from South and North Hemisphere
- Early regional surges in hospital admissions and ER visits; transient hospital bed, equipment, and medications shortages

Assessment of the 2009 Influenza A (H1N1) Outbreak on Selected Countries in the Southern Hemisphere

DHHS for White House National Security Council, Aug 26, 2009



Planning, Operational, and Policy Challenges

1. Monitor outbreak and response
2. Community mitigation triggers and implementation
3. Two separate flu vaccination campaigns
4. Surge capacity of health care system
5. Public communications

Challenges for Health Care Surge

- Activate pandemic flu plans and HICS
- Beds: ICU
- Critical supplies
- Staff protection
- Infection Control: protect patients and staff
- Communications: patients and staff
- Regional, systems approach

State Role for Surge Capacity

- Surveillance and monitoring outbreak and response
- Coordination of response
- Health care guidelines
- Regulatory relief
- Judicious and equitable use of stockpiles
- Public risk communication
 - Managing worried well and scared sick