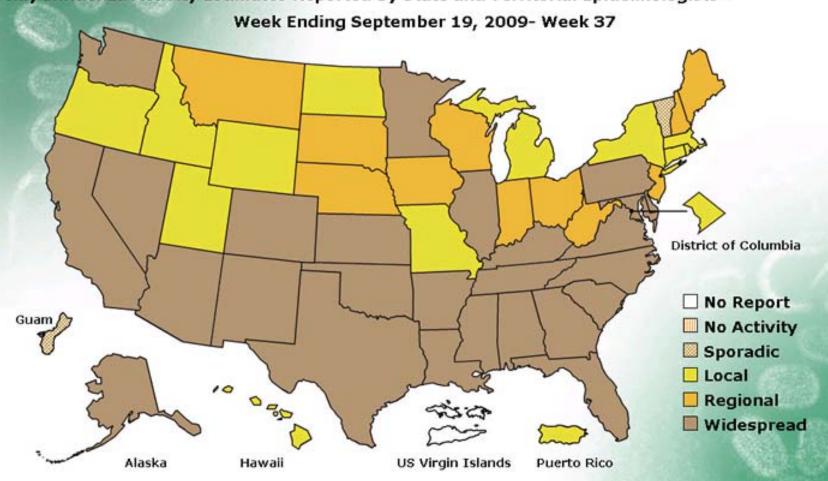
# FLUVIEW



A Weekly Influenza Surveillance Report Prepared by the Influenza Division Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists\*



# 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