

**Community Briefing**  
**11/5/09**

**National – During week 42 (October 18-24 2009)**

- **Flu activity is widespread in 48 states and nationally and** continue to increase sharply in the United States.
- Total influenza [hospitalization](#) rates for laboratory-confirmed flu are climbing and are higher than expected for this time of year. Hospitalization rates continue to be highest in younger populations with the highest hospitalization rate reported in children 0-4 years old.
- Almost all of the influenza [viruses](#) identified so far are 2009 H1N1 influenza A viruses.
- **The proportion of deaths attributed to pneumonia and influenza (P&I) was above the epidemic threshold.**
- **22 influenza-associated pediatric deaths were reported during this week.** 19 of these deaths were associated with 2009 influenza A (H1N1) virus infection and 3 were associated with an influenza A virus for which the subtype was undetermined. A total of 114 deaths in children associated with 2009 H1N1 virus have been reported. In the past 3 years, the total pediatric influenza deaths due to seasonal flu ranged from 46 to 88 per season,"
- [Visits to doctors](#) for influenza-like illness (ILI) increased steeply since last week and overall, are much higher than what is expected for this time of the year. ILI activity now is higher than what is seen during the peak of many regular flu seasons.
- CDC Reports that **People with asthma account for about 1/3 of all of the people hospitalized with H1N1 influenza.** Through a study, they know only half of those people with asthma seek care from a medical provider at the onset of influenza like illness.
- **CDC also states that One of the things that we've been surprised to see is that even among people who have an underlying condition, such as asthma or heart disease or lung disease, only half sought initial care for influenza-like illness.** This emphasizes that whether or not vaccine is present and whether or not people recognize that they have an underlying condition, people with underlying conditions, who have fever and cough, should see their provider promptly.
- **One of the issues that's arisen is a spot shortage of the liquid form of Tamiflu.** On October 1, CDC released 300,000 courses from the strategic national stockpile. They are now releasing an additional 234,000 of the liquid Tamiflu from the strategic national stockpile.

**State (11/4/09)**

- In Iowa there have been 271 confirmed cases H1N1 who were hospitalized in Sept and Oct.
- 10 deaths including one child
- **Seeing shift in illness from school –aged children to ages 29-49.**

- Cases of H1N1 in swine in Minnesota and Indiana, ferrets in Oregon and a cat in Iowa. Presumably they were exposed to sick people. Take same precautions around pets as you would with others.
- State has received additional N95 respirators and oral Tamiflu.
- As of 11/4/09 257,500 doses of H1N1 have been shipped to Iowa. One concerning factor is that only 35% of the allocation (89,300 doses administered) have been entered in IRIS. It is critical state-wide that data entry be complete in a timely manner.

## **Polk County**

Over the past month or so we have been dealing with the challenges of distributing limited supplies of vaccine to the thousands of Polk County residents who are trying to do the right thing to protect themselves, their family and the rest of us by getting vaccinated. Yesterday, we received a couple of reminders of what we really are up against.

First, we learned a Polk County resident has died from the H1N1 virus. This is unfortunate and tragic, but, I am sorry to say not unexpected. While most of the people who have caught the virus have not been getting seriously ill, people have been hospitalized and, now our first death. We are very sorry for the family and their loss.

Second, we learned that illness rates among adults are going up. This too is disappointing, but again not unexpected. This is a new virus that few of us have any immunity against. It makes sense that while we have distributed 30,000 doses of vaccine throughout our community 175,000 are at greatest risk and over 400,000 people live in Polk County. No part of our community is likely to be left untouched until this virus runs its course.

We continue to believe that our limited supplies of vaccine must be targeted to those most likely for severe complications. Pregnant women are 4-6 times more likely to be hospitalized than the population at-large. State-wide, 75% of the hospitalizations have been children... Children 6 months of age and younger cannot be vaccinated. To protect them we must vaccinate their parents. Hospital and health care workers are the most likely people to have contact with people already infected.

We will never be successful pursuing a vaccine-only strategy. We simply don't have enough vaccine to go around- and we won't for awhile. Washing your hands; covering your cough and staying home when you are ill are effective strategies. But, we cannot expect the same level of compliance from kids as we can from adults. They don't have the skills and, especially young children, cannot process what we are expecting of them.

The Health Department is monitoring the proportion of people in the sub priority group to the % of vaccine administered to them. Through this monitoring we will be able to identify the earliest possible date in which to move vaccine administration to the broader priority groups.

To date, Polk County has received 34,600 doses of vaccine. Thru PCHD – 16,380 doses (47.34%) have been distributed through mass clinic settings; 1,145 doses (3.3%) have been distributed through School-Based Rounds and 700 doses (2%) through community rounds. The remaining has been distributed through Provider Partners. We have 126 Provider Partners. Those providers with the capacity to receive direct shipments have received 16,385 doses or 47.43% of the total allocation and Provider Partners.

Surveillance for Polk County: Last week there were very few schools with absentee rates above ten percent. This week, there were no schools over ten percent so far. We did have an elementary school reporting 14 percent of their employees absent.

Vaccine Campaign Update for Week November 2nd - November 8th

The following are events for H1N1 vaccine dispensing:

Mass Clinics at Varied Industries Building 3:00 P.M. – 8:00 P.M. on November 4<sup>th</sup> and 5<sup>th</sup> (7,000 doses)

Mass Clinic by Appointment for Pregnant Women & their eligible children at PCHD: Noon – 4:00 P.M. November 8<sup>th</sup> (1,000 doses)

Vaccination of Pregnant Teachers, Pg Students & School Nurses at 8 schools

Vaccination Clinic for Emergency Service Personnel for Des Moines – November 6th and Urbandale Fire Dept. – to be scheduled

Distribute additional vaccine to all Fire Departments (except DSM) to vaccinate Emergency Service Personnel per jurisdiction

Distribution to Pediatric providers (2,000 doses)

Distribution to health care agencies for health care workers (400 doses)

An order was placed yesterday for an additional 10,000 doses – 50% will be retained by the Health Department for mass clinics, community rounds and school rounds– plans are still being finalized.. The remaining 50% will be drop shipped or distributed to Provider partners including hospitals, medical clinics including pediatric & ob/gyn clinics, agencies that serve medically fragile children.

IRIS Data entry reports are sent by IDPH once a week. They are always one week behind. Per our IRIS data entry statistics, the total sub priority groups receiving vaccine dispensed by the Polk County Health Department & Provider Partners reflect the following:

<b>Pregnant Women</b> 1,689 14.00%	<b>Parents/Caregivers of Infants &lt;6 mths</b> 1,205 9.99%	<b>Children/Adults 6 mths-24 yrs</b> 6,015 49.86%	<b>Adults 25-65 with Medical Condition</b> 636 5.2%	<b>Health Care/EMS Personnel</b> 1,823 15.11%	<b>Recipient Group Not Identified</b> 696 5.77%
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**PCHD ONLY**

<b>Pregnant Women</b> 798 9.44%	<b>Parents/Caregivers of Infants &lt;6 mths</b> 957 11.32%	<b>Children/Adults 6 mths-24 yrs</b> 5,394 63.79%	<b>Adults 25-65 with Medical Condition</b> 602 7.12%	<b>Health Care/EMS Personnel</b> 685 8.10%	<b>Recipient Group Not Identified</b> 20 0.24%
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Of the vaccine allocated to Polk County, 36% of the doses have been data entered into IRIS. Of the vaccine dispensed by PCHD – 70% have been data entered into IRIS. Of the vaccine distributed to partner providers, 30% have been entered into IRIS. It is critical that the data entry be completed within 72 hours of vaccine administration so that we can demonstrate Polk County’s need for maximum allocations.