

## Conference Call H1N1

October 21, 2009

Overall the state of Texas is ready for the spread across the state.

Dr. David Lackey-H1N1 DSHS [www.texasflu.org](http://www.texasflu.org)

- Flu activity in state still elevated and at the national level (higher than normal in previous years)  
Mild to moderate symptoms are appearing
- Almost all flu seen in healthcare offices in the nation has been H1N1
- Most deaths nationwide have been with the at risk groups

**Data TEXAS:** Widespread, 13% higher than normal flu activity

- 82 deaths, 20 pediatric deaths in Texas

**Synopsis from CDC for the nation** <http://www.cdc.gov/flu/weekly/> :

During the week of October 4-10, 2009, influenza activity continued to increase in the United States. Flu activity is now widespread in 41 states. Nationwide, visits to doctors for influenza-like-illness continued to increase and are now about equal to or higher than what is seen at the peak of many regular flu seasons. In addition, flu-related hospitalizations and deaths are continuing to go up and are above what is expected for this time of year.

### **Flu Activity:**

During week 40 (October 4-10, 2009), influenza activity increased in the U.S.

- 4,093 (29.4%) specimens tested by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories and reported to CDC/Influenza Division were positive for influenza.
- All subtyped influenza A viruses being reported to CDC were 2009 influenza A (H1N1) viruses.
- The proportion of deaths attributed to pneumonia and influenza (P&I) was above the epidemic threshold.
- Eleven influenza-associated pediatric deaths were reported. Ten of these deaths were associated with 2009 influenza A (H1N1) virus infection and one was associated with an influenza A virus, for which subtype is undetermined.
- The proportion of outpatient visits for influenza-like illness (ILI) was above the national baseline. All 10 regions reported ILI above region-specific baseline levels.
- Forty-one states reported geographically widespread influenza activity, Guam and eight states reported regional influenza activity, one state, the District of Columbia, and Puerto Rico reported local influenza activity, and the U.S. Virgin Islands did not report.
- Healthcare providers are recommended N95 masks should be worn; however, surgical masks should be worn if N95 mask.

- **Recommendation:** School nurses may wear surgical masks. More guidance will come from DSHS in next week.
- Laboratory data: only in hospitals
- TEA reports closures, 13 closures last week
- Recommendation of relaxing readmission policy with doctor's note
- Stay home with flu like symptoms, avoid socializing and treat at home.
- Call 211 if you have questions and/or concerns as to
- **At Risk:** Younger than 5 (and especially less than 2 years of age), over age of 65 years, pregnant women and immune deficient people
- Treatment with anti-viral should be used only if suspect and confirmed case.
- Vaccine H1N1 coming in slowly. As more vaccine arrives, there will be more high priority vaccine groups receiving it. (providers that see young children, children up to age 18 at risk complications, OBGYN, etc) More doses in next couple of weeks. Current doses have been the Flumist
- Article in newspaper indicated less than actual
- Safety of preservative: no evidence that danger to pregnant women or fetus. However, there is also preservative FREE vaccine in limited forms.
- H1N1 is NOT Mandatory only voluntary beginning with the priority groups. DSHS recommends getting the Seasonal flu vaccine too. Not all providers have received their seasonal flu vaccine. Locate a seasonal flu location dial 211 or [www.preventinfluenza.org](http://www.preventinfluenza.org)
- Do not give ASPRIN to children
- H1N1 virus disease has been mild. To keep family safe, get flu shots, use preventive measures washing hands
- If child already had H1N1, unless confirmed by CDC, it is recommended that they still get the H1N1 vaccine.
- Children getting second dose, it does not matter what they got during the first dose.

### TEA- Julia Harris

- Periodic closing of campuses and some districts
- 7 campuses closed as of today. Additional campus opening tomorrow but also others closing
- Known School Closings: <http://www.tea.state.tx.us/index4.aspx?id=5402>
- Waiver procedures should be reviewed if you are having prolonged low attendance <http://www.tea.state.tx.us/index4.aspx?id=5402>
- Texas Higher Education Board <http://www.thecb.state.tx.us/index.cfm?objectid=318C3200-F1F5-5D28-6CC77D9988819AA3>
- No closing in higher education
- **What is ruling if student misses in excessive absence due to illness?**  
**TEA Answer:** Requirement is not going to adjust. A district will have local control how student will make up seat time (after school tutorial, Saturday make up) Look at their district and develop mechanism to make up seat time.

### Department of Agriculture:

- Only 155 schools have applied for waiver

**Please submit your waiver now**, to avoid time delay if you have to close

**[http://www.squaremeals.org/fn/render/channel/items/0,1249,2348\\_33190\\_0\\_0,00.html](http://www.squaremeals.org/fn/render/channel/items/0,1249,2348_33190_0_0,00.html)**

- In the event of a school closure because of a H1N1-related public health emergency, school food authorities (SFAs) and community organizations (COs) will be able to offer reimbursable meals in non-congregate settings under special provisions under a modified Summer Food Service Program or the National School Lunch Program's Seamless Summer Option. Since no duplication of coverage is allowed, SFAs and COs are encouraged to work together to ensure meals are provided to students in the event of an H1N1-related school closure. This special program allowance may be invoked only upon the declaration of a public health emergency

**Animal Health Commission** **<http://www.tahc.state.tx.us/>**

- Pork is okay to eat. H1N1 cannot be spread through blood. No cases in Texas to date. No reason to cancel Livestock Shows.