

Below is the State of Connecticut Weekly H1N1 Situation Report.

**STATE OF CONNECTICUT
H1N1 Situation Report**

Report Period: November 6 to November 12, 2009

The Connecticut Departments of Public Health (DPH) and Emergency Management and Homeland Security (DEMHS) are working together to provide a weekly CT Situation Report on what the State of Connecticut is doing in preparation and response to a H1N1 influenza pandemic. This report provides a brief overview of the H1N1 situation in CT, as well as on the national and international levels.

NOTE: According to the U.S. Centers for Disease Control and Prevention (CDC) the start of the 2009-10 influenza season began Sunday August 30, 2009. All statistics provided will be based on this calendar.

I. CONNECTICUT SITUATION SUMMARY

Department of Public Health (DPH)

CT Epidemiology/Infectious Disease Section Update:

- Preliminary influenza data reviewed from the week ending November 7, 2009 reveals that a widespread and increasing level of influenza activity is still being observed in Connecticut as measured by laboratory confirmed test results, data from syndromic surveillance systems, and reports of school absenteeism by students with influenza-like illness.
- Over 125 influenza-associated hospitalizations have been reported to date. Emergency department visits for Influenza like illness are up 3% from last week's report.
- Influenza Like Illness (ILI) activity is also being reported at many colleges, universities, and school districts within Connecticut.

Vaccine distribution update: Connecticut has received 454,800 doses of the H1N1 vaccine.

CT Public Health Laboratory Update: Influenza test results from November 9, 2009:

- Total specimens received (11/6/2009): 62
- Total H1N1 positive: 19
- Total negative for all influenza: 16
- Total pending: 2
- Total seasonal influenza: 0
- Total H1N1 positive since 8/30/2009: 196

Local Update:

- Local Health Departments are working collaboratively and sharing best practices at regional meetings.
- Some Regional CERT teams have been activated to assist with local H1N1 vaccination clinics.

Schools

- Region 12 (Bridgewater, Roxbury, Washington) has closed schools on Thursday and Friday, November 12 and 13 due to a rise in absenteeism.

Department of Emergency Management and Homeland Security (DEMHS)

- Assisting DPH with distribution of supplemental N95 respirators. They have been delivered to hospitals and community health centers. Regional distribution points have been identified, and distribution plan put into effect. Cities and towns will begin receiving N95 respirators at distribution points beginning November 17, 2009.
- Current DEMHS activation level — MONITORING (information review and sharing, and outreach mode). H1N1 incident information has been posted for state and local public safety officials on WebEOC.

Other State Agencies

- A Legislative Forum on H1N1 will take place on Wed., November 18, 2009 from 9:30 AM – 11:30 AM in Room 2C at the Legislative Office Building.

Public Information

- **Press Release: November 9, 2009:** [Rell announced that 3,000 bottles of pediatric Tamiflu from the federal government is being distributed today to 29 hospitals and clinics across Connecticut.](#)
- DPH Call center volume: Total number of calls into the DPH Hotline from Oct 5 through November 11, 2009: 7,191.
- 211 Infoline: For the week 11/1/2009 - 11/7/2009, 2-1-1 Infoline answered 17 calls related to the H1N1 virus. The H1N1 recorded messages were selected 627 times. The majority of the callers selected the vaccine availability message and the message explaining the difference between seasonal flu and H1N1.
- Current public messaging:
 - H1N1 flu activity is now "widespread" in Connecticut
 - The Department of Public Health is doing its best to get the H1N1 vaccine to those who need it the most (priority groups) as quickly as possible
 - Patience is requested as H1N1 vaccines become available.
 - Connecticut has received and administered nearly 1.3 million doses of seasonal flu vaccine.
 - Early vaccination and an increase in demand have nearly exhausted this year's seasonal flu vaccine supply.

II. NEW ENGLAND STATES SITUATION/FEMA REGION A UPDATE SUMMARY

- All New England States' emergency activation level are: MONITORING
- States report increasing pressure to close schools due to vaccine shortage.
- The International Emergency Management Group (IEMG) includes NE and five Eastern Canadian Provinces: information exchange is occurring regularly.

III. NATIONAL SITUATION UPDATE SUMMARY

Current CDC Update – for the week ending 10/31/09:

Current DHS Update – for the week 10/31/09 -11/6/09

- As of November 6, 2009, the number of influenza-like-illness (ILI) deaths in the US was 142. There were 619 reported last week.
- Visits to doctors for influenza-like illness (ILI) nationally have decreased very slightly this week but ILI continues to be higher than what is usually seen during the peak of most regular flu seasons.
- 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.
- 18 flu-related [pediatric deaths](#) were reported this week; 15 of these deaths were confirmed 2009 H1N1.
- Forty-eight states are reporting [widespread influenza activity](#) at this time; a decline of one state over last week. This many reports of widespread activity at this time of year are unprecedented during seasonal flu.
- The predominant influenza virus in the population at this time continues to be the 2009 H1N1 influenza A virus, With rare exception, H1N1 remains susceptible to the antiviral drugs oseltamivir and zanamivir.
- Nebraska's Governor has declared a Public Health Emergency.
- Delaware has requested and will receive support from National Disaster Medical System team to support vaccination program.
- The Vaccine Adverse Event Report System reports sixteen (16) adverse reaction events out of an estimated 7,000,000 administered vaccinations.

IV. INTERNATIONAL H1N1 UPDATE SUMMARY

Current WHO weekly Update – November 6, 2009

- Worldwide as of November 1, 2009, more than 199 countries and overseas territories/communities have laboratory confirmed cases of pandemic influenza H1N1 2009, including over 6000 deaths.

- Rates of ILI, proportions of respiratory samples testing positive for influenza, and numbers of outbreaks in educational settings continue to increase sharply in Canada as activity spreads eastward.
- Significantly more cases of pandemic H1N1 have been recorded in Mexico since September than were observed during the initial springtime epidemic.
- In Europe and Central and Western Asia, pandemic influenza activity continues to increase across many countries, signaling an unusually early start to the winter influenza season.
- There is evidence of increasing and active transmission of pandemic influenza virus across Northern and Eastern Europe (including Ukraine and Belarus), and eastern Russia. The Ukrainian government has imposed quarantines in nine regions and is planning increased response to the growing numbers of flu patients.
- In Western Asia and the Eastern Mediterranean Region, increasing activity has been reported in Oman and Afghanistan.
- In East Asia, intense and increasing influenza activity continues to be reported in Mongolia. In China, after an earlier wave of mixed influenza activity (seasonal H3N2 and 2009H1N1), 2009 H1N1 influenza activity now predominates and is increasing.
- Sharp increases in pandemic influenza activity continue to be reported throughout Japan, with highest rates of illness being reported on the northern island.
- Active influenza transmission and increasing levels of respiratory disease continue to be reported in parts of the Caribbean, including in Cuba, Haiti, and other Caribbean Epidemiology Centre (CAREC) countries.
- In the Southern Hemisphere, reports of influenza are, in general, declining.
- Since the 2009 H1N1 virus emerged, infections in different species of susceptible animals (pig, turkey, ferret, and cat) have been reported. Limited evidence suggests that these infections occurred following direct transmission of the virus from infected humans. These isolated events have had no impact on the dynamics of the pandemic, which is spreading readily via human-to-human transmission. As human infections become increasingly widespread, transmission of the virus from humans to other animals is likely to occur with greater frequency. Unless the epidemiology of the pandemic changes, these will continue to pose no special risks to human health.

V. NON-H1N1 INFORMATION

No report

Distribution List: CT City, Town & Tribal Nation Chief Elected Officials/Chief Executive Officers
 CT City, Town & Tribal Nation Emergency Management Directors
 CT City, Town & Tribal Nation Health Department/Districts
 CT Emergency Management Association (CEMA) – Executive Board
 CT City, Town & Tribal Nation Public Safety – Police & Fire Chiefs
 Regional Planning Organizations/Agencies, Council of Governments/Elected Officials
 DEMHS Coordinating Council
 Regional Emergency Medical Services (EMS) Councils
 State of Connecticut Emergency Operation Center (EOC) Liaisons
 Security Communications Access Network (SCAN)

Submitted by: Peter J. Boynton, Commissioner, CT Dept. of Emergency Management & Homeland Security
 Dr. J. Robert Galvin, Commissioner, CT Department of Public Health

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