

**Thomas Jefferson Health District  
2009 H1N1 Influenza Update – 11/16/09**

**Flu activity remains high.**

- 2009 H1N1 Influenza A remains the predominant strain of influenza that is circulating in Virginia and the U.S.
- Between August 30<sup>th</sup> and November 7<sup>th</sup>, 2009, there have been 22,364 confirmed 2009 H1N1 influenza related hospitalizations and 877 deaths.
- Hospitalization rates have been highest among young children.
- 2009 H1N1 Influenza remains susceptible to antiviral drugs (oseltamivir and zanamivir) with rare exception.

**In Virginia, influenza-like illness activity peaked during the week ending October 31<sup>st</sup>.**

- Influenza-like illness activity remains widespread throughout the state and still exceeds peak flu activity in recent past flu seasons.
- During most influenza outbreaks, influenza continues to cause illness for several weeks after the peak.
- In past pandemics, “waves” of activity have been observed. The first wave is usually a smaller wave; followed by a larger “peak” wave. Subsequent smaller waves can occur as well. The United States experienced its first wave of 2009 H1N1 pandemic activity in the spring of 2009. At this time, we are experiencing a second wave of 2009 H1N1 activity. Additional waves of illness may occur.

**Because the timing and spread of influenza viruses are unpredictable and the virus continues to circulate, CDC continues to recommend vaccination with 2009 H1N1 vaccine.**

**CDC recommends a three-step approach to fighting the flu: vaccination, everyday preventive actions including frequent hand washing and staying home when sick, and the correct use of antiviral drugs if your doctor recommends them.**

**Vaccine supplies are increasing daily but are still limited.**

- Vaccination efforts are still focused on CDC target groups:
  - Children and young adults up to age 24
  - Pregnant women
  - Persons with underlying medical conditions
  - Healthcare workers and emergency services personnel
  - Persons who care for infants younger than 6 months old
- The Virginia Department of Health hopes to have sufficient supplies to make H1N1 flu vaccine available to the general public by early to mid December.

**As of November 10, 2009, 33.7 million doses were shipped to vaccine providers in the U.S. and 995,480 doses were shipped to vaccine providers in Virginia.**

- A little more than half of the vaccine in Virginia was shipped to private health care providers.
- As of November 13<sup>th</sup>, the Thomas Jefferson Health District (TJHD) has administered 13,245 doses, 9,439 of which were administered at school based clinics.
- TJHD is alerted each day about how much vaccine will be shipped to its local health departments and schedules clinics for the following days based on that allotment.

**There are two forms of flu vaccine: a shot and a nasal spray.**

- One dose of H1N1 flu vaccine is needed for persons ten and older. Two doses are needed for children 9 years old and younger.
- The 2009 H1N1 flu vaccine is made just like seasonal flu vaccines. It is expected to be as safe and effective as seasonal flu vaccines.

**Basic measures can help reduce the spread of germs.**

- Flu viruses spread from person to person through coughing or sneezing.
- When you are sick with the flu, stay at home or away from others until at least 24 hours after you are free of fever (100° F), or signs of a fever without the use of fever-reducing medications.
- Cover your mouth and nose with a tissue when you cough or sneeze. Throw your used tissues in the trash can.
- Clean your hands with soap and water or an alcohol-based hand cleanser often, especially when sick.

**Symptoms caused by the 2009 H1N1 influenza virus are similar to other seasonal flu viruses and include fever, cough, sore throat, body aches, headaches, chills, and fatigue. Some people report vomiting and/or diarrhea.**

- Most people who get influenza recover without any treatment or special care.
- However, influenza can cause serious illness in some people. Persons at higher risk of complications from influenza viruses include children younger than five years old, pregnant women, people with certain health conditions, and persons older than 65 years.
- Children and adults who develop a fever of at least 100°F and a cough or sore throat should call their doctor, especially if they are at higher risk of complications from influenza.
- Antiviral drugs are prescription medicines that fight against the flu by keeping flu viruses from reproducing in the body. The CDC currently recommends that clinicians prioritize use of antivirals for persons at higher risk of complications from influenza.