

**2009 H1N1 Influenza
Updated Key Points
February 5, 2010**

What's New and Updated

- Activity Update
- International Situation Update
- 2009 H1N1 Influenza Vaccine

A Summary of CDC Key Public Health Messages this Season

- Flu activity in the United States for the week of January 24-30, 2010 remained about the same as during the previous week as reported in FluView. Flu activity is relatively low at this time, with most flu continuing to be caused by 2009 H1N1.
- Flu activity, caused by either 2009 H1N1 or seasonal flu viruses, may rise and fall, but it is expected to continue for several more months.
- CDC recommends a three-step approach to fighting the flu:
 - vaccination;
 - everyday preventive actions, including covering coughs and sneezes, frequent hand washing, and staying home when sick;
 - and the correct use of antiviral drugs if your doctor recommends them.
- CDC recommends influenza vaccination as the first and most important step in protecting against the flu. CDC is now encouraging everyone to get vaccinated against 2009 H1N1, including people 65 years and older. While less common than with seasonal flu, severe illnesses and deaths from 2009 H1N1 have also occurred in people 65 and older.
- Vaccination of people with certain health conditions is especially important because they are more likely to get serious flu-related complications. Health conditions that increase the risk of being hospitalized from 2009 H1N1 include lung disease like asthma or chronic obstructive pulmonary disease (COPD), diabetes, heart, or neurologic disease, and pregnancy.
- It's very important that antiviral drugs be used early to treat flu in people who are very sick (for example people who are in the hospital) and people who are sick with flu and have a greater chance of getting serious flu complications, like people with asthma or diabetes or women who are pregnant.

Activity Update

- Each week CDC analyzes information about influenza disease activity in the United States and publishes findings of key flu indicators in a report called FluView.

**2009 H1N1 Influenza
Updated Key Points
February 5, 2010**

- Information collected during the week of January 24-30, 2010 is being reported in FluView on February 5, 2010. Below is a summary of the most recent key indicators:
- Visits to doctors for influenza-like illness (ILI) nationally are low.
- Overall cumulative hospitalization rates for the 2009-10 influenza season have leveled off in all age groups and very few 2009 H1N1-laboratory confirmed hospitalizations were reported by states during the week ending January 30
- The proportion of deaths attributed to pneumonia and influenza (P&I) based on the 122 Cities Report decreased slightly over the previous week, but is still higher than expected for this time of year.
- In addition, another nine flu-related pediatric deaths were reported this week: eight of these deaths were associated with laboratory confirmed 2009 H1N1, and one death was associated with an influenza A virus for which the subtype was undetermined.
- Since April 2009, CDC has received reports of 321 laboratory-confirmed pediatric deaths: 272 due to 2009 H1N1, 47 pediatric deaths that were laboratory confirmed as influenza, but the flu virus subtype was not determined, and two pediatric deaths that were associated with seasonal influenza viruses. (Laboratory-confirmed deaths are thought to represent an undercount of the actual number).
- A table showing reports of flu-related pediatric deaths (including a cumulative total of 2009 H1N1 pediatric deaths since April 2009) is available on the CDC website at <http://www.cdc.gov/h1n1flu/updates/us/#pedh1n1cases> .
- Since CDC began tracking pediatric flu-related deaths in 2003-2004, the number of pediatric deaths reported to CDC has ranged from 46 during the 2005-2006 season to the 257 deaths reported so far during the 2009-2010 season.
- No states reported widespread influenza activity. Five states reported regional influenza activity. They are: Alabama, Georgia, Maine, New Jersey, New Mexico and Virginia.
- Almost all of the influenza viruses identified so far continue to be 2009 H1N1 influenza A viruses.
- These viruses remain similar to the virus chosen for the 2009 H1N1 vaccine, and remain susceptible to the antiviral drugs oseltamivir and zanamivir with rare exception.
- CDC has reported a cumulative 59 cases of oseltamivir resistant 2009 H1N1 viruses in the United States since April 2009.

International Situation Update

2009 H1N1 Influenza Updated Key Points February 5, 2010

- The 2009 H1N1 influenza virus is the predominant influenza virus in circulation worldwide.
- In temperate regions of the Southern Hemisphere, sporadic cases of 2009 H1N1 continue to be reported but no substantial increases in influenza activity have been observed.
- In the northern temperate and tropical regions of the Americas, 2009 H1N1 activity continues to decrease or remain low in most places.
- Influenza transmission continues to remain active in North Africa, certain areas of Eastern and Southeastern Europe, and parts of South and East Asia.
- China reported that, in recent weeks, 66% of all influenza-positive specimens were influenza B. Intermittent detections of seasonal A(H3N2) and influenza B viruses were also reported in parts of Africa, and East and Southeast Asia.
- According to the World Health Organization (WHO), the majority of 2009 H1N1 influenza isolates tested worldwide remain sensitive to oseltamivir, an antiviral medicine used to treat influenza disease. Worldwide, 225 2009 H1N1 isolates tested have been found to be resistant to oseltamivir – 59 of these were detected in the United States. All remain sensitive to zanamivir.
- The World Health Organization (WHO) continues to report updated 2009 H1N1 flu-associated laboratory-confirmed cases and deaths on its Web page (<http://www.who.int/csr/disease/swineflu/updates/en/>). These laboratory-confirmed cases represent a substantial underestimation of total cases in the world, as many countries focus surveillance and laboratory testing only on people with severe illness.
- For the most recent period in which data are available (January 17-23, 2010) 54% of influenza specimens were typed as influenza A and 46% as influenza B. Out of all subtyped influenza A viruses, 93% were 2009 H1N1 positive.

2009 H1N1 Influenza Vaccine

In this Section:

- Announcements
- Supply
- Recommendations

Announcements

- **(New)** To ensure that its vaccine meets potency standards, Sanofi Pasteur (the manufacturer) is shortening the expiration period of all its 2009 H1N1 influenza vaccine in pre-filled syringes that are **not** included in either of the two previous Sanofi Pasteur H1N1 vaccine recalls (See [Non-Safety-Related Voluntary Recall of](#)

**2009 H1N1 Influenza
Updated Key Points
February 5, 2010**

[Sanofi Pasteur H1N1 Vaccine in Pre-filled Syringes Questions & Answers \(February 2010\)](#) and [Non-Safety-Related Voluntary Recall of Certain Lots of Sanofi Pasteur H1N1 Pediatric \(0.25 mL, for 6-35 month olds\) Vaccine in Pre-Filled Syringes Questions & Answers \(December 2009\)](#).

- **(New)** All lots of monovalent 2009 H1N1 influenza vaccine in pre-filled syringes manufactured by Sanofi Pasteur, not included in the two earlier recalls, should now be administered by February 15, 2010 regardless of the expiration imprinted on the package.
- **(New)** As part of its ongoing quality assurance program, Sanofi Pasteur performs routine stability testing of its 2009 H1N1 influenza vaccine after the vaccine has been shipped to health care providers. Stability testing means measuring the strength (also called potency) of a vaccine over time. It is performed because sometimes the strength of a vaccine can decrease over time.

Sanofi Pasteur (the manufacturer) notified the FDA that the potency of some of its pediatric and adult syringes that had been distributed between November 2009 and January 2010 were found to have dropped below a pre-specified potency after they were shipped. On February 2, 2010, Sanofi Pasteur sent health care providers instructions to return unused vaccine from the affected lots.

These actions apply only to the lots of 2009 H1N1 vaccine in pre-filled syringes manufactured by Sanofi Pasteur.

- **(New)** There are no safety concerns with the recalled lots of 2009 H1N1 vaccine and no re-administration of the vaccine is required. All of the 2009 H1N1 vaccine lots successfully passed pre-release testing and additional post-release testing supports the conclusion that there is no cause for concern over safety.

Supply

- **(Updated)** As of Thursday, February 5, 2010, a cumulative prorata total of 148,077,570 doses had been made available for ordering since vaccine shipping began.
- There is no way to accurately predict the course of influenza epidemics. Right now is a window of opportunity for more people to get vaccinated for 2009 H1N1 flu, to provide protection should there be another wave of disease this year. Now that there is an adequate supply of vaccine, those who have been patiently waiting to receive the 2009 H1N1 vaccine are encouraged to get vaccinated.

Recommendations

- People should get a flu vaccine every year because after being vaccinated, your immunity declines over time and may be too low to provide protection after a year.

**2009 H1N1 Influenza
Updated Key Points
February 5, 2010**

- Parents are encouraged to ensure that children younger than 10 years old get both doses of 2009 H1N1 vaccine. The recommended interval between the first and second dose is 28 days.
- Now that there is an adequate supply of vaccine, CDC encourages 2009 H1N1 influenza vaccination for anyone who wants protection against the disease, including people 65 years and older.
- CDC continues to encourage people to get vaccinated throughout the flu season, which can last as late as May. Flu seasons are unpredictable in a number of ways, including when they begin, how severe they are, how long they last and which viruses will spread. There were more uncertainties than usual going into this flu season (2009-2010), because of the emergence of the 2009 H1N1 influenza virus (previously called "novel H1N1" or "swine flu").
- Though flu activity has declined since the late October, there are still uncertainties surrounding the rest of this flu season, including the possibility of the circulation of seasonal influenza viruses and ongoing circulation of 2009 H1N1 viruses. In past pandemics, flu activity has occurred in waves and it's possible that the United States could experience another wave of flu activity in the winter or spring of 2010. In addition, sporadic cases of influenza may also be detected in the summer.