

**2009 H1N1 Influenza  
Updated Key Points  
January 22, 2010**

**What's New and Updated**

- Activity Update
- International Situation Update
- Influenza Activity May Occur in Waves
- 2009 H1N1 Influenza Vaccine

**A Summary of CDC Key Public Health Messages this Season**

- Overall flu activity in the United States decreased again slightly during the week of January 10-16, 2010, as reported in FluView. Though flu activity, caused by either 2009 H1N1 or seasonal flu viruses, may rise and fall, 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. Supplies of 2009 H1N1 vaccines are ample, so that anyone who now wants to reduce their risk of influenza is encouraged to get vaccinated, including people 65 years 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 with 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.
- Information collected during the week of January 10-16, 2010 is being reported in FluView on January 22, 2010.
- Below is a summary of the most recent key indicators:

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- Visits to doctors for influenza-like illness (ILI) nationally decreased again this week over last week. Visits to doctors for ILI are low in 9 of the 10 U.S. regions. Region 9 had a small decrease in visits to doctors for ILI, but activity is still elevated.
- 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 this week.
- The proportion of deaths attributed to pneumonia and influenza (P&I) based on the 122 Cities Report increased over the previous week and is higher than expected for this time of year. This increase in P&I is thought to result from an increase in reports of pneumonia-associated deaths in older people. These deaths are not necessarily related to flu illness.
- In addition, another nine flu-related pediatric deaths were reported this week: three of these deaths were associated with laboratory confirmed 2009 H1N1, four were associated with an influenza A virus for which the subtype was undetermined, one was associated with an influenza A (H3) virus infection, and one was associated with an influenza B virus infection. The influenza A (H3) and B deaths reported this week occurred during the 2008-09 influenza season, bringing the total number of reported pediatric deaths that season to 132.
- Since April 2009, CDC has received reports of 307 laboratory-confirmed pediatric deaths: 258 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 243 deaths reported so far during the 2009-2010 season.
- No states reported widespread influenza activity. Seven states continue to report regional influenza activity. They are: Alabama, Georgia, Maine, Nevada, New Jersey, South Carolina, 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.

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- This week CDC has reported a cumulative 54 cases of oseltamivir resistant 2009 H1N1 viruses in the United States since April 2009. .

**International Situation Update**

- 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 sustained community transmission has been observed.
- In the tropical and temperate Northern regions of the Americas, 2009 H1N1 activity continues to decrease or remain low.
- Transmission of 2009 H1N1 continues to at low or declining rates in most countries of Western, Central, and Southeastern Europe, and East-, South- and West- Asia. Poland, Austria, Estonia, Hungary, and Moldova report transmission at notable levels, but below their November peak.
- Limited data from North Africa suggest influenza transmission is active in most geographic areas, but has likely recently peaked. Only Libyan Arab Jamahiriya reports increasing respiratory disease activity.
- 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, 206 cases of 2009 H1N1 resistant to oseltamivir have been reported – 54 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 3-January 9, 2009) 74.6% of influenza specimens were typed as influenza A and 18.2% as influenza B. Out of all subtyped influenza A viruses, 97.2% were 2009 H1N1 positive.

**Influenza Activity May Occur in “Waves”**

- The timing, spread and severity influenza viruses is uncertain.
- Outbreaks of influenza may occur in different places at different times.
- Outbreaks may occur in waves of 6-week to 8-week time periods.
- These waves of influenza may occur over several months or years.

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- Different people may be affected during each wave.
- 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.
- A second wave of 2009 H1N1 activity followed in the fall (with activity peak in October).
- Flu activity has decreased in recent weeks and is low at this time.
- Flu season can last as late as May. It’s possible that other waves of influenza activity may occur this flu season – caused by either 2009 H1N1 viruses or regular seasonal flu viruses.
- It’s also likely that the 2009 H1N1 virus will circulate again next season.
- Because the timing and spread of influenza viruses are unpredictable, CDC is continuing to recommend vaccination with seasonal influenza vaccine and 2009 H1N1 vaccine.

### **2009 H1N1 Influenza Vaccine**

In this Section:

- Announcements
- Supply
- Recommendations

#### **Announcements**

- The vaccine for 2009 H1N1 flu will be the same for the entire 2009-2010 influenza season, which extends into the spring of 2010. The “2009” in the name only relates to the year the virus was first identified; it does not have to do with how long the vaccine will work or the year in which it should be administered. The 2009 H1N1 strain is not included in the 2009-2010 seasonal flu vaccine because it was identified after manufacturers had started making the seasonal flu vaccine.

#### **Supply**

- **(Updated)** As of Thursday, January 21, 2010, a cumulative prorata total of 144,741,750 doses had been made available for ordering since vaccine shipping began.

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- **(Updated)** As of Thursday, January 21, 2010, there were a total of 118,072,700 doses ordered.
- 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**

- Parents are encouraged to seek the second dose of 2009 H1N1 vaccine. The recommended interval between the first and second dose should be at least 28 days; however, a second dose given at least 21 days after the first is considered valid.
- Now that there is an adequate supply of vaccine, CDC encourages 2009 H1N1 influenza vaccination for anyone who wants protection the disease, including people 65 years and older.