

Human Cases of Influenza A (H1N1) of Swine Origin in the United States and Abroad
Updated Key Points
April 29, 2008: 9:58AM

Situation Update

- CDC is reporting 91 human infections with this influenza A (H1N1) virus of swine origin in the United States. (An increase in 27 over the number of cases reported yesterday.)
- The list of states with the numbers of people who are confirmed cases is updated daily at 11am at www.cdc.gov/swineflu.
- Human infections with this new virus have been confirmed in 10 states at this time.
- Today, CDC also is reporting the nation's first death from this outbreak.
- This death occurred in the state of Texas in a 22-month-old child.
- We are not disclosing additional information about this child in order to protect their privacy and the privacy of their family, but our hearts go out to them.
- Any death is tragic, but a death in a child is particularly difficult, I think, and I'd like to express my sympathy for the family and friends of this young child.
- We also are investigating other reports of critically ill and hospitalized patients and our work in this area will go on.
- But at this point, we need to move away from the focus on numbers.
- As I have been saying, we do expect that we will see more cases, more hospitalizations and more see deaths from this outbreak over the coming days and weeks.
- We are beginning to see a pattern of more severe illness in the cases in the United States that we had feared might emerge.
- Influenza is always serious – each year, in the United States, seasonal influenza results, on average, in an estimated 36,000 deaths from flu-related causes.
- This outbreak certainly poses the potential to be at least as serious as seasonal flu if not more so.
- Because this is a new virus, most people will not have immunity to it and so illness may be more severe and widespread as a result.

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- The picture on the world stage is more somber today too.
- Internationally, more countries are reporting cases of infection with this new virus.
- Based on the rapid spread of the virus thus far, we believe that more cases will be identified over the coming weeks and months.

This is indeed sobering, but it's important to keep in mind that we are not helpless.

What we are doing:

The Federal Government is mounting an aggressive response to this outbreak.

- CDC's goals during this public health emergency are to reduce transmission and illness severity, and provide information to assist health care providers, public health officials and the public in addressing the challenges posed by this newly identified influenza virus.
- To this end, CDC continues to update guidance.
- We posted guidance yesterday for how clinicians should care for young children and pregnant women who have swine influenza infection.
- Young children and pregnant women are at high risk for serious complications from seasonal flu and it would not be surprising to find a pattern where they also are at high risk of serious complications from this new virus.
- We are taking steps to protect these people by pushing out our recommendations on how to aggressively treat infection with this new virus.
- In addition, we are reaching out through partners to get the word out to these groups that they should take precautions; be aware of warning signs; and seek medical care sooner rather than later.
- New guidance is being issued continuously. I urge to you visit the CDC website at <http://www.cdc.gov/swineflu/> for more information or call 1-800-CDC-INFO.
- This is a rapidly evolving situation and guidance should be considered interim and will be updated frequently.

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- On April 27 CDC, issued a travel health warning recommending that travelers postpone all non-essential travel to Mexico until further notice.
- CDC is concerned that continued travel to Mexico poses a significant risk to those travelers.
- CDC has developed a real-time RT-PCR Detection Panel to expand and maintain the operational capabilities of public health or other qualified laboratories by providing a detection tool for the presumptive presence of this influenza A /H1N1 virus.
- This diagnostic test is being distributed to states nationwide to increase their capacity to test at the state level.
- In addition, distribution of antiviral drugs, personal protective equipment, and respiratory protection devices from CDC's Division of the Strategic National Stockpile (SNS) to all 50 states and U.S. territories continues.
- The Strategic National Stockpile has 49.9 million regimens of antiviral drugs. Six million of this total quantity is designated for specific purposes i.e. containment and the remaining 44 million are allocated to the public health emergency preparedness project areas, based on their population.
- The SNS deployment includes approximately 11 million antiviral regimens, masks, N95 respirators, Gowns, Gloves and face shields
- On Monday (April 27), the FDA issued Emergency Use Authorizations (EUAs) to address the off-label use of these FDA-approved products, since normal prescribing and dispensing requirements cannot be met.
- The EUAs allow for oseltamivir to also be used to treat children younger than 1 year of age, and prevent influenza in children 3 months to 1 year of age.
- And we have begun the process to get a vaccine developed.

What Communities Can Do:

- At the local level, we are hearing reports of some schools have being closed in various states.

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- Community-level social distancing efforts to slow the spread of disease will be an important tool at our disposal against this swine influenza outbreak.
- Simply put 'social distancing' is a way of 'keeping our distance' from each other to lessen the spread of flu.
- So communities may want to consider measures that can promote social distancing like school closures, teleworking, shift work and other social distancing measures.

Clinicians:

- Laboratory testing on these viruses so far indicate that they are **susceptible** (sensitive) to **oseltamivir** and **zanamivir**. (This virus is resistant to amantadine and rimantadine so these drugs will **not** work against these swine influenza documents.)
- CDC recommends the use of oseltamivir or zanamivir for the treatment and/or prevention of infection with swine influenza viruses.
- Clinicians should continue to consider swine influenza infection in the differential diagnosis of patients with acute febrile respiratory illness who have either been in contact with persons with confirmed swine flu, or who were in one of the U.S. states that have reported swine flu cases or in Mexico during the 7 days preceding their illness onset.
- Patients who meet these criteria should be tested for influenza. At this point, specimens should be sent through the public health laboratory systems to conduct testing specific for swine influenza virus. Guidance of collection and testing of the specimens.
- Influenza antiviral drugs work best when started soon after illness onset (within two 2 days), but treatment with antiviral drugs should **still be considered after 48 hours of symptom onset, particularly for hospitalized patients or people at high risk for influenza-related complications.**
- CDC continues to issue interim guidance daily on the website and through health alert network notices.
- Clinicians should visit <http://www.cdc.gov/swineflu/guidance>

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Public:

- There is no vaccine available right now to protect against this virus, but we have begun the process to get a vaccine developed.
- But as mentioned before, we do have antiviral medications in our arsenal against flu.
- Influenza antiviral drugs are an important weapon in our arsenal against influenza.
- Many people believe that there is no treatment for a viral infection and that it must run its course. That is not true.
- Influenza antiviral drugs are prescription medicines (pills, liquid or an inhaler) with activity against influenza viruses, including swine influenza viruses.
- In addition to being in our stockpile, it also should be noted that these drugs are available commercially, since they are routinely used in the treatment of seasonal influenza.
- We will be using antiviral drugs mainly to treat infection with this virus.
- There are two influenza antiviral medications that are recommended for use against swine influenza. These are oseltamivir (trade name Tamiflu ®) and zanamivir (Relenza ®).
- Influenza antiviral drugs work best when stated soon after illness onset (within two 2 days), but treatment with antiviral drugs should *still be considered after 48 hours of symptom onset, particularly for hospitalized patients or people at high risk for influenza-related complications.*
- **You have a role in protecting yourself and your family.**
 - Stay informed. Health officials will provide additional information as it becomes available. Visit www.cdc.gov/swineflu
- Take these everyday steps to protect your health:
 - Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.

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- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- Do not go to work or school if you are sick. CDC recommends that you limit contact with others to keep from infecting them.
- **If you are sick, do not go to work or school.**
- Follow public health advice regarding school closures, avoiding crowds and other social distancing measures.
- If you don't have one yet, consider developing a family emergency plan as a precaution. This should include storing a supply of extra food, medicines, facemasks and other essential supplies.

Recommendation re: Mexico Travel

- We are recommending that people avoid non-essential travel to Mexico at this time.
- If you must travel to Mexico, there are steps you should take to reduce your risk of infection.
- Visit <http://wwwn.cdc.gov/travel> for the latest information on travel.