Topline Points to Share

- CDC does not recommend "swine flu parties" as a way to protect against future infection with novel Influenza A (H1N1) Swine flu parties are gatherings where people have close contact with a person who has contracted the virus in the hopes of becoming infected themselves and, therefore, develop natural immunity to the novel H1N1 flu virus should it circulate later and cause more severe disease.
- There have been three deaths in the United States associated with this outbreak, to date. The most recent death was a 39-year-old man in the state of Washington.

If you are asked . . .

"Are people with HIV/AIDS at greater risk than other people of infection with novel Influenza (H1N1) flu?"

Answer: At the present time, we have no information about the risk of the novel H1N1 flu in people with HIV/AIDS. In the past, people with HIV/AIDS have not appeared to be at any greater risk than the general population for infection with routine seasonal influenza. However, HIV-infected adults and adolescents, and especially persons with low CD4 cell counts or AIDS, can experience more severe complications of seasonal influenza. It is therefore possible that HIV-infected adults and adolescents are also at higher risk for complications from infection with the H1N1 flu virus.

HIV-infected patients should take precautions to protect themselves from novel H1N1 flu.

1. Wash your hands often (or using an alcohol-based hand sanitizer if soap and water aren’t available)
2. Avoid touching your eyes, nose or mouth with your hands — germs spread this way
3. Try to avoid close contact with sick people

HIV-infected persons should maintain a healthy lifestyle; eat right, get enough sleep, and reduce stress as much as possible. Staying healthy reduces your risk of getting infected by influenza and other infections. Staying health also helps your immune system fight off a flu infection should it occur.

If you are currently taking antiretrovirals or antimicrobial prophylaxis against opportunistic infections you should adhere to your prescribed treatment and follow the advice of your health care provider in order to maximize the health of your immune system. For more information see [http://www.cdc.gov/h1n1flu/hiv_flu.htm](http://www.cdc.gov/h1n1flu/hiv_flu.htm)

Fast Facts

- The FDA has approved a new manufacturing facility used to produce influenza virus vaccines. The facility is approved for seasonal influenza vaccine production and could be used for the production of vaccine against the new 2009 H1N1 influenza strain. The facility, located in the United States, is owned and operated by Sanofi Pasteur.
- The "flu shot" is an inactivated vaccine (containing killed virus) that is given with a needle, usually in the arm. The nasal-spray flu vaccine is a vaccine made with live, weakened flu viruses that do not cause the flu.
- The ability of flu vaccine to protect a person depends on the age and health status of the person getting the vaccine, and the similarity or "match" between the virus strains in the vaccine and those in circulation. Testing has shown that both the flu shot and the nasal-spray vaccine are effective at preventing the flu. However, there is currently no vaccine available to prevent novel H1N1 flu virus.
Interim Guidance for Public Gatherings

CDC has released guidance for large gatherings in response to the novel influenza A (H1N1) outbreak. Such gatherings can include college and university commencement exercises, church services, sporting events, concerts, social and cultural celebrations, weddings, conferences, and other similar activities attended by relatively large groups of people. This interim guidance does not attempt to define such events in terms of numbers of people in attendance; rather, the focus is on community situations in which crowding is likely to occur.

In crowded settings, social distancing (that is, measures that increase the physical space between people and reduce their frequency of close contact) is difficult to maintain. Moreover, at public gathering events that are celebratory in nature (such as weddings, graduation ceremonies), participants frequently have social personal contact (like handshaking and hugging). As a result, there may be increased risk for spread of novel influenza A (H1N1) virus among attendees of such events and subsequent spread of illness in the community or in communities to where attendees return. Click to read the full report: Interim CDC Guidance for Public Gatherings in Response to Human Infections with Novel Influenza A (H1N1)

CDC public health workforce deployed (as of May 12, 2009)

In the CDC Emergency Operations Center (EOC): More than 1300 are deployed.

By state/country (total 116)

States: California, 8; Delaware, 8; Illinois, 20; New York City, 10; Ohio, 3; Texas, 9; Washington, 3

Other: Washington, DC, 2; and U.S. Quarantine Stations, 28

Countries: Guatemala, 2; Mexico, 23
How does CDC conduct influenza surveillance?

The Epidemiology and Prevention Branch in the Influenza Division at CDC collects, compiles and analyzes information on influenza activity year round in the United States and produces a weekly report from October through mid-May. The U.S. influenza surveillance system is a collaborative effort between CDC and its many partners in state and local health departments, public health and clinical laboratories, vital statistics offices, healthcare providers, clinics and emergency departments. Information in five categories is collected from nine different data sources.

- **Viral Surveillance** — About 80 U.S. World Health Organization (WHO) Collaborating Laboratories and 70 National Respiratory and Enteric Virus Surveillance System (NREVSS) laboratories, located throughout the United States, participate in virologic surveillance for influenza. All state public health laboratories participate as WHO collaborating laboratories along with some county public health laboratories and some large tertiary care or academic medical centers. Most NREVSS laboratories participating in influenza surveillance are hospital laboratories. In 2007, human infection with a novel influenza A virus became a nationally notifiable condition. The 2009 influenza A (H1N1) virus is a novel virus. Novel influenza A virus infections include all human infections with influenza A viruses that are different from currently circulating human influenza H1 and H3 viruses.

- **Outpatient Illness Surveillance** — Information on patient visits to health care providers for influenza-like illness is collected through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet).

- **Mortality Surveillance** — Rapid tracking of influenza-associated deaths is done through two systems:
  - 122 Cities Mortality Reporting System. Each week, the vital statistics offices of 122 cities report the total number of death certificates received and the number of those for which pneumonia or influenza was listed as the underlying or contributing cause of death by age group. The percentage of all deaths due to pneumonia and influenza (P&I) are compared with a seasonal baseline and epidemic threshold value calculated for each week.
  - Surveillance for Influenza-associated Pediatric Mortality. Influenza-associated deaths in children (persons less than 18 years) was added as a nationally notifiable condition in 2004. Laboratory-confirmed influenza-associated deaths in children are reported through the Nationally Notifiable Disease Surveillance System.

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**Get Set**

Here are some reminders worth repeating:

- For the latest information visit the [CDC H1N1 Flu website](http://www.cdc.gov/h1n1flu) daily.
- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- 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.
Hospitalization Surveillance — Two systems monitor hospitalizations with laboratory confirmed influenza infections.

— Emerging Infections Program (EIP). The EIP Influenza Project conducts surveillance for laboratory-confirmed influenza related hospitalizations in children (persons less than 18 years) and adults in 60 counties covering 12 metropolitan areas of 10 states (San Francisco CA, Denver CO, New Haven CT, Atlanta GA, Baltimore MD, Minneapolis/St. Paul MN, Albuquerque NM, Las Cruces, NM, Albany NY, Rochester NY, Portland OR, and Nashville TN).

— New Vaccine Surveillance Network (NVSN). The New Vaccine Surveillance Network (NVSN) provides population-based estimates of laboratory-confirmed influenza hospitalization rates for children less than 5 years old residing in three counties: Hamilton County OH, Davidson County TN, and Monroe County NY.

Summary of the Geographic Spread of Influenza — State health departments report the estimated level of spread of influenza activity in their states each week through the State and Territorial Epidemiologists Reports. States report influenza activity as no activity, sporadic, local, regional, or widespread.

For a more detailed explanation of these influenza surveillance systems visit: Flu Activity and Surveillance

Meet the responders: Sonia Mali, Epidemiologist
CCID/NCZVED

What Are You Doing? I have been covering the Epi Surveillance Team Leader desk in the main EOC control room. This desk is responsible for triaging all calls and email communications pertaining to epi/surv of H1N1 cases in the US and territories.

What’s Most Challenging? Most challenging has been learning how to multi-task in a fast paced environment. However, everyone that I have met and worked with within the main control room from other desks have been most helpful and supportive.

What’s Most Rewarding? Most rewarding has been watching how a multi-faceted agency work together as a cohesive unit during an outbreak situation.

What’s Most Surprising? Most surprising has been learning all the different layers and connections there are when working in an outbreak situation.

Go
You can view a state-by-state map and table of cases of novel influenza A (H1N1) at http://www.cdc.gov/h1n1flu/update.htm#statetable
U.S. Human Cases of Novel H1N1 Flu Infection (as of May 11, 2009)