

## MEMORANDUM

**TO:** Alameda County Board of Supervisors, CAO, Health Care Services  
Agency Director and Deputy Director, County Emergency Manager,  
County PIO, AC Fire Chief, ACOE Superintendent

**FROM:** County Health Officer

**CC:** Communicable Disease Controller, BT Coordinator, Acting EMS Director,  
EMS Medical Director, EMS Assistant Medical Director, ACCM Disaster  
Coordinator, ACCMA

**DATE:** 6/11/2009 4:00 PM

**RE:** 2009 Influenza A H1N1 Pandemic. **Update # 13**

### NEW INFORMATION SINCE LAST UPDATE:

- World Health Organization elevates Pandemic alert to Phase 6 (Global Pandemic) and declares the start of the 2009 Influenza Pandemic. –(This will not have significant effect on the level of local response efforts).
- Total Alameda County cases now 60.
- Two Alameda County deaths, three total Bay Area deaths.
- Age distribution of epidemic and recent experimental data suggests that people over the age of 60 may have some degree of protection from novel H1N1
- Many experts predicting a resurgent H1N1 during the coming winter's influenza season. Vaccine preparation efforts are already underway.

### SUMMARY: As of 3:30 pm, Wednesday, June 11, 2009:

- Global pandemic declared. Overall severity judged to be “moderate”.
- California reporting 1014 cases (796 confirmed, 218 probable) from 38 of 61 local health jurisdictions cases.
- **Sixty (60) cases in Alameda County.** 50 confirmed, 10 probable.
- This on-going epidemic has severely taxed the resources of the Public Health Department, particularly its public health nurses, epidemiologists, and laboratory staff. The Governor's recently proposed budget cuts do not portend well for the ability of the public health system to respond aggressively to a second wave of H1N1 in the fall.
- Federal government has launched an effort to develop a vaccine against this strain and is in the early stages of manufacturing.

### SURVEILLANCE (Who, What, Where, When, How?)

**Global:** 11 June 2009 -- On the basis of available evidence and expert assessments of the evidence, the scientific criteria for an influenza pandemic have been met. The Director-

General of WHO has therefore decided to raise the level of influenza pandemic alert from phase 5 to phase 6. "The world is now at the start of the 2009 influenza pandemic" .

“At this time, WHO considers the overall severity of the influenza pandemic to be moderate. This assessment is based on scientific evidence available to WHO, as well as input from its Member States on the pandemic's impact on their health systems, and their social and economic functioning.

The moderate assessment reflects that:

1. Most people recover from infection without the need for hospitalization or medical care.
2. Overall, national levels of severe illness from influenza A(H1N1) appear similar to levels seen during local seasonal influenza periods, although high levels of disease have occurred in some local areas and institutions.
3. Overall, hospitals and health care systems in most countries have been able to cope with the numbers of people seeking care, although some facilities and systems have been stressed in some localities.

WHO is concerned about current patterns of serious cases and deaths that are occurring primarily among young persons, including the previously healthy and those with pre-existing medical conditions or pregnancy. Large outbreaks of disease have not yet been reported in many countries, and the full clinical spectrum of disease is not yet known.”- World Health Organization 6/11/09

As of 14:00 GMT, 11 June 2009, 74 countries have officially reported **28,774 cases** of influenza A(H1N1) infection, including 144 deaths. (Map available at : [http://www.who.int/csr/don/2009\\_06\\_11/en/index.html](http://www.who.int/csr/don/2009_06_11/en/index.html)).

**National:** CDC is currently reporting **13, 217 cases** of novel H1N1 infection in the United States, with 27 deaths. All 50 states in the United States and the District of Columbia and Puerto Rico have reported cases of novel H1N1 infection. While nationwide U.S. influenza surveillance systems indicate that overall influenza activity is decreasing in the country at this time, novel H1N1 outbreaks are ongoing in parts of the U.S., in some cases with intense activity. (see attached epidemic curve in REFERENCES below).

CDC is continuing to watch the situation carefully, to support the public health response and to gather information about this virus and its characteristics. The Southern Hemisphere is just beginning its influenza season and the experience there may provide valuable clues about what may occur in the Northern Hemisphere this fall and winter. CDC has deployed staff to the Southern hemisphere to closely monitor the epidemic in that region.

**California:** As of June 4, 2009 (daily updates are not being provided at this time), California is reporting **1014 cases** (796 confirmed, 218 probable) from 38 of 61 local health jurisdictions. The state is currently officially reporting three deaths which does not include the two deaths in Alameda County. The reported number of cases of H1N1 (swine flu) in California do not reflect how many actual cases there may be in the state because individuals in outpatient settings are no longer being tested for the presence of the virus and many cases go undetected due to the mild nature of disease among most people. Laboratory testing is limited to individuals with serious H1N1 illness, including hospitalized patients, and those at high risk for complications. An update of the number of cases is published on a weekly basis to provide an estimate of H1N1 frequency among those patients being tested.

**Local:** As of June 11, 2009, Alameda County is reporting **60 cases** of novel H1N1 influenza (50 confirmed and 10 probable). Two deaths attributable to novel H1N1 influenza virus have been reported. Both deaths were in middle-aged men with underlying cardiovascular and/or metabolic conditions. According to the nationwide data, 71% of the hospitalized patients have occurred in people who have an underlying condition -- respiratory illness like asthma or emphysema, immune deficiencies, and other cardiovascular or metabolic conditions, like diabetes. There has also been a disproportionate number of pregnant women among those who have had infection.

In general, deaths from seasonal influenza are not rare, even in children. We estimate that approximately 200 people in Alameda County die each year as a result of seasonal influenza. Typically, these are elderly persons, persons with underlying immunologic or cardio-respiratory conditions that make them more vulnerable to severe consequences from influenza infection, and occasionally young children (under age 2). As noted above, the age distribution of this epidemic appears to be different from seasonal influenza. CDC has reported a median age of 16 years for U.S. cases. 57% of reported U.S. cases are in people 5 to 24 years of age, and 41% of the hospitalizations are in that same age group -- the older children and young adults. In Alameda County, 1/3<sup>rd</sup> of all cases are between the ages of 15-19 and no cases have been reported over the age of 65.

A recently reported serologic study suggested that children and younger adults have no or low levels of serum antibody, respectively, that are cross-reactive for the novel influenza A (H1N1) virus. Approximately one third of U.S. adults aged >60 years who were tested had cross-reactive neutralizing antibodies; however, the extent to which such antibody might protect against the novel H1N1 strain remains unknown. Results among adults suggest that some degree of preexisting immunity to the novel H1N1 strains exists, especially among adults aged >60 years. One possible explanation is that some adults in this age group have had previous exposure, either through infection or vaccination, to an influenza A (H1N1) virus that is genetically and antigenically more closely related to the novel influenza A (H1N1) virus than are contemporary seasonal H1N1 strains. The serologic data, along with the age distribution of illness and clinical severity from the outbreak in Mexico, suggest age <60 years may be a risk for infection and serious illness from novel A (H1N1) infection.

It is our expectation that this virus will continue to circulate in a smoldering fashion throughout the summer and into the fall. It is assumed that H1N1 will return to North America and compete with seasonal influenza or replace seasonal influenza as the dominant strain. Continued surveillance and analysis will be critical to mounting a robust response in the fall and winter.

### **DISEASE CONTROL (How Do We Slow the Cycle of Disease Transmission?)**

#### Case-Contact Investigation with Voluntary Isolation and Quarantine

- ACPHD Nursing continues to monitor all cases, contacts and settings in which transmission may have occurred with an eye towards removing potentially infectious persons from situations that have a likelihood of leading to further community transmission. This on-going epidemic has severely taxed the resources of the Public Health Department, particularly its public health nurses, epidemiologists, and laboratory staff. The Governor's recently proposed budget cuts do not portend well for the ability of the public health system to respond aggressively to a second wave of H1N1 in the fall. The Department will continue to prioritize core communicable disease response infrastructure as budget reduction decisions are made.
  
- Federal government has launched an effort to develop a vaccine against this strain and is in the early stages of manufacturing. There has not yet been a formal decision to actually vaccinate people. This will depend on the data about the vaccine's effectiveness and safety. HHS Secretary Sebelius has announced that approximately \$1 billion was going towards vaccine development and manufacturing. That includes resources for the clinical trials that are being carried out through NIH and through the manufacturers in collaboration with the FDA. It is anticipated that if the vaccine is deemed effective and safe, it would be distributed through state health departments, however, details of any such distribution strategy are still being developed. At this point, it is assumed that there will not be a combined H1N1 and seasonal influenza vaccine.

### **RESOURCE COORDINATION (Are Appropriate Resources Available or on Stand-by?)**

- Statewide coordination: Alameda County Public Health Division of Communicable Disease continue to communicate with and receive guidance from California Department of Public Health.
  
- Regional Coordination: On-going coordination efforts continue with the Association of Bay Area Health Officials (ABAHO) Pandemic Influenza working group.
  
- Local Coordination: The Division of Communicable Disease and the Bioterrorism/Emergency Preparedness Program continue to work with hospital

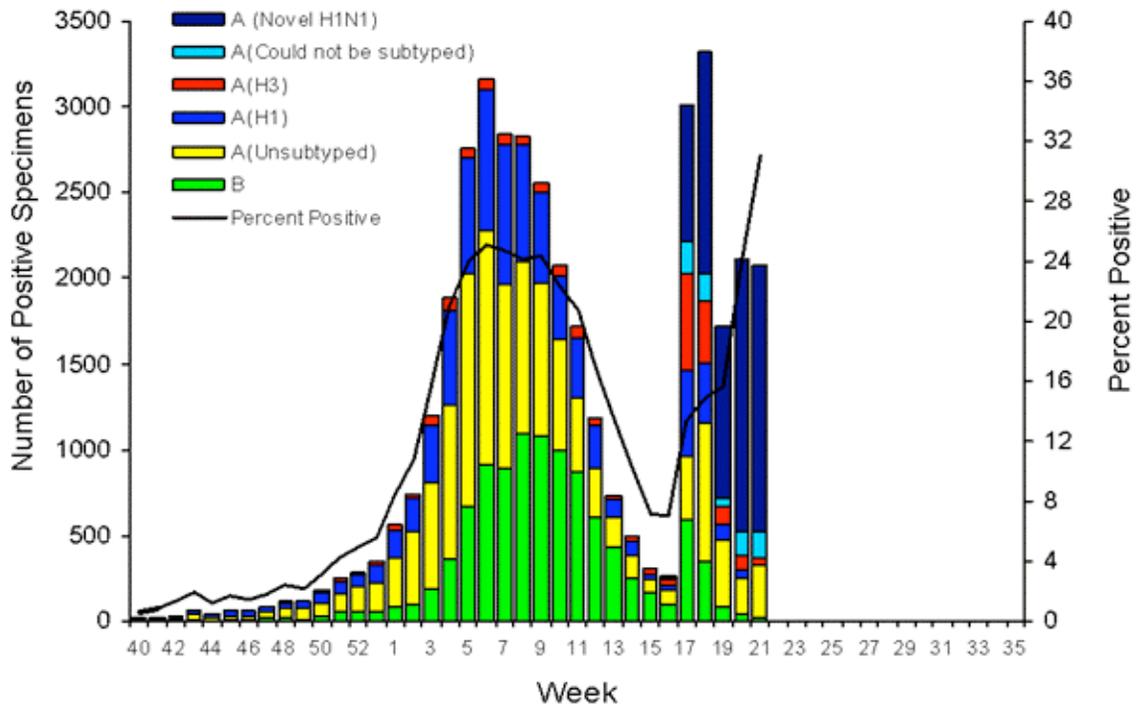
and provider emergency preparedness staff to share information and resources as necessary.

**COMMUNICATION (Messages for Physicians, Policy-makers, and Public)**

Over the past several weeks, the primary vehicle for status updates has been the ACPHD website. As of early this week when the Department was made aware of first one, and then a second H1N1 related death, press releases have been issued and over 10 media interviews have been facilitated. This Health Officer’s memo is being generated to address the evolving aspects of the epidemic. Further updates will issued as conditions warrant.

**REFERENCES:**

**Influenza Positive Tests Reported to CDC by U.S. WHO/NREVSS Collaborating Laboratories, National Summary, 2008-09**



**Alameda County H1N1 Swine Flu Cases  
by Week of Symptom Onset (N=60) as of June 11, 2009**

