



CT Department of  
Emergency Management  
and Homeland Security



M. Jodi Rell, Governor



CT Department of  
Public Health

## STATE OF CONNECTICUT H1N1 Situation Report

Report Period: October 30, 2009 to November 5, 2009

The Connecticut Departments of Public Health (DPH) and Emergency Management and Homeland Security (DEMHS) are working together to provide a weekly CT Situation Report on what the State of Connecticut is doing in preparation and response to a H1N1 influenza pandemic. This report provides a brief overview of the H1N1 situation in CT, as well as on the national and international levels.

*NOTE: According to the U.S. Centers for Disease Control and Prevention (CDC) the start of the 2009-10 influenza season began Sunday August 30, 2009. All statistics provided will be based on this calendar.*

### I. CONNECTICUT SITUATION SUMMARY

#### Department of Public Health (DPH)

##### **CT Epidemiology/Infectious Disease Section Update:**

- Preliminary influenza data reviewed from the week ending October 31, 2009 reveals that a widespread level of influenza activity is still being observed in Connecticut as measured by laboratory confirmed test results, data from syndromic surveillance systems, and reports of school absenteeism by students with influenza-like illness.
- The 2009 influenza A (H1N1) virus remains the predominate subtype circulating in Connecticut, with only a few specimens of seasonal influenza [type B and influenza A (H3N2) isolates] identified to date.
- The CDC's Weekly Activity map indicates for the week ending October 24, 2009 Connecticut and New Jersey raised their flu activity classification to "widespread." Influenza is widespread in every US state except Hawaii and South Carolina., This level of influenza activity during the early fall season has not been observed during this era of advanced surveillance systems and/or occurred for decades since last the flu pandemic.
- High Influenza Like Illness (ILI) activity is also being reported at many colleges, universities, and school districts within Connecticut

**Vaccine distribution update:** Connecticut has received 297,500 doses of the H1N1 vaccine

**CT Public Health Laboratory Update:** Influenza test results from November 4, 2009:

- Total specimens received (11/4/2009): 47
- Total H1N1 positive: 18
- Total negative for all influenza: 18
- Total pending: 35
- Total seasonal influenza: 0
- Total H1N1 positive since 8/30/2009: 140

##### **Local Update:**

- Local Health Districts (LHDs) are holding H1N1 Vaccine clinics across the state as the vaccine becomes available. Most of the clinics are being done by appointment only, to ensure that vaccines are being given to the identified priority groups
- All Mass Dispensing Areas (MDAs) are reporting the shortage of vaccine.
- MDAs are also reporting that requests for the seasonal flu vaccine have increased.
- Local Health Districts are being inundated with calls from concerned residents and are reporting that they are having issues keeping up with this increased call volume.
- Many MDAs and LHDs are utilizing CERT and MRC teams to assist with their clinics to provide administrative and traffic support.

## Schools

- South Kent School (non public), will reopen Nov. 5, 2009
- All other schools closed last week have reopened.

## Department of Emergency Management and Homeland Security (DEMHS)

- Current DEMHS activation level — MONITORING (information review and sharing, and outreach mode). H1N1 incident information has been posted for state and local public safety officials on Web EOC.
- DEMHS staff met with the FEMA Region 1 Incident Management Assistance Team (IMAT) on November 2, 2009 to discuss FEMA's role in regional H1N1 activities.
- DEMHS Regional Offices have received requests from local Emergency Management Directors for CERT and MRC activation approvals to assist flu clinics with traffic control, check-in, information, and other administrative duties.

## Other State Agencies

- The State of Connecticut Department of Agriculture is monitoring reports of H1N1 in pets and livestock across the country. There have been no reports of H1N1 in animals in CT.
- A Legislative Forum on H1N1 will take place on Wed., November 18, 2009 from 9:30 AM – 11:30 AM in room 2D at the Legislative Office Building

## Public Information

- **Press Release:** Governor Rell Calls on CDC to Release More of State's Tamiflu Allocation from U.S. Stockpile Oct 30, 2009 [www.ct.gov/ctfluwatch/](http://www.ct.gov/ctfluwatch/)
- DPH Call center volume: Total number of calls into the DPH Hotline since inception (Oct 5<sup>th</sup>): 5,589
- 211 Infoline: For the week 10/25/2009 - 10/31/2009, 2-1-1 Infoline answered 59 calls related to the H1N1 virus. The H1N1 recorded messages were selected 796 times. The majority of the callers selected the vaccine availability message and the message explaining the difference between seasonal flu and H1N1.
- Current public messaging:
  - H1N1 flu activity is now "widespread" in Connecticut
  - The Department of Public Health is doing its best to get the H1N1 vaccine to those who need it the most (priority groups) as quickly as possible
  - Patience is requested as H1N1 vaccines become available.
  - Connecticut has received and administered nearly 1.3 million doses of seasonal flu vaccine.
  - Early vaccination and an increase in demand have nearly exhausted this year's seasonal flu vaccine supply.

## II. NEW ENGLAND STATES SITUATION/FEMA REGION A UPDATE SUMMARY

- There are reports of individuals from outside jurisdictions attending vaccination clinics.
- New Hampshire launched its H1N1 Flu Public Inquiry Line last week - they are using the 2-1-1 system.
- Health officials in Maine report widespread H1N1 particularly in the southern portion of the state.
- Rhode Island reports the death of a 12-year-old child due to H1N1 related illness. There is a confirmed cluster of H1N1 at the University of Rhode Island.
- New York has declared a state of emergency because of the rise in H1N1 flu cases.

## III. NATIONAL SITUATION UPDATE SUMMARY

- A study published this week in the Journal of the American Medical Association (JAMA) indicates that those ages 50 or older had the highest death rate among those hospitalized with H1N1. Still, the elderly have fewer deaths and hospitalizations. CDC has not changed its priority H1N1 vaccination groups.
- As of 30 October, the number of Influenza-Like Illness (ILI) deaths in the U.S. was 619 this week compared to 506 deaths reported last week. (Source: HHS/CDC)
- As of 30 October, the most significant impacts of A(H1N1) remain increased ILI outpatient visits and influenza associated pediatric deaths. (Source: HHS/CDC)
- Five States and one territory (American Samoa, Florida, Virginia, Wisconsin, Iowa, Maryland) have declared a Public Health Emergency (Source: HHS/CDC)

- Thirteen states (IL, CA, ME, NE, NY, OH, TX, GA, LA, MA, MI, MN, and NC) have declared an Emergency Declaration/Proclamation (Source: DHS/FEMA)
- The United States will not donate vaccine to other countries until at-risk Americans have been inoculated against A(H1N1). (Source HHS)
- CDC states that doses of A(H1N1) vaccine and seasonal flu vaccine can be administered at the same time so long as both vaccines are not in the live attenuated aerosol (nasal spray) format. (Source: CDC)
- Current CDC Update – for the week ending 10/24/09:
  - Visits to doctors and hospitalization rates for influenza-like illness (ILI) increased steeply since last week in the United States, and overall, are much higher than what is expected for this time of the year. ILI activity now is higher than what is seen during the peak of many regular flu seasons. Hospitalization rates continue to be highest in younger populations with the highest hospitalization rate reported in children 0-4 years old.
  - The proportion of deaths attributed to pneumonia and influenza (P&I) based on the 122 Cities Report has increased and has been higher than what is expected at this time of year for four weeks now. In addition, 22 flu-related pediatric deaths were reported this week; 19 of these deaths were confirmed 2009 H1N1, and three were influenza A viruses, but were not subtyped. Since April 2009, CDC has received reports of 114 laboratory-confirmed pediatric 2009 H1N1 deaths and another 12 pediatric deaths that were laboratory confirmed as influenza, but where the flu virus subtype was not determined.
  - Almost all of the influenza viruses identified so far are 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.

#### IV. INTERNATIONAL H1N1 UPDATE SUMMARY

- The World Health Organization (WHO) has launched a program to give H1N1 flu vaccines to nearly 100 developing countries, with the first ones receiving the shots soon.
- Current WHO weekly Update – Oct 25, 2009
  - Worldwide there have been more than 440,000 laboratory confirmed cases of pandemic influenza H1N1 2009 and over 5700 deaths reported to WHO.
  - Pandemic influenza transmission remains active in many parts of the tropical zone of the Americas, most notably in several Caribbean countries. Overall transmission continues to decline in most but not all parts of the tropical zone of South and Southeast Asia
  - The countries and overseas territories/communities that have newly reported their first pandemic (H1N1) 2009 confirmed cases since the last web update (No.71): None.
  - The countries and overseas territories/communities that have newly reported their first deaths among pandemic (H1N1) 2009 confirmed cases since the last web update (No 71): Russia, Jordan, Serbia, the Czech Republic, Turkey, Finland, Guadeloupe (FOC), and Moldova.

#### V. NON-H1N1 INFORMATION

No report

Distribution List: CT City, Town & Tribal Nation Chief Elected Officials/Chief Executive Officers  
 CT City, Town & Tribal Nation Emergency Management Directors  
 CT City, Town & Tribal Nation Health Department/Districts  
 CT Emergency Management Association (CEMA) – Executive Board  
 CT City, Town & Tribal Nation Public Safety – Police & Fire Chiefs  
 Regional Planning Organizations/Agencies, Council of Governments/Elected Officials  
 DEMHS Coordinating Council  
 Regional Emergency Medical Services (EMS) Councils  
 State of Connecticut Emergency Operation Center (EOC) Liaisons  
 Security Communications Access Network (SCAN)

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