



H1N1 Flu... “Time Out” for Lessons Learned

Most community citizens are well aware of the emergence of the new (novel) virus circulating now throughout the world. The H1N1 virus (Swine Flu), seemed to have its epidemic roots in Mexico, rapidly spreading to the United States. While the news media provided stories daily as the H1N1 rooted itself in many communities, the Centers for Disease Control (CDC) has sustained daily website updates, conference calls and press conferences to coordinate outbreak investigation activities while informing the public. Staff at GLITEC have been monitoring the national and local developments in preparation for any assistance requested by our Tribal communities. So far, it has been difficult to assess what the impact of H1N1 has been on American Indians and more specifically, American Indians residing in the Bemidji Area.

Public health authorities have agreed that the H1N1 viral illness that we are experiencing now has not been as serious as previous disease outbreaks, but vigilance remains high. First, because viruses can mutate quickly in response to their threats to avoid extinction and second, many pandemic illnesses have appeared in waves. We may face a more severe wave of H1N1 in the future, most speculating that we may see it again in the fall months. The current outbreak however, has tested our national, state, local and family plans for managing a public threat. The remainder of this article will: *1. summarize the status of the H1N1 viral outbreak and, 2. suggest evaluation questions to be used in your organization to debrief your outbreak response so far.*

H1N1 Summary

CDC’s seasonal influenza surveillance system report, *FluView*, for the week ending May 9 showed that there are higher levels of influenza-like illness in the United States than is normal for this time of year. Some of this is due to a late flu season (with currently circulating human flu viruses), but some of this activity is due to novel H1N1.

- **About half of all influenza viruses being detected through laboratory surveillance are novel H1N1 viruses, with the other half being regular seasonal influenza virus, including seasonal A H1N1, influenza A H3N2 and type B viruses.**

Today CDC is reporting a total of 5,123 probable and confirmed cases of novel H1N1 infection. This number is thought to represent a small proportion of the number of people who have been infected with the novel H1N1 virus.

Because this is a new virus, most people will not have immunity to it, and illness may be more severe and widespread as a result.

In addition, currently there is no vaccine to protect against this novel H1N1 virus as we have for seasonal influenza. However, a vaccine is in development and may be available should H1N1 return for a second wave.

This virus is not “going away” as some people seem to think.

It’s uncertain at this time how severe this novel H1N1 outbreak will be in terms of illness and death compared with other influenza viruses.

Influenza is always serious – each year in the United States, seasonal influenza results, on average, in an estimated 36,000 deaths and more than 200,000 hospitalizations from flu-related causes.

People who are at high risk of serious seasonal flu-related complications include pregnant women, children younger than 5 years old, people with chronic medical conditions, and people 65 years and older.

CDC believes this information from seasonal flu applies to the novel H1N1 (swine flu) viruses as well, but studies on this virus are ongoing to learn more about its characteristics and to learn what groups are at highest risk.

The media spotlight may have shifted, but CDC’s response and focus has not. Now is not the time for complacency or to let down our guard.

The United States is already engaged in implementing its pandemic response plan.

- Visit <http://www.cdc.gov/h1n1flu/guidance/> for the most updated guidance.
- Visit the CDC website at <http://www.cdc.gov/h1n1flu/> for more information or call 1-800-CDC-INFO.

Response Evaluation

As the nation is settling into a pattern of flu surveillance that includes national, state and local case identification and monitoring disease severity, it’s a good time to settle back for a hindsight view of how we have responded to the H1N1 public health threat. Whether your state, community, organization or family is considered, the following questions can guide you through an evaluation of your disease outbreak response:

(Rating scale: 1= poor; 5 = excellent)

Criteria	Scale	Improvement	Steps
Appropriate response team members were identified and gathered.		How can this be improved?	What action steps are needed to proceed?
A response plan was located and reviewed.			
Sequential steps are listed to provide adequate population protection.			
Information dispersed has been accurate.			
Information dispersed has been timely.			
Supplies have been available as needed.			
Community/organizational medical personnel were informed and active during the outbreak.			
Communication between state and local officials was established and ongoing.			
Critical incidents were systematically reviewed followed by appropriate operations revisions.			
Team members and operations have responded timely to changing conditions as needed.			