

# Washington County

## Weekly Flu Update

October 13, 2009

*This information is effective October 13, 2009, and will be updated as needed. Please note: this information is subject to change pending weekly CDC updates.*

In addition to work within Washington County, public health is working regionally to assure policy, priorities, and messages are aligned.

### **H1N1 Current Situation**

- All 50 states have reported H1N1 infection, 37 states report “widespread” infection.
- The CDC (Centers for Disease Control) will now count only hospitalizations and deaths due to H1N1.
- Cases of H1N1 flu are considered to be mostly mild to moderate with most people recovering from H1N1 influenza without medical care or antiviral drugs, and the same is true of seasonal flu.
- World-wide, the World Health Organization reports that H1N1 flu is now the predominant strain.
- As of October 9th, Oregon has had 84 hospitalized cases and four deaths attributed to both H1N1 and seasonal flu since September 1, 2009.
- Washington County has recorded 15 hospitalizations to date and no deaths.

### **This year’s flu season**

- The CDC anticipates that 2009 H1N1 influenza viruses will co-circulate with regular seasonal influenza viruses over our influenza season.
- The H1N1 (Swine) flu has circulated to most all of the countries of the world, causing the World Health Organization to declare a “pandemic,” which relates to the extent of the spread of the disease, not to the severity of the disease.

### **There are everyday actions people can take to stay healthy.**

- Get vaccinated for seasonal flu and H1N1 flu.
- Cover your nose and mouth with your sleeve or 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 sanitizers are also effective.
- **Stay home when you are sick. Keep sick children home.**
- Try to avoid close contact with sick people.
- If you are sick with flu-like illness, CDC recommends that you stay home for at least 24 hours after your fever is gone without the use of fever reducing medicines such as Tylenol.
- Influenza is spread mainly person-to-person through coughing or sneezing of infected people.
- Avoid touching your eyes, nose or mouth. You may have picked up germs from surfaces that were coughed or sneezed upon.

## **H1N1 Vaccine will be available and will target the people most at risk for severe illness.**

- The first small shipment of FluMist H1N1 vaccine arrived last week; a slightly larger shipment of FluMist and injectable vaccine in multi-dose vials has arrived this week with larger shipments beginning in late October.
- Most of the first shipment of H1N1 vaccine was given to private providers and hospital systems and the remaining doses are being administered by the County Department of Health and Human Services to children ages 2 – 5 through our W.I.C. nutrition program.
- In the Metro area, the second wave of vaccine will be targeted for:
  - Children and young adults ages 2 – 24
  - Persons aged 25 – 64 who have underlying medical conditions
  - Health care workers.
- Vaccine will be voluntary. The CDC has determined the priority for recipients of vaccinations, and in no particular order they are:
  1. Pregnant Women
  2. Household contacts of children under 6 months
  3. Health care workers and emergency medical personnel
  4. People age 6 mos. to 24 years
  5. Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza (such as asthma or diabetes).
- Once these groups have received vaccine, vaccinations will be available for person's ages 25 through 64 years. We anticipate that there will be enough vaccine for everyone who wants it as the season and vaccine shipments continue.
- The H1N1 vaccine is manufactured in exactly the same way that flu vaccine has been made for the last 10 years. Experience tells us that the risk of serious reactions to the vaccine is extremely low, while complications from flu are relatively common and can be extremely dangerous.
- The risk for infection with H1N1 flu among persons age 65 or older is less than the risk for younger age groups. Once the prioritized groups have received vaccination, persons aged 65 and up will be offered vaccine.
- The novel H1N1 vaccine does not replace the seasonal flu vaccine – it is intended to be used alongside seasonal flu vaccine.

## **Seasonal influenza continues to be a risk**

- In the United States, seasonal influenza and its complications cause an average of 36,000 deaths and 226,000 hospitalizations
- Seasonal flu vaccine is not expected to protect against the H1N1 influenza virus.
- Seasonal vaccine is being distributed by the same company that is distributing H1N1 vaccine. Because of the priority given to H1N1 vaccine, some deliveries of seasonal flu vaccine have been delayed. This situation is expected to be resolved in November, when the traditional “flu season” begins.

## **For more information:**

Visit:

[www.co.washington.or.us/flu](http://www.co.washington.or.us/flu)  
[www.flu.oregon.gov/](http://www.flu.oregon.gov/)  
[www.flu.gov](http://www.flu.gov)