

# The Infection

LAWRENCE-DOUGLAS COUNTY  
**Health Department**  
[www.ldchealth.org](http://www.ldchealth.org)

# Connection

## Health Department prepares for H1N1

### H1N1 at a glance:

- It is estimated that there have been more **1 million cases** in the United States
- **27 percent** of the cases in the U.S. have been in people ages 5-24
- **1 percent** of the cases have been in people 65 years and older
- The highest hospitalization rate has been in **children 0-4 years** of age (4.5 per 100,000)
- Obesity has been noted as an underlying medical condition in some hospitalized novel H1N1 patients
- **32 percent** of hospitalized novel H1N1 patients had asthma
- Of the 268 patients studied by CDC that were hospitalized, the first three symptoms were **fever** (93 percent), **cough** (83 percent) and **shortness of breath** (54 percent).

The latest information coming from the Centers for Disease Control and Prevention for this fall is that novel H1N1 vaccine should be available sometime around mid-October.

All local health departments are being asked to start planning for vaccination of the public, starting with priority vaccination of those at most risk for complications.

As the State Health Officer Dr. Jason Eberhart-Phillips stated earlier this week in a letter to all Kansas physicians, "While it is not possible to predict exactly what the pandemic virus will do next, recent experience in the Southern Hemisphere and elsewhere suggests that an escalation in cases will occur in the coming months."

Eberhart-Phillips' letter was faxed to all Douglas County physicians. In it, there is information concerning antiviral medication use, surveillance and diagnosis, as well as information about the seasonal flu vaccine and more.

KDHE is no longer accepting specimens to test for H1N1. You can find more information about this and more in the letter, which is also available on our Web site at [www.ldchealth.org/h1n1.htm](http://www.ldchealth.org/h1n1.htm) and click

on "Guidance for Health Care Providers."

Now that school has resumed, public health professionals are concerned that there may be an increase in cases. It will be at least mid-October until vaccine is available.

Consistent messaging from all of us is important – good handwashing, covering your cough and sneezes and staying home from work and school if you are sick.

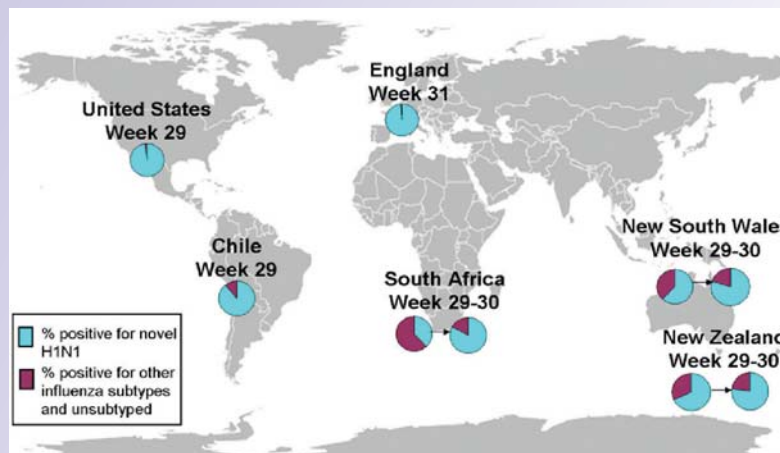
We are asking our partners in Douglas County to help us this fall and beyond. Please see the story on back page for more information on the Health Department's preparation.

In the next few days, Health Department staff will contact your office to see if you are willing to vaccinate for the novel H1N1 influenza this fall.

### H1N1 vaccine priority groups:

- All people 6 months through age 24
- People who live with or care for children under 6 months of age
- All pregnant women
- Health care and emergency medical services personnel
- People aged 25 through 64 who have health conditions associated with higher risk of complications from influenza.

### Co-circulation of novel and seasonal influenza (as of Aug. 4, 2009)



### CDC, KDHE recommend caution in use of antivirals

To ensure adequate supply and to decrease the development of antiviral resistance, the CDC and KDHE recommend that antivirals are prescribed only for patients with severe disease, those that have been hospitalized and patients with underlying medical conditions that puts them at risk for complications.

## HD plans for H1N1 vaccination

In keeping with state and federal guidance, the Health Department's goals are to reduce the spread of H1N1, lessen the severity of the illness and to provide continual information to assist health care providers, public health officials and the public to address H1N1's challenges.

The Health Department has created an H1N1 community planning team that first met Aug. 3. The purpose of this group is to plan for community-wide vaccination in the fall.

To work through strategies for each priority group, re-

cently identified by the CDC, planning has continued with task forces focused on partnerships with: medical providers, schools, universities, business and government.

The federal strategy now is to create multiple private and public points of distribution this fall. Given these developments, the Health Department's planning for very large, public points-of-dispensing clinics may not be necessary.

By vaccinating the priority groups first, we will have the most impact on reducing the the spread of the disease.

**RIGHT:**  
Health Department staff take notes during a recent KDHE teleconference.



## Douglas County Disease Report

Disease category	Disease name	April 09	May 09	June 09	July 09	Total
Enteric	Campylobacter	1	2	3	2	8
	Giardiasis	0	0	1	0	1
	Salmonellosis	1	0	1	3	5
	E.coli	0	0	0	1	1
General	Dengue	0	0	0	1	1
	Hepatitis A	0	0	0	1	1
	Hepatitis B, chronic	3	1	2	0	6
	Hepatitis C	11	8	3	10	32
	Strep pneumo. invasive	1	0	2	0	3
	H1N1	0	10	13	12	35
Vector	Lyme disease	2	0	2	10	14
	RMSF	2	0	2	0	4
	Malaria	0	0	1	0	1
	Ehrlichiosis	0	0	0	2	2
	West Nile	0	0	0	1	1
Vaccine-preventable diseases	Mumps	2	0	0	0	2
	Pertussis	7	3	1	2	13
	Varicella	3	0	1	2	6
STDs (tested at HD only)	Gonorrhea	6	2	3	2	13
	Chlamydia	12	13	19	11	55

This report includes the number of cases investigated by the Lawrence-Douglas County Health Department. Case classifications include: Confirmed, probable, suspect and those determined to not be a case.

## Scientists study past pandemics for clues to H1N1

A commonly held belief that severe influenza pandemics are preceded by a milder wave of illness arose because some accounts of the devastating flu pandemic of 1918-19 suggested that it may have followed such a pattern.

But two scientists from the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, say the existing data are insufficient to conclude decisively that the 1918-19 pandemic was presaged by a mild, so-called spring wave, or that the responsible virus had increased in lethality between the beginning and end of 1918.

Moreover, their analysis of 14 global or regional influenza epidemics during the past 500 years reveals no consistent pattern of wave-like surges

of disease prior to the major outbreaks, but does point to a great diversity of severity among those pandemics.

In their commentary in the Aug. 12 issue of the *Journal of the American Medical Association*, David M. Morens, M.D., and Jeffery K. Taubenberger, M.D., Ph.D., note that the two other flu pandemics of the 20th century, those of 1957 and 1968, generally showed no more than a single seasonal recurrence; and in each case, the causative virus did

not become significantly more pathogenic over the early years of its circulation.

The variable track record of past flu pandemics makes predicting the future course of 2009 H1N1 virus, which first emerged in

the Northern Hemisphere in the spring of 2009, difficult.

The authors contend that characteristics of the novel H1N1 virus, such as its modest transmission efficiency, and the possibility that some people have a degree of pre-existing immunity, give cause to hope for a more indolent pandemic course and fewer deaths than in many past pandemics.

Still, the authors urge that the 2009 H1N1 virus continue to be closely tracked and studied as the usual influenza season in the Northern Hemisphere draws near.

Like life, the authors conclude,



Seattle police wore masks during the Spanish flu pandemic of 1918-1919. However, studies later revealed that the masks offered a false sense of protection against the virus.

paraphrasing Danish philosopher Soren Kierkegaard, "influenza epidemics are lived forward and understood backward."

Thus, ongoing efforts to meet the return of 2009 H1N1 virus with vaccines and other measures are essential responses to a notoriously unpredictable virus.

(Article courtesy of National Institute of Allergy and Infectious Diseases (NIAID).)