

Human Cases of Swine Influenza A (H1N1) in the United States and Abroad

Updated Key Points

April 27, 2008; 12:10pm

Situation Update

- Today CDC is reporting 40 human cases of swine influenza A (H1N1) in the United States (an increase in 20 over the number of cases reported yesterday.)
- Cases have been reported in 5 states (no increase in the number of states reporting.)
- The states and case counts are: California (7), Kansas (2), New York City (28), Ohio (1) and Texas (2).
- Internationally, cases have been confirmed in Mexico, Canada.
- Based on the rapid spread of the virus thus far, we believe that more cases will be identified over the next several weeks.
- CDC has activated its Emergency Operations Centers to coordinate the agency's response to this emerging health threat.
- CDC's goals during this public health emergency are to reduce transmission and illness severity, and provide information to assist health care providers, public health officials and the public in addressing the challenges posed by this newly identified influenza virus.
- To this end, CDC has issued a number of guidance documents in the past 24 hours. Visit the CDC website at www.cdc.gov/flu/swine for more information or call 1-800-CDC-INFO.
- This is a rapidly evolving situation and guidance should be considered interim and will be updated frequently.
- The Federal Government is taking this situation very seriously.
- The United States government is working with the World Health Organization and our other international partners to assure early detection and warning and to respond as rapidly as possible to this threat in order to lessen its potential health and socioeconomic impact.
- Yesterday the Secretary of the Department Homeland Security, Janet Napolitano, declared a public health emergency in the United States.
- Declaration of a public health emergency allows funds to be released for the acquisition of medication and supplies.

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- In addition, CDC's Division of the Strategic National Stockpile (SNS) is releasing one-quarter of its antiviral drugs, personal protective equipment, and respiratory protection devices to help states respond to the outbreak.
- Many people believe that there is no treatment for a viral infection and that it must run its course. That is not true.
- Influenza antiviral drugs are prescription medicines (pills, liquid or an inhaler) with activity against influenza viruses, including swine influenza viruses.
- They are an important weapon in our arsenal against influenza viruses.
- As part of our pandemic preparedness efforts, the Government has purchased 50 million treatment courses of antiviral drugs -- oseltamivir and zanamivir -- for the Strategic National Stockpile.
- 25 percent of those courses are being released and made available to all of the states, but particularly prioritizing the states where we already have confirmed incidents of swine flu.
- In addition, the Department of Defense has procured and strategically prepositioned 7 million treatment courses of oseltamivir.
- It should also be noted that these drugs are available commercially as well, since they are routinely used in the treatment of seasonal influenza.
- Antiviral drugs can be used to treat swine flu or to prevent infection with swine flu viruses.
- These medications must be prescribed by a health care professional.
- Influenza antiviral drugs work best when stated soon after illness onset (within two 2 days), but treatment with antiviral drugs should still be considered after 48 hours of symptom onset, particularly for hospitalized patients or people at high risk for influenza-related complications.
- The swine influenza A (H1N1) viruses that have been detected in humans in the United States and Mexico are resistant to amantadine and rimantadine so these drugs will **not** work against these swine influenza documents.

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- Laboratory testing on these swine influenza A (H1N1) viruses so far indicate that they are **susceptible** (sensitive) to **oseltamivir** and **zanamivir**.

Clinicians

- CDC recommends the use of oseltamivir or zanamivir for the treatment and/or prevention of infection with swine influenza viruses.
- Clinicians should continue to consider swine influenza infection in the differential diagnosis of patients with acute febrile respiratory illness who have either been in contact with persons with confirmed swine flu, or who were in one of the U.S. states that have reported swine flu cases or in Mexico during the 7 days preceding their illness onset.
- Patients who meet these criteria should be tested for influenza. At this point, specimens should be sent through the public health laboratory systems to conduct testing specific for swine influenza virus. Guidance of collection and testing of the specimens.....

Public

- There is no vaccine available right now to protect against swine flu, but we have begun the process to get a vaccine developed should it become necessary.
- But as I said, we do have antiviral medications in our arsenal against flu.
- In addition, there are everyday actions that can help prevent the spread of germs that cause respiratory illnesses like influenza.
- Take these everyday steps to protect your health:
 - Cover your nose and mouth with 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 cleaners are also effective.
 - Avoid touching your eyes, nose or mouth. Germs spread this way.
 - Try to avoid close contact with sick people.

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- If you get sick with influenza, CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.
- If you are sick, do not go to work or school.