

Elected Officials, Board Members, Emergency Managers, & School Personnel:

The State and Galveston County Health District are gearing up for increased H1N1 infections this Fall. A conference call was held by Jack Colley and state officials last Friday afternoon. Here is an update of key points made:

- **Cases** – in Spring, Texas counted over 5000 cases, 270 hospitalizations and 33 deaths (to date). Texas stopped counting as of August 1st. Galveston County received 57 confirmed cases posted at <http://www.gchd.org/press/2009/Swine-flu-information.htm>
- **H1N1 is still in Texas** - with increased activity expected in the Fall. *H1N1 is expected to co-circulate with seasonal flu, so many may get vaccinated for both.*
- **Severity** – this is still a mild to moderate illness compared to seasonal flu (annually infects over a million; 16,000 hospitalizations; 3000 deaths)
- **Resistance Concerns** – there has been no change in virus pattern to-date. No significant resistance and no increased severity has been seen thus far
- **New Role of State labs** – will no long perform widespread clinical testing but rather will develop a network of providers who can submit samples for surveillance purposes so the virus can be studied and followed to identify outbreaks. Lab confirmation is not necessary in order for a provider to treat.
- **Antiviral drugs** – used to treat infected persons AND to prevent infections among those exposed to a confirmed case. Texas has 2.5 million does and can get another 2.5 million from federal stockpiles. Antivirals are also available in private pharmacies.
- **Vaccine** – being manufactured like the seasonal flu and the safety profile is expected to be the same. State expects supplies ready by mid-October, 45 million does for US and 4 million does for Texas. Estimated 30-40K does for Galveston County INITIALLY, then additional does are expected every week or so.
 - **Priority groups expected to be vaccinated first** – pregnant women, household contact to babies under 6 months, healthcare and EMS workers, children 6 months to 24 years; adults 24 years to 65 years who have chronic medical conditions, etc (more specific guidance to follow)
 - **Two Doses expected, 3-4 weeks apart**

- **Fees** – An administrative fee is expected; CDC is still working with Medicaid on fees
- **Distribution** - both public and private providers may receive vaccine. Providers who want vaccine need to pre-register at www.texasflu.org. Vaccine will probably be distributed in smaller portions over several weeks or months.
- **New School Closure Considerations** - The State indicated that closures will no longer be recommended for disease control; rather local decisions will be made based on school's ability to educate kids (i.e., have adequate staffing to teach).
- **Key Control strategies:**
 - Self isolation of the sick. Stay home for at least 24 hours after fever subsides (and not on fever reducing drugs)
 - Social distancing
 - Prevention through hygiene - *covering our cough, staying home when ill, getting vaccinated for the flu, and washing hands frequently and thoroughly with soap and warm water or use an alcohol-based hand sanitizer*
 - Tool-kit for businesses to be developed. Businesses recommended not to be “punitive” with sick leave and not require a doctor's note before employees' return to work so as not to further inundate doctor's offices.