

Update on the Influenza A (H1N1 Virus) Outbreak

Presentation to
House Appropriations Committee
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May 12, 2009

2009 Influenza A (H1N1)

- The 2009 influenza A (H1N1) virus strain has never been seen before anywhere in the world.
- It is a different strain from the influenza A (H1N1) virus that is commonly seen in people.
- In the US, illness has been relatively mild
- Symptoms include fever, sore throat, cough, body aches, and sometimes vomiting or diarrhea.
- Illness has spread from one person to another.

Current Situation (as of May 8th)

- In Virginia: 16 confirmed cases, no deaths
- In the United States: 1639 confirmed cases, 2 deaths.
- 24 countries have officially reported 2384 cases of influenza A (H1N1) infection
- Mexico has reported 1112 laboratory confirmed human cases of infection, including 42 deaths
- Still at World Health Organization Phase 5

Influenza A (H1N1) Response

- VDH Pan Flu plan was implemented using incident command system.
 - Worked closely with Consolidated Labs (DCLS), Emergency Management (VDEM), DMHMRSAS and DOE
- Coordinated with Virginia State agencies via Office of Commonwealth Preparedness
- Enhanced public information campaign including daily VDH Call Center
 - Daily media briefings
- Enhanced state antiviral stockpile with addition of 25% Strategic National Stockpile (SNS)
- Developed program for anti-viral distribution to indigent population partnering with Free Clinics and Federally Qualified Health Centers

Educational Efforts

- Used DHP provider lists along with association lists to communicate critical H1N1 information to a large list of different licensees
- Reached out to many segments of the Commonwealth including business community and provided telephone briefings as needed
- Close collaboration with hospitals through Virginia Hospital and Healthcare Association (VHHA)

Influenza Surveillance

- Receiving disease reports from physicians, hospitals, and laboratories
- Monitoring flu-like illness visits to Emergency Departments (EDs) and pharmacy sales for flu medicines
- Lab surveillance: Sentinel physicians geared up to test patients; DCLS enhanced its testing capability
- Hospitals entering suspected flu admissions and deaths into VHHA web-based system

Antivirals

- Previous purchase of state antiviral stockpile facilitated by CDC
 - VA has 770 K courses on-hand at a cost of ~ \$11 million
- Additional antivirals provided through fed stockpile
 - 280K courses from CDC/SNS
- Distributed a portion of VDH pharmacy antiviral supplies to LHD's to assist with access for indigent patients

Vaccines

- No vaccine currently available for 2009 influenza A (H1N1)
- Current Centers for Disease Control and Prevention (CDC) guidance is that any vaccine will be distributed through government channels
- VDH has a robust and frequently tested Statewide Mass Vaccination Plan, enabled through CDC funding

Funding Concerns

- Determine funding sources for excessive staffing and resource needs that could result from pandemic
- Current year CDC Panflu balances ~\$800,000
 - Guidance from federal HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) and CDC on eligible expenses
- If implemented, mass antiviral dispensing plan using local pharmacies which could require payment of dispensing fee (~\$3 million)
- Stafford Act would allow Federal Emergency Management Agency (FEMA) reimbursement post event

Future Plans

- Review lessons learned from current situation and continue planning over the Summer focusing on the potential surge of patients that might need care if a pandemic wave arrived in Virginia
- Need to be prepared for vaccine distribution and prioritization by Fall when it may be ready