

Summary of ILI Surveillance in IHS:

- ILI definition, based on uploaded RPMS data: [influenza-specific ICD-9 code] or [measured temp > 100F and presence of at least 1 of 24 ILI ICD-9 codes].
- Of 498 IHS sites, 272 (55%) are reporting and have their data included in this report.
- ILI visits to IHS facilities reporting to IIAS have increased from a low of ~250/week (in week 21) to a high of ~920/week (in week 38).

Summary of severe illness/hospitalization surveillance:

• Severe illness surveillance was just added to our RPMS upload system; results will be included in an upcoming report.

Summary of response and mitigation efforts:

- Risk factor data for ILI and ILI hospitalizations were just added to our RPMS upload system; results will be included in an upcoming report.
- Analysis of results from an investigation of 166 hospitalizations for H1N1-compatible respiratory disease in AI people in the southwest is ongoing:
  - 18.1% required ICU care, 9.6% required mechanical ventilation, and 3.6% died.
  - $\circ$  39% of the patients were ages 0 4, confirming the importance of the < 5 age group.
  - Confirmation of Severe Acute Respiratory Infection (SARI) cases as H1N1 is pending completion of serum analysis by CDC, and analysis of this cluster is ongoing.

Summary of H1N1 vaccine events:

- H1N1 vaccination has begun. As data on H1N1 vaccination become available, we will provide information on doses administered.
- States received the first shipments of LAIV H1N1 vaccine this week. Inactivated H1N1 vaccine in single-dose syringes and multi-dose vials should be available starting next week. The initial supply of vaccine should be used to vaccinate people in the 5 target groups: pregnant women, people who live with or care for infants < 6 months, health care and emergency medical services personnel, persons 6 months 24 years of age, and persons 25 64 years of age with medical conditions that put them at higher risk for influenza-related complications.</li>
- There will be a separate program for providing H1N1 vaccine for federal workers; see <a href="http://www.opm.gov/PANDEMIC/MEMOS/H1N1\_20090930.ASP">http://www.opm.gov/PANDEMIC/MEMOS/H1N1\_20090930.ASP</a>. IHS will work with CDC to provide H1N1 vaccine to all personnel employed in IHS, Tribal, and Urban Indian facilities. The IHS National Supply Service Center will oversee and coordinate distribution of the H1N1 vaccine for employees. Vaccine will become available in phases, with the first federal vaccine allocations expected in mid-October. The Sanofi Pasteur multi-dose vial product will be used for the federal H1N1 vaccination program.
- The Vaccine Information Statements for H1N1 vaccine are available at: <u>http://www.cdc.gov/vaccines/pubs/vis/default.htm</u>.

Key Points:

- Influenza-like illness in IHS is geographically widespread and increasing.
- ILI % in IHS went down over the summer but has now increased.
- ILI % results in IHS are similar to national results in non-AI/AN populations, which show increasing ILI now. This increase is much earlier than in usual influenza seasons.

Key Community Messaging Points:

- Continue to educate tribal community members on H1N1, prevention measures, and the importance of vaccinations.
- Vaccine is coming very soon to IHS sites.

Other announcements:

- A patch for the RPMS Immunization Package (Patch 3) has been released. This patch includes codes for the H1N1 vaccines, forecasting for H1N1 vaccine for certain groups, and an H1N1 vaccine accountability report.
- The Division of Epidemiology and Disease Prevention hosted a WebEx on Wednesday, Oct. 7<sup>th</sup> to review RPMS tools for supporting H1N1 activities (including the Immunization package patch), and provided an overview of the IHS Influenza Awareness System and weekly reports. The session was recorded and is available at the following link, <u>https://ihs-hhs.webex.com/ihshhs/k2/e.php?AT=RINF&recordingID=35650872</u>