H1N1 ILI Surveillance


Overall ILI % (ILI Visits/Total Visits)

All data are preliminary and may change as more reports are received.

% of Visits for ILI by Area, Week 16
With trend comparison to Week 15

ILI Activity
- ≥ 5%
- 4 – 4.9%
- 3 – 3.9%
- 2 – 2.9%
- 1 – 1.9%
- 0 – 0.9%

Trend relative to previous week:
- ↑↑ ≥ 150%
- ↑↑ 110% - 149%
- ↑ 90% - 109%
- ↔ 50% - 89%
- ↓ 0% - 49%

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Albuquerque 1.7%
Portland 1.9%
Billings 1.5%
Aberdeen 1.6%
Bemidji 1.3%
California 4.1%
Phoenix 1.6%
Tucson 1.1%
Navajo 1.5%
Oklahoma 1.0%
Albuquerque 1.7%
Navajo 1.5%
Oklahoma 1.0%
Alaska 1.2%
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].
- Approximately 60% of IHS facilities are reporting and have their data included in this report.

### H1N1 Vaccination Surveillance

Vaccine doses administered as of Week 9 are the most current data available.

[Graph: Cumulative H1N1 Vaccine Doses Administered in I/T/U Facilities]

#### Table 1: Cumulative H1N1 Vaccine Doses Administered by IHS Area

<table>
<thead>
<tr>
<th>IHS Area</th>
<th># H1N1 doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberdeen</td>
<td>18,228</td>
</tr>
<tr>
<td>Alaska</td>
<td>18,065</td>
</tr>
<tr>
<td>Albuquerque</td>
<td>15,813</td>
</tr>
<tr>
<td>Bemidji</td>
<td>6,076</td>
</tr>
<tr>
<td>Billings</td>
<td>18,384</td>
</tr>
<tr>
<td>California</td>
<td>17,141</td>
</tr>
<tr>
<td>Nashville</td>
<td>5,921</td>
</tr>
<tr>
<td>Navajo</td>
<td>70,330</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>36,643</td>
</tr>
<tr>
<td>Phoenix</td>
<td>33,975</td>
</tr>
<tr>
<td>Portland</td>
<td>18,692</td>
</tr>
<tr>
<td>Tucson</td>
<td>8,691</td>
</tr>
<tr>
<td>Unknown</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total Number of Doses</strong></td>
<td><strong>267,968</strong></td>
</tr>
</tbody>
</table>

#### Table 2: Number of H1N1 Vaccine Doses by Age Group

<table>
<thead>
<tr>
<th>Age Group</th>
<th># H1N1 doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>*&lt; 5 years</td>
<td>53,490</td>
</tr>
<tr>
<td>*5-24 years</td>
<td>96,852</td>
</tr>
<tr>
<td>*25-64 years high risk</td>
<td>37,111</td>
</tr>
<tr>
<td><strong>25 – 64 no high risk condition</strong></td>
<td></td>
</tr>
<tr>
<td>65+ years</td>
<td>18,323</td>
</tr>
<tr>
<td><strong>Total Number of Doses</strong></td>
<td><strong>267,968</strong></td>
</tr>
</tbody>
</table>

*Red denotes an initial target group for H1N1 vaccine. People in other groups who received vaccine may have fallen into one of the other target groups not included here: Household contacts of those < 6 months old and Healthcare Personnel.*
Summary of H1N1 vaccine events:
- A memo from the Chief Medical Officer, Dr. Susan Karol, encouraging sites to continue H1N1 vaccination efforts, was sent on April 2nd, 2010.
- The H1N1 vaccination rate among I/T/U Healthcare personnel is 57.6%. WE CAN DO BETTER THAN THIS!
- Sites needing additional H1N1 flu vaccine for employees should work with their Area CMO to place an order with the NSSC.
- MMWR on coverage rates with H1N1 vaccine in the general U.S. population and healthcare personnel was released on Thursday, April 1st, and can be found at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5912a1.htm
- IHS continues to partner with FDA and CDC to monitor H1N1 vaccine safety.
- There have been no unexpected adverse events from the H1N1 vaccine in IHS patients.

H1N1 Communication and Education

Summary of Communication and Education activities:
- Please visit http://www.ihs.gov/H1N1 for information about H1N1 activities and Indian Country.
- The Department of Health and Human Services has started the After Action Report process for the H1N1 response. The report, America Responds An HHS 2009-H1N1 Influenza Retrospective to Advance All Hazards Preparedness, will be available later this year.

H1N1 Mitigation Measures

Summary of response and mitigation efforts:
- If locations need anti-virals or N-95 respirators, please place an order to the National Supply Service Center through your respective Area Emergency Management Point of Contact.
- Continue a strong push for community vaccinations.

H1N1 Summary

Key Points:
- We need to make a last push for H1N1 vaccination in I/T/U settings before the summer season. Vaccine is plentiful.