CDC Influenza E-brief

2008-09 Flu Facts for Policy Makers

December 2008 Issue

Shading corresponds to the influenza season and burden of disease in the northern hemisphere.

- September
  - Sept 17-20: WHO Vaccine Strain Selection for Southern Hemisphere
  - 16-17: National Vaccine Advisory Com. Mtg
  - 24: National Foundation for Infectious Diseases Press Event to Kick off Flu Season
  - 21-27: National Adult Immunization Awareness Week
- October
  - 22-23: Advisory Committee for Immunization Practices
- November
- December
  - 8-14: National Influenza Vaccination Week (scheduled)
- January
  - Vaccine strain growth by manufacturers based upon their assessment of which strains will be chosen
- February
  - WHO Vaccine Strain Selection for Northern Hemisphere
  - FDA Vaccine Strain Selection for the US
  - 5-6: National Vaccine Advisory Committee Meeting
  - 25-26: Advisory Committee for Immunization Practices
- March
  - 30-April 2: National Immunization Conference
- April
  - 25 - May 2: National Infant Immunization Week
- May
- June
  - 2-3: National Vaccine Advisory Committee Meeting
  - 24-25: Advisory Committee for Immunization Practices
- July
- August
  - National Immunization Awareness Month

Seasonal Influenza (Flu)

What sort of flu season is expected this year?

Flu seasons are unpredictable in a number of ways. Although epidemics of flu happen every year, the timing of when flu starts causing illness, the number of illnesses and the severity of those illnesses can't be forecast in advance. The best advice is to be prepared for any influenza season by getting vaccinated before flu comes to your community.

How serious is the flu?

Seasonal flu vaccine takes approximately 6-9 months to develop.

Influenza causes an average of about 36,000 deaths and 220,000 hospitalizations per year in the United States. About 90 percent of deaths occur in persons 65 years and older, but deaths can also occur in younger persons, including children. For the past five years that CDC has tracked flu deaths in children, from 46-153 deaths per year have been reported.

As for hospitalizations, about half are among people 65 years and older; and about 20,000 hospitalizations are in children less than five years old.

How can I protect myself and my family from the flu?

CDC recommends a yearly flu vaccine as the first and most important step

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in protecting against this serious disease. While there are many different flu viruses, the flu vaccine is designed to protect against the three main flu strains that research indicates will cause the most illness during the flu season. The vaccine can protect you from getting sick from these three viruses, or it can make your illness milder if you get a different flu virus.

Who should get the flu vaccine?

Anyone that wants to decrease their chance of getting the flu should be vaccinated. The vaccine is especially important for certain age groups (6 months through 18 years, 50 years or older) and persons with chronic health conditions or pregnancy, and for health care workers and other that live with or care for people at increased risk of flu complications.

Children younger than 6 months are at very high risk of serious illness from flu, yet they are too young to get a flu vaccine. The best way to protect these children is to make sure that people that live with or care for them are vaccinated.

Is it too late to get a flu vaccine?

No. In the United States, most flu occurs in January or February; however, it is best to get vaccinated as soon as you can in case flu comes earlier than usual. It takes about 2 weeks from the time you get the flu vaccine for your body to make antibody to protect against flu infection. Even if flu activity has already started in your area, the vaccine can still offer protection in most years.

What kinds of flu vaccines are there?

There are two types of vaccines:

- **The "flu shot"** – an inactivated vaccine (containing killed virus) that is given with a needle. The flu shotcan be given to people 6 months of age and older, including healthy people, pregnant women, and people with chronic medical conditions, such as asthma, diabetes, or heart disease.
- **The nasal-spray flu vaccine** – a vaccine made with live, weakened flu viruses that do not cause the flu (sometimes called LAIV for "Live Attenuated Influenza Vaccine"). LAIV is approved for use in people 2-49 years of age who are not pregnant and who do not have health problems like asthma, wheezing, heart disease, weakened immune systems or diabetes.

Cover your nose or mouth with a tissue when you cough or sneeze.

Flu Vaccine Supply

Vaccine manufacturers project producing as many as 143-146 million doses of influenza vaccine for the 2008-2009 U.S. influenza season. More than 100 million doses of vaccine have been distributed to date

National Flu Vaccination Week is December 8-14, 2008

National Influenza Vaccination Week is designed to highlight the importance of continuing influenza (flu) vaccination during December and beyond. Tuesday, December 9th, is designated as Children's Vaccination Day; Thursday, December 11th, is designated as

Seniors' vaccination Day; and Friday, December 12th, will focus on vaccination of health care workers. CDC and many partner organizations will be working with media outlets to get the word out to continue vaccination efforts. More information can be found with the links below.

Resources for Health Professionals and Partners

See What Others are Doing: Late Season Activities beyond NIVW

Download free web badges and buttons

Where can I get a flu shot?

www.flucliniclocator.org

Flu Definitions

Seasonal Flu

- Seasonal flu occurs every year, usually during winter.
- Seasonal flu is caused by viruses similar to those that are already circulating among people.
- These viruses change in small ways every year. Seasonal flu can cause severe illness and death.
- A new flu vaccine is made every year to protect against the main flu viruses that experts believe will cause illness.

Pandemic Flu

- Pandemic influenza is a global outbreak caused by a new influenza virus.
- The virus spreads easily.
- People will have little or no immunity to this virus because it is new to people.
- More illnesses and deaths occur compared to seasonal flu.
- A vaccine may not be available in the early stages of a pandemic.
- Medicines and medical care may be in short supply.

Pandemic Influenza (Panflu)

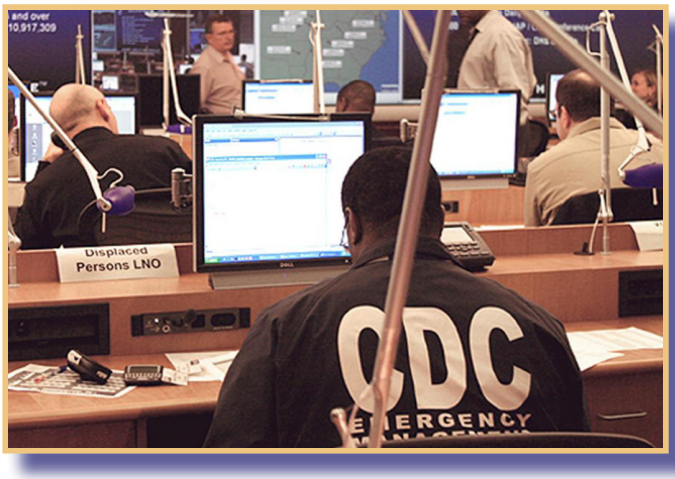
EXERCISE EXERCISE EXERCISE

With emerging evidence of continuing rapid changes and adaptations of H5N1 influenza virus, the Centers for Disease Control and Prevention (CDC) held its fifth major pandemic influenza functional exercise, October 15 – 17, 2008. Although a fictional exercise, the scenario is frightening and all too possible.

Imagine – Eight days ago, the United States reported its first confirmed case of person-to-person spread with a new influenza virus. The number of people affected since has grown rapidly. Confirmed and suspect cases in the United States now total nearly 2,500, with almost 100 deaths from the disease. Other countries are also reporting person-to-person transmission, and the World Health Organization (WHO) has declared an influenza pandemic. CDC is working with partners and the public to understand the deadly virus, take appropriate control measures, and provide timely, accurate and actionable public health information as illness continues to spread.

CDC staff track situational awareness during exercise

CDC's exercises are a critical part of preparedness to protect the United States and the world when the next influenza pandemic strikes. Full scale and functional exercises* provide insights that cannot be gleaned from tabletop simulations and drills. Participants must work through unexpected, injected situational



CDC Director's Emergency Operations Center fully staffed during exercise

challenges coupled with "real" limitations on personnel and resources.

This exercise focused on how CDC and its partners can be prepared to slow the spread of disease and help provide medical treatment and care for waves of sick people. CDC identified "triggers" for moving to new strategies and worked with partners to ensure functioning systems for up-to-date information about the spreading virus. The exercise also provided an opportunity to practice the steps for deploying CDC personnel to support medical needs at federal, state, local, tribal, and territorial levels.

CDC's pandemic influenza response is dependent upon relationships with other organizations that would play critical roles during a pandemic. The Georgia Division of Public Health participated in the October exercise through its activated public health Emergency Operations Centers in Atlanta. The states of Arkansas, Florida, North Dakota, Ohio, Washington, and West Virginia, as well as the city of Chicago, sent staff to participate with the CDC-based group. The state staff, who serve in key preparedness and response roles within their home states, had the opportunity to not only inform improvements in CDC's pandemic preparedness efforts, but also took back to their states a greater understanding of the federal, state and local roles in responding to a pandemic. As part of the exercise, a producer with CNN also discussed the information that major networks would be looking for during a crisis like a pandemic.

Observers providing feedback included

- The Department of Health and Human Services
- The Department of Homeland Security
- The National Association of County and City Health Officials
- The Association of State and Territorial Health Officials

Pandemic preparedness continues to be an important priority for public health and CDC. With lessons learned from this exercise and other preparedness efforts, CDC continues to improve its capacity to respond quickly and effectively when and if such a national crisis should occur.

For a map of 2008 H5N1(A) human cases please click on the link below:
http://gamapserver.who.int/mapLibrary/Files/Maps/Global_H5N1Human_2008_FIMS_20080910.png.

Contact your state health official to learn more about the H5N1(A) virus and panflu:
http://www.astho.org/index.php?template=regional_links.php.

* Full scale exercises validate plans, policies and procedures through actual implementation and execution in response to a simulated event. Functional exercises validate and evaluate individual capabilities, multiple functions, activities within a function, or interdependent groups of functions.