

MEMORANDUM

TO: State Executives
AHCA/NCAL Leadership and Members

FROM: Janice Zalen, Sr. Director of Special Programs

SUBJECT: H1N1 Pandemic Influenza Update No. 19

DATE: July 24, 2009

Today, CDC reports 43,771 confirmed and probable cases of novel H1N1 pandemic influenza and 302 deaths in the U.S. This is the last day that CDC is providing individual confirmed and probable cases of novel H1N1 influenza. Individual case counts represent a significant underestimate of overall disease burden and spread. CDC will report the total number of hospitalizations and deaths each week, and continue to use its traditional surveillance systems to track the progress of the novel H1N1 flu outbreak.

Twenty states are reporting widespread or regional influenza activity. According to the CDC, it is likely that localized outbreaks will continue to occur over the summer and that there will be novel H1N1 virus, illness and death during the upcoming flu season in the fall and winter. CDC anticipates that novel H1N1 viruses will co-circulate with regular seasonal influenza viruses over the influenza season.

N95 Respirators

As we've reported previously, CDC interim guidance recommends N95 respirators for the routine care of patients with confirmed or suspected H1N1 influenza virus infection, but there is a possibility that the recommendation will change. Yesterday, the CDC Healthcare Infection Control Practices Advisory Committee (HICPAC) Influenza A (H1N1) Virus Infection Control Working Group unanimously approved *Updated Isolation Precaution Recommendations for Care of Patients with Confirmed or Suspected Novel Influenza A (H1N1) Virus in Healthcare Setting*. HICPAC is a federal advisory committee made up of outside infection control experts who provide guidance to the CDC and the Department of Health and Human Services on health care infection control.

HICPAC's proposed recommendations include the recommendation that for the routine care of patients with confirmed or suspected influenza 2009 A

(H1N1) virus infection, health care personnel should wear a surgical or procedure mask. For selected procedures that are more likely to generate small particle aerosols, health care personnel should wear a fit-tested N95 respirator. The recommendation goes to the CDC for a final determination. Until such time, the interim guidance that requires N95s remains in effect.

According to *Occupational Safety & Health Reporter*, labor representatives on the HICPAC working group resigned prior to the completion of its work. The unions had been advocating for the continued recommendation to require N95 respirators for health care workers in the routine care of H1N1 patients. The Institute of Medicine has agreed to convene a panel in August to provide its recommendations to CDC on protecting health care workers from H1N1 influenza A, according to the newsletter.