



DOH SITUATION REPORT # 4

Incident Number and Name
Swine Flu Incident Tracking
09-1178

(Prepared by Ops/Log Chief with assistance from Planning Chief)

4/30/09

DATE

8:00 AM

TIME

Stan Carlton

PREPARED BY

GENERAL SITUATION and AFFECTED JURISDICTIONS:

The Washington State Dept. of Health is in close contact with the Centers for Disease Control and Prevention (CDC) regarding swine influenza in parts of the United States, Canada, Mexico and Europe. The department is working closely with local health agencies around the state to monitor cases of pneumonia and influenza to see if they're due to this new infection. Health care providers and laboratories in Washington have been asked to watch for influenza, especially in people who traveled to Mexico or other affected areas.

The Washington State Dept. of Health is announcing that there are 6 probable cases of Swine Flu (H1N1) (S-OIV) in Washington State. 3 in King County, 2 in Snohomish County and one in Spokane.

U.S. Department of Health and Human Services has reported that the World Health Organization has increased the pandemic flu alert to Phase 5. Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short. The HHS SOC will continue to monitor and provide updates to this event as the situation warrants.

There's a travel warning to avoid all non-essential travel to Mexico.

While there are no cases reported in Washington State, all jurisdictions have been advised via conference call to stand ready and begin to assess their command and control readiness and review all operations plans for pandemic influenza. DOH will be convening their Assessment Response Team this a.m. and determine next steps. All jurisdictions will be advised via conference call sometime this afternoon.

The state is prepared to receive the 25% of Washington's allocation of CDC antiviral stockpile and supplies. A SECURES message was sent out to the LHJ Administrator's late 4/28/09 with information containing the distribution of antivirals that will be arriving to the state from the SNS.

Received from the SNS Coordinator that the shipment is scheduled to arrive at the SNS Storage area by 2100 (9:00 PM) Pacific Daylight Time today. SNS Director has made an official request for security support from the Washington State Patrol in response to the current swine flu Public Health Emergency. The request is for appropriate security for the transportation and at the distribution site.

Received from Contracts and Grants, Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response a letter that confirmed that a declaration of a Public Health Emergency was issued by Department of Health and Human Services Acting Secretary Charles Johnson on April 26, 2009. In part it states that; "...a public health emergency exists involving

Swine Influenza A that affects or has significant potential to affect national security ...” This allows entities to use the antiviral treatment courses that they have in their stockpiles in response to this public health emergency.

Local public health and health care providers in the state have been notified of the possibility of swine flu in Washington and have been given the proper guidelines for recognizing and reporting any possible cases to DOH and sending samples to the public Health Laboratory for more tests.

Our laboratory has increased their capacity to perform testing for people who have influenza “A” where the subtype is not known and for travelers from affected areas with influenza-like illness. DOH EOC and the Shoreline lab are establishing a communication link to maintain up to date communication on the evolving situation.

CDC activated its Emergency Operations Center to coordinate the agency's response to this emerging health threat and yesterday the Secretary of the Department Homeland Security, Janet Napolitano, declared a public health emergency in the United States. This will allow funds to be released to support the public health response. Laboratory testing has found the swine influenza A (H1N1) virus susceptible to the prescription antiviral drugs oseltamivir and zanamivir. This is a rapidly evolving situation and CDC will provide updated guidance and new information as it becomes available.

World Health Organization (WHO) has officially declared phase 4 for this flu alert. DOH staff are reviewing its phase 4 response plan.

One death has been confirmed in Texas. Texas is investigating this case. Investigating several cases, we will be better able to find a pattern

EOC Activation Status: Limited Activation

**CASUALTY STATUS:
CURRENT SITUATION:**

Washington State

Samples submitted for testing at PHL 70

Samples pending at CDC 6

Confirmed Cases 0

There are now 91 confirmed cases of swine flu in 10 states in the U.S.

United States <http://www.cdc.gov/swineflu/>

Lab Confirmed	Cases	Deaths
Arizona	1	0
California	14	0
Indiana	1	0
Kansas	2	0
Massachuschetts	2	0
Michigan	2	0
Nevada	1	0
New York City	51	0
Ohio	1	0
Texas	16	1
Total	91	1

Case Counts by Country http://www.who.int/csr/don/2009_04_28/en/index.html

Lab Confirmed	Cases	Deaths
Austria	1	0
Canada	13	0
Germany	3	0
Israel	2	0
Mexico	26	7
New Zealand	3	0
Scotland	2	0
Spain	10	0
United Kingdom	5	0
United States	91	1
Total	156	8

Syndromic Surveillance:

ODIN:

Fever/Flu Counts

4/28	4/27	4/26	4/25	4/24	4/23	4/22
32a	56b	50	47	41	36	38

Source: Washington State Department of Health

Epidemiology, Health Statistics, Public Health Laboratory

Communicable Disease Epidemiology Section (CDES) and HHS Region X, Rick Buell

St. Clare Hospital has had a slight increase in fever/flu visits each day from 4/26-4/28. Overall fever and flu encounters in WA state have increased slightly over the previous 2 week baseline (20% increase in fever flu cases, 4% of all encounters). The 2 week average of fever/flu case reports (4/12-4/25) from all syndromic surveillance sites is 42 cases which comprised 3.5% of all ER and Urgent Care encounters

Dead: 0 _____
Injured: 0 _____
Ill: None Reported _____
Hospitalized: 0 _____
Other: 0 _____

HOSPITAL STATUS:

No Report at this time.

LOCAL HEALTH JURISDICTION (LHJ) STATUS:

Most regions have reported that pharmacies do not have commercially available antivirals in stock.

All public health regions have reported that they have implemented command and control, increasing surveillance, reviewing plans and communicating with partners.

Region 4 has requested 200 viral collection kits as they have exhausted all local resources. DOH EOC is coordinating with the Shoreline Lab to fill this request.

CURRENT Health and MEDICAL RESPONSE ACTIVITIES (Local)

DOH continues to monitor the situation. DOH has contacted Oregon, Idaho, Alaska and B.C. to establish and

maintain communication link. DOH EOC has notified EOC staff of potential full activation and staffing requirements.

Patients need to receive the antiviral in the early stages to be most effective and go to doctor when you have severe symptoms or have traveled to Mexico. If patients are too sick, it may be ineffective.

Requests for flu test kits will not be filled by the lab. Locals will need to procure these kits through their normal channels. State Epi staff are conducting daily conference calls with LHJ Epi staff to coordinate response.

Confirmation has been received from the Food and Drug Administration's Office of General Counsel that the Centers for Disease Control and Prevention's (CDC) Emergency Use Authorization (EUA) for antiviral drugs will cover state and locally purchased stockpiles. Further EUA guidance will be posted on the CDC webpage <http://www.cdc.gov/swineflu/guidance/> later this evening along with the conditions of the EUA.

For further guidance on Community Mitigation, refer to the Interim CDC Guidance for Nonpharmaceutical Community Mitigation in Response to Human Infections with Swine Influenza (H1N1 Virus) CDC website.

CDC has provided a document: Interim Guidance for Screening for Swine-Origin Influenza A (H1N1) by State and Local Health Departments, Hospitals, and Clinicians in Regions with Few or no Reported Cases of Swine Influenza A (H1N1) the information can be obtained from the CDC webpage <http://www.cdc.gov/swineflu/screening>

FDA is asking for reports of adverse reactions to antiviral agents: www.fda.gov/medwatch or 1 800FDA -1088.

DOH Communications Office is holding daily conference calls with LHJ communications staff to coordinate public information response. Swine Flu fact sheet is located on the DOH website and is being translated into Spanish and will be translated into several other languages. Communications Office is also working with local media outlets to distribute the "Germ Trail" media spot again. It is currently being translated into Spanish as well.

April 29, 2009 1540, DOH Communications issued English and Spanish language news releases and fact sheets to Spanish language radio stations in the state.

DOH PHEPR staff is holding daily conference calls with EMD, **10:a.m. daily through Monday, May 4th.**

Office of Superintendent of Public Instruction (OSPI) has launched a Swine Flu web site today with information for students, parents, teachers and school districts www.k12.wa.us

Tuesday April 28, at 4 PM DOH released a high level WASECURES Alert. This alert requested that the LHJs provide DOH with what percent of their allocation of antivirals and supplies from the Strategic National Stockpile they will want to receive. DOH staff will be contacting the LHJs on Wednesday, April 29 to get this information.

DOH is currently considering working out an agreement with major larger pharmacies to assist with dispensing medications. The discussions will continue.

DOH is coordinating with EMD on advantages and disadvantages or having a Governor's declaration for this Swine Flu event. The discussions will continue.

DOH has advised the LHJ's to make sure all costs are carefully and clearly documented for reimbursement purposes. However, there is no guarantee at this time that costs will be reimbursed.

LHJ's are being encouraged to ensure that Public Health Mutual Aid Agreements are in place and used as appropriate.

DOH Communications Office is working on a "Frequently Asked Questions" forum that will be posted on the DOH website.

The DOH Swine Flu Fact Sheet is now available in the following languages:

English
Spanish
Korean
Russian
Vietnamese
Chinese

CURRENT DIVISIONAL RESPONSE STATUS (State)

Health Services Quality Assurance (HSQA):

N/A

Community and Family Health (CFA):

N/A

Environmental Health (EH):

Epidemiology Health Statistics and Public Health Laboratories (EHSPHL):

OTHER:

Border patrols are looking for individuals who may show signs of illness and provide information to them. We learned from SARS that intensive screening at borders have not been effective and uses up resources

FUTURE DOH ACTIONS/PLANNED ACTIONS IN THIS REPORTING PERIOD:

Monitor status and provide updates to local jurisdictions as necessary. Respond to information and resource requests from local jurisdictions. Potential for full activation of the DOH EOC. Continue to work with Communications Liaison to coordinate news and media releases. Antiviral and support supply reception and potential staffing requirements are being identified.

Research community mitigation strategies and continue to update number of confirmed cases.

Planning Section set up a conference call with CFH, EH and EHSPHL regarding school mitigation and school closures. The purpose is to develop school mitigation recommendations for the swine flu event. DOH is discussing and creating recommendations regarding school closures during the Swine Flu event. Information is being gathered in regards to what would cause a closure, how long a school should remain closed, what is to be done once the school is closed and how to reopen the school from the public health perspective. The information that is being gathered will be shared with the PHRAT during the conference call.

ANTICIPATED HEALTH and MEDICAL ISSUES:

Reception and storage of SNS and related strategies.

Approved for Distribution:

Signature:



Date:

4/30/09

Print Name:

John Erickson

SitRep Distribution List:

Each DOH EOC Staff: DOH EOC Staff Distribution List

Secretary of Health: mcselecky@doh.wa.gov

Deputy Secretary of Health: bill.white@doh.wa.gov

State Health Officer: Maxine.hayes@doh.wa.gov

Communications Office: timothy.church@doh.wa.gov

Shoreline ICP: doheoc17@doh.wa.gov

DOH liaison: TBD

HHS, Region X, Rick Buell: Rick.Buell@hhs.gov

ESF 8 Desk: EOC34@emd.wa.gov

Assistant Secretaries

Environmental Health: gregg.grunenfelder@doh.wa.gov

Community and Family Health: mary.wendt@doh.wa.gov

Health Services Quality Assurance: karen.jensen@doh.wa.gov

Financial Services: lois.speelman@doh.wa.gov

Epidemiology Health Statistics and Public Health Laboratories: john.daly@doh.wa.gov

LHJ Director's: <http://www.doh.wa.gov/PHIP/phdirectory/>

LERCS DOH: [DL OS PHEPR LERC](#)

RERCS: [DOH DL OS PHEPR RERC](#)

DOH Chief Administrators: ChiefAdministrators@doh.wa.gov

Other: Oregon: Duty Officer: info.aoc-ph@state.or.us Alaska: james.makin@alaska.gov

Idaho: HPP Mgr: schatzj@dhw.idaho.gov ; blakeslb@dhw.idaho.gov

British Columbia: hlth.mocdutyofficer@gov.bc.ca