

**2009 H1N1 Influenza
Updated Key Points
March 5, 2010**

Activity Update

- In the U.S., flu activity is relatively low at this time, with most flu continuing to be caused by 2009 H1N1 viruses, which are still similar to the virus in the 2009 H1N1 vaccine and are still susceptible to the antiviral drugs zanamivir and oseltamivir, with rare exception.
- Nationally visits to doctors for influenza-like illness (ILI) are low. The southeast, southwest and Hawaii are reporting elevated visits to doctors for influenza-like illness, but no states are reporting widespread activity. Reporting of influenza-related hospitalizations and deaths are low.
- Internationally, 2009 H1N1 influenza viruses continue to circulate and in fact remain the predominate virus among all subtyped influenza A viruses. Some influenza B viruses are circulating at low levels worldwide (with the exception of China and Hong Kong SAR, where influenza B viruses have become predominant). These B viruses remain similar to the influenza B virus component in the 2009-10 seasonal flu vaccine.
- Flu seasons are unpredictable in a number of ways, including when they begin, how severe they are, how long they last and which viruses will spread and when. There were more uncertainties than usual for the 2009-2010 flu season because of the emergence of the 2009 H1N1 influenza virus (previously called "novel H1N1" or "swine flu").
- Though flu activity has declined since late October, there are still uncertainties surrounding the rest of this flu season, including the possibility of the circulation of seasonal influenza viruses and ongoing circulation of 2009 H1N1 viruses. Flu activity, caused by either 2009 H1N1 or seasonal flu viruses, may rise and fall, but it is expected to continue for several more weeks.
- In past pandemics, flu activity has occurred in waves and it's possible that the United States could experience another wave of flu activity in the winter or spring of 2010 or localized outbreaks.

2009 H1N1 Vaccine Update

- To estimate 2009 H1N1 vaccination coverage to date for the 2009-10 influenza season in initial target groups, CDC analyzed results from the National 2009 H1N1 Flu Survey (NHFS), conducted during December 27, 2009-January 30, 2010.
- Note: The margin of survey error for weekly estimates from the NHFS is about 4 percentage points for adults and 6 percentage points for children. Thus, estimates can vary up or down from week to week within these margins of error.
- As of February 13, 2010, approximately 86 million people had received 97 million doses of vaccine. Of children under 10 years of age who were vaccinated, as many as 60% had received their second dose.

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- By February 13, 2010 more than one-third of children 18 years of age and younger and more than one-quarter of adults older than 18 years of age have been vaccinated.
- By mid-January 2010, 2009 H1N1 vaccination rates were:
 - 30.4% of persons in the initial target groups,
 - 29.1% of adults aged 25--64 years with underlying medical conditions,
 - 39.3% of health-care personnel, and
 - 24.3% of adults caring for infants younger than 6 months of age.
- Among adults, Hispanics and non-Hispanic blacks had lower 2009 H1N1 vaccination rates than non-Hispanic whites. Similar disparities have been identified for seasonal influenza and pneumococcal polysaccharide vaccination.
- Over two-thirds of adults younger than 65 years of age with medical conditions that increase their risk for influenza-related complications remain unvaccinated. Among adults hospitalized with 2009 H1N1 infection, an estimated 85 percent had at least one high-risk condition (e.g., asthma, diabetes and chronic cardiovascular disease). Among hospitalized children, an estimated 58% had at least one underlying health condition.
- Nine percent of hospitalized adults have been pregnant women. The 2009 H1N1 vaccination coverage among pregnant women was 38%. This is higher than the rate typically achieved (15%-25%) for seasonal influenza vaccination, based on data from the December 1-27, 2009 BRFSS.
- Efforts to vaccinate health-care workers began when 2009 H1N1 vaccine first became available however, only 39% of health-care workers reported having been vaccinated. Seasonal influenza vaccination coverage among health-care workers historically has been below 50%.

CDC Recommendations

- CDC estimates that between 41 million and 84 million cases of 2009 H1N1 occurred between April 2009 and January 16, 2010. The mid-level in this range is about 57 million people infected with 2009 H1N1. Previous infection should confer immunity.
- Although many people are now immune to 2009 H1N1 as a result of infection and/or vaccination, many people in the United States remain susceptible to the 2009 H1N1 virus.
- And historically, we know that many people in currently recommended "higher risk" groups are unaware of their increased risk or that they are recommended for vaccination so vaccination uptake in these groups may not be ideal.

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- Right now is a window of opportunity for more people to get vaccinated to protect against 2009 H1N1 flu.
- Vaccine should continue to be made available through provider offices, retail settings, and health departments.
- CDC continues to encourage people to get vaccinated throughout the flu season, which can last as late as May.
- Ongoing vaccination of people with certain health conditions is particularly important because they also are at higher risk of serious flu-related complications.
- Health conditions that increase the risk of being hospitalized from 2009 H1N1 include lung disease like asthma or chronic obstructive pulmonary disease (COPD), diabetes, heart, or neurologic disease, and pregnancy.
- The 2009 H1N1 flu has caused more deaths among adults with chronic medical conditions than in any other group. But most of these adults have not been vaccinated yet. If you have a chronic health condition and have not received your vaccine against 2009 H1N1 flu yet, get one now.
- CDC also is encouraging people 65 years and older to get vaccinated against 2009 H1N1. While less likely to get sick with 2009 H1N1 than younger people, people 65 and older are at higher risk of serious complications if they do get sick.
- In addition, parents are encouraged to ensure that children younger than 10 years old get both doses of 2009 H1N1 vaccine. The recommended interval between the first and second dose is 28 days.
- Additionally, with "spring break" coming up and large number of students expected to travel both domestically and internationally, vaccination of college age students, who have been hard-hit by illness during this pandemic, continues to be recommended.
- It remains very important that antiviral drugs be used early to treat flu in people who are very sick (for example people who are in the hospital) and people who are sick with flu and have a greater chance of getting serious flu complications, like people with asthma or diabetes or women who are pregnant or people who are 65 and older.