

**Novel H1N1 Flu**  
**Updated Key Points**  
**May 5, 2009: 11:00 a.m.**

**NOTE EMBARGO TIME OF 11AM TODAY.**

**Situation Update**

- CDC is reporting 403 laboratory confirmed human infections with novel H1N1 flu in 38 states in the United States.
- CDC will be verbally reporting probable cases at the daily telebriefings.
- This virus is spreading from person-to-person without regard for borders, race or ethnicity. However, children have been more likely to be identified as infected with this virus compared to adults.
- While this virus has been reported in 21 other countries according to WHO, there is no evidence of sustained person-to-person transmission beyond two generations outside of North America.
- This kind of sustained transmission in other parts of the world would need to occur in order for WHO to raise the pandemic alert phase to level 6.
- The list of states with the numbers of people who are confirmed cases is updated daily at approximately 11 a.m. at <http://www.cdc.gov/h1n1flu/>.
- CDC expects that more cases, more hospitalizations and more deaths from this outbreak will occur over the coming days and weeks.
- Influenza is always serious – each year in the United States, seasonal influenza results, on average, in an estimated 36,000 deaths and more than 200,000 hospitalizations from flu-related causes.
- This outbreak certainly poses the potential to be at least as serious as seasonal flu, if not more so, especially given the fact that there currently is no vaccine against this virus.
- Because this is a new virus, most people will not have immunity to it, and illness may be more severe and widespread as a result.
- The Southern Hemisphere is just going into their flu season and how this virus behaves might give us some clues about what we can expect for the Northern Hemisphere.

**We are taking action:**

- The Federal Government is mounting an aggressive response to this outbreak.

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- CDC's goals during this public health emergency are to reduce transmission and illness severity, and to provide information to assist health care providers, public health officials and the public in addressing the challenges posed by this newly identified influenza virus.
- To this end, CDC continues to update guidance continuously as more information becomes available.
- This includes updated interim guidance for [clinicians on how to identify and care for people](#) who are sick with novel H1N1 flu illness now that more widespread illness has been detected in the United States.
- CDC recommends that testing and antiviral treatment be prioritized for those with severe respiratory illness and those at highest risk of complications from seasonal influenza.
- This includes children younger than 5 year old, pregnant women, people with chronic medical conditions, and people 65 years and older.
- Much of CDC's guidance is informed by studies and past experience with seasonal (human) influenza and past influenza pandemics.
- CDC believes this information applies to the novel H1N1 (swine flu) viruses as well, but studies on this virus are ongoing to learn more about its characteristics and to learn what groups are at highest risk.
- This is a rapidly evolving situation and guidance should be considered interim and will be updated frequently as more information becomes available.
- Visit the CDC website at <http://www.cdc.gov/h1n1flu/> for more information or call 1-800-CDC-INFO.
- As of May 5, 2009, deployment of 25 percent of the supplies the SNS has been completed to 60 states or project areas.
- Deployment to 2 project areas is en route. Shipments to American Samoa and Guam are en route and expected to arrive by 8 May.
- There are currently 86 CDC staff persons deployed in the field to support the outbreak response.
- Everyday, we learn more about this virus and what we learn will continue to inform the actions that we take in response.

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- Distribution to states of the CDC-developed PCR diagnostic test to detect this virus has begun. Assay kits have been received by 44 states and Puerto Rico.
- All remaining states will receive test kits and equipment today (May 5, 2009).
- Additionally, CDC has sent testing kits internationally to 16 countries with more kits going out every day.
- This will allow states and other countries around the world to test for this virus.
- But soon, we will likely reach a point where it will become impossible to count individual cases. At that point, we will be transitioning to using reporting systems similar to those used for seasonal flu.
- We don't count individual cases for seasonal flu, we just monitor activity levels through a nationwide surveillance system, which we will be using to monitor spread of illness caused by this new virus.

**Testing & Reporting**

- CDC will verbally report the total number of "probable" cases of infection with novel influenza A (H1N1) virus nationwide. (CDC will not be reporting probable cases at the state level.)
- Probable cases are reported to CDC by state health departments and occur in people who test positive for influenza A virus infection at their state health department laboratory, but whose test samples have not had confirmatory testing for the novel H1N1 flu strain.
- To date, 99 percent of "probable" cases sent to CDC by state health departments have been laboratory confirmed as cases of novel H1N1 flu infection.
- Reporting probable cases will better reflect the true impact of novel H1N1 flu on the United States.
- State health departments can currently determine when a positive flu sample collected from a patient is a new or unusual flu virus in humans; however, health departments cannot currently determine if that sample is the same novel H1N1 flu virus that has caused illness in the United States and elsewhere.

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- CDC is providing state public health laboratories with testing kits that can identify the novel H1N1 virus. Once states have these test kits and have verified that their testing is running properly, they will no longer need to send samples to CDC for lab confirmation.
- This will speed up the ability of states to identify new cases.
- Given rapid spread of this virus and subsequent increase in the number of people with novel H1N1 infection, soon it will become difficult to count individual cases.
- CDC will count individual cases for as long as possible and then will transition to using reporting systems similar to those used for seasonal flu.
- We don't count individual cases for seasonal flu. Instead, we monitor activity levels through a nationwide surveillance system, which we will use to monitor spread of illness caused by this new virus.

**Novel H1N1 Flu Virus**

- The hallmark of influenza viruses is their ability to undergo constant and dramatic change.
- Many different animals and, of course, humans get infected with influenza viruses, but the viruses generally stick with one species or another.
- However, sometimes flu viruses jump from one species to another, and sometimes, viruses from different species can infect the same host and result in a new combination of virus genes.
- This last scenario is what happened and resulted in the novel H1N1 flu virus.
- This is a very unusual virus. This particular genetic combination of influenza virus segments has not been recognized before in the U.S. or elsewhere.
- Testing of a number of the virus samples submitted to CDC show that they are very similar, which means that they likely originated from the same source.
- It's too soon to predict what will happen or how the virus might change.

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- It is important that we continue to watch this virus carefully to look for changes that may occur.
- The Southern Hemisphere is just going into their flu season and how this virus behaves will give us some clues about what we can expect for the Northern Hemisphere.

**Vaccine**

- We are aggressively taking early steps in the vaccine manufacturing process, working closely with manufacturing and the rest of the government.
- Vaccines are a very important part of a response to influenza, including novel influenza that may become pandemic.
- CDC has isolated the novel H1N1 flu virus and is working to make a candidate vaccine virus that can be provided to industry so that manufacturers can scale up for production of a vaccine, if necessary.
- There are many steps involved with producing a vaccine, and we are committed to going forward with the NIH, and FDA, BARDA, and the manufacturers of influenza vaccines, to see about developing full scale vaccine production.
- If things go well, and we achieve full scale production, it will be several months until the vaccine will be available.
- So a vaccine is an important tool for the future.

**Public:**

- We do have antiviral medications in our arsenal against flu.
- The priority use for influenza antiviral drugs during this outbreak is to treat severe influenza illness.
- Influenza antiviral drugs are prescription medicines (pills, liquid or an inhaler) with activity against influenza viruses, including swine influenza viruses.
- Antivirals work differently than vaccines or antibiotics and need to be taken according to your doctor's directions.

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- There are two influenza antiviral medications that are recommended for use against swine influenza. These are oseltamivir (trade name Tamiflu®) and zanamivir (trade name Relenza®).
- Influenza antiviral drugs work best when started soon after illness onset (within two 2 days), but treatment with antiviral drugs should still be considered after 48 hours of symptom onset, particularly for hospitalized patients or people at high risk for influenza-related complications.

You have a role in protecting yourself and your family.

- Stay informed. Health officials will provide additional information as it becomes available. Visit [www.cdc.gov](http://www.cdc.gov)
- Everyone should take these everyday steps to protect your health and lessen the spread of this new virus:
  - Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
  - Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
  - Avoid touching your eyes, nose or mouth. Germs spread this way.
  - Try to avoid close contact with sick people.
  - Stay home if you are sick for 7 days after your symptoms begin or until you have been symptom-free for 24 hours, whichever is longer. This is to keep from infecting others and spreading the virus further.
- Children, especially younger children, might potentially be contagious for longer periods. CDC is studying the virus and its capabilities to try to learn more and will provide more information as it becomes available.
- Follow local public health advice regarding school closures, avoiding crowds and other social distancing measures based on illness in specific communities.
- If you haven't developed a family emergency plan yet, consider developing one now as a precaution. This should include storing a

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supply of extra food, medicines, facemasks and other essential supplies.

- CDC continues to issue and update interim guidance daily on the website and through health alert network notices as information becomes available.

**Other Key Points**

**Virus Name**

- This is a rapidly evolving situation and current guidance and other web content may contain variations in how the novel H1N1 flu virus is referred to. Over the coming days and weeks, these inconsistencies will be addressed, but in the interests of meeting the agency's response goals, all guidance will remain posted and new guidance will continue to be issued. CDC's highest priority is on providing guidance to save lives and limit the impact of this outbreak on public health.

**Pork**

- The novel H1N1 flu virus is not transmitted by food. You cannot get novel H1N1 flu from eating pork products.

**Seasonal Flu Vaccine**

- Production of the seasonal flu vaccine for next season is nearly complete and will be completed. Seasonal flu is responsible for causing an estimated 36,000 flu-related deaths and 200,000 flu-related hospitalizations in the U.S. each year. Seasonal flu vaccine is always a public health priority.

**Seasonal Influenza Activity**

- Regular seasonal influenza activity continues in the United States at this time.
- There are seasonal influenza A H1, influenza A H3 and type B viruses circulating and causing illness in the United States – these are viruses that regularly circulate among humans -- in addition to the novel influenza A H1N1 virus.
- There is the possibility of reassortment (swapping virus genes) between this novel influenza A (H1N1) virus and circulating seasonal influenza viruses.

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- Such a reassortant virus could be resistant to the antiviral drugs oseltamivir and zanamivir because most of currently circulating seasonal H1 viruses are resistant to oseltamivir and zanamivir.
- That is one reason why it's important to continue to watch the novel H1N1 virus and human seasonal viruses carefully over the coming weeks and months and to continue to be prepared and proactive.
- In addition, as always, we must continue to look for emergence of other flu viruses with pandemic potential.