

Mitchell E. Daniels, Jr.  
Governor

Judith A. Monroe, M.D.  
State Health Commissioner



# Indiana State Department of Health

*An Equal Opportunity Employer*

July 13, 2009

Dear Hospital CEO:

Thank you and your hospital emergency preparedness staff's efforts to reduce the spread of the novel H1N1 influenza virus that emerged in April and is now the pandemic H1N1 influenza. We know our hospitals took appropriate precautions to limit the spread of the virus and you encouraged your employees to follow public health recommendations. Nationally, there have been reports of healthcare workers coming to work with influenza and passing it on to other healthcare workers. It is essential that those working in hospital settings lead by example. Leadership is critical in times of threat and aligning and coordinating leadership efforts is imperative to protect the public. You are to be commended for your leadership. I trust that we will rise to the challenges that the pandemic may present in the fall through our collective efforts.

As you probably know by now, we had our first confirmed death in Indiana due to the novel H1N1 influenza reported on July 10, 2009. To date, Indiana has had 268 confirmed cases across 17 counties. There have been 34 hospitalizations and some of the hospitalized patients have required ventilator assistance in intensive care. It is a testimony to the excellent medical care in Indiana that we have not had more deaths to date. Across the United States there have been 33,902 confirmed cases, 3,663 hospitalizations and 170 deaths.

I had the opportunity to attend the National Pandemic Influenza Summit in Bethesda, MD on July 9, 2009 convened by the Secretaries of Health and Human Services, Homeland Security and Education.

I want to share with you the salient points that were made during the summit:

- Genetic analysis traced origins of the H1N1 virus back to the virus that caused the 1918-19 pandemic.
- At this time in the U.S. we are seeing mostly the H1N1 pandemic influenza strain and not other strains.
- The majority of cases are in children and young adults with very few elderly persons infected. This is opposite to what we typically see with seasonal influenza.
- The majority of hospitalized patients have underlying chronic conditions with asthma being the most common. Other conditions include chronic lung disease, diabetes, morbid obesity, neuro-cognitive disorders in children and pregnancy.
- There have been over 50 outbreaks in summer camps.
- The Southern hemisphere is in the midst of their flu season and they are seeing substantial disease from H1N1 co-circulating with seasonal influenza. In some regions there has been a strain on their healthcare systems.
- Antiviral resistance has been documented in 3 patients to date.

Secretary Sebelius highlighted the four pillars of preparedness which include surveillance, community mitigation, vaccination, and communication.

- Surveillance efforts have documented this virus in over 100 countries and we do not know how the virus will present in the fall during seasonal influenza.
- Community mitigation requires that everyone do their part to limit the spread of the virus. Basic actions are frequent hand washing, coughing into a tissue or sleeve, and staying home when sick. Ill individuals should not travel. Limits on large gatherings may be necessary as well as temporary school or work closures. **Medical providers must be well prepared.** The truly sick and the worried well will come to hospital emergency rooms and we need to implement strategies to keep the worried well out of our hospitals. The American College of Emergency Physicians (ACEP) has created a National Strategic Plan for Emergency Department Management of Outbreaks of Novel H1N1 which can be accessed at <http://www.acep.org/WorkArea/DownloadAsset.aspx?id=45781>.
- Efforts are underway to develop a vaccine with the hope of having the first doses available by mid-October. We will be engaged in mass vaccination efforts when this occurs and the need for public health and the medical community to work seamlessly will be critical to our success.
- We need to communicate and educate at all levels. Please let me know immediately if communications from ISDH need to be improved and I ask that you use your position to communicate effectively to your staff, patients and communities.

We need to use this summer to prepare for the unknown and to this end, the ISDH has prepared a toolkit for local health departments and hospitals to educate and assist their communities in preparing for the fall. Your hospital will receive a toolkit in the near future.

The Department of Health and Human Services continues to update information on their website, <http://www.flu.gov/> and I encourage you to share this website with your staff.

We will continue to update you on the situation as the summer progresses and plan to conduct a statewide summit in the coming weeks. We will also be conducting conference calls with hospitals once we know more about the plans for vaccine distribution. You can help now by updating your hospital's pandemic influenza plan, educating your staff, supporting preparedness efforts in your hospital and working with your local health officials and emergency management to prepare the communities you serve.

Please do not hesitate to contact me personally if you have questions.

Sincerely,

A handwritten signature in black ink that reads "Judy Monroe". The signature is fluid and cursive, with a long horizontal stroke at the end.

JUDITH A. MONROE, M.D.  
STATE HEALTH COMMISSIONER