Background:
CDC continues to take aggressive action to respond to an expanding outbreak caused by novel H1N1 flu.

CDC’s response goals are to:

1. Reduce transmission and illness severity, and
2. Provide information to help health care providers, public health officials and the public address the challenges posed by this emergency.

CDC reported no change in the WHO pandemic influenza phase (5). The trigger for WHO in elevate to phase (6) is the demonstration of third generation transmission, this has not occurred yet.

Epidemiological characteristics U.S.:
- median age is 16 years old with a range of 3 months to 81 years
- 60% of the confirmed cases are less than 18 years of age
- distribution of gender is 50/50
- hospitalization rate seen in this outbreak is greater than seasonal influenza
- 15 HCW’s that are either probable or confirmed cases
- Second death reported in Texas

Laboratory
- there is a backlog of specimen testing at CDC
- laboratory testing criteria is expected to be adjusted accordingly
- UHL in consultation with IDPH is using criteria for testing in order to address surge

School Closures
- HHS Secretary Sebelius announced revised/modified CDC recommendations on closure of schools and childcare facilities where there has been one reported case: **CDC no longer recommends that communities with a laboratory-confirmed case adopt school closures**
- IDPH worked with Marshall County School district, DOE, and local public health to reopen the schools effective May 7, 2009

Current Iowa Case Counts as of 5-7-09 10:00 am
Confirmed cases: 5
Probable cases: 35

Iowa activity summary: There are 35 probable cases in Iowa. There are five (5) confirmed cases. IDPH is working with health care workers statewide and public health partners to identify suspected cases.
CDC continues to issue and update interim guidance daily in response to the outbreak.

The ongoing outbreak of novel influenza A (H1N1) continues to expand in the United States. CDC expects that more cases, more hospitalizations and more deaths from this outbreak will occur over the coming days and weeks.

Response actions are being adjusted based as CDC learns more about the virus. Actions may vary across states and communities depending on local circumstances. Communities, businesses, places of worship, schools and individuals can all take action to slow the spread of this outbreak. People who are sick are urged to stay home from work or school and to avoid contact with others, except to seek medical care. This action can avoid spreading illness further.

Iowa Case Count Update:

Five cases of novel influenza A H1N1 have been confirmed by the CDC. Four (4) cases in Marshall County and one (1) case in Des Moines County. There are 35 probable cases in Iowa as of today. Thirty two (32) in Marshall, one in Story, one in Polk, and one in Hardin County. IDPH is working with health care workers statewide, public health partners, clinical labs, and the University Hygienic Laboratory to identify suspected cases. Suspected cases of novel influenza A (H1N1) should be reported immediately to IDPH by phone at 800-362-2736, option 3.

IDPH ACTIONS:

ECC Command:
- Researching possibilities for reimbursement for expenses incurred by the outbreak. Local agencies are asking. This is not a presidential declaration therefore the Stafford Act does not apply.
- HLS is researching opportunities for use of federal funds for this response. IDPH is doing the same for public health and hospital grant funds.
- HLS is now participating in the ECC on a part-time basis.
- The IANG has a seat in the ECC.

Operations:
- Antiviral medications and PPE shipments: Polk, Clinton, Des Moines, Marshall, Tama, Hardin, and Story.
- Additional PPE sent to Marshall County.

Current U.S. Case Counts
Source: www.cdc.gov

As of 5-7-09 at 11:00 a.m. cases confirmed by CDC 896 with 2 deaths, both in Texas

- Alabama (4 case)
- Arizona (48 case)
- California (106 cases)
- Colorado (17 cases)
- Connecticut (4 cases)
- Delaware (38 cases)
- Florida (5 cases)
- Georgia (3 case)
- Hawaii (3 cases)
- Idaho (1 case)
- Illinois (204 cases)
- Indiana (15 cases)
- Iowa (5 cases)
- Kansas (7 cases)
- Kentucky (2 cases)
- Louisiana (7 cases)
- Maine (4 case)
- Maryland (4 cases)
- Massachusetts (71 cases)
- Michigan (9 cases)
- Minnesota (1 cases)
- Missouri (4 case)
- Nebraska (4 cases)
- Nevada (5 case)
- New Hampshire (2 case)
- New Jersey (7 cases)
- New Mexico (8 case)
- New York (98 cases)
- North Carolina (7 cases)
- Ohio (5 cases)
- Oklahoma (1 case)
- Oregon (15 cases)
- Pennsylvania (2 cases)
- Rhode Island (2 cases)
- South Carolina (17 cases)
- Tennessee (2 case)
- Texas (91 cases) (2 deaths)
- Utah (8 case)
- Virginia (11 cases)
- Washington (23 cases)
- Wisconsin (26 cases)
• Antiviral pediatric doses sent to Des Moines County.
• Operations tracking inventory indicating antiviral usage by county.
• Continue coordinating with local public health and health care providers to address surveillance, epidemiological follow-up and investigations.
• IDPH is sharing updated information regularly with local public health officials, health care providers, other state agencies, and private partners through regularly scheduled conference calls, the HAN, website postings and emails.
• Marshall County requested “tent” to use as alternate care facility adjacent to the hospital. They are currently renting a tent. IANG and HLS have denied the mission. IDPH acquired one MMRS tent and one Central Iowa EMS Association tent for use by Marshalltown Medical and Surgical Center.

Media:
• Calls focused on updated case counts.
• CDC has changed school closure guidelines.
• Dept Director and Medical Director assisted Marshalltown with media briefing this morning regarding reopening schools.
• CDC may cease reporting probable cases and move to aggregate are reporting.

Planning:
• Continuously updating on short and long term incident action plans including.

Logistics:
• Providing ongoing support to Operations Unit to transport products to affected counties in cooperations with DHS.
• Developing ongoing response staffing patterns.
• Marshalltown Medical and Surgical Center requested assistance with staffing needs. IDPH is filling the request.
• Continuing to arrange conference calls with local partners and local public health and hospitals

Finance:
• Process timesheets recording response

Current International Case Counts
Source: www.who.int/en/

As of 5-7-09, 23 countries including the US, have officially reported 2099 confirmed cases of influenza A (H1N1) infection.

- Mexico (1112 cases) (42 deaths)
- Austria (1 case)
- Canada (201 cases)
- China, Hong Kong, Special Administrative Region (1 cases)
- Costa Rica (1 case)
- Columbia (1 case)
- Denmark (1 case)
- El Salvador (2 cases)
- France (5 cases)
- Germany (9 cases)
- Guatemala (1 case)
- Ireland (1 case)
- Israel (4 cases)
- Italy (5 case)
- Netherlands (1 case)
- New Zealand (5 cases)
- Portugal (1 case)
- Republic of Korea (2 cases)
- Spain (73 cases)
- Sweden (1 case)
- Switzerland (1 case)
- United Kingdom (28 cases)

Daily Call Center Calls:

Public Call Center
1-800-447-1985
Wednesday: 68
Total calls since 4/28/09: 1610

Health Care Call Center
1-866-282-5815
Wednesday: 23
Total calls to date: 318
work time
- Financial documentation associated with response continues.
- Developed guidelines for employees to report time
- Identifying costs to date.

**UHL:**
- UHL now has the ability to perform confirmatory testing.
- 67 specimens met criteria for testing today
- UHL is working closely with CDC and IDPH regarding transition to updated testing criteria
- Monitoring reagent levels closely due to shortages.

**SIP:**
- Working with SIP Board of Directors on education toolkit for businesses
- Coordinating media questions through communications unit
- Answering specific calls from businesses
- SIP is critical to the success of IDPH moving antiviral medications and PPE to local communities

**IANG:**
- IANG provided clarification that they can only provide support when local and state resources are exhausted.

**HLS:**
- Monitoring WebEOC
- Continuing to work with county emergency managers.