Background:
The ongoing outbreak of novel influenza A (H1N1) continues to expand in the United States. Response actions are being adjusted as CDC learns more about the virus. Actions may vary across states and communities depending on local circumstances.

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.

CDC continues to issue and update interim guidance as needed in response to the outbreak.

Epidemiological characteristics U.S.:
- median age is 15 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
- Three deaths have occurred in the United States associated with this virus; two (2) in Texas and one (1) in Washington.

Laboratory
- UHL now has the capability to confirm cases.
- Testing criteria has been updated to include any individual with influenza like illness (ILI) vs. meeting criteria for travel to an “affected area.”
- Only testing cases in Marshall County that are hospitalized, deceased, or high risk.

Schools
- Guidance from CDC for Higher Education and Post-secondary educational institutions in response to Novel Influenza A (H1N1) is now available.

Iowa Case Count Update:
Fifty-six cases of novel influenza A H1N1 have been confirmed by the University of Iowa Hygienic Laboratory (UHL). There is one probable case in
Iowa as of today. 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:**
- AG confirmed IRIS is HIPPA compliant.
- Continuing conference calls and information sharing with local and state partners.

**Operations:**
- IRIS is being utilized to track antiviral usage by county.
- Continue coordinating with local public health and health care providers to address surveillance, epidemiological follow-up and investigations.
- Beginning transition for distribution of antiviral medications to use existing cache supplies in counties.
- Daily case numbers being posted at 10:00 A.M.

**Media:**
- Due to the continuous updates in case information, IDPH will update case numbers one time daily at 10 a.m. Information received after that time will be reflected in the next days data.
- CDC is now only collecting and reporting aggregate data.

**Planning:**
- Continuing to update short and long term incident action plans.
- Demobilization planning and implementation has begun.
- After Action Review planning process has been initiated.

**Logistics:**
- Developing ongoing response staffing patterns.
- Stand-by staff is now limited to Section Chief and above.
- Continuing to monitor the IMS for potential reductions.

---

**Current U.S. Case Counts**

**Source:** www.cdc.gov

*As of 5-12-09 cases confirmed by CDC 3009 with 3 deaths in 45 States.*

- Alabama (9 cases)
- Arizona (187 cases)
- California (193 cases)
- Colorado (44 cases)
- Connecticut (28 cases)
- Delaware (45 cases)
- Florida (55 cases)
- Georgia (4 cases)
- Hawaii (6 cases)
- Idaho (2 cases)
- Illinois (554 cases)
- Indiana (61 cases)
- Iowa (56 cases)
- Kansas (22 cases)
- Kentucky (10 cases)
- Louisiana (20 cases)
- Maine (6 cases)
- Maryland (23 cases)
- Massachusetts (107 cases)
- Michigan (133 cases)
- Minnesota (24 cases)
- Missouri (14 cases)
- Montana (1 case)
- Nebraska (19 cases)
- Nevada (12 cases)
- New Hampshire (16 cases)
- New Jersey (7 cases)
- New Mexico (30 cases)
- New York (192 cases)
- North Carolina (11 cases)
- Ohio (7 cases)
- Oklahoma (14 cases)
- Oregon (74 cases)
- Pennsylvania (17 cases)
- Rhode Island (7 cases)
- South Carolina (32 cases)
- South Dakota (3 case)
- Tennessee (54 case)
- Texas (206 cases) (2 deaths)
- Utah (67 cases)
- Vermont (1 case)
- Virginia (17 cases)
- Washington (176 cases) (1 death)
- Washington D.C. (7 cases)
- Wisconsin (437 cases)
### Finance:
- Financial documentation associated with response continues.
- Identifying costs to date.
- Provided information to ASTHO and Federal Office, upon request on current and future expenditures of the H1N1 response in Iowa.

### UHL:
- UHL has the ability to perform confirmatory testing.
- UHL will begin testing all specimens submitted with ILI.
- UHL initiated specimen testing for all Influenza-like Illness (ILI), except in Marshall County.

### DPS:
- Participating remotely
- Available as needed.

### SIP:
- Participating remotely
- Available as needed.

### IANG:
- Participating remotely
- Available as needed.

### HLS:
- Monitoring WebEOC and participating in daily briefings remotely.
- Continuing to work with county emergency managers.
- Participating remotely
- Available as needed.

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

As of 5-12-09, 30 countries including the US, have officially reported 5251 confirmed cases of influenza A (H1N1) infection.

- Mexico (2059 cases) (56 deaths)
- Argentina (1 case)
- Australia (1 case)
- Austria (1 case)
- Brazil (8 cases)
- Canada (330 cases) (1 death)
- China, Hong Kong, Special Administrative Region (2 cases)
- Columbia (3 cases)
- Costa Rica (8 cases) (1 death)
- Denmark (1 case)
- El Salvador (4 cases)
- France (13 cases)
- Germany (12 cases)
- Guatemala (1 case)
- Ireland (1 case)
- Israel (7 cases)
- Italy (9 cases)
- Japan (4 cases)
- Netherlands (3 cases)
- New Zealand (7 cases)
- Norway (2 cases)
- Panama (16 cases)
- Poland (1 case)
- Portugal (1 case)
- Republic of Korea (3 cases)
- Spain (95 cases)
- Sweden (2 cases)
- Switzerland (1 case)
- United Kingdom (55 cases)

### Daily Call Center Calls:

**Public Call Center**
1-800-447-1985
**Monday: 17**
Total calls since 4/28/09: 1713

**Health Care Call Center**
1-866-282-5815
**Monday: 18**
Total calls to date: 372