



Preparedness and Planning

Key H1N1 Messages for the Public

Most people with 2009 H1N1 flu have had mild illness and have recovered without medical care or treatment with antiviral drugs. There will be millions of cases of flu this season from infection with 2009 H1N1 and seasonal influenza viruses, in addition to the many other respiratory illnesses caused by other viruses and bacteria that occur in the fall and winter season. Most people with mild flu (“uncomplicated illness”) will not need to be tested for influenza this season. People who are severely ill (hospitalized) and some people where testing will help their health care provider determine their clinical care will be recommended for influenza testing this season.

Clinical Use of Influenza Diagnostic Testing during the 2009-2010 Influenza Season

On September 29, the Centers for Disease Control and Prevention (CDC) issued [interim recommendations](#) for clinical use of influenza diagnostic testing during the 2009-2010 influenza season. Because of the 2009 H1N1 flu pandemic and associated interest in this subject, many people with flu symptoms will want to know whether they have the flu, and if so, if it is 2009 H1N1. There may be more people seeking a definitive diagnosis of 2009 H1N1 and, in most cases, this testing is not needed for clinical care. CDC has provided interim recommendations for clinicians for how and when to test for influenza during the 2009 - 2010 influenza season. This guidance is intended to inform clinician testing decisions, but not to supersede clinical judgment, which is paramount in decision-making regarding testing and treatment. Additional guidance documents which you may find helpful are listed below:

- [Questions and Answers \(for the Public\) Influenza Diagnostic Testing During the 2009-2010 Flu Season](#)
- [Interim Guidance for Influenza Diagnostic Testing during the 2008-09 Influenza Season](#)
- [Recommended infection control guidance is available for persons collecting clinical specimens](#)

Don't Blame Flu Shots for All Ills, Officials Say

While some individuals receiving the 2009 H1N1 Influenza vaccine next month will die of heart attacks or strokes, have seizures or suffer miscarriages, these events will not necessarily have anything to do with the vaccine. That poses a public relations challenge for federal officials, who remember how sensational reports of deaths and illnesses derailed the large-scale flu vaccine drive of 1976. This time they are making plans to respond rapidly to such events and to try to reassure nervous public as well as headline-hunting journalists that the [vaccine is not responsible](#).

News

Closing Schools during Pandemic

Researchers in the journal *Health Affairs* analyzed data from the 1918-1919 influenza pandemic to see what non-pharmaceutical could be used, and how that applies to school closure in the 2009 H1N1 influenza pandemic. See page 3 for further details.

Children under 10 Will Require Booster for H1N1

One 2009 H1N1 shot will protect most children 10 and older, but younger children probably will need two shots three weeks apart. See page 4 for more information.

Survey Shows Unwillingness to Vaccinate Children for H1N1

Well over half (60%) of the respondents in a national survey said they would not vaccinate their children against 2009 H1N1 influenza. See page 6 for more information.

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Read the Next *Guardian* Issue!
October 23, 2009

Tsunami in American Samoa

A magnitude-8.0 earthquake struck near Samoan Islands and generated three separate tsunami waves that hit Samoa, neighboring American Samoa and Tonga. The Centers for Disease Control and Prevention provides important [information](#) about the health concerns that can result from a tsunami.

Emergency Response, Public Health and Poison Control

Over the last eight years the United States has responded to hazards such as terrorism, natural disasters, and natural disease outbreaks with a focus on all-hazards preparedness. In many cases, this all-hazards planning has been conducted in the silos of individual agencies and organizations. [This essay](#) recommends that we bridge these silos, improve collaboration and develop plans for assistance between emergency response, public health, and poison control. It identifies the potential outcomes of these bridges such as improved disaster communication and mitigation of public anxiety and prevention of avoidable surges in medical need during disasters. It also suggests that this collaboration can ensure greater consistency and continuity in response operations and has the potential to provide financial support to the poison control system while simultaneously offering benefits to public health and emergency response.

Advances in Cyanide Poisoning Treatment

Exposure to cyanide may come from terrorism, domestic plots, or from inhaling smoke from burning plastics during industrial or home fires. Swallowing or breathing even a small amount of cyanide, from 200 to 300 milligrams, is all it takes to become ill. Toxic effects include severe sedation, lower blood pressure and acid build up in the blood. An Air Force doctor [tested](#) the 50 year old drug treatment against a newer medication made with metal cobalt and got better results using the newer antidiote.

Information-Sharing Tool to Help Fusion Centers Combat Terrorism

The Departments of Homeland Security (DHS) and Defense (DoD) announced [an initiative](#) to grant select state and major urban area fusion center personnel access to classified terrorism-related information residing in DoD's classified network. Under this initiative, select fusion center personnel with a federal security clearance will be able to access specific terrorism related information resident on the DoD Secret Internet Protocol Router Network (SIPRNet)—a secure network used to send classified data. This classified data will be accessed via DHS' Homeland Security Data Network (HSDN). DHS will be responsible for ensuring that proper security procedures are followed.

EPA Office of Emergency Management Frequent Questions Database

The U.S. Environmental Protection Agency's (EPA) Office of Emergency Management has developed a [database](#) to log and report the most frequent questions asked of their office. For example, the database currently addresses questions related to the SPCC rules, public access MSDS, section 311 and 312 reporting, and others. The website has a search feature, and an online submission of question area.

Essential Elements of Respiratory Protection

This [short guidebook](#) lists nineteen essential elements of respiratory protection for workers potentially exposed to deleterious agents, such as hazardous wastes or agents of mass destruction.

New Safety Publications for Chlorine, Alkalies

The Chlorine Institute is now offering ten more technical [publications](#) to help handlers and users of chlorine, hydrogen chloride, and sodium and potassium hydroxides keep their facilities safe, according to a recent press release from the organization. It says the publications are free of charge and can be downloaded in PDF format from the institute's website.

Interim Report of the National Commission on Children and Disasters

The National Commission on Children and Disasters was created by Congress to 1) conduct a [comprehensive study](#) that examines and assesses the needs of children as they relate to preparation for, response to, and recovery from all hazards, including major disasters and emergencies; and 2) submit a report to the President and Congress on the Commission's specific findings, conclusions, and recommendations. The recommendations contained in this Interim Report fall within the following categories: emergency management, mental health, child physical health and trauma, emergency medical services and pediatric transport, disaster case management, child care, elementary and secondary education, child welfare and juvenile justice, sheltering standards, services and supplies, housing, and evacuation. This draft was made available for public comment in September 2009.

Closing the Schools: Lessons from the 1918–19 Pandemic

Researchers in the journal *Health Affairs* analyzed data from the 1918-1919 influenza pandemic to see what non-pharmaceutical interventions were useful and how that applies to school closure in the 2009 H1N1 influenza pandemic. A quantitative analysis was performed on forty-three of the most populous cities during a twenty-four week period between 1918 and 1919 as well as the Weekly Health Index from the U.S. Census Bureau. The [researchers found](#) that key factors in compliance with non-pharmaceutical interventions and school closure were a clear delineation of local authority and public health as well as good risk communication especially with special populations.

School Dismissal Reporting System

The Centers for Disease Control and Prevention (CDC) and the U.S. Department of Education have established a flu-related [school dismissal monitoring](#) contact in every state health or education agency. This contact works with CDC, local health agencies, schools, and school districts to monitor and report on school dismissals daily through the National School Dismissal Monitoring System or individual state monitoring systems.

Surgical Mask vs N95 Respirator for Preventing Influenza

Researchers in the *Journal of the American Medical Association* published a study comparing surgical masks and N95 respirators in preventing influenza in healthcare workers. The researchers used a randomized control trial of 446 nurses in several Ontario hospitals and assigning each person with an N95 respirator or a surgical mask. The [data showed](#) that the surgical masks were not inferior to N95 respirators in preventing influenza.

New Food Safety Website

FoodSafety.gov is the gateway to food safety information provided by government agencies. Federal agencies with a role in food safety, such as the Food Safety and Inspection Service (FSIS) of the U.S. Department of Agriculture, the U.S. Food and Drug Administration (FDA), and the Centers for Disease Control and Prevention (CDC) will enhance www.foodsafety.gov to better communicate information to the public and include an improved individual alert system allowing consumers to receive food safety information, such as notification of recalls. Agencies will also use social media to expand public communications.

Surveillance

Bacterial Coinfections from Fatal Cases of H1N1

To help determine the role of bacterial coinfection during the current influenza

pandemic, postmortem lung specimens from patients with fatal 2009 pandemic influenza A (H1N1) were examined. A total of 22 (29%) of 77 U.S. patients with fatal pandemic influenza A (H1N1) had concurrent bacterial lung infections. [These findings](#) underscore the importance of pneumococcal vaccination for persons at increased risk for pneumococcal pneumonia and the need for early recognition of bacterial pneumonia in persons with influenza.

Communications

New Website for H1N1 Flu Preparedness

There's a [new website](#), created by physicians, to help raise awareness among the public about H1N1 Flu and what they can do to contain the spread of this flu. This website about flu intended for the general public. Visitors to the site can learn the difference between regular seasonal flu, new (H1N1) flu, and a cold. They can find out whether their symptoms fit with those of flu. Simple language and helpful graphics help members of the public learn ways to reduce their chance of getting the flu. They can also learn how to care for sick family members and how to assess and treat fever in babies and children.

Pandemic Planning

H1N1 Deaths Show This Flu Is Different

[Autopsies show](#) that the 2009 H1N1 virus can cause deep, fatal lung infections rarely seen in seasonal flu but common with the deadly H5N1 avian strain. Americans who died from 2009 H1N1 flu had infections deep in their lungs, Dr. Sherif Zaki of the CDC told a meeting of flu experts, including damage to the alveoli, the structures in the lung that deliver oxygen to the blood. This in turn caused what is known as acute respiratory distress syndrome, an often fatal development that leaves patients gasping for breath. "It is very rarely you see what we call diffuse alveolar damage in fatal seasonal influenza," Zaki told a meeting sponsored by the Institute of Medicine, which advises government on health matters. Zaki further commented that "this is almost exactly what we see with avian flu. This looks like avian flu on steroids."

Tots Will Require Booster for H1N1

One 2009 H1N1 shot will protect most children 10 and older, but younger children probably will need two shots three weeks apart. [The findings](#), from the first federally funded study in children of the new 2009 H1N1 flu vaccine show that one shot of the new vaccine provides older children with protection within 10 days, just as standard flu vaccines do. Younger children will need two shots because they do not mount as potent an immune response to the new vaccine. This is the same pattern seen with standard flu vaccine, which also requires a booster dose.

Many States Could Be Short on Hospital Beds in an H1N1 Outbreak

According to the new report, [H1N1 Challenges Ahead](#), the number of people hospitalized could range from a high of 168,025 in California to a low of 2,485 in Wyoming, and many states may face shortages of beds or may need to reduce the number of non-flu related discretionary hospitalizations due to limited hospital bed availability. Trust for America's Health estimates are based on the FluSurge model developed by the U.S. Centers for Disease Control and Prevention (CDC). The report also examines other H1N1 outbreak concerns the country faces this fall related to vaccines, antiviral medication, health care, and special needs of at-risk communities and makes recommendations to ad-

dress some immediate concerns for the upcoming H1N1 season and for improving the nation's overall capacity for preparing for health emergencies.

Initial Psychological Responses to Influenza A (H1N1)

The journal *Bio Medical Central Infectious Diseases* published a study outlining the worldwide regional reactions to the World Health Organization phase 5 change. The researchers used internet and paper-based questionnaires and studied 328 people divided between Europe and Malaysia and studied their pandemic threat perceptions. The research showed that the Malaysians over estimated the risk while the Europeans underestimated it.

Comparative Efficacy of Inactivated and Live Attenuated Influenza Vaccines

The *New England Journal of Medicine* published a study comparing inactivated influenza vaccine and live attenuated influenza vaccine (LAIV) efficacy. The researcher performed a randomized, double-blind, placebo-controlled study during the 2007-2008 influenza season with 1952 participants. The research showed the LAIV was less efficacious than inactivated influenza vaccine in preventing seasonal influenza.

H1N1 Preparedness Tools for Professionals

The Centers for Disease Control and Prevention released resources to help hospital administrators and state and local health officials respond to the 2009 H1N1 flu pandemic including software programs that simulate the spread of influenza through a model community; a spreadsheet-based model that provides hospital administrators & public health officials with estimates of the surge in demand for hospital-based services during a flu pandemic; a tool designed to help state and local level planners develop estimates of potential impact specific to their locality; and a spreadsheet-based program designed to assist laboratory directors in forecasting demand for specimen testing during an influenza pandemic.

- CommunityFlu 1.0 - is a software program that simulates the spread of influenza through a model community, and the impact of a variety of potential interventions.
- FluSurge 2.0 - is a spreadsheet-based model that provides hospital administrators & public health officials with estimates of the surge in demand for hospital-based services during the next flu pandemic.
- FluAid 2.0 - FluAid is designed to assist state and local level planners in preparing for the next influenza pandemic by providing estimates of potential impact specific to their locality.
- FluLabSurge 1.0 - is a spreadsheet-based program designed to assist laboratory directors forecast demand for specimen testing during the next influenza pandemic (i.e., the surge in demand), and develop response plans.

Are Parents Underestimating the H1N1 Risk to Kids?

C.S. Mott Children's Hospital national poll on children's health found less than half of parents plan to have their children vaccinated against H1N1 flu, despite higher disease risk; Hispanic parents more likely to vaccinate. "This information about parents' plans to vaccinate their kids against H1N1 flu suggests that parents are much less concerned about H1N1 flu than seasonal flu for their kids. That perception may not match the actual risks," says Matthew Davis, M.D., director of the poll and associate professor of pediatrics and internal medicine in the Child Health Evaluation and Research Unit at the University of Michigan Medical School.

School Nurse Shortage Hampers H1N1 Response

As schools grapple with a resurgence of 2009 H1N1 flu, many districts have few or no nurses to prevent or respond to outbreaks, leaving students more vulnerable to a virus that spreads easily in classrooms and takes a heavier toll on children and young adults. The [shortage of school nurses](#) could lead to more students falling ill from the H1N1 virus, which can be particularly dangerous for children with weakened immune systems or respiratory conditions such as asthma.

National H1N1 Opinion Poll

The project is known as the Harvard Opinion Research Project (HORP) which monitors the public's knowledge, attitudes and behaviors related to health threats during emergencies. Harvard surveyed 1042 adults over 18 to find out thoughts on vaccines. The survey [results showed](#) that only 40% of adults were "absolutely certain" they would get the 2009 H1N1 influenza vaccination. Well over half (60%) of respondents said they would not vaccinate their children against 2009 H1N1 influenza. Some of the reasons cited for not wanting the vaccination were low risk of illness from 2009 H1N1 influenza and lack of trust in the vaccine safety.

Excess Deaths and Immunoprotection during 1918–1920 Influenza Pandemic, Taiwan

Researchers analyzed data from Taiwan during the 1918 influenza pandemic to understand why deaths were lowest in this location in 1918 and significantly higher in 1920. According to *Emerging Infectious Diseases* the [data showed](#) that the deaths may have been due to lack of immunoprotection from the first wave.

Regional News

Region 1 Updates

The summer brought an end to a very busy exercise season for the partners in Region 1. The District 1 Regional Medical response Coalition (D1RMRC) concluded the DIREPLAY 4 Evacuation / Shelter-in-Place Exercises at Allegiance (Jackson) and Memorial (Owosso) Hospitals. The D1RMRC has supported or participated in fourteen tabletop and full-scale evacuation/shelter-in-place exercises over the past two years. In addition, the evacuating was field tested at the Allegiance exercise. A full AAR conference will be held to review all the data from the past two years of exercises.

The D1RMRC concluded their PPE training module designed for the region with a focus on EMS staff. In addition to training many staff on the proper PPE requirements, a leave behind DVD is done to allow for easier refresher training.

The Mass Fatality task force facilitated the DIREPLAY 5 and 5.2 exercises. DIREPLAY 5, a functional exercise, was targeted toward medical examiner response and looked at the regional mass fatality plan. The MI-MORT and DMORT teams were both represented. The DIREPLAY 5.2 was a tabletop exercise developed for disaster mental health providers. This exercise brought, for the first time, the entire region 1 mental health resources. The goal was to develop a regional response utilizing the many resources that are available.

The D1RMRC received delivery of the ZIMEK disinfecting system for EMS vehicles as part of its pilot project with this device. The EMS Workgroup is developing a Standard Operating Guideline to allow deployment to the Medical Control Authorities in region. This device will be a regional effort that will cross along all EMS agencies and has been anxiously anticipated.

The D1RMRC hosted the region 1 H1N1 Strategic Planning Meeting that brought hospitals, EMS, local public health, Emergency Management, mental health representatives, colleges and universities together to plan in advance for the anticipated influenza season. The sharing of plans and resources were a vital step in the coordination that will be needed if this season's novel influenza is severe.

Training and Education

Public Health 101 - An Introduction for Stakeholders

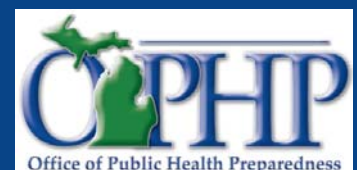
The National Association of County & City Health Officials (NACCHO) will have a product available through their Advanced Practice Center program called "[Public Health 101 - An Introduction for Stakeholders](#)" that will be released this month. It's especially focused on preparedness and covers essential services, public health preparedness and partners, ICS in public health including a short exercise involving contamination of a recreational lake, SNS, epidemiology, I&Q and discusses three emergency scenarios on pan flu, white powder incident, and infectious disease outbreaks. It's a CD with a train-the-trainer component, pre/post tests, evaluation component and other resources. Presented live, it's about a three-hour course.

Date/Time	Event	Location
Oct. 12, 2009	<p>Michigan Emergency Management Conference</p> <p>This three-day summit will be held at the Grand Traverse Resort in Acme. The cost for this conference is \$225. For more information, including registration details, please visit the MSP Emergency Management and Homeland Security website.</p>	Acme, MI
Oct. 13, 2009	<p>ASTHO Annual Meeting</p> <p>The major topics of this meeting will reflect the issues you are working diligently with our federal partners to resolve. Health reform, Novel H1N1 and pandemic preparedness, food safety, wellness, health equity, and prevention will take center stage, with exciting speakers including DHS Secretary Janet Napolitano, HHS Secretary Kathleen Sebelius, HRSA Administrator Mary Wakefield, and CDC Director Tom Frieden.</p>	Vienna, VA (703) 964-1240
Oct. 18, 2009	<p>2009 NPHIC Annual Conference</p> <p>This year's National Public Health Information Coalition (NPHIC) conference attendees will participate in a special risk communication training by renowned expert Peter Sandman. Also, the CDC's Barbara Reynolds will lead a training in "RiskSmart", a program designed to enhance organizational credibility and stakeholder trust. Visit the NPHIC website for further details.</p>	Miami Beach, FL

Date/Time	Event	Location
Oct. 22, 2009	Water Laboratory Alliance Security Summit The Water Laboratory Alliance (WLA) provides the water sector (drinking water and wastewater industries) with an integrated nationwide network of laboratories. This network provides the analytical capabilities and capacity in the event of natural, intentional, or unintentional water contamination involving chemical, biological, or radiochemical contaminants. The WLA Security Summit will actively engage a vast array of technical and leadership staff from the water, laboratory, and emergency response communities to learn about WLA Program elements, practice the WLA Response Plan (WLA-RP) for incident response, and provide hands-on experience with EPA security-related tools and resources. Please visit the EPA website for further details.	Crowne Plaza City Center Philadelphia, PA
Oct. 22, 2009	Media Relations and You This unique one-day conference focuses on how you can prepare for your moment in the lights, doing a great media interview, developing a crisis communication plan, writing for the media, and making the news. The conference will provide participants with proven public information tools and techniques that can be applied in a variety of crisis situations.	Dow Event Center Saginaw, MI
Oct. 22, 2009 1pm	Mass Antibiotic Dispensing: Legal Ease The federal government has passed multiple pieces of legislation related to the distribution and dispensing of medical countermeasures during an emergency response. This broadcast will explore some of the legal issues facing state and local SNS planners as they prepare for a mass antibiotic dispensing campaign.	OPHP Large Training Room (517) 335-8150
Oct. 27, 2009	CDC RiskSmart System Organizations must have the public's trust to do their mission. An organization's credibility is based on a combination of its behavior and its communication about what it does or doesn't do. The Centers for Disease Control and Preventions' (CDC) RiskSmart™ system provides tools and training to enhance (measure, preserve and grow) stakeholder trust and safeguard (monitor, detect, assess, forestall) against threats to stakeholder trust. There is no fee for this course, but participants are responsible for their own travel arrangements and costs. For more information about this training event, please contact Ms. Lisa Williams by email at fki3@cdc.gov or by telephone at (404) 639-1786.	Atlanta, GA (404) 639-1786



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This publication is supported by Cooperative Agreement Number 5U90/TP517018-09 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.