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Description of document:	Centers for Disease Control and Prevention (CDC) Director's Situation Update Briefs on Novel 2009 Influenza A (H1 N1), April-July-2009
Requested date:	26-July-2009 14-May-2011
Released date:	26-May-2011
Posted date:	25-July-2011
Title of document	Director's Situation Update (various dates)
Source of document:	CDC/ATSDR Attn: FOIA Office, MS-D54 1600 Clifton Road, NE Atlanta, GA 30333 Fax: 404-639-7395 Email: FOIARequests@cdc.gov
Note:	Director's Update Briefs from the period after July, 2009 are available upon request from CDC

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May 26, 2011

This letter is in response to your Freedom of Information Act (FOIA) request of July 26, 2009, and follow up request of May 14, 2011, in which you narrowed the scope of your request pertaining to electronic or paper documents of each CDC Director's Update Brief on novel 2009-H1N1 from the specified time frame of April through July 2009 (inclusive) only.

Enclosed is a computer disc containing the documents you requested (157 pages). CDC has not withheld any pages.

We are waiving the fees in this instance.

Sincerely yours,

Mathien Non

Katherine Norris CDC/ATSDR FOIA Officer Office of the Chief Information Officer (404) 498-1580 Fax: (404) 498-1575

Enclosures 09-01032-FOIA



Director's Situation Update 27 Apr 2009 0830 EDT Day 9

For Internal Use Only (FIUO) – For Official Use Only (FOUC) Sensitive But Unclassified (SBU) – Swine Influenza

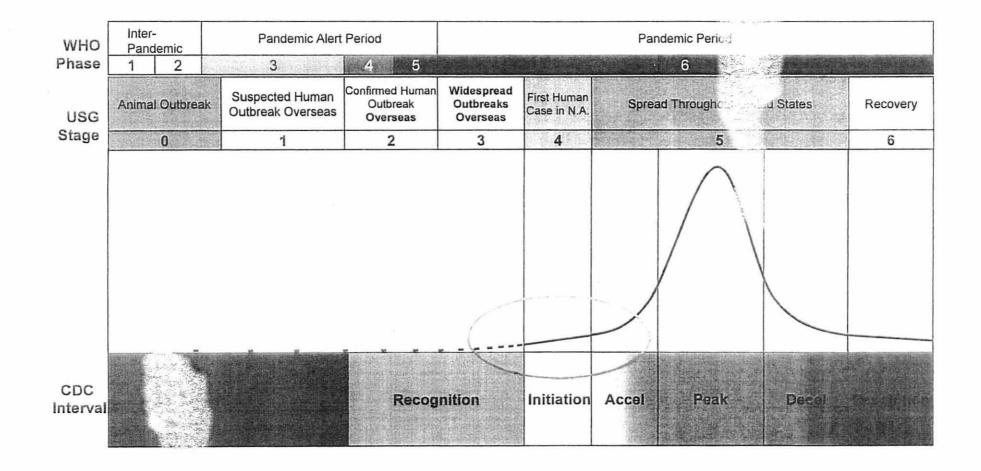


Agenda

- Opening Remarks
- Epitedemiology
 - Surveillance
 - International
 - Laboratory/Virus
 - Quarantine
 - Clinical
 - Infection Control/Health Care
 - Vaccine
- SNS
- Deployments
- JIC/Communications
- DCIRs
- Wrap-up and Adjourn

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General Situation Pandemic Alert Status



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16

Priorities

- Determine the extent of the outbreak
 - Domestic—emphasize travel history as part of work up of SARI
 - International—reports outside North America
- Characterize the clinical illness—why difference in US and Mexico
- Characterize the virus
- Communicate appropriate information to HCWs and general public
 - Spanish language communication

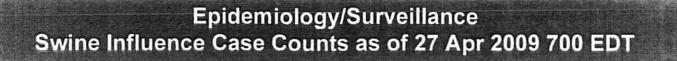


- Intervene to reduce transmission—current guidance
 / trigger for changing
 - Case management guidance
 - Antiviral drug recommendations
 - Limitation of movement recs
 - PPE
 - Management of contacts
 - Workforce protection
 - HCWs / field teams / additional
 - Community mitigation recommendations
 - Border Strategy (exit screening)

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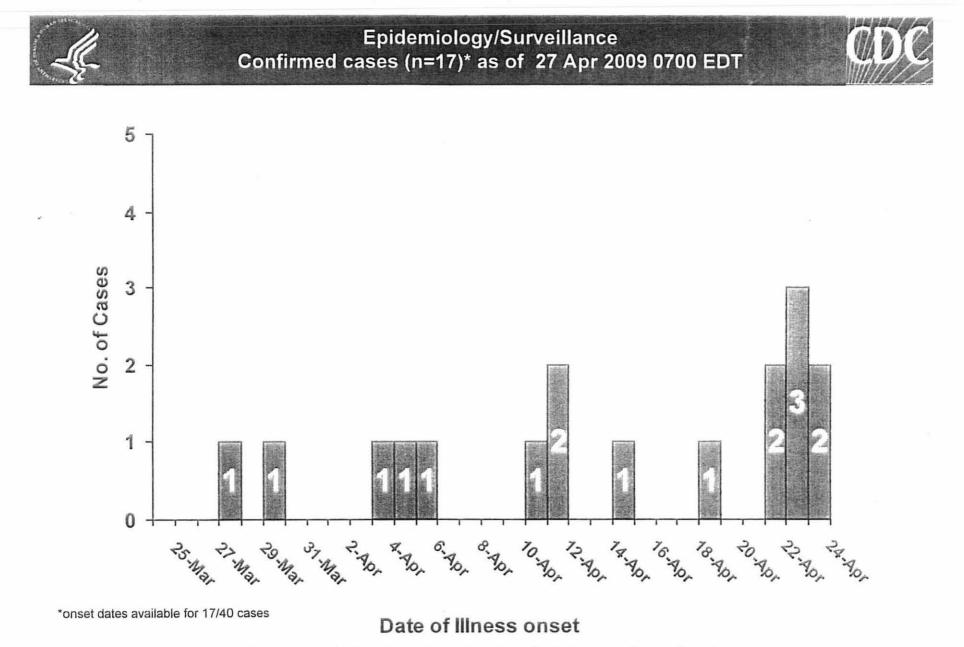
- Develop vaccine candidates and initiate plan for production of vaccine (key decision dates)
- Trigger for declaration of PH Emergency
- Trigger for increasing level of travel advisory
- Trigger for within US travel advisory
- Optimize external and within CDC coordination



	NY II	OH V	TX VI	KS VII	CA IX	MA I	MI V	IN V	OR X	SD VII	Total
Confirmed (CDC Lab)	28	1	2	2	7	0	0	0	0	0	40
Probable (unsub A on PCR)	0	0	4	0	5	2	1	1	0	0	13
Total	28	1	6	2	12	2	1	1	0	0	53
Negative	6	0	0	0	0				2	2	4

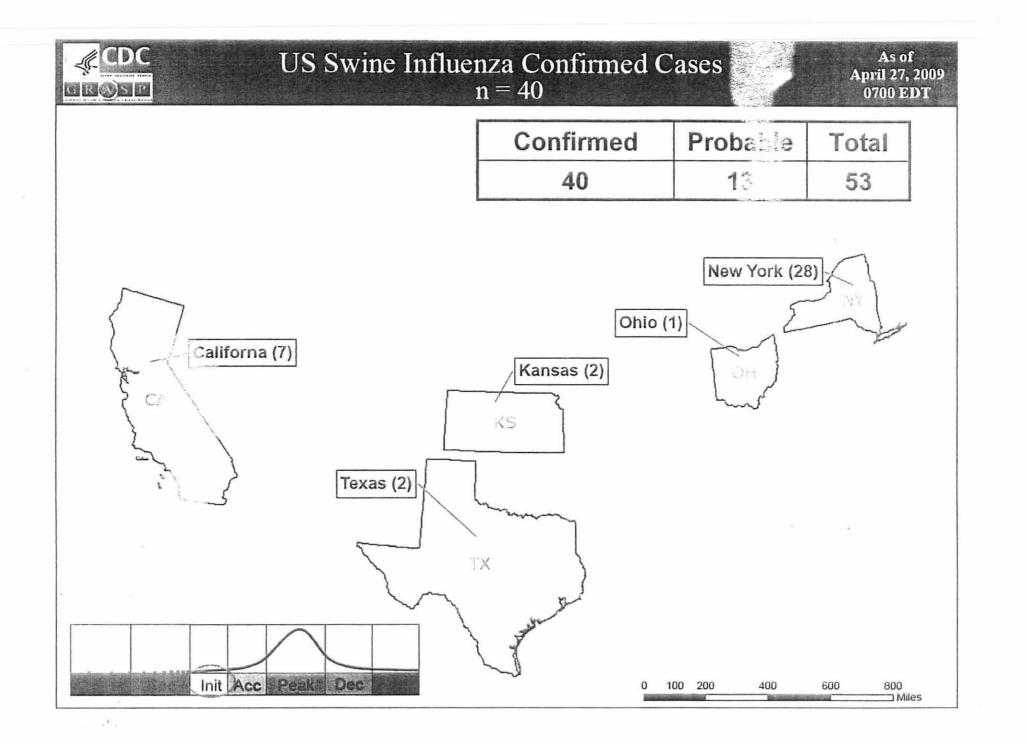
*Determining status of additional cases/specimens

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Sensitive But Unclassified (SBU) – Swine Influenza





- Confirmed cases
 - Median age: 16 years, range 7-54 years
 - 81% (22/ 27) age <= 18 years
 - Gender: 48% male, 52% female
- Travel to Mexico in case-patient
 - 21% (3/14)
- Attack rate in contacts*
 - ARI 18 (36%)
 - ILI 9 (18%)
- Suspect cases
 - 9 ILI
- Incubation period: 2-7 days
- Case Fatality Rate = 0
- Pandemic Severity Index =1
- *50/68 contacts interviewed

Epidemiology/Surveillance Current Influenza Surveillance -as of 27 April 2009 0700 EDT

System	National Trends	Border states (CA, AZ, NM, TX)
ILINet	At or below baseline*	At or below baseline*
WHO/NREVSS laboratories	At or below baseline*	At or below baseline*
Pediatric Influenza Associated Deaths	Season total =55 April =6^	Season total =14 April =1
122 Cities Mortality Reporting System	At or below baseline*	 SD - 4 pneumonia deaths in 25-44 yr age grp in most recent 2 weeks 8 total since wk 1
State and Territorial Epidemiologist Activity Level	At or below baseline*	CA – local AZ – regional NM – sporadic TX – sporadic
BIDS	At or below baseline*	At or below baseline*
BioSense	At or below baseline*	At or below baseline*

* No new data of concern as of 27 April 2009 700EDT

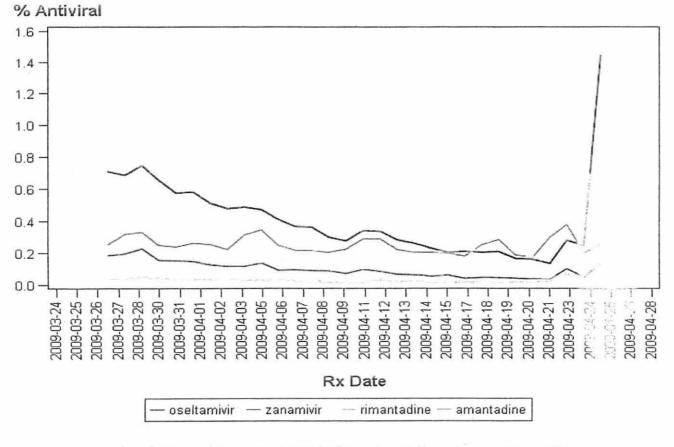
"Not above expected number. New death report for April was influenza type B, Ohio

DoD Activities

- A cluster of 20 cases of viral infection (unspecified) detected at Fort Benning (DoD), GA on 04/20/2009. CDC EOC and PH departments notified via Epi-X; appears to be due to Adenovirus 4; further laboratory results still pending.
- A cluster of 30 cases of viral infection (unspecified)
 detected at Fort Knox (DoD), KY on 04/09/2009. CDC EOC
 and PH departments notified via Epi-X; unlikely due to
 influenza; further laboratory results sill pending.
- D has implemented broad-based active respiratory disease surveillance.
- DoD has begun using CDC laboratory reporting forms.
- ILI continues to decline at all Training Bases except USCG Base at Cape May NJ, where Adenovirus 14 cluster is occurring.

Epidemiology/Surveillance Current Influenza Surveillance

BioSense Antiviral Prescriptions Rate of Influenza Antiviral Rx 03/27/2009 to 04/25/2009: U.S.



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- Topics for HHS swine flu vaccine call (4/27)
 - Production options for an swH1N1-containing vaccine considering current seasonal production cycle
 - Needle and syringe procurement
 - Plans for VE assessments
- ACIP influenza workgroup
 - Call today will include discussion on vaccines (should USG produce and distribute an swH1N1containing vaccine?)

Epidemiology/Surveillance Laboratory

- EUA Swine Diagnostic Kits
 - Drafted EUA and completed
 - Shipped swine reagent from BTI to CDC for distribution to CA and NY tomorrow
 - Arranged for HIV Division FTE to accompany Battelle contractor to ATCC to oversee kitting of swine kit Tuesday
 - Expect to begin shipping kits on Wednesday
- Human Monoclonals
 - Emory intends to deliver 12 H1 New Caledonia human mAb to CDC next week for testing
 - Arranging collaboration with Emory and U Chicago to generate a human monoclonal to H1 swine influenza

- Pooling Study
 - WI state lab will begin an expedited pooling study to develop a pooling surge protocol for the RT-PCR test
 - Arranged for additional equipment and reagents to be shipped to WI lab
- Supplies
 - Arranged emergency shipment of laboratory supplies to Wadsworth via IRR
 - Arranged shipment of 300 extraction kits and 50 superscript kits to CDC and IRR
 - Sent out survey via LRN to get a gauge on expected supply shortages

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Quarantine Communications

- CMG Guidance- Posted
- Travel Warning Notice- Draft, Level 4
- Factsheet (in and out) to DHS, to begin distribution this AM
- III Passenger on flight THAN, cleared begin use
 - Spanish translation underway and will be posted to Web

Quarantine Port of Entry

- Exit Screening at US Ports of Entry
 - COA and port implementation SO developed and ready for presentation if requested
- Interim Guidance for Passengers and Crow on Cruise Ships
 - NIOSH developing draft
 - plan to distribute Monday, April 27

Quarantine Quarantine Station Operations

- Workforce Protection: PPE for Q Stations submitted to EOC Logistics, OHS shipping prophylaxis to all QS 4/27 (will include instructions for stations +/- QMOs)
- Deployments to QS
 - Pending: 4
 - 1 to Houston
 - 1 to Dallas
 - 1 to San Diego
 - 1 from DGMQ to EOC



1.1

- CDC
- Interim Guidance for DHS Workers at Ports of Entry for Arriving Travelers from Affected Areas
 - content developed, cleared and sent to DHS April 25
- Interim Guidance for Airline Flight Crew on Flights from Affected Areas
 - content developed, sent to HHS
 - awaiting interagency coordination with DOT and DHS via HHS
 - HHS will distribute to airline industry as soon as it is cleared

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- School Closure (n=4)
 - CA Sacramento
 - TX S Antonio,
 - NYC
 - OH Elyria
- Community Mitigation and NPI Document
 - Guidance being cleared by cleared by Interagency for posting to the web
- Community mitigation impact evaluation
 - Surveillance effectiveness evaluation being developed

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Quarantine

- Legal Permanent Residents (LPR) migrants guidelines:
 - completed as a draft and submitted for clearance
- Temporary farm workers screening guideline:
 - under development and due 4/27/2009 at 1800
- Air Investigations
 - SWA (SD-ELP-Dal)
 - CO (Can-Hou-DTW); Ohio case
- Events
 - Delta airlines

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- Surveillance and Evaluation
 - Effectiveness of NPIs (protocol under develop)
 - Request for assistance Mexico, USA
 - Consequences of NPIs
 - Surveillance for NPIs
 - Monitoring of Border Screening Practices

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- Documents being revised/in clearance
 - Antiviral recommendations
 - Testing guidelines (in clearance)
 - Clinical care
- Technical support for EUAs
 - Assessing unpublished data on use of oseltamivir in infants

Antiviral Adverse Event Monitoring Sub-team

Objectives

- Enhanced passive surveillance through VAERS.
- Communicate adverse event risks and what to do if an adverse event is suspected
- Identify any "new", previously unreported adverse events
- Develop data-sharing, data analysis, and decision-making structure with federal partners

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Antiviral Adverse Event Monitoring Sub-team

Objectives, Continued

- Monitor scope and magnitude of problem of adverse events
 - 1) severe nausea or vomiting that results in the inability to take antiviral (oseltamivir)
 - 2) wheezing, asthma exacerbation, bronchospasm (zanamivir)
 - 3) psychiatric symptoms, including delirium and self injury, particularly among adolescents (both zanamivir and oseltamivir)
 - 4) any condition thought to be related to antiviral use causing hospitalization or death

EUA Status update

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Emergency Use Authorization Status									
-		CDC			FDA Submission				FDA Auth.
		Draft	SME Review	OCSO Review	Initial Submission	Fo Yes	-	l Submission Estimated Time	Yes
Devices	N95 Respiratory	\checkmark	\checkmark	\checkmark	\checkmark			26 Apr 2400	
	RT PCR	\checkmark	\checkmark	Not Sent	\checkmark			26 Apr 2400	\checkmark
	Thermal Scanner	To be developed							
Antivirals [·]	Tamiflu	\checkmark	\checkmark	\checkmark	\checkmark			25 A,37 2400	\checkmark
	Relenza	\checkmark	\checkmark	Not Sent	\checkmark			26 Apr 2400	\checkmark

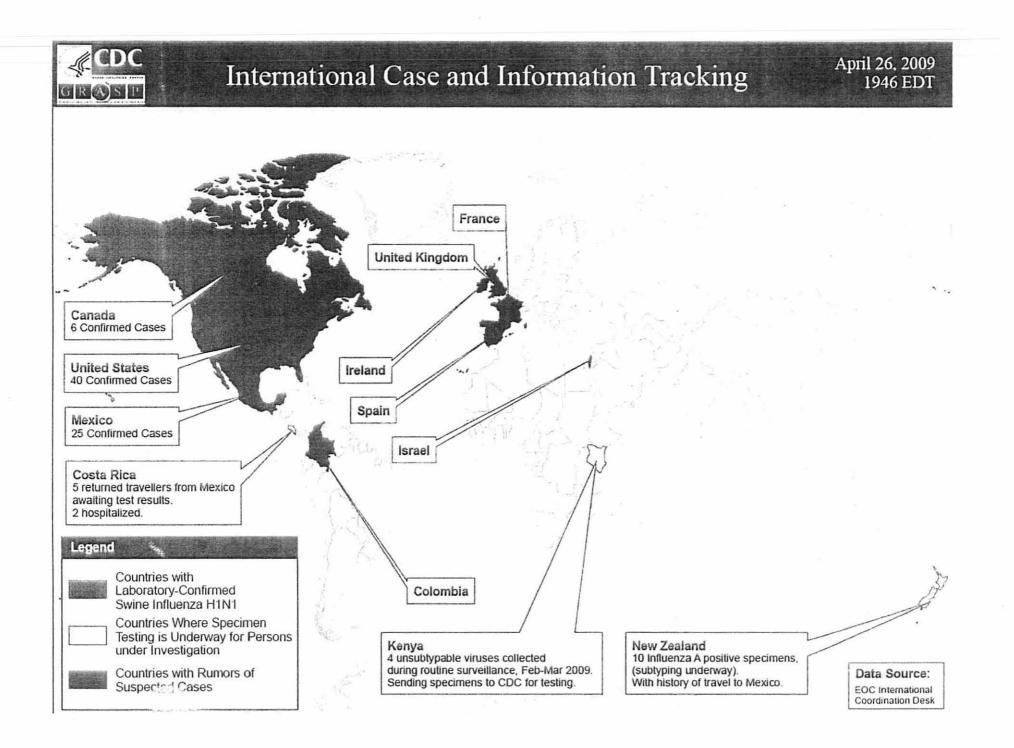
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- Developing Recommendations and Guidance
 - Community Mask Use Guidance reviewed and posted
 - Made recommendation to SNS regarding addition of non-latex gloves to SNS push packages
 - Working with DOT/NHTSA, DHS, CDC OPDIVS, and other national EMS partners on developing specific guidance for and outreach to EMS responders

- Partner calls commencing
 - HICPAC
 - Med Surge planning calls with HHS (Led by HHS)
 - Critical Infrastructure Protection
- Assisting with FDA Liaison issue
- Assisting with responding to request for Guidance on Surveillance of ILI in Healthcare Workers



International Team Mexico

- 26 lab-confirmed cases reported by CDC team
- Severity still being determined
 - 7 confirmed deaths
 - Age: <5 5-19 20-39 40-59 60+
 - 54971
 - State: Oaxaca Federal District Mexico State Veracruz
 1
 17
 7
 1
 - All hospitalized
 - Four detailed case reviews so far: 2/4 exposed to pigs within 2 weeks of illness
 - Samples that have been tested so far were selected due to severity
 - Other severe and fatal cases are still untested
 - Many of the severe cases are from 1 hospital in Mexico City
- Backlog of specimens

1.0 %

Over 172 specimens are "Flu A" submitted from 3/10 to 4/24

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F of Canada has confirmed:

- 4 cases from previously reported cluster in Nova Scotia
 - Confirmed cases did not travel to Mexico
 - Attended boarding school with 2 ILI cases that visited Yucatan
 - 2nd generation human-to-human transmission (3rd generation suspected)
 - All cases recovered, none were severe
- 2 cases in British Columbia
 - Both with history of travel to Yucatan
 - 1 case with mild URI, 1 with bronchitis
- 29 additional cases under investigation, some with travel to Mexico, some from NS cluster

Sensitive But Unclassified (SBU) – Swine Influenza

- Report from CDC-Guatemala of suspected cases in Costa Rica with history of travel to Mexico
- ECDC-CDC liaison reports investigations in UK, Ireland, France and Spain
 - Kenya IEIP reports 4 unsubtypable Influence A viruses collected via routine surveillance in Feb-March 2009
 - Will send samples to Atlanta on Monday, April 27th
 - CDC staff in Bangladesh, China, Guatemala, Indonesia, Kazakhstan, Thailand, Vietnam: No unusual activity



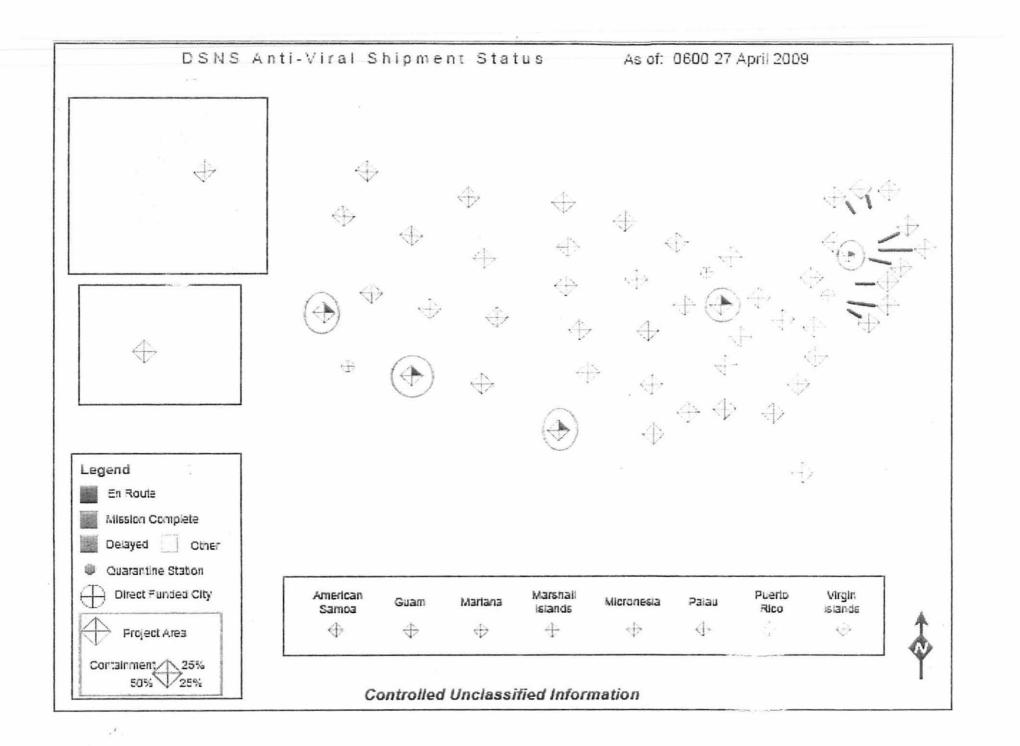
- Project Area (PA) status:
 - Project areas contacted 62/62
 - Request for initial 25% pro-rata (11 million courses) 60/62
 - Project areas conducting assessments 2/62
 - Arkansas and Nebraska
- Shipment Status
 - First five project areas en route

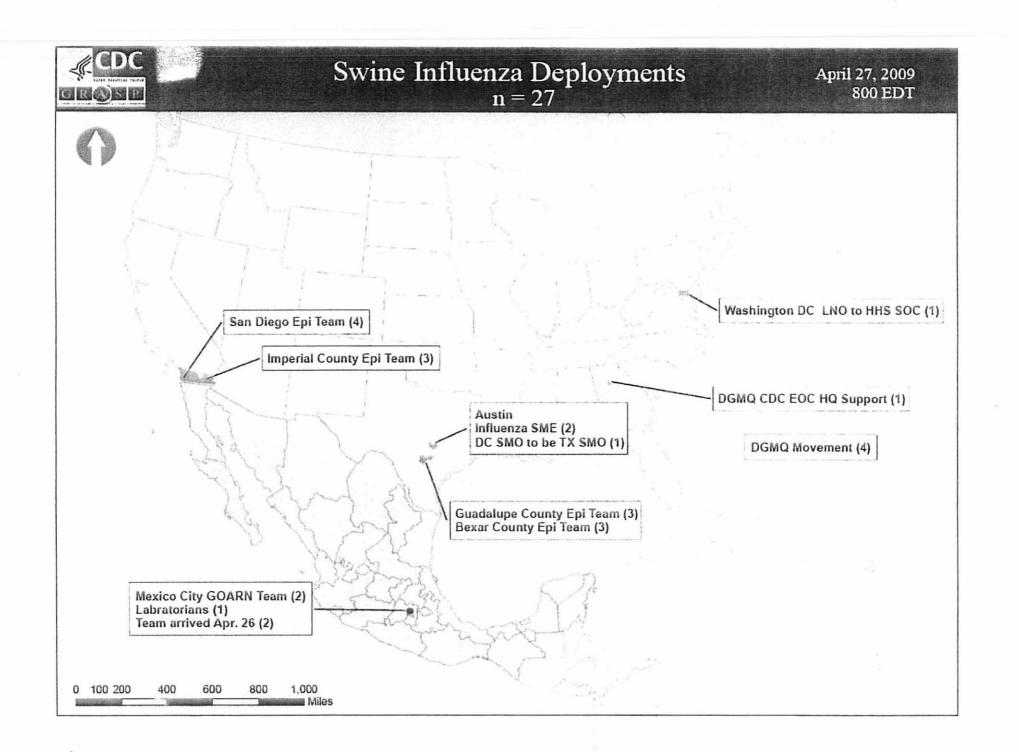
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Laboratory

- Package Arrivals Overnight
 - One package each from Austin and Dallas, TX
 - One package from NHRC, San Diego
 - No international packages
 - Virus Culture for Candidate Vaccine Strain
- Three virus isolates grown in eggs
 - CDCID 2009712192 A/Mexico/4108/2009 E1(4/26/09) HA:16
 - CDCID 2009712112 A/California/07/2009 E2(4/26/09) HA: 64
 - CDCID 2009712113 A/California/08/2009 E2(4/26/09) HA: 64
- Antiviral Sensitivity
 - All isolates tested to date are:
 - Resistant to adamantanes
 - Sensitive to NA Inhibitors

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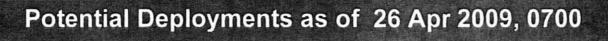




Pending Deployments as of 26 Apr 2009

Pending Deployments:	Deploy Date	Es: Arrival	Pending
		Tim::	
CA Liaison – Sr. Epi – Chris Braden	27 Apr	1200	1
Dr. Cohen to Washington D.C. – Humphrey Building	27 Apr	1308	1
Lab Oversight to Manassas, VA (Owen)	28 Apr	TBD	1
PHA to various Q-stations	27-29	28-29	25
	Apr	Apr	
Potential NYC Epi Team	TBD	TBD	6
Mexico City Laboratorians (additional)	TBD	TBD	1
Total			35

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- Potential Deployments:
 - Soliciting volunteers for IMS Functional Positions in EOC
 - Soliciting volunteers to support TSU response teams
 - Mexico City Spanish Speaking Epis

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- Interim Recommendations and Guidance Documents Posted to Web & Sent To Clinicians
 - Biosafety Guidelines for Laboratory Workers
 - Infection Control for Care of Patients in a Healthcare Setting
 - Taking Care of a Sick Person in Your Home
 - Antiviral Recommendations
 - Facemask and Respirator Use in Community Settings
 - Case Definitions to be Used For Investigations

- Travel Documents Posted to Web
 - Outbreak Notice
 - Travel Health Precaution: Swine Influenza and Severe Cases of Respiratory Illness in Mexico"
 - Risk of Swine Flu Associated with Travel to Affected Areas

- Public Information
 - Swine Flu and You
 - Swine Flu Video Podcast (with Joe Bresee)
 - Key Facts about Swine Influenza (Swine Flu)
 - Swine Influenza in Pigs and People" (brochure)
 - "Información en español"
 - Ongoing Q/A

14

- Press Briefing Transcripts
 - 4/23, 24, 25, 26 (774 participants)
 - CDC Press officers fielded between 200-300 meana requests

- HANs
 - Investigation and Interim Recommendations 4/25
 - Clinician recommendations, Biosafety Lab Guidelines, other posted resources
 - CDC Health Update: Swine Influenza A (H1N1) Update:
 - New Interim Recommendations and (Stockpile dissemination ¼ of flu assets, new guidance: home care, antivirals, mask)

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- Epi-X Communications
 - Since 4/23, Epi-X has sent out 13 communications to the Epi-X listserv.
- COCA Calls
 - 4/25 1,592 participants on COCA call.
 - Next call scheduled 4/27, 2:00 p.m.
- …umber of Swine Flu Web Visits: 2,000,000+
 - Up from 4/26: 1,139,240
- Number of News Stories: 1131
 - Up from 4/26: 115
- Number of CDC INFO calls: 689
 - Up from 4/26: 547

- Detect severe cases of swine influenza in affected regions via enhanced outpatient and hospital surveillance
- Determine cross reactivity of swine influenza to vaccines
- Distribute enhanced diagnostics to animal and human health partners.
- Develop comprehensive media campaign for HHS/CDC
- Disseminate antiviral treatment and prophylaxis guidance to investigators and healthcare
- Publish infection control guidance for healthcare workers based on patient presentation and epidemiologic situation
- Develop worker safety guidance for tier I responders

Planning Objectives-2

- Develop Case/Contact Management recommendations for public health jurisdictions
- Develop Outbreak/Social Network intervention guidance ror public health jurisdictions
- Develop contingency strategy for Border/POE entry and exit screening
- Develop Travel Advisory/Warnings and triggers for use
- Produce vaccine candidates by reverse genetics and classical reassortment
- Coordinate plan for vaccine use with BARDA and FDA
- Determine triggers and distribution strategies for SNS deployment



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- Report all confirmations of hospitalization or death of a case of new variant swine influenza.
- Report any laboratory result indicating a virus more transmissible in humans than the current virus.
- Report any laboratory result indicating reasons for differences in Mexico and US viruses than could explain severity.
- Report the occurrence of illness compatible with new variant swine influenza in any in any CDC staff or other person involved in the investigation.



- Report detection of the genetic mutation in pandemic influenza virus that may make the virus resistant to antiviral drugs.
- Death or serious injury/illness of any CDC employee (Anyone)
- Significant change/declaration in US Government response or policy (SA)
- Threat or damage to any CDC facility (including SNS storage facilities) that affects mission performance. (LOG)

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- Change in international response actions or strategy Significant event regarding US infrastructure/economy
- Change in international/state travel restrictions/guidance
- Identification of other threats that might impact operations
- Compromise in CDC's capability to meet deployment needs
- When W.H.O. changes "pandemic phase"



Staff Rhythm Staff Rhythm, 27 Apr 2009 (All times EDT)

700	Shift Begins
730	International Surveillance Conference Call
800	Laboratory Meeting
800	Safety Brief (EOC Main Floor broadcast)
830	Director's Update (ECR)
900	DHS Domestic Readiness Group (DRG) Conference Call (Dir Office)
930	Swine Influenza TSU Fusion Meeting (ECR)
1100	ESF-8 Initial Coordination Swine Influenza Conference Cold (ECR)
1200	HHS Senior Leadership Call (ECR)
1230	Director's Press Conference
1300	DHS Domestic Readiness Group (DRG) Conference Call (Dir Office)
1300	FEMA Sr. Leaders VTC OHA/HHS/CDC (DIR Office)
1300	Decision Brief Block Time (ECR)
1300	Epi Investigation Conference Call update (Plans Team Room)
1500	Shift Change Brief – (8-hr shift rotation)
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Declarations – Activation Orders

- HHS declared a PH emergency on 4/26/09 involving Swine Influenza A
 - Authorizes use of certain products from the neuraminidase class of Antivirals Oseltamivir Phasphate and Zanamivir.
 - Has significant potential to affect national security
- WHO's declared pandemic alert has not changed their, currently Phase 3



- NYC Classes suspended for 4/27/09 at St. Francis Preparatory Schools
- TX Closed 14 schools and 2 district facilities in Schertz-Cibolo-University City Independent School District
- All extracurricular activities



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Staff Rhythm Staff Rhythm, 27 Apr 2009 (All times EDT)

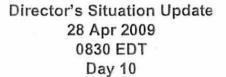
1530	Homeland Security Congressional Meeting Conference Call
1530	ASTHO-NACCHO (Plans Team Room)
1700	CDC Only Leadership Meeting (ECR)
1800	SMO Field Staff Call
1830	Safety Brief (EOC Main Floor broadcast)
2100	Operational Period Ends
2145	CDC 5X8 update to HHS

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Staff Rhythm Staff Rhythm, 27 Apr 2009 (All times EDT)

1530	Homeland Security Congressional Meeting Conference Call
1530	ASTHO-NACCHO (Plans Team Room)
1700	CDC Only Leadership Meeting (ECR)
1800	SMO Field Staff Call
1830	Safety Brief (EOC Main Floor broadcast)
2100	Operational Period Ends
2145	CDC 5X8 update to HHS

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Fondetarnal Use Civity (FUC) – Fon Official Use Civity (FOUC) Sensitive But Unclassified (SBU) – Swine Influenzal Not for Public Distribution



- · WHO: Pandemic Phase 4
- USG: Public Health Emergency declared
- US confirmed cases: 64
 - not for distribution: probable 36
- 3 known hospitalizations among confirmed cases
- EUA's signed
 - Antiviral drugs (oseltamivir, zanamivir)
 - Diagnostic tests (RT-PCR)
 - Respirators
- Travel
 - Travel warning: Level 4 (avoid non-est tool of travel)
 - Entry screening: Not implemented
 - Exit screening: Not started, planning underway
- Limited School Closures

- NY, TX, CA, OH

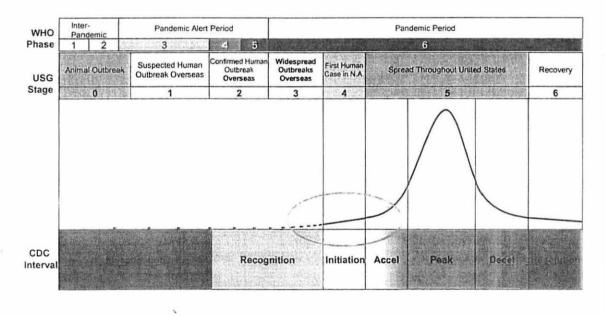
Vaccine: Seed strains under development

Sensitive But Unclassified (SBU) – Swine Influenza Not for Public Distribution

- Determine extent of outbreak to trigger interventions
- · Identify severe disease to inform level of response
- Communicate to HCWs, general public, partners to prevent and control disease
- Characterize virus to:
 - Develop vaccine candidates
 - Improve tests
 - Monitor resistance
 - Coordinate with government partners:
 - To prepare for vaccine productions
 - To allow for joint response
 - To support testing and surveillance
 - To harmonize guidance and communication

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General Situation Pandemic Alert Status



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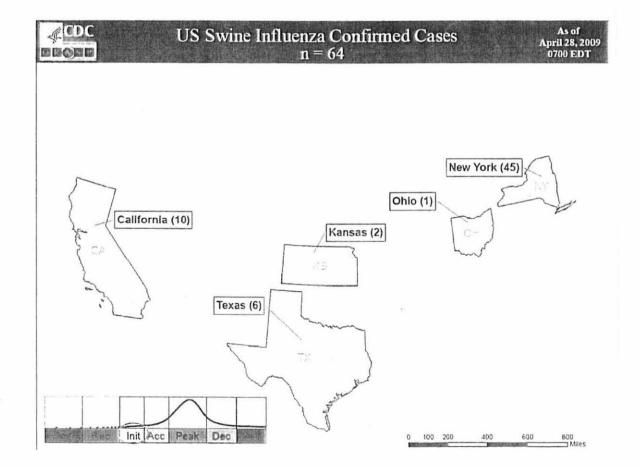
Epidemiology/Surveillance Swine Influence Case Counts as of 28 Apr 2009 700 EDT

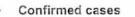
For public	distri	butio	after	28 Ap	2003	1100	EDT			. *				
	NY II	10002320000	TX VI	KS VII			MI V	0.000.0010	101010-005-0010	NJ II	NV IX	Constraint and	SD VII	Total
Confirmed (CDC Lab)	45	1	6	2	e 3	0	0	0	0	¢.	0	0	0	64

Not for distribution or public reporting														
Probable (unsub A on PCR)	Q	0	7.2	0		3.	1	1	0	(iii	4	1	0	36
Negative	7	0	9	0	0	0	0	0	6	0	0	0	2	24

*Determining status of additional cases/specimens

Sensitive But Unclassified (SBU) – Swine Influenza Not for Public Distribution





- Median age: 16 years, range 3-81 years
- 81% (38/ 47) age < 18 years
- Gender: 51% male, 49% female
- Attack rate in contacts (39/85 contacts interviewed)
 - ARI 9/39 (23%)
 - ILI 3/39 (8%)
- · Cases linked to travel to Mexico or linked to a confirmed case
 - Travel history to Mexico: 3 of 14 (21%)
 - Linked to another confirmed case: 4 of 47 (2 linked sets)
 - Not linked to travel or another confirmed case: 40 (85%)
- Incubation period: 2-7 days
- Case Fatality Ratio = 0
- Pandemic Severity Index =1
- *39/85 contacts interviewed

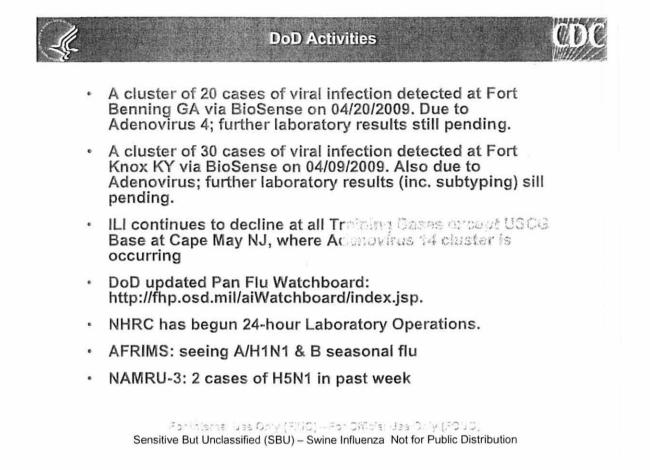
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Current	Epidemiology/S Influenza Surveillance -	Surveillance as of 28 April 2009 0700 EDT
System	National Trends	Border states (CA, AZ, NM, TX)
ILINet *	At or below baseline	At or below baseline
WHO/NREVSS laboratories *	At or below baseline	At or below baseline
Pediatric Influenza Associated Deaths ^	Season total =55 April =6	Season total =14 April =1
122 Cities Mortality Reporting System *	At or below baseline	 SD - 4 pneumonia deaths in 25-44 yr age grp in most recent 2 weeks 8 total since wk 1
State and Territorial Epidemiologist Activity Level *	At or t	CA – local ional N. – c. oradic TX – sporadic
BIDS *	At or below baseline	At or below baseline
BioSense *	At or below baseline	• SD - 1 cluster, 18 visits to 5 EDs on April 25. Chief complaint ILI

* No new data of concern as of 28 April 2009 0700 EDT

*Not above expected

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Laboratory

- Different sets of seasonal influenza vaccine sera have been identified to perform serologic analysis to determine cross-reactivity between seasonal influenza and S-OIV

-Historic human H1N1 viruses are being grown for serologic cross-reactivity studies

 Pathogenesis experiments in mice and ferrets with A/California/04/09 have been begun

For internal Use Only (FUO) - For Official Use Only (FOUD) Sensitive But Unclassified (SBU) - Swine Influenzal Not for Public Distribution Viruses and assay reagents prepared for shipment to other WHO Collaborating Centers

Protocol and primer/probe sequences for CDC assay prepared for posting to CDC and WHO websites

Primers for genomic sequencing and antiviral sensitivity evaluation prepared for posting to CDC and WHO websites

Arranged with NIH (NCBI) for a dedicated GenBank website (<u>http://www.ncbi.nlm.nih.gov/genomes/FLU/SwineFlu.html</u>) for deposit of genome sequences determined at CDC with expedited posting of data

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Laboratory CD

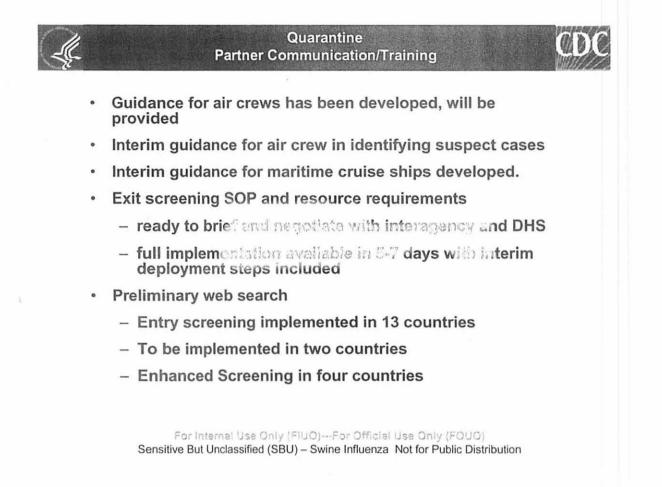
- Pooling study to increase throughput for testing
- Commercial labs
 - Plan to engage today
 - EUA covers sharing of swine primers
- Supplies
 - Engaged with makers of test reagents
 - Shipping swine primers to PHL's Wednesday



- Estimate ~3 weeks to create reference strain
- Pilot lot(s) of swH1N1-containing vaccine
 - 8-11 weeks to make pilot lots
 - Clinical trials follow
- swH1N1-containing vaccine production options
 - Manufacturers have completed or will soon complete A components for seasonal TIV
 - B component lagging (growing poorly in eggs)
 - Discussions underway between FDA, BARDA and manufacturers about feasibility of varying options for vaccine (monovalent vs. some type of multivalent – what is possible given the current situation)

Fon characterize Color (FLLO) – Fol Official Jos Ong (FDLO) Sensitive But Unclassified (SBU) – Swine Influenzal Not for Public Distribution

Quarantine Communications Travel Health Warning advising against non-6 essential travel to Mexico posted at approximately 7pm. Fact sheet about travel health warning has been developed. Educational slides for Quarantine Stations developed. One the stand cooles ("T-HANS in English and Spanie we'r be sent to rach Quarantine Station. Guidance for air crews has been developed, will be provided to air crews.

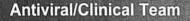




Quarantine Community Mitigation

- Community Mitigation (CM) mask guidance completed and on web.
- School Closure (at least 4)
 - Queens, NY
 - Elyria, OH
 - Sacramento, CA
 - San Antonio, TX
 - Border states, expect school closures today
- · CM and NPI Document completed and up on the web
 - Community mitigation impact evaluation is being developed
 - Surveillance effectiveness evaluation being developed

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- Documents revised / in clearance
 - Antiviral recommendations
 - Testing guidelines
 - Clinical care
- Briefed ACIP workgroup
 - Recommendation: Oseltamivir or zanamivir for any suspected influenza
 - discontinue combo regimen targeted at seasonal influenza
 - Recommendation: Continue to use seasonal vaccine
 - rationale based on continued seasonal influenza in some areas, not for swine influenza

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Healthcare Delivery and Infection Control



- Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Confirmed or Suspected Swine Influenza A (H1N1) Virus Infection
 - Interagency Review in process 4/27-28
 - Clearance process 4/28
- HHS Nursing PPE
 - · Request from HHS for guidance for protective measures
- Response to CA request re:
 - Healthcare Worker Surveillance for ILI
 - Nosocomial Transmission of ILI

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- Surveillance Activities:
 - Coordinate with USDA on ways to increase swine surveillance
 - On 4/23 APHIS/VS implemented the diagnostic lab aspect of the SIV pilot project
 - On 4/26 APHIS/VS Senior management communication to State Veterinarians and AVIC's to report any cases of SIV identified in their state to APHIS/VS Regional Office
 - No increase in swine illness reported by any animal surveillance mechanism
- USDA Swine Studies
 - ARS NADC will conduct swine challenge studies to determine

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Completed Swine Influenza Guidance

Topic	Date
Biosafety Guidelines for Laboratory Workers	4/24
Infection Control for Care of Patients in a Healthcare Setting	4/24
Home Healthcare & Isolation: Taking Care of a Sick Person in Your Home	4/25
Personal Protection for Customs and Border Protection Staff	4/26
Case Definitions for Swine Influenza A (H1N1) Cases	4/26
Strategic National Stockpile Material	4/26
Nonpharmaceutical Community Mitigation Guidance (updated on Epi-X)	4/27
Facemask and Respirator Use in Community Settings	4/27
Specimen Collection and Processing for Patients Suspected with Swine	4/28
Interim Recommendations for Enhanced Surveillance (updated on Epi-X)	4/28
Antiviral Recommendations for Patients and Close Contacts	4/28

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Pending Swine Influenza Guidance

Торіс	Lead	ETA
Preventing Spread of Flu in the Workplace for Federal Employees	HHS	4/28
Cruise Ships	DGMQ	4/28
Airlines/Aircrews	DGMQ	4/28
Clinical Treatment & Clinical Care	DHQP, ID	4/28
Mitigation of Disease in Migrant Workers	DGMQ	4/29
Antiviral & Testing Guidance for Children & Pregnant Women	ID/AVP	4/29
EMS/Responders	DHQP	4/29
Intervals, Triggers, Actions Document Revision for Swine Flu	ID	4/29
Corrections Workers & Facilities	DGMQ, AVP	4/30

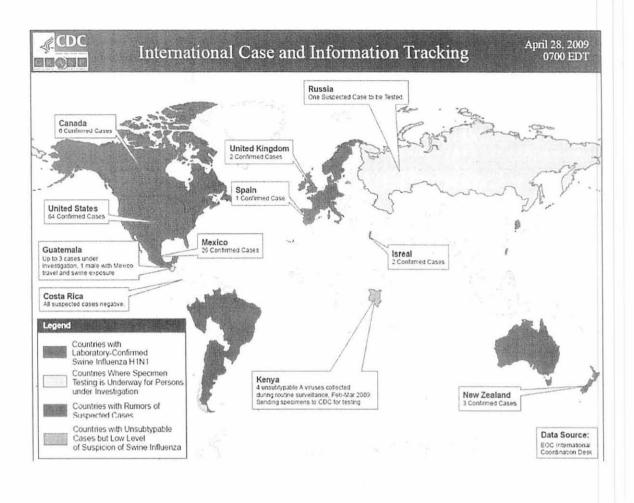
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EUA Status Update - 28 Apr 1600

Medical Countermeasure	Status	Comments			
Tamiflu	EUA authorized by FDA	Waiting for FDA's final fact sheets			
Relenza	EUA authorized by FDA	Waiting for FDA's final fact sheets			
RT-PCR	EUA authorized by FDA	Final documents to be made available on website			
N95 respirator	EUA formal submission provided to FDA	Awaiting FDA authorization			
Thermal Scanner	In development				
Pooling specimens	Concept idea				

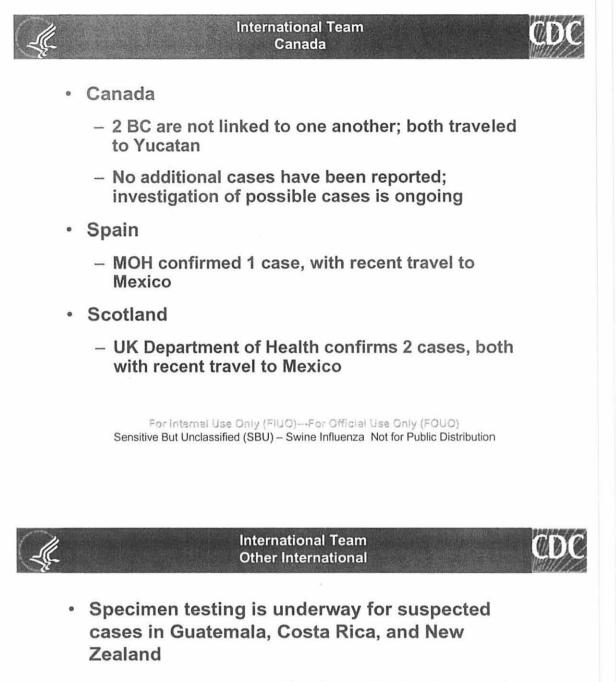
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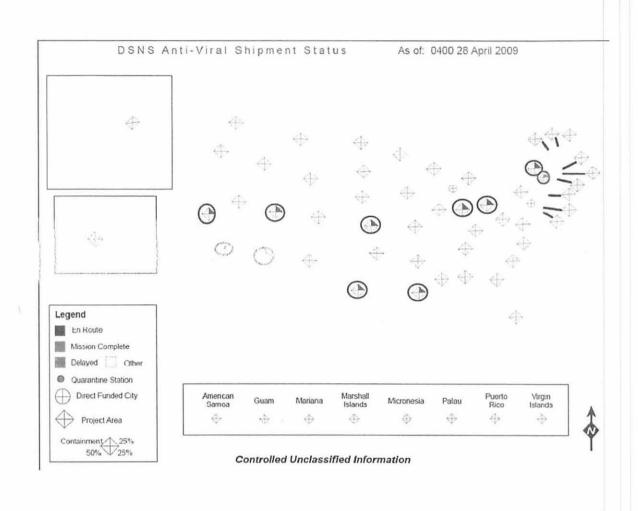
International Team Mexico

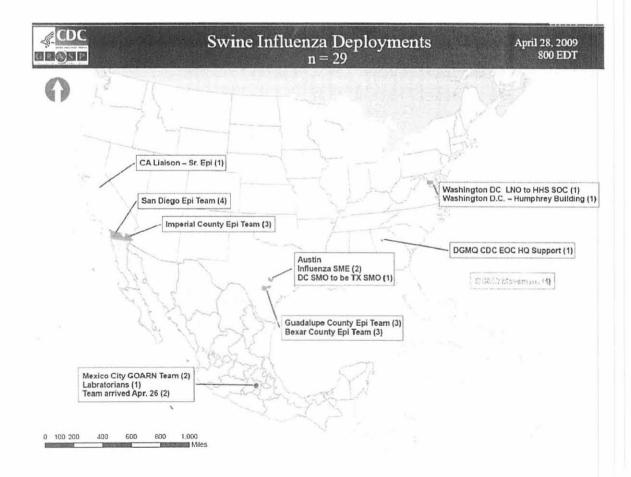
- · 26 lab-confirmed cases, 7 confirmed deaths
 - 6 deaths in Mexico City, 1 in Oaxaca
 - · Multiple hospitals
 - Evidence of rapid evolution to ARDS in previously healthy adults
 - · CDC staff classifying radiographic charts
 - Contact tracing has found mild and hospitalized secondary cases
- 172+ additional probable cases from 17 26 April
 - Respiratory symptoms and Influence A positive
- All schools in Mexico have been ordered closed
- INDRE now conducting swine PCR-testing of specimens
 - No specimens in queue at CDC

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- Possible cases are being investigated in Israel, Denmark, Italy, Sweden, and Switzerland
- Situation Reports continue to arrive from field assignees
 - Cambodia, Egypt, India, Zambia no unusual activity has been reported





Pending and Potential Deployments as of 28 Apr 2009 0700

Pending Deployments: (Approved Missions)	Target Date	Pending
Lab Oversight to Manassas, VA (Owen)	28 Apr	1
PHA to various Q-stations	29-30 Apr	25
Mexico City Laboratorians (additional)	TBD	1
FAO Request for Mexico (Davis)	29 Apr	- 1
Pending Deployments Total		<u>28</u>
Potential Deployments		
New York City Epi Team	TBD	6
Mexico – Spanish Speaking Epis	TBD	3
Government of Mexico – ICS Assistance (Cruz)	TBD	1
Potential Deployment Total		<u>10</u>

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Communication Summary

- Swine Flu Web Visits: 7,703,607
 - Up from 4/27: 2,949,258
- · CDC INFO calls:
 - From public, up from 747: 1145
 - From clinicians, up from 117: 452
- COCA Calls
 - 4/25 1,592 participants on COCA call.
 - 4/27 4200+ participants on COCA call, more listened to audio online.



Communication Summary

- News Coverage: Major Themes
- Messages urge calm and offer perspective no deaths, 35,000 deaths from seasonal flu
- Headlines and TV captions are alarmist:
 - "Be prepared to see Deaths in the U.S."
 - "Killer Swine Flu"
- Contrast between Mexican and U.S. cases
- Economic repensions
- WHO moves to Thuse 4
- · New international cases
 - But pandemic not inevitable
- Health Protection Messages consistent with CDC infection control messages
- Information Gaps:
 - Questions about travel/border policy
- Emerging Theme
 - Virus was created by terrorists

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Communication

- What's new on Swine Flu Site 4/27-4/28
- Interim Guidance
 - Specimen collection/processing
 - Antiviral recommendation (updated)—patients/close contacts
 - Video Podcast: symptoms of swine flu
 - Case definitions
 - CDC media briefing 4/27/09
 - Community Mitigation
 - · HAN—Guidance for health directors about SNS materiel
- Travel Warning--avoid nonessential travel to Mexico

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- Travel
 - Total of 28 personnel deployed: 5 International, 23 Domestic
 - Pending travel: 13 Q-Station personnel plus 3 others
 - Total projected travel expenses as of 4/27: \$146K
- Transportation
 - 11 shipments completed (lab samples, reagents, com equip)
 - 4 shipments pending/enroute (lab samples)
 - Total transportation expenses as of 4/27: \$16K
- Equipment and Supplies
 - Procurement of BioSearch Flu Test Kits
 - Procurement of misc supplies: paper, toner, water, etc.
 - Pending purchases: PPE, reagents, copiers
 - Shortfalls: Blackberries, lap tops, air cards-all on order
 - Total equipment and supplies expenses as of 4/27: \$328K
 - Note: Expenses quoted above are all internal CDC Funds

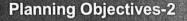
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Planning Objectives

- Detect severe cases of swine influenza in affected regions via enhanced outpatient and hospital surveillance
- Determine cross reactivity of swine influenza to vaccines
- Distribute enhanced diagnostics to animal and human health partners.
- Develop comprehensive media campaign for HHS/CDC
- Disseminate antiviral treatment and prophylaxis guidance to investigators and healthcare
- Publish infection control guidance for healthcare workers based on patient presentation and epidemiologic situation
- Develop worker safety guidance for tier I responders

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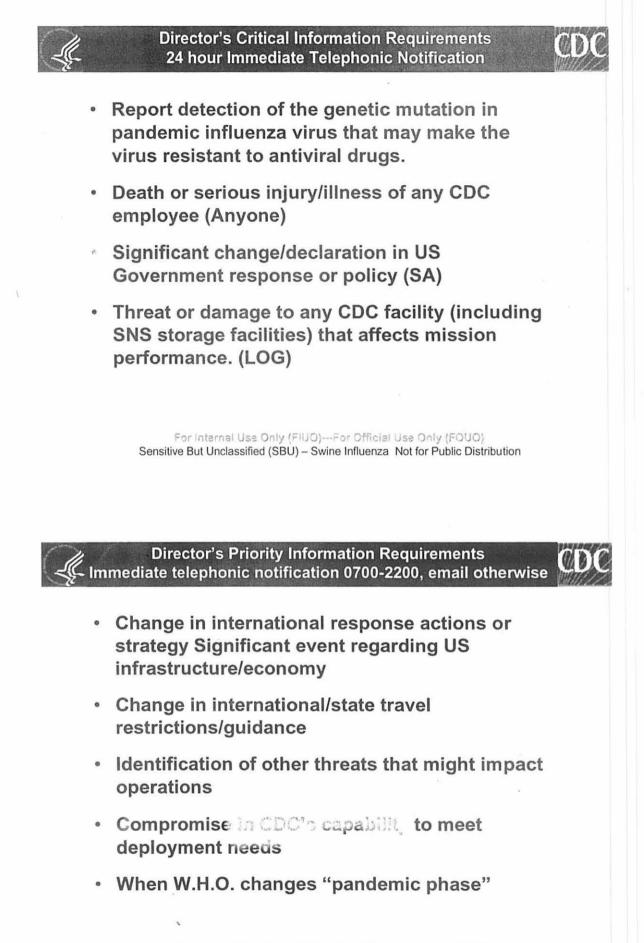
- Develop Case/Contact Management recommendations for public health jurisdictions
- Develop Outbreak/Social Network intervention guidance for public health jurisdictions
- Develop contingency strategy for Border/POE entry and exit screening
- Develop Travel Advisory/Warnings and triggers for use
- Produce vaccine candidates by reverse genetics and classical reassortment
- Coordinate plan for vaccine use with BARDA and FDA
- Determine triggers and distribution strategies for SNS deployment

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Director's Critical Information Requirements 24 hour Immediate Telephonic Notification

- Report all confirmations of hospitalization or death of a case of new variant swine influenza.
- Report any laboratory result indicating a virus more transmissible in humans than the current virus.
- Report any laboratory result indicating reasons for differences in Mexico and US viruses than could explain severity.
- Report the occurrence of illness compatible with new variant swine influenza in any in any CDC staff or other person involved in the investigation.



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Staff Rhythm Staff Rhythm, 28 Apr 2009 (All times EDT)

700	Shift Begins
800	Laboratory Meeting
800	Safety Brief (EOC Main Floor broadcast)
830	Director's Update (ECR)
900	DHS Domestic Readiness Group (DRG) Conference Call (Dir Office)
930	Swine Influenza TSU Fusion Meeting (ECR)
1000	U.S./Canada/Mexico International Telecorderence
1000	WHO Conference Call
1100	ESF-8 Initial Coordination Swine Influenza Conference Call (ECR)
1200	CDC Deployment Briefing (Bldg 19 RM G 117)
1200	HHS Senior Leadership Call (Director's Office)
1200	SITREP and IAP Inputs due to Planning Section
1300	FEMA Sr. Leaders VTC OHA/HHS/CDC (ECR)
1300	Epi Investigation Conference Call update (Plans Team Room)
1400	Policy Related VTC {Canada & Mexico} (ECR)
1500	Shift Change Brief – (8-hr shift rotation)

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Staff Rhythm Staff Rhythm, 28 Apr 2009 (All times EDT)

SITREP distribution to HHS	
ASTHO-NACCHO (DLA Bidg 19)	
PAHO Conference/Teleconference (ECR)	
IAP to HHS	
CDC Only Leadership Meeting (ECR)	
SMO Field Staff Call	
Safety Brief (EOC Main Floor broadcast)	
Operational Period Ends	
CDC 5X8 update to HHS	
HSC POTUS Brief update to HHS	
	IAP to HHS CDC Only Leadership Meeting (ECR) SMO Field Staff Call Safety Brief (EOC Main Floor broadcast) Operational Period Ends CDC 5X8 update to HHS

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Director's Situation Update 30 Apr 2009 1100 EDT Day 12

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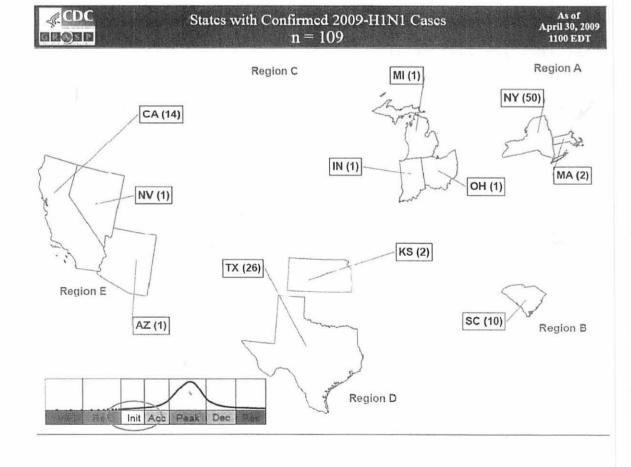


Key Events

- **Key Decisions**
 - WHO: Pandemic Phase 5 (29 Apr 1600 EDT)
 - USG: Public Health Emergency declared (26 Apr 2009)
 - State Declarations
 - · Governor declared State of Emergencies
 - CA (28 Apr), TX (29 Apr)
 - Domestic Event Network (DEN) Activated (28 Apr)
- US confirmed cases: 109
 - not for distribution: probable 44
 - 5 known hospitalizations among confirmed cases
 - 1 death (TX)
 - Virus: Increased genetic variation noted
- School Closures: 10 States
- Strategic National Stockpile: 9/62 Complete, 33 En Route
- Deployments: 36 deployed, 34 pending .
- International: New Countries England (3) Germany (3), Austria (1)
- Estimated Ro = 2.1
- Secondary attack rate in household = 28% .

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	NY					(DOE or State*	
		2	50			Yes	
-	ТХ	6	26	3	1	Yes	
	СА	9	14	3		Yes	
	MA	1	2			Yes	
	MI	5	1				
	KS	7	2				
	AZ	9	1				
	NV	9	1				
	IN	5	1				
	OH	5	1			Yes	
	СТ	1				Yes	
	L	5				Yes	
	MN	5				Yes	
	RI	1				Yes	
	SC	4	10			Yes	
	Total		109	6	1		



Epidemiology/Surveillance Descriptive Statistics as of 30 Apr 2009 700 EDT

- Secondary attack rate in household contacts* = 28%
- Est. Ro = 2.1
- Incubation period: 1-5 days
- Case Fatality Ratio (CFR)
 - Studies for Special Population Specific Rates

*36/85 contacts interviewed

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Epidemiology/Surveillance Descriptive Statistics as of 30 Apr 2009 700 EDT

- Severity of Illness
 - Confirmed Cases
 - 6/74 (8%) hospitalized with moderate to severe comorbidities
 - One mortality in TX (23 month old)
 - Probable Cases
 - 6/60 (10%) hospitalized with moderate to severe comorbidities
 - One patient in ICU, on ventilator with ARDS



DoD Activities

CDC

DoD 2009-H1N1 cases

- 6 confirmed
 - 1 active duty (29 Palms MCB CA)
- 25 probable
 - 2 active duty (Brooks AFB TX, Lackland AFB TX)
- Defense Health Board met via teleconference 1909 29 April; CDC represented by ADM Khan, Dr Bresee, Dr Uyeki, COL Cieslak

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Division of Global Migration and Quarantine

- Community Mitigation
 - Guidance Revision in process
 - Universities (U DE), TX, Migrant Population
 - Investigations
 - · Effectiveness: NYC & Mexico school closures
- Ports of Entry
 - Passenger Locator Form (PLF) discontinued at Q Stations
 - Routine Passive Entry Screening with active case management
 - Website under development for public tracking of flights with lab confirmed cases of 2009-H1N1.
 - PR considering active surveillance of incoming flights from NY

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Division of Global Migration and Quarantine School Closures as of 30 April 2009 1100 EDT



Source	DOE Report as of 29 Apr 1700	ID State Report
State (city)	CA, CT, IL (Chicago), MN, NY, OH, SC, TX	CT, MA, MN, NY (NYC), OH, RI, SC, TX
# closed	104	64 (No info CA, IL, KS, NE, PA, VA, WY and PR)
Students affected	55,765	
Teachers affected	3,531	
Reopened	NY (1) 23-pupils, 4- teachers CA (2) 562-pupils, 33- teachers	

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Laboratory Team

- Genetic Variation
 - Viruses are starting to show clustering into genetic groups possibly impacting vaccine and reference strain selection
- Human Serology
 - Studies pending with more sera from FDA
- Key Actions
 - Virus shipments to USG and WHO agencies and other commercial and academic requestors begun

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Human Serology Tests Expanded

- Tests underway:
 - · HI testing of 72 pairs of adult and elderly vaccine sera, 2007-2008, collected by FDA
 - Microneutralization testing of first six outbreak sera, case A and contacts
 - Microneutralization testing of 14 pairs of adult and elderly vaccine sera, 2007-2008, collected by FDA

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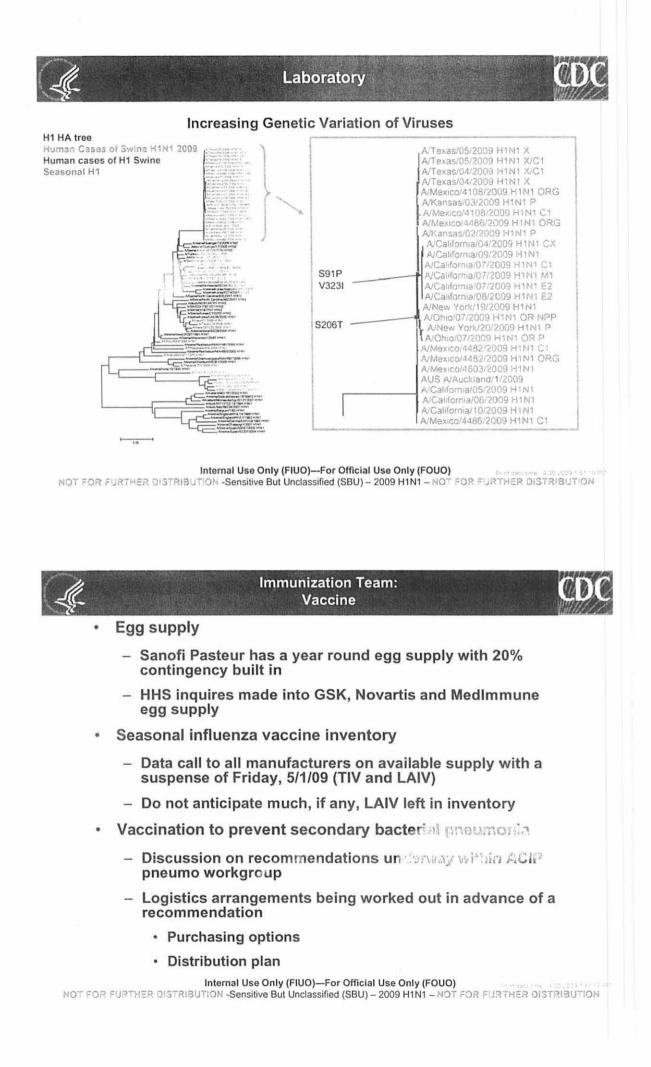


Laboratory

Virus Isolates Shipped by CDC

- USG:
 - FDA
 - NIH (NIAID)
 - USDA (NVSL and SEPRL)
- WHO: Collaborating Centers (London, Tokyo, Melbourne)
 - International Regulatory Labs (NIBSC in UK)
- Commercial: MedImmune and Protein Sciences
- Other: NYMC (for hy-ra vaccine strain development)
 - ATCC (for IRR growth and distribution)
 - St. Jude CRH (Memphis)
 - University of Iowa
 - Kansas State University

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Healthcare Delivery & Infection Control Team Guidance's



- Completed
 - EMS workers
 - Chemoprophy for travelers to Mexico
 - Safe handling of packages
 - Updated Infection Control (IC)
- In Progress
 - Clinical algorithms to screen patients
 - Surface cleaning
 - Healthcare workers returning from areas with 2009-H1N1 cases
 - Interim guidance for HIV-infected adults and adolescents
 - IC recommendations in LTCF, dialysis, and other healthcare settings
 - Dental healthcare settings
 - Blood Safety

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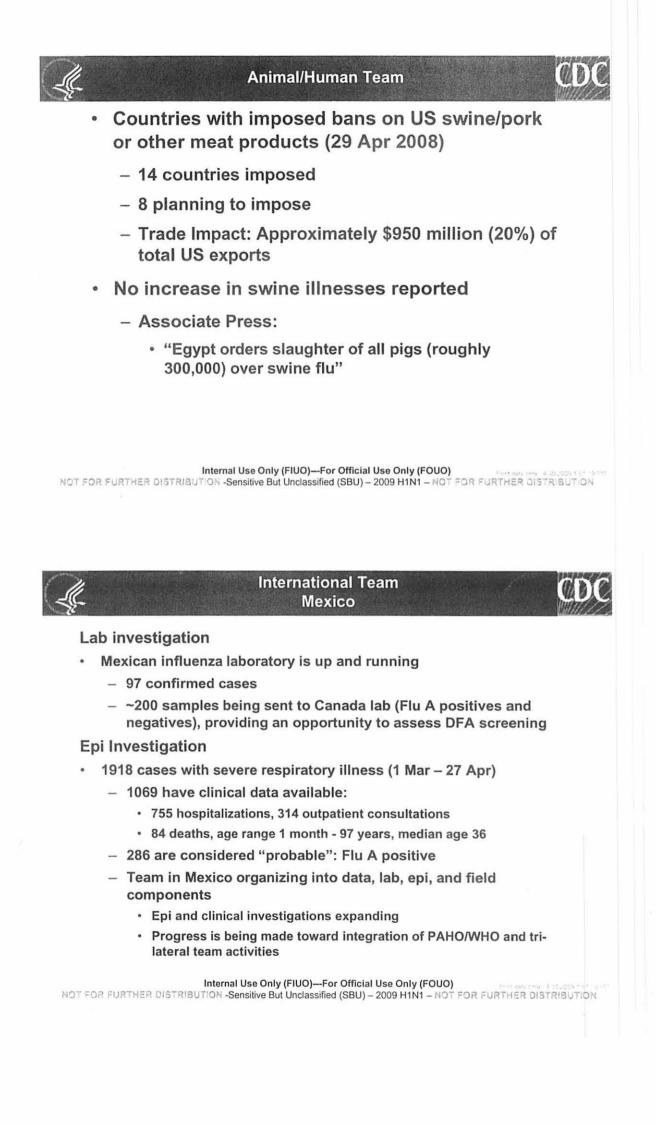
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Regulatory Affairs EUA Status Update – As of 30 April 2009 1100 EDT

Medical Countermeasure	Status	Comments
Tamiflu	EUA authorized by FDA	
Relenza	EUA authorized by FDA	
RT-PCR	EUA authorized by FDA	
N95 respirator	EUA authorized by FDA	
Peramivir IV	Draft pre-EUA	Discussing with BARDA
Zanamivir IV	IND?	Limited quantity is available at this time
Diagnostic	Will initiate development	Specimen and reagent changes require additional EUA
Pooling specimens	Concept idea	

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International Team Global Reports

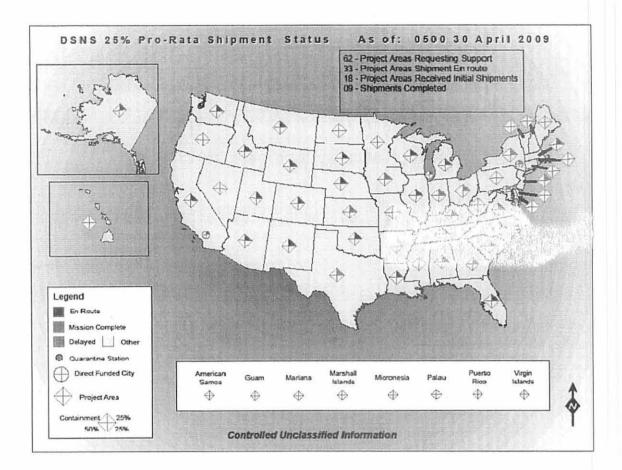
Status	Countries
(# of countries)	
Laboratory- Confirmed cases (N=10)	Austria, Canada, Germany, Israel, Mexico, New Zealand, Spain, United Kingdom, United States, Peru
Active investigation of suspect persons (N=6)	Costa Rica, Haiti, Hong Kong, Nicaragua, South Africa
Rumors or suspect cases (N=38)	Argentina, Australia, Bahamas, Belize, Bolivia, Brazil, Chile, Colombia, Croatia, Czech Republic, Denmark, Ecuador, Egypt, Finland, France, Germany, Guatemala, Honduras, Indonesia, Ireland, Italy, Lithuania, Norway, Panama, Poland, Portugal, Russia, Singapore, South Korea, Sweden, Switzerland, Taiwan, Thailand, Trinidad & Tobago, Ukraine, Uruguay, Venezuela, Vietnam

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Strategic National Stockpile

- 25% Pro-Rata Shipment to States 0
 - 62/62 Project Areas Requesting Support
 - · 9 Areas Completed
 - · 33 Areas En Route
 - 18/33 have received partial shipments

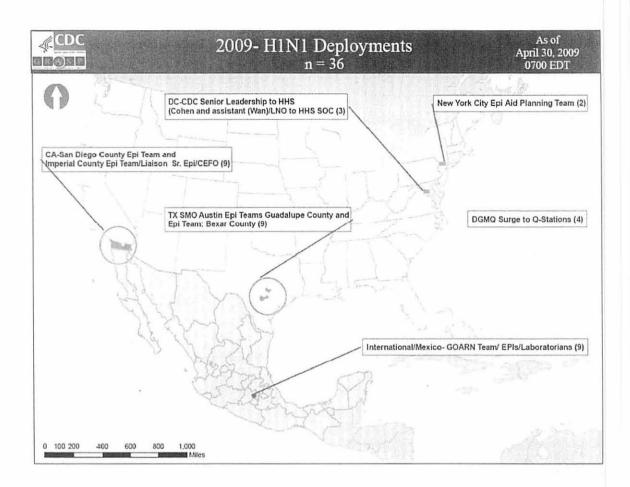


2009-H1N1 Deployments as of 30 April 2009 1100 EDT

Deployments	Personnel Deployed
CA-San Diego County Epi Team/Imperial County Epi Team/Liaison Sr. Epi/CEFO	9
DC-CDC Senior Leadership to HHS (Cohen and assistant (Wan)/LNO to HHS SOC	3
International/Mexico- GOARN Team/ EPIs/Laboratorians	9
TX SMO Austin Epi Teams <u>Guadalupe County/</u> Epi Team: <u>Bexar</u> <u>County</u>	9
DGMQ Surge to Q-Stations	4
New York City Epi Aid Planning Team	2
COC Currently Deployed Total	36

6

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2009-H1N1 Communications Summary

- New Coverage: Major Themes
 - WHO pandemic level raised to 5
 - First death is US
 - Countries banning pork imports
 - No vaccine yet, but in development
 - Be prepared for worsening of situation
- CDC Health Protection Messages
 - Wash hands often
 - Avoid touching face
 - If sick, stay home
 - Several school closures—several states
 - Most susceptible are elderly, young and pregnant women
- CDC INFO (2026 flu only) (average hold time 6.34 minutes)
 - Activated surge interactive voice response to redirect people to responders for flu questions
 - English live 12 AM 4/30
 - Spanish go live 9 AM 4/30

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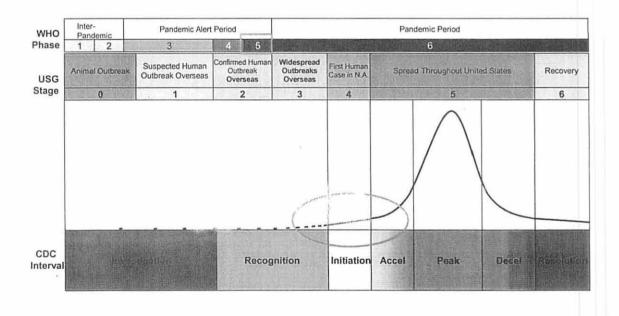
2009-H1N1 Logistics and Finance

Obj Class	Description	Est. Cost Obligation	Balance	
21	Travel	\$253,719 \$111,394		
22	Transport \$16,452			
25	Contracts \$17,524			
26/31	Supplies/Equip \$446	,901 \$446,901		

- Transportation .
 - 13 shipments completed (lab samples, reagents, com equip)
 - - 2 shipments pending/enroute (lab samples)
- **Equipment and Supplies** .
 - - Pending purchases: PPE, reagents, Blackberries

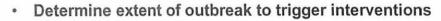
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General Situation Pandemic Alert Status



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2009-H1N1 Priorities



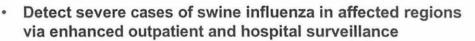
- Identify severe disease to inform level of response
- Communicate to Health Care Workers (HCWs), general public, partners to prevent and control disease
- Characterize virus to:
 - Develop vaccine candidates
 - Improve tests
 - Monitor resistance
- · Coordinate with government partners to:
 - prepare for vaccine productions
 - allow for joint response
 - support testing and surveillance
 - harmonize guidance and communication

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2009-H1N1 Planning Objectives



- Determine cross reactivity of swine influenza to vaccines
- Distribute enhanced diagnostics to animal and human health partners.
- Develop comprehensive media campaign for HHS/CDC
- Disseminate antiviral treatment and prophylaxis guidance to investigators and healthcare
- Publish infection control guidance for healthcare workers based on patient presentation and epidemiologic situation
- Develop worker safety guidance for tier I responders





- Develop Case/Contact Management recommendations for public health jurisdictions
- Develop Outbreak/Social Network intervention guidance for public health jurisdictions
- Develop contingency strategy for Border/POE entry and exit screening
- Develop Travel Advisory/Warnings and triggers for use
- Produce vaccine candidates by reverse genetics and classical reassortment
- Coordinate plan for vaccine use with BARDA and FDA
- Determine triggers and distribution strategies for SNS deployment

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Director's Critical Information Requirements 24 hour Immediate Telephonic Notification

- Report all confirmations of death of a case of new variant 2009 H1N1 influenza in the U.S.
- Report any laboratory result indicating a virus more transmissible in humans than the current virus.
- Report any laboratory result indicating reasons for differences in Mexico and US viruses than could explain severity.
- Report the occurrence of illness compatible with new variant 2009 H1N1 influenza in any in any CDC staff or other person involved in the investigation.
- Report detection of the genetic mutation in pandemic influenza virus that may make the virus resistant to antiviral drugs.
- Death or serious injury/illness of any CDC employed (Anyone)
- Significant change/declaration in U3 Government response or policy (SA)
- Threat or damage to any CDC facility (including SNS storage facilities) that affects mission performance. (LOG)

Report any significant adverse reactions to antiviral use
Updated: 29 Apr 2009 1830 EDT

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Director's Priority Information Requirements Immediate telephonic notification 1100-2200, email otherwise

- Report all suspected cases of death of a case of new variant 2009 H1N1 influenza in the U.S.
- Report all confirmations of hospitalization of a case of new variant 2009 H1N1 influenza in the U.S.
- Report all suspected cases of death of a case of new variant 2009 H1N1 influenza in another country.
- Report all new confirmed/suspected cases of new variant 2009 H1N1 influenza
- When W.H.O. cl.anges "pandemic phase"
- Change in international/state travel restrictions/guidance
- Identification of other threats that might impact operations
- · Compromise in CDC's capability to meet deployment needs
- Change in international response actions or strategy Significant event regarding US infrastructure/economy
- Report every airline that gets diverted or grounded for passenger suspected H1N1 illness

Updated: 29 Apr 2009 1830 EDT

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2400	15	2005	

Staff Rhythm Staff Rhythm, 30 Apr 2009 (All times EDT)

100	POTUS Brief update due to HHS	
230	5X8 due to SOC	
600	Daily Leaders Package	
700	Shift Begins	
715	Domestic Readiness Group (DRG) Questions Due	
800	Laboratory Meeting	866-705-3028, 1518754 (100)
800	Safety Brief (EOC)	14
800	Director's Update (ECR)	866-566-0674, 2560103 (100)
830	Community Mitigation (ECR)	888-456-6045, 2599688 (50)
900	DHS Domestic Readiness Group (DRG) Conference Call (Dir Office)	800-320-4330, 587412 (HHS)
900	H1N1 Flu TSU Fusion Meeting (Bldg 21 - 12304)	866-566-0674, 2560103 (100)
1100	ESF-8 Initial Coordination 2009 H1N1 Influenza Conference Call (ECR)	800-988-9371, 85590 (HHS)
1200	SITREP and IAP Inputs due to Planning Section	
1200	HHS Senior Leadership Call (ECR)	866-818-1768, 240214 (HHS)

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Staff Rhythm Staff Rhythm. 30 Apr 2009 (All times EDT)

1300	International Conference Call (Bldg 21 – 3025A)	
	Epi Investigation Conference Call update (Plans Team Room)	888-877-0398, 7027028 (200)
1500	Shift Change Brief – (8-hr shift rotation)	
1500	SITREP distribution to HHS	
1530	ASTHO-NACCHO (Planning Team Room 3302)	800-988-9646, 99980 (300)
1700	IAP to HHS	
1700	CDC Only Leadership Meeting (ECR)	866-566-0674, 2560103 (100)
1800	International Tri Lateral Conference Call (Bldg 21 – 3025A)	
1800	SMO Field Staff Call (Planning Team Room 3302)	866-660-8818, 2941193
1830	Safety Brief (EOC Main Floor broadcast)	
2145	CDC 5X8 update to HHS	1

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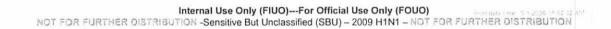
Situation Awareness

- · Multi-state outbreak of Salmonella Saintpaul
 - 35 infected
 - 7 States: MI (17), MN (4), OH (3), PA (6), SD (2), UT (1), WV (2)
- · Florida Wildfire Update
 - State EOC Level III (monitoring)
 - 27,000 acres within Big Cypress National Preserve
 - Fire is 60% contained
- Flooding in the Lower Mississippi Valley
- TX: severe storm threats
- Tropical Weather
 - Western Pacific: None





Director's Situation Update 01 May 2009 1100 EDT FINAL Day 13





Key Events 01 May 2009 1100 EDT

- Key Decisions
 - WHO: Pandemic Phase 5 (29 Apr 1600 EDT)
 - USG: Public Health Emergency declared (26 Apr 2009)
 - State Declarations of Emergency: 2

- CA (28 Apr), TX (29 Apr)

- Domestic Event Network (DEN) Activated (28 Apr)
- US confirmed cases: 141 (Probable 291 not for distribution)
 - Deaths: 1 (TX)
- Virus: No cross reactivity with previous Swine
- School Closures: 11 States
- Strategic Mational Stockpile: 20/62 Complete, 28 En Route
- · Deployments: 50 deployed, 28 pending
- International: New Countries 2 (Netherlands, Switzerland)
- Secondary attack rate in household = 24%

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		Confirmed (CDC Lab)	Deaths	Probable (unsub A on PCR)	Current School Closures (DOE)*
NY		50		40	Yes, Some Reopened
ТΧ	VI	28	1	27	Yes
SC	IV	16		3	Yes
CA	IX	13		24	Yes, Some Reopened
NJ	1	5		2	
AZ	IX	4		45	Yes
DE	110	4		15	•
IL	V	3		3.9	Yes
IN	V	3		e ej	
CO	VIII	2	1	÷	
MI	V	2	1	$\frac{1}{l}$ (1	
KS	VII	2		0	
MA		2		13	
VA	III	2		1	
KY	IV	1		1	
MN	V	1		0	Yes
NE	VII	1		0	
NV	IX	1		0	Yes
OH	V	1		2	Yes
	otal	141	1	Sub TTL (223)	Sub TTL (9)

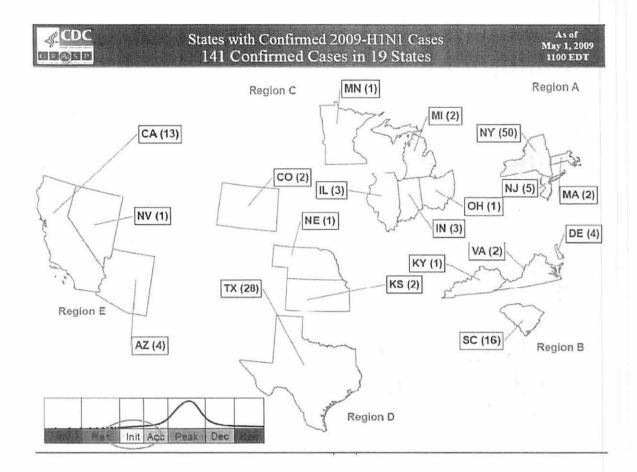
*Source: CDC, Division of Global Migration and Quarantine

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	Epidemiology/Surveillance Team
	States with Probable 2009-H1N1 Cases Only
	of 01 May 2009 1100 EDT
H LS	0101 May 2009 1100 ED1

		Confirmed	Deaths	Probable	Current School Closures
	REG	(CDC Lab)		(unsub A on PCR)	(DOE)*
NM	VI			2	
OK	VI			1	
СТ	0			5	Yes
FL	IV			6	
IA	VII			2	
ME				3	
MD	Ш			6	
MO	VII			2	
NH				3	
NC	١V			1	
OR	X			4	
PA				4	
SD	VIII			1	
TN	IV			4	
UT	VIII			5	
WA	X	1		10	
AL	IV			2	Yes
GA	IV			1	
HI	IX			2	
MS	IV			1	
RI				3	
T	otal	141	1	291	11

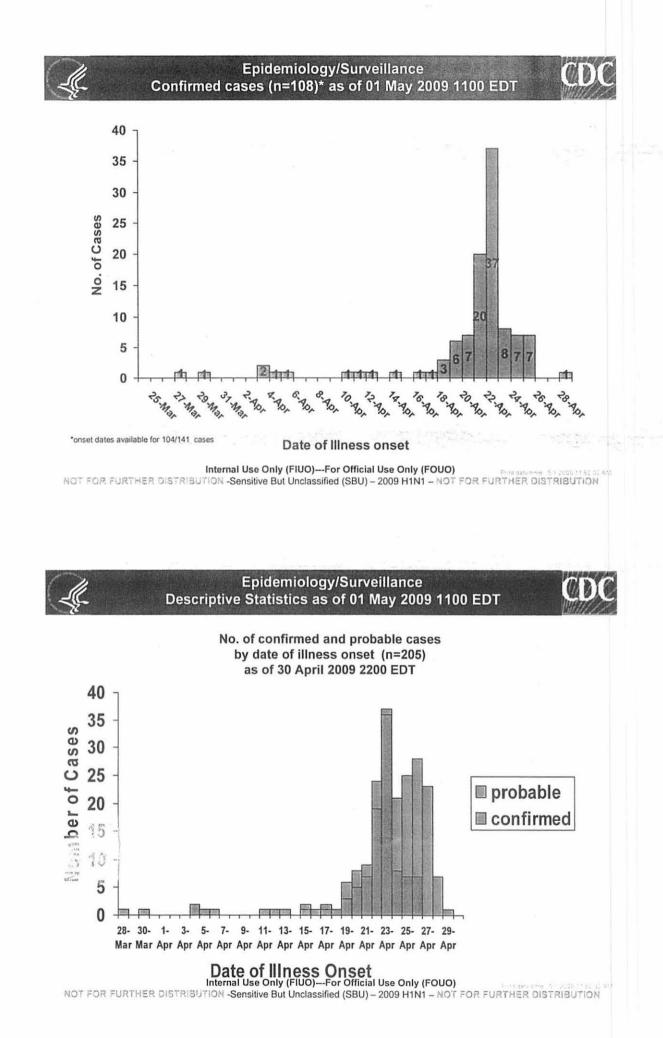
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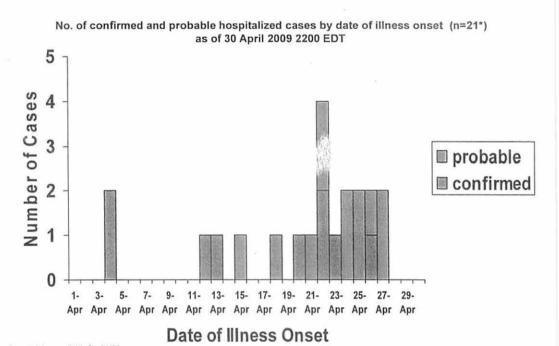
Epidemiology/Surveillance Descriptive Statistics as of 01 May 2009 1100 EDT

- Confirmed cases
 - Median age: 17 years, range 1- 81 years
 - 61% (86/141) age <18 years
 - Gender: 47% male, 53% female
- Cases linked to travel to Mexico or linked to a confirmed case
 - Travel history to Mexico: 18/60 (30%)
 - Linked to another confirmed case: 5 of 89
 - One father-daughter, one husband-wife, one health care worker exposed to confirmed case
 - No known link to travel or another confirmed case: 119 (84%)
- Secondary attack rate in household contacts = 24%
- Incubation period: 1-5 days
- Raw Case Fatality Ratio = 0.7%

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Epidemiology/Surveillance Descriptive Statistics as of 01 May 2009 1100 EDT



*onset dates available for 21/24 cases Internal Use Only (FIUO)---For Official Use Only (FOUO) NOT FOR FURTHER DISTRIBUTION -Sensitive But Unclassified (SBU) – 2009 H1N1 – NOT FOR FURTHER DISTRIBUTION



- Severity of Illness in Confirmed Cases
 - 6.4% hosp. with moderate severe disease
- Severity of Illness in Probable Cases
 - 4.2% hosp. with moderate severe disease

Age group (in years)	Confirmed hospitalized*	Probable hospitalized*
0-4	3/4 (75%)	2/10 (20%)
5-17	1/47 (2%)	7/42 (17%)
18-49	5/47 (11%)	4/60 (7%)
50-64	0/2	0/7
≥65	0/1	0/1

* Of 101 confirmed cases and 120 probable cases Internal Use Only (FIUO)---For Official Use Only (FOUO)

Ç Curr	Epidemiology/Surveillance Current Influenza Surveillance -as of 01 May 2009 1100 EDT			
System	National Trends	Border states (CA, AZ, NM, TX)		
ILINet	At or below baseline (slight increase compared to previous week, 1.3% v 1.2%)	At or below baseline		
WHO/NREVSS laboratories	At or below baseline (slight increase compared to previous week, 6.9% v 6.4%)	At or below baseline		
Pediatric Influenza Associated Deaths **	Season total =55 April =6	Season total =14 April =1		
122 Cities Mortality Reporting System *	At or below baseline	 SD - 4 pneumonia deaths in 25-44 yr age grp in most recent 2 weeks 8 total since wk 1 		
State and Territorial Epidemiologist Activity Level *	At or below baseline	CA – local AZ – regional NM – sporadic TX – sporadic		
BIDS *	At or below baseline	At or below baseline		
BioSense	Facility-level increase in ED visits, self-reported flu symptoms, 65 EDs on 4/29/09 (AZ, CO, GA, IL, IN, LA, MA, MI, MO, NC, NV, OH, and TX).	Metropolitan-level increase in ED visits with self- reported flu symptoms 4/29/09, Phoenix AZ, Dallas- Ft Worth TX, Houston TX, San Diego CA.		

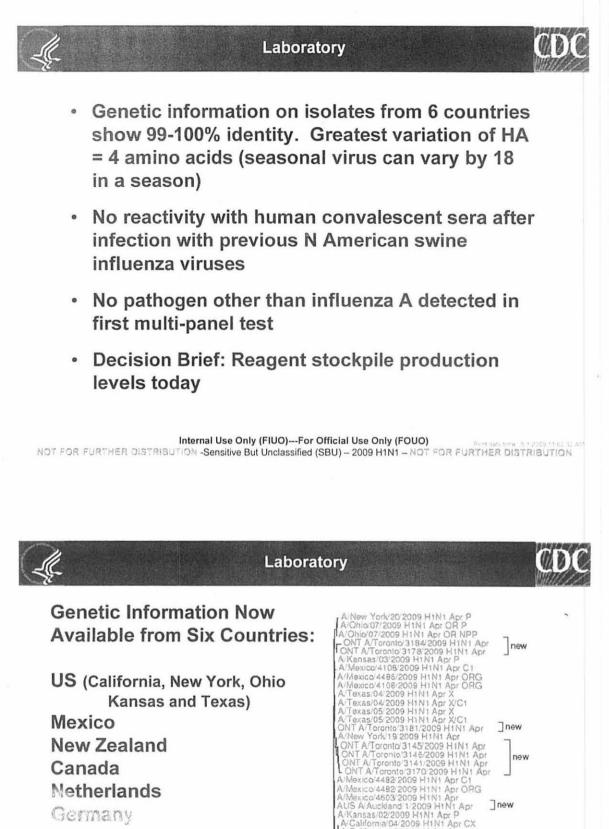
* No new data of concern as of 1 May 2009 1100 EDT

 ^Not above expected
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Surveillance

- DoD H1N1 cases: 10 confirmed (5 from Randolph AFB TX, 4 from San Diego, 1 from 29 Palms)
 - Confirmed
 - · 3 children in a single Military family in San Antonio
 - · 1 child in San Diego
 - 1 active duty confirmed (29 Palms MCB CA)
 - Probable
 - 2 active duty probable cases (Brooks AFB TX, Lackland AFB TX)



Germany

All genes of all viruses are 99-100% identical

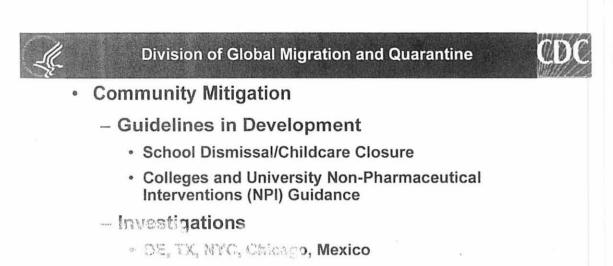
(ansas/02/2009 H1N1 Apr P California/04/2009 H1N1 Apr CX California/07/2009 H1N1 Apr C1 California/07/2009 H1N1 Apr C1 California/07/2009 H1N1 Apr E2 California/08/2009 H1N1 Apr E2 California/08/2009 H1N1 Apr E2 California/08/2009 H1N1 Apr E2 California/08/2009 H1N1 Apr C1 R A/Regensburg/Germany/01/2009 H1N1 Apr California/10/2009 H1N1 Apr C1 California/10/2009 H1N1 Apr C1 California/10/2009 H1N1 Apr C1 California/10/2009 H1N1 Apr C1

A'Mexico 4115/2009 H1N1 Apr A'California/06/2009 H1N1 Apr A'California/06/2009 H1N1 Apr A'Mexico 4486/2009 H1N1 Apr C1

new

] new

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-- Surveillance

- In development: Individual/Community
- Ports of Entry .
 - TSA conducting airport "active" exit screening
 - DHS is "turning around" non-citizens at land border and maritime POE who are suspect ill

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Division of Global Migration and Quarantine School Closures

Source	DOE Report as of 30 Apr 1200 EDT	ID State Report
States	11 (AL, AZ, CA, CT, IL, MN, NY, OH, SC, TX, WA) (Does not match ID State Report)	States
Schools closed	298 (30 additional schools with approx 7,500 students closed for cleaning)	Schools closed
Students affected	169,000	Students offected
Teachers affected	10,609	Teachers affected
Schools Reopened	NY (1): 23 pupils, 4 teachers CA (2): 562 pupils, 33 teachers	Schools Reopened

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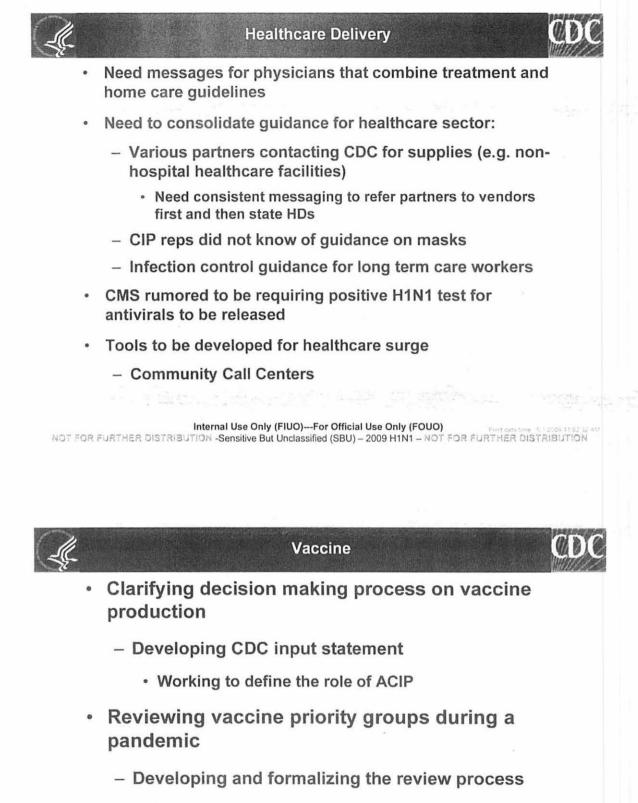
- Zanamivir IV
 - ~ 200 doses in UK
 - Not likely to be released to US
- Tamiflu IV: Not available
- Peramivir IV
 - ~ 1500 treatment courses
 - Determined by BARDA to be owned by USG
 - · Decision Brief on acquisition of Peramivir to SNS today
 - EUA draft being discussed with FDA
- Policy Decisions:
 - What level of IV antiviral capacity for USG is needed for current situation?
 - Restock strategy : proportion of Oseltamivir/Peramivir

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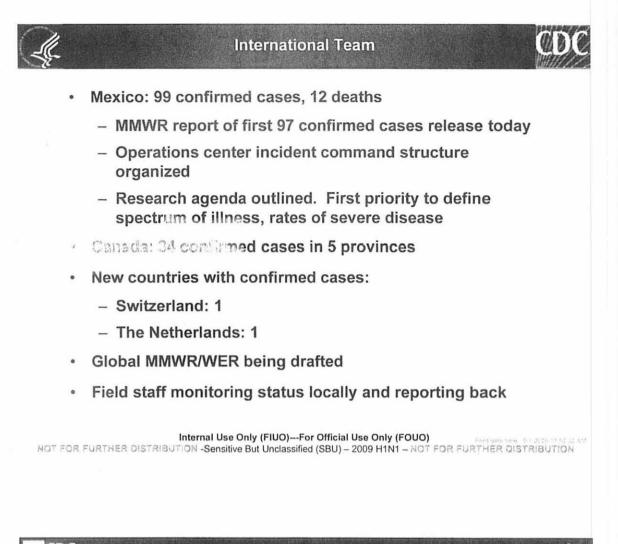


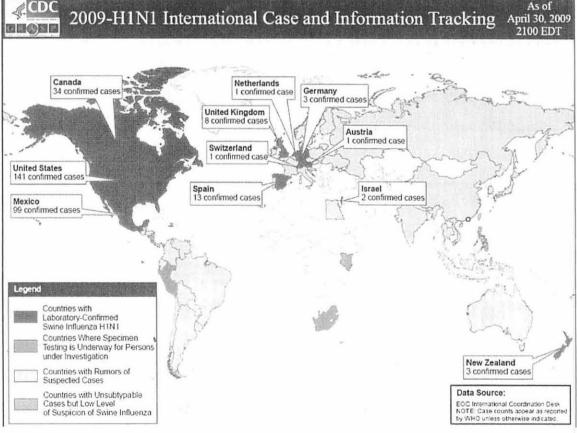
Infection Control

- Infection Control Guidelines
 - Convalescent Plasma in development
 - Outpatient dialysis settings and long term care facilities in development
- Coordinating with DGMQ on language for environmental cleaning of schools with H1N1 cases



 Developing timeframe for vaccine production with key dates

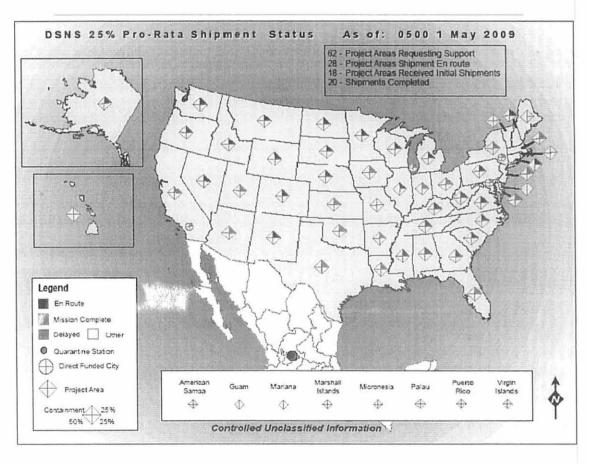




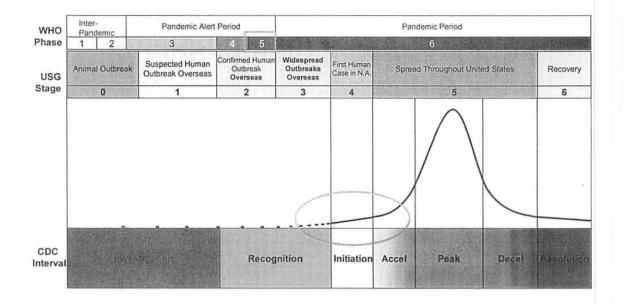


- 25% Pro-Rata Shipment to States
 - 62/62 Project Areas Requesting Support
 - · 20 Areas Completed
 - 28 Areas En Route
 - 18/28 have received partial shipments
- 400,000 courses shipped to Mexico anticipated to arrive 01 May 2009, 0745 EDT
- Decision Brief: Trigger for shipment of 2nd 25% Pro-Rata to States

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General Situation Pandemic Alert Status



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2009-H1N1 Priorities

- Determine extent of outbreak to trigger interventions
- Identify severe disease to inform level of response
- Communicate to Health Care Workers (HCWs), general public, partners to prevent and control disease
- Characterize virus to:
 - Develop vaccine candidates
 - Improve tests
 - Monitor resistance
- · Coordinate with government partners to:
 - prepare for vaccine productions
 - allow for joint response
 - support testing and surveillance
 - harmonize guidance and communication

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- Detect severe cases of swine influenza in affected regions via enhanced outpatient and hospital surveillance
- Determine cross reactivity of swine influenza to vaccines
- Distribute enhanced diagnostics to animal and human health partners.
- Develop comprehensive media campaign for HHS/CDC
- Disseminate antiviral treatment and prophylaxis guidance to investigators and healthcare
- Publish infection control guidance for healthcare workers based on patient presentation and epidemiologic situation
- · Develop worker safety guidance for tier I responders

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2009-H1N1 Planning Objectives-2

- Develop Case/Contact Management recommendations for public health jurisdictions
- Develop Outbreak/Social Network intervention guidance for public health jurisdictions
- Develop contingency strategy for Border/POE entry and exit screening
- · Develop Travel Advisory/Warnings and triggers for use
- Produce vaccine candidates by reverse genetics and classical reassortment
- · Coordinate plan for vaccine une with DARL A and FDA
- Determine triggers and distribution strategies for SNS deployment

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EOC OPS Current Deployments as of 01 May 2009

Current Deproyments us of VI may 2000	
Current Deployments:	Deployed
CA San Diego County Epi Team (Blau, Gladden, Jaeger, Sugerman)	4
CA Imperial County Epi Team (Doshi, Mattson, Patel)	3
CA Liaison Sr. Epi (Braden) & CEFO (Pertrowski)	2
DC CDC Senior Leadership to HHS (Cohen)	1
Delaware Epi Team (Armstrong, Dee, Desai, Gould, Guh, Iuliano,Kutty, Reynolds)	8
Mexico Logistics SME (Adams)	1
Mexico GOARN Team (Waterman, Widdowson)	2
Mexico City Epi Team (Linares-Perez, Weinberg, Diaz, Taylor, Lindblade)	5
Mexico City- Laboratorians (Winchell, Penaranda)	2
Mexico City Health Communication (Zielinski)	1
Mexico IT support, Data Manager (Aponte)	1
Mexico Emergency Operations Specialist (Cruz)	1
New York City Epi Planning Team (Jackson, Schrag)	2
Q Station Surge Support (San Diego-3, Philly-1, Atl-1, Miami-1)	6
TX SMO Austin (Baker)	1
TX Austin Influenza SMEs (Gross, Tate)	2
TX San Antonio Epi Teams Guadalupe County: (Peebles, Morgan, Han)	3
TX San Antonio Epi Team: Bexar County: (Loustalot, Verani, Suryaprasad, Silk)	4
VA Lab Oversight to Manassas, VA (Owen)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CDC Currently Deployed Total	50

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100			27	
150				
		1		
		21	1	
829	-		200	22
Distant.	140	e/	498	

EOC OPS Current Deployments as of 01 May 2009

Pending Deployments: (Approved Missions)	Target Date	Pending
CDC LNO to HHS SOC (Helfand)	3 May	1
Mexico FAO Request (Davis)	1 May	1
Mexico Programmer (Padro -contractor from PR)	1 May	1
Mexico Emergency Coordinator (Stone)	2 May	1
Mexico Replacement Laboratorian (Warner)	1 May	1
Mexico City Non-Pharmaceutical Study (Gregory, Harrington, Alvarez, Rodriguez)	3 May	4
MULTI-STATE PHAs to various Q-stations	30 Apr-3 May	19
Pending Deployments Total		28

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Director's Critical Information Requirements 24 hour Immediate Telephonic Notification

- Report all confirmations of death of a case of new variant 2009 H1N1 influenza in the U.S.
- Report any laboratory result indicating a virus more transmissible in humans than the current virus.
- Report any laboratory result indicating reasons for differences in Mexico and US viruses than could explain severity.
- Report the occurrence of illness compatible with new variant 2009 H1N1 influenza in any in any CDC staff or other person involved in the investigation.
- Report detection of the genetic mutation in pandemic influenza virus that may make the virus resistant to antiviral drugs.
- · Death or serious injury/illness of any CDC employee (Anyone)
- Significant change/declaration in US Government response or policy (SA)
- Threat or damage to any CDC facility (including SNS storage facilities) that affects mission performance. (LOG)

Report any significant adverse reactions to antiviral use
Updated: 29 Apr 2009 1830 EDT
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Prot data takes for 2009 1* 62

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Director's Priority Information Requirements Immediate telephonic notification 0700-2200, email otherwise

- Report all suspected cases of death of a case of new variant 2009 H1N1 influenza in the U.S.
- Report all confirmations of hospitalization of a case of new variant 2009 H1N1 influenza in the U.S.
- Report all suspected cases of death of a case of new variant 2009 H1N1 influenza in another country.
- Report all new confirmed/suspected cases of new variant 2009 H1N1 influenza
- When W.H.O. changes "pandemic phase"
- · Change in international/state travel restrictions/guidance
- Identification of other threats that a "int impact operations"
- Compromise in CBC's capability to meet deployment needs
- Change in international response actions or strategy Significant event regarding US infrastructure/economy
- Report every airline that gets diverted or grounded for passenger suspected H1N1 illness

Updated: 29 Apr 2009 1830 EDT

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Director's Situation Update Sunday 03 May 2009 1100 EDT FINAL

Day of Surveillance Transition

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03 May 2009 0800 EDT Key Events



- Key Decisions
 - WHO: Pandemic Phase 5 (29 Apr 1600 EDT)
 - Domestic Event Network (DEN) Activated (28 Apr)
 - USG: Public Health Emergency declared (26 Apr 2009)
 - State Declarations of Emergency: 5
 - CA, TX, WI, FL, NE
- US Cases: 226 Confirmed in 30 States, 748 Probable/Confirmed in 42 States
 - 30 hospitalizations among confirmed cases
 - Deaths: 1 (TX)
- · Virus: No cross protection from seasonal influenza vaccine
- Laboratory: no cross-reactivity in pediatrics to LAIV, some reactivity to TIV in adults (18-59 yrs.) and elderly (60+ yrs.);
- Strategic National Stockpile: 57/62 Complete, 5 En Route, 1 International
- Deployments: 71 deployed (16 Mexico), 43 pending
- International: New Countries –Costa Rica

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Epidemiology/Surveillance Team 226 Confirmed 2009-H1N1 Cases in 30 States (page 1 of 2)



	HHS REG	Confirmed (CDC Lab)	Hosp	Deaths	Probable (unsub A on PCR)
NY		63	7		32
ТХ	VI	40	2	1	10
CA	IX	26	7		60
AZ	IX	18	3		75
SC	IV	15			7
DE	ID	10			16
MA		7	2		19
NJ		7			1
co	VIII	4	1		8
L	V	3	3		88
WI	V	3			25
IN	V	3			11
FL	N	3			8
VA	II	3	5		3
OH	V	3			2
Sut	TTL	208	25	1	365

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Epidemiology/Surveillance Team 226 Confirmed 2009-H1N1 Cases in 30 States (page 2 of 2)

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	HHS REG	Confirmed (CDC Lab)	Hosp	Deaths	Probable (unsub A on PCR)
MI	V	2	0		20
KS	VII	2	1		1
СТ	J	2			10
NM	VI	1	1		7
KY	IV	1	1		3
MO	VII	1	1		3
TN	IV	1	1		2
UT	VIII	1			9
AL	IV	1			8
MN	V	1			8
NE	VII	1			4
NH		1			2
RI	l I	1			2
IA	VII	1			1
NV	IX	1			0
Sul	o TTL	18	5	0	80
Т	otal	226	30	1	(Sub TTL) 445

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Epidemiology/Surveillance Team 12 States With Probable Cases Only 42 States with Probable and/or Confirmed Cases



	HHS REG	Confirmed (CDC Lab)	Hosp	Deaths	Probable (unsub A on PCR)
OR	X	0			20
WA	X	0			16
MD	10 -	0			15
ME	J.	0			6
PA	Ш	0			5
NG	IV	0			4
	IX	0			3
		0			2
OK	VI	0			2
SD	VIII	0			2
ID	V	0			1
MS	IV .	0			1
Sub	TTL	0	0	0	77
TTL P	rev Pg	226	30	1	445
Тс	otal	226	30	1	522

*Source: ED and CDC; Confirmed School Closing Reports as of 12:00 PM Daily.

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Epidemiology/Surveillance Descriptive Statistics (as of 01 May 2009)



Confirmed cases .

- Median age (no change): 16.5 years, range 1-81 years
- 63% (133/210) age <18 years (1 53%) on 05/02
- Gender: 50% male



Surveillance Transition



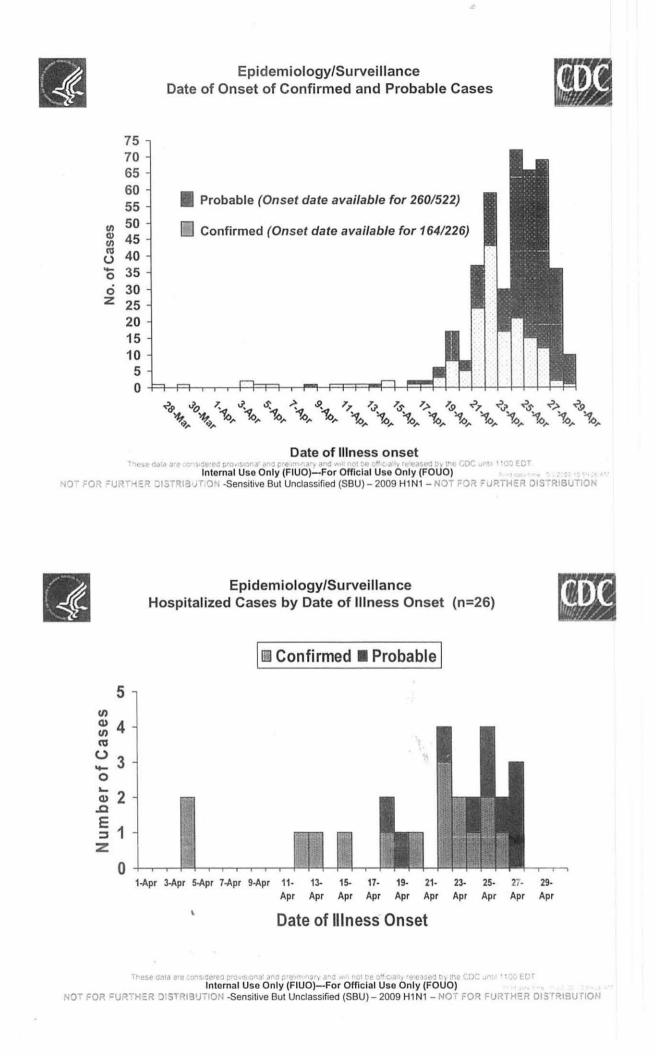
- State Reporting
 - From line list to aggregate reporting
 - · Total Cases, Deaths, Hospitalizations
 - Move toward population based surveillance
 - Existing surveillance systems, random sample surveys
- Laboratory
 - Moving to state confirmation testing of 2009-H1N1
 - Guidance to PH lab clinicians will be distributed next week
 - CDC will focus on validation of state lab testing then to viral isolation and genetic testing

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Epidemiology/Surveillance

- Attack Rate (~22%)
 - Seasonal flu 5-20% (~7, or 25 million)
- Severity
 - Population based surveillance ongoing
- Assessing specific population cases (with JIC, IC, MCH)
 - · Pediatric, Maternal and Infant
 - Health Care Workers (HCWs)





Epidemiology/Surveillance Assessment & Plan as of 03 May 2009



- Assessment:
 - Large increase in confirmed cases past 24h
 - Due in part to testing "catch-up"
 - Very few hospitalized cases among elderly (60+)
 - Delayed transmission to this group vs. residual immunity from pre-1957 era?
- Plan
 - Prepare for all 50 states to be affected over next several days
 - Monitor disease in elderly (60+) to distinguish increased transmission vs. population immunity
 - Follow enhanced surveillance for H1N1-associated hospitalizations
 - Continue to monitor for disease among high-risk groups (important for severity & future vaccine considerations?)

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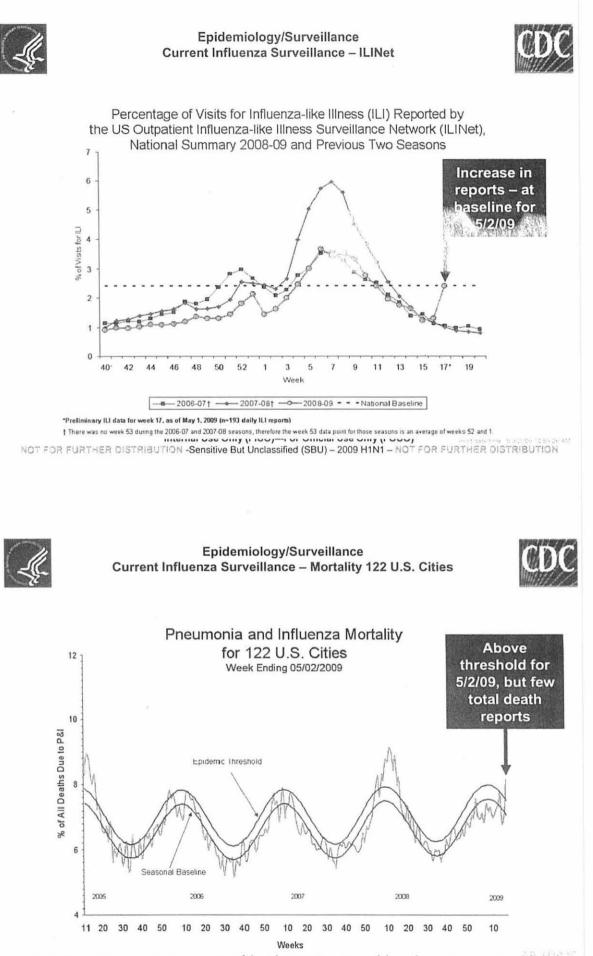


Epidemiology/Surveillance Current Influenza Surveillance -as of 03 May 2009 0100 EDT



- WHO/NREVSS laboratories
 - Seasonal influenza virus continues to be detected
 - during week ending 5/2/09
 - Influenza A (H3N2) virus reports increasing
- Pediatric Influenza Associated Deaths
 - No new influenza-associated pediatric deaths reported during week ending 5/2/09
 - 2008-2009 season total = 56
- ILINet (graph)
 - Increase in ILI cutpatient visits duri: 1 week ending 5/2/09
 - At national baseline
- 122 Cities Mortality Reporting System (graph)
 - Increase in P&I mortality during week ending 5/2/09
 - Above national baseline (few total death reports)

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		Microneutral	ization Da	ata	
Population *	N	Antigen	4-fold rise	# individuals with end-point titer of 40 or higher (S1)	# individuals with end-point titer of 40 or higher (S2)
Adult (18-59)	4	A/California/4/2009	3	0	3
	3	A/Solomon Islands/3/2006	3	0	3
Elderly (60+)	11	A/California/4/2009	0	8	8
	11	A/Solomon Islands/3/2006	8	4	10

Interpretation: Adult populations show a priming effect allowing human H1N1 SI/3/06 vaccine strain to stimulate Ab to CA/4/09 – not seen in pediatric sera

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Division of Global Migration and Quarantine



- Community Mitigation (CM)
 - Guidelines in Development
 - · School Dismissal/Childcare Closure being revised
 - Colleges and University Non-Pharmaceutical Interventions (NPI) (in dev)
 - Comprehensive CMG (in development)
 - Investigations (activities under review pending school closure revision)
 - DE, TX, NYC, Chicago, Mexico
 - Surveillance
 - · School closure, other NPI (Community/individual)
- Ports of Entry (POEs)
 - III Passengers at POEs (passive surveillance, case management)
 - TSA active exit screening discontinued
 - DHS conducting active exit screening
 - "tùrning around" non-citizens at land borders and maritime POE who are suspect ill (practice lags policy change)

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- Documents revised for ER surge
 - Patients what to do if you are sick
 - Revised Guidance for clinicians cleared
 - Revised AV recs cleared, awaiting infection control
 - We hope to alert people to these new documents with a HAN
- Pending •
 - Receiving clinical information on hospitalized pts (admission syndrome, CXR, etc)
 - · Working w Epi team to collect a longer form on hosp pts.
 - IV peramivir info on pts who get 1200 IV regimens
 - Adult death data collection form
 - Algorithm on who and when to treat and test
- No documents could be posted. HHS wants to review all of them. Internal Use Only (FIUO)—For Official Use Only (FOUO)



Healthcare Delivery

- Infection Control Guidance:
 - In Clearance
 - Interim Guidance for Issues Specific to Outpatient Hemodialysis Settings
 - Interim Additional Guidance for Care of Patients with Confirmed or Suspected Infection in Long-Term Healthcare Settings
 - In Development
 - ZNO C-1-1 Child ines Algorithm being Development by DOT
 - 'how long does it last' in plain language (w/ IC, JIC)
 - Complete 03 May

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- Confirmed in swine in CA
- Discussion
 - Concerns with cross-contamination
 - Recommendation is no public display of swine
 - · Guidance developed on 03 May
 - · Collaborate with Dept. of Agriculture

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How date for 6 12/05/10 46 66

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Affected and Vulnerable Populations Guidance Documents – Published and In Clearance

Published

- Guidance for clinicians
 - Pregnant women
 - Young children
 - HIV-infected persons

In Clearance

- Guidance for health professionals
 - Migrant and seasonal farm workers
 - Persons with active TB
 - Facilities serving the homeless
 - Correctional facilities
 - Mental health issues associated with social distancing
- Public information
 - Persons with disabilities
 - Persons with Heart Disease, Stroke or Cardiovascular Disease
 - Parents (communicating with children)
 - Stress and anxiety

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EOC OPS Current Deployments, Page 1 of 2



Gun	WHEEK
Current US Deployments:	Deployed
CA San Diego County Epi Team (Blau, Gladden, Jaeger, Sugerman)	4
CA Imperial County Epi Team (Doshi, Mattson, Patel)	3
CA Liaison Sr. Epi (Braden) & CEFO (Pertrowski)	2
DC CDC Senior Leadership to HHS (Cohen)	1
Delaware Epi Team (Armstrong, Dee, Desai, Gould, Guh, Iuliano, Kutty, Reynolds)	8
IL-Chicago Epi Team (Staples, Cortes, Janusz, Fischer, Pordell, Jarquin, Huang)	7
New York City Epi Team (Jackson, Schrag, Pilishvili)	3
Q Station Surge Support (San Diego-3, Philly-1, Atl-1, Miami-2, LAX -3, Detroit-1, Dallas -1, El Paso- 1, Seattle -1, Houston-4)	18
TX SMO Austin (Baker)	1
TX Austin Influenza SMEs (Gross, Tate)	2
TX San Antonio Epi Teams <u>Guadalupe County</u> : (Peebles, Morgan, Han)	3
TX San Antonio Epi Team: <u>Bexar County:</u> (Loustalot, Verani, Suryaprasad, Silk)	4
CDC Currently Deployed Sub Total	56



EOC OPS Current Deployments, Page 2 of 2 (Total 71)



Current Mexico Deployments:	Deployed
Mexico Logistics SME (Adams)	1
Mexico FAO Support (Davis)	1
Mexico GOARN Team (Waterman, Widdowson)	2
Mexico City Epi Team (Linares-Perez, Weinberg, Diaz, Taylor, Lindblade)	5
Mexico City- Laboratorians (Penaranda, Warner)	2
Mexico City Health Communication (Zielinski)	1
Mexico IT support, Data Manager (Aponte), Programmer (Padro)	2
Mexico Emergency Operations Specialist (Cruz)	1
CDC Currently Deployed Sub-Total	15
Total CDC Currently Deployed	71
EOC Surge Staffing	662

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EOC OPS Pending Deployments





Pending Deployments: (Approved Missions)	Target Date	Pending	
CDC LNO to HHS SOC (Helfand)	3 May	1	
Chicago Epi Team	3 May	2	
Guatemala Health Communicator (Tarrago)	4 May	1	
Mexico City Non-Pharmaceutical Study (Gregory, Harrington, Alvarez, Rodriguez)	3 May	4	
Mexico Logistical Support (Poulet)	3 May	1	
MULTI-STATE PHAs to various Q-stations	30 Apr-3 May	7	
NYC Epi Team (Esposito, Harcourt)	2-3 May	2	
Q-Station 2nd Rotation	14 May	25	
Pending Deployments Total		43	

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2009-H1N1 Communications Summary

- **News Coverage: Major National Themes**
 - Outbreak stabilizes: cases/deaths leveling off in MX
 - Not as potent or deadly as seasonal flu
 - Not the same markers as 1918
 - International stories: quarantine
- Media guidance
 - Wash hands, stay home if sick, call doctor
 - Employers encouraged to grant sick leave
 - School dismissals closures recommended 14 days
- Emerging Themes
 - Jump in Tea. Ilu prescriptions
 - Still seeing increased ER activity
 - -Prohibition of masks in Evansville school to prevent panic among students
- Public Inquiries
 - What are the symptoms? I have them, do I have swine flu?

- When do I go to the doctor?
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Director's Situation Update Monday 04 May 2009 1100 EDT Day 16

Novel Influenza A (H1N1)

Day of Continuity

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Protocols to 10,000 Protocols



04 May 2009 0800 EDT Novel Influenza A (H1N1) Key Events



- Key Decisions
 - USG: Public Health Emergency declared (26 Apr 2009)
 - Domestic Event Network (DEN) Activated (28 Apr)
 - WHO: Pandemic Phase 5 (29 Apr 1600 EDT)
 - State Declarations of Emergency: 6
 - CA, TX, WI, FL, NE, IA
- US Cases:

 - Probable: 728 cases (↑ 4) in 44 States (↑ 2)
 - 35 (个 30) hospitalizations among confirmed & probable cases
 - Deaths: 1 (TX)
- Strategic National Stockpile: 60/62 Complete, 2 En Route
- Deployments: 81 deployed, 7 pending
- International: New Countries –Italy, Ireland

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Epidemiology/Surveillance Team 286 Confirmed Cases in 36 States (page 1 of 3)



	HHS REG	Confirmed (CDC Lab)	Hosp	Deaths	Probable (unsub A on PCR)
NY		73	7		24
ТХ	VI	41	2	1	10
CA	X	30	7		83
DE		20			6
AZ	IX	17	3		124
SC	N	15			7
LA	VI	14	2		30
L	V	8	2		83
CO	VIII	7	1		5
NJ		7			1
MA		6	3		28
FL	IV	5	1		16
MD		4			9
AL	N	4			7
WI	V	3			65
OR	X	3			16
IN	V	3			11
ОН	V	3			3
VA		3			3
Sub To	otal (pg 1)	266	28	1	531

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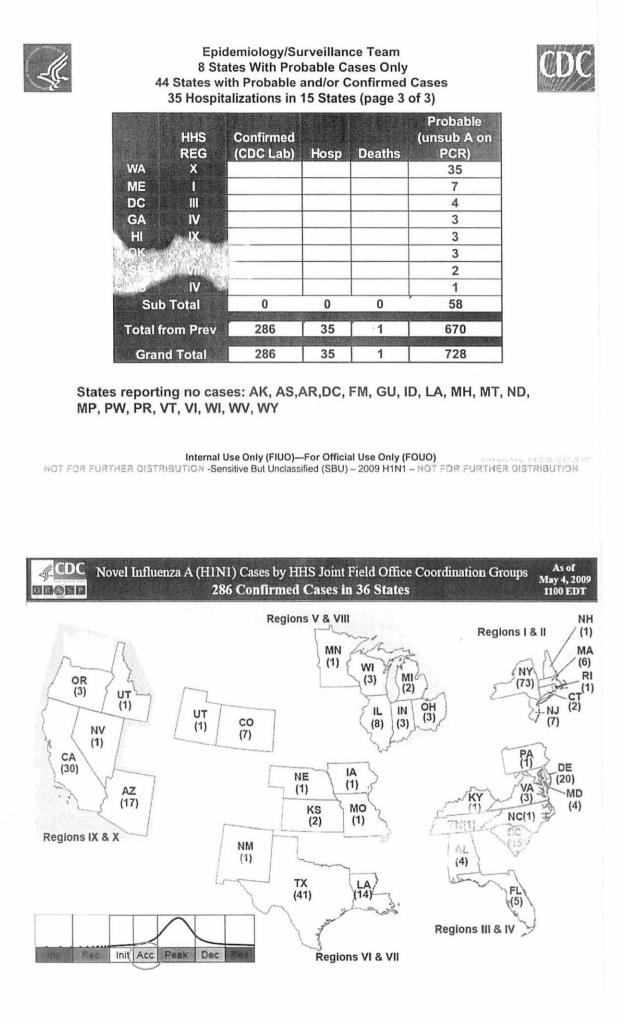
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	Epider	miology/Su	rveillar	nce Tear	n
286 C	onfirme	d Cases in	36 Sta	tes (pag	e 2 of 3)
					Probable
	HHS	Confirmed			(unsub A on
	REG	(CDC Lab)	Hosp	Deaths	PCR)
MI	V	2	1		46
KS	VII	2	1		1
СТ	1	2			10
TN	IV	1	1		8
MO	VII	1	1		7
KY	IV .	1	1		5
PA		1	2		8
UT	VIII	1			13
IA	VII	1			7
NC	IV	1			7
NM	V	1			7
RI	1	1			7
MN	v	1			6
NE	VII	1			4
NH		1			3
ID	V	1			0
NV	IX	1			0
Sut	Total	20	7	0	139
Total	Prev Pg	266	28	1	531
Grar	nd Total	286	35	1	Sub TTI (670)

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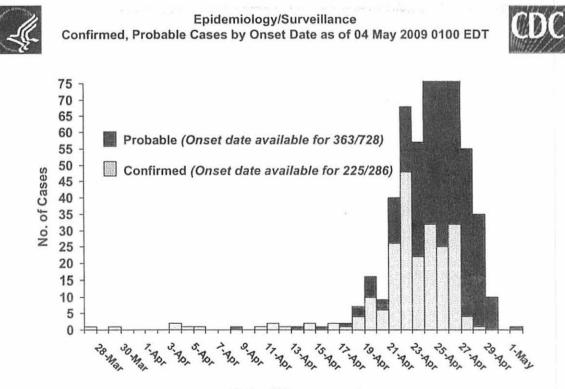


Epidemiology/Surveillance Descriptive Statistics (as of 04 May 2009 0100 EDT)



- · Confirmed cases
 - Median age (no change): 16 years, range 3 months-81 years
 - 62% (179/289) age <18 years (no change)
 - 2 cases age <12 months</p>
 - Gender: 49% female

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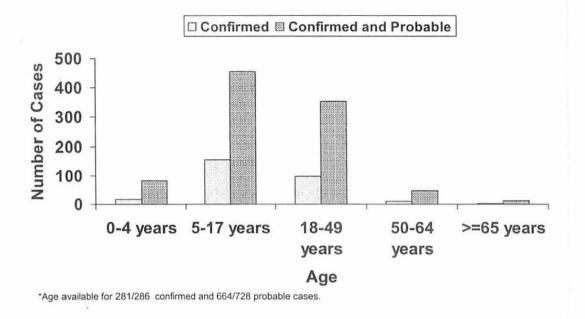
Date of Illness onset

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Epidemiology/Surveillance Age Group by Case Status* (as of 04 May 2009 0100 EDT)





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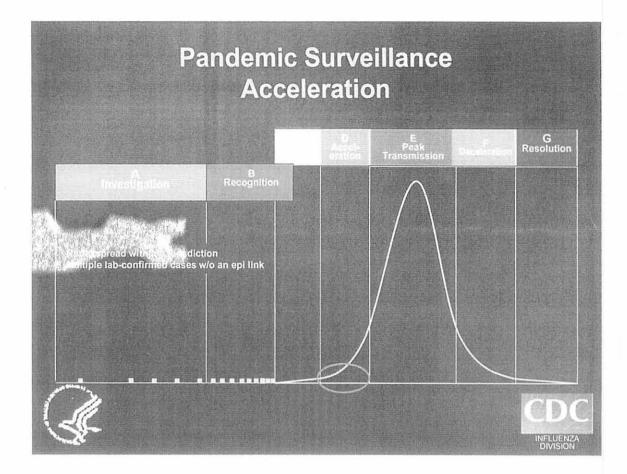


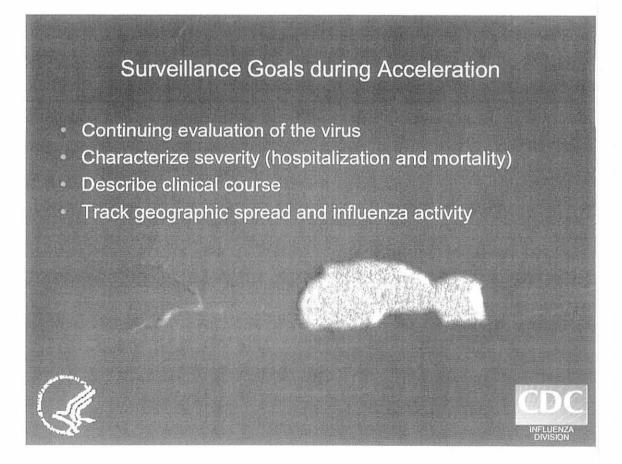
Epidemiology/Surveillance Current Influenza Surveillance -as of 03 May 2009 0100 EDT

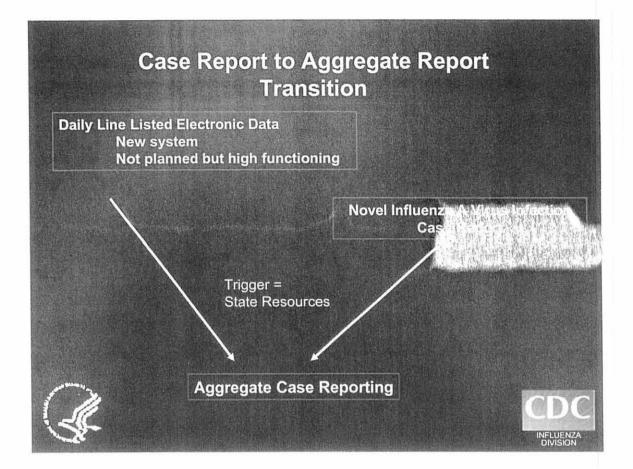


- WHO/NREVSS laboratories
 - Seasonal influenza virus continues to be detected
 - Influenza A (H3N2) virus reports increasing
- Pediatric Influenza Associated Deaths
 - No new influenza-associated pediatric deaths reported during week ending 5/2/09
 - 2008-2009 season total = 56
- ILINet (graph)
 - Increase in ILI outpatient visits during week ending 5/2/09
 - At national baseline
- 122 Cities Mortality Reporting System (graph)
 - Increase in P&I mortality during week ending 5/2/09
 - Above national baseline (few total death reports)

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Laboratory: Human Serology



				No. (%) with	No. (%) with
Population *	N	Antigen	No. (%) 4-fold rise	end-point titer of 80 or higher (S1)	end-point titer of 80 or higher (S2)
Adult	34 34	A/California/4/2009 A/Solomon Islands/3/2006	5 (15) 23 (68)	16 (47) 16 (47)	14 (41) 31 (91)
Elderly	38 38	A/California/4/2009 A/Solomon Islands/3/2006	0 (0)	24 (63) 8 (21)	22 (59)

*Vaccine was 2007-08 TIV with A/Solomon Islands/3/2006 as H1N1 vaccine antigen

**Titer cut-off for MN test defined as 1:80 or greater due to increased sensitivity of test relative to HI

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Updated	Mic	roneutralization	Data for	Pediatric TIV or	AIV recipients
			No. (%)	No. (%) individuals	No. (%) individuals
Population*	N	Antigen	4-fold rise	with end-point titer	with end-point titer
				of 80 or higher (S1)**	of 80 or higher (S2)**
LAIV	13	A/California/4/2009	0 (0)	0 (0)	0 (0)
		A/New Caledonai/20/99	2 (15)	6 (46)	9 (69)
TIV	19	A/California/4/2009	0 (0)	0 (0)	0 (0)
		A/New Caledonai/20/99	11 (58)	8 (42)	16 (84)

*Vaccine was 2005-06 TIV or LAIV with A/New Caledonia/20/99 as H1N1 vaccine antigen

**Titer cut-off for MN test defined as 1:80 or greater due to increased sensitivity of test relative to HI

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Division of Global Migration and Quarantine

CDC

- Community Mitigation (CM)
 - Guidelines in Development
 - School Dismissal/Childcare Closure –awaiting policy decision
 - Colleges and University Non-Pharmaceutical Interventions (draft complete)
 - Comprehensive CMG (draft complete)
 - Mass Gatherings (in clearance)
 - DGMQ/ ID teams in field evaluating NPI KAP and effectiveness in Chicago and at U Delaware
 - Additional Investigations (activities under review pending school dismissal revision)
 - TX, NYC, Mexico





- Ports of Entry (POEs)
 - ILL Passengers at POEs (passive surveillance, case management, discouraging suspect case travel, working with LHD/SHD)
 - Inbound travelers from Mexico to US down 2% since 4/23 (air, sea, and land)
 - Outbound air travel to Mexico from US down nearly 40% over same period
 - Confirmed case in outbound air passenger from US to Denmark multiple contacts in NYC
 - Interim cruise ship guidance completed
 - Two cruise ships report suspected cases (San Diego, Port Canaveral)
 lab results pending
 - Disney/Port Canaveral 5 y.o with ILI and family isolated in Days Inn, Port Canaveral x 7 days
 - Developing border action talking points for DHS
 - Total 7 international travelers confirmed with H1N1 after referral at POE (3 May 09)
 - American Samoa considering health declarations on inbound flights
 - Other:
 - · Health Alert Poster developed and in TSU clearance
 - 2 THANs being revised

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Antiviral/Clinical



Providing guidance and assistance with clinical care

- Revised testing and treatment algorithm template distributed Epi-X
- Revised antiviral recommendations (in clearance)
- Posted guidance for clinicians on use of rapid tests, testing and treatment for patients according to illness severity and risk factors
- Posted guidance for laypersons for home care
- Collecting information to inform guidance
 - Work with Epi and Int'l team to summarize data on hospitalized patients, pregnant patients
 - Collaborating with IDSA on guidance development
- Preparing for oseltamivir resistance
 - Working with Regulatory and FDA:
 - IV Peraminar
 - · Discussed investigational agents
 - · Nebulizer use for zanamivir
 - Worked with SNS, Regulatory issues desk on decision briefs re obtaining peramivir and preferentially replenishing stockpile with zanamivir





- Vaccine priority group recommendations
 - Call today with ACIP in issuing vaccine recommendations for the Novel Influenza A (H1N1) outbreak
 - Reviewing guidance for pandemic influenza vaccine (developed by the Interagency Workgroup headed by HHS and DHS)
- Vaccine safety and effectiveness monitoring
 - Defining and clarifying requirements and expectations for post-launch AE/VE monitoring (CDC and FDA)
- Key events/decision points timeline for H1N1 vaccine
 - Draft document under review

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Healthcare Delivery and Infection Control



Healthcare Delivery items in development

- Requested to identify core group of people to discuss med surge issues with ASPR on a weekly basis
- Worked with CMS to provide feedback on surveyor guidance and provider tracking tool to be distributed by CMS on Monday, May 4
- EMS 9-1-1 Guidelines Algorithm being developed by DOT

Infection Control Guidance in clearance

- Surface Disinfection Q&A ('How long does it last')
- Interim Guidance for Issues Specific to Outpatient Hemodialysis Settings
- Interim Additional Guidance for Care of Patients with Confirmed or Suspected Infection in Long-Term Healthcare Settings

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Regulatory Affairs Emergency Use Authorization Status Update



Medical Countermeasure	Status	Comments
N95 Respirators	EUA amendment issued by FDA on 5/1/09. Original EUA-issuance on 4/28/09.	Amended to clarify the term "general public" as broad, including people performing work- related duties and that EUA affects FDA requirements and not OSHA requirements.
rRT-PCR (Swine Flu Test Kit)	EUA amendment issued by FDA on 5/2/09.	Amended to include use of different specimen types and reagents.
	Draft submission under development.	May require an amendment to include the use of LightCycler® 2.0 RT-PCR system.
rRT-PCR Flu Panel (NPS, NS, TS, NPS/TS, NA)	EUA authorized by FDA on 5/2/09.	Issued to include use of different specimen types and reagents in addition to those of the cleared test.
Peramivir IV	Draft pre-EUA documents under development in collaboration with DAVP/FDA for potential emergency use of investigational IV Peramivir.	BARDA is drafting options paper to facilitate HHS-decision and has requested bullet points from FDA and CDC regarding potential emergency use of investigational IV Peramivir.

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EOC OPS Deployments



Employees Supporting Response from HDQRTS		International Deployments		Domestic Deployments			Grand Total
	Deployed	Pending	Potential	Deployed	Pending	Potential	
694	16	1	4	65	34	3	817

Current Deployments:	Deployed
CA-San Diego County Epi Team / Imperial County Epi Team / Liaison Sr. Epi / CEFO	9
Chicago Epi Surveillance & Community Mitigation Team	8
DC-CDC Senior Leadership to HHS	2
Delaware Epi Team	8
DGMQ Surge to Q-Stations	23
International / Mexico GOARN / Epis / Lab / Emergency Ops / Risk Comm / Logistics / FAO	16
New York City Epi Aid Team	5
TX SMO / Austin SMEs / San Antonio Epi Teams (Guadalupe & Bexar Counties)	10
CDC Currently Deployed Total	<u>81</u>

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Potential Deployments	Target Date	Pending
International / Mexico Non-Pharmaceutical Team & Logistics Support	8-11 May	4
Texas Laboratory Support	TBD	2
Texas Pathologist Support	TBD	1
Potential Deployment Total		7

Pending Deployments: (Approved Missions)	Target Date	Pending
Chicago Epi Surveillance & Community Mitigation Team	4 May	2
Delaware – Epi Team	4 May	1
International / Guatemala Health Communicator	4 May	1
Multi-State PHAs to various Q-stations	30 Apr-4 May	6
Multi-State PHAs to various Q-stations – Second Rotation	14 May	25
Pending Deployments Total		35

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8

Communications Summary



- News Coverage: Major National Themes
 - Flu outbreak reported to be "leveling off" in Mexico
 - U.S. health officials are "cautiously optimistic" that H1N1 is not as dangerous as first feared
 - WHO now saying "strain may just be more widespread and not as lethal"
- Media Guidance
 - Continued reminders to wash hands often, cover your cough, stay home if i'l
 - Employers encouraged o grant sick leave
- **Enverging Themes** .
 - Stigma toward Mexican nationals, e.g., China quarantines over 70 Mexican travelers, closes hotel for 1 week because Mexican tourist stayed there



Affected and Vulnerable Populations Guidance Documents - Published and In Clearance



Published (CDC website) .

- Guidance for clinicians
 - · Pregnant women
 - Young children
 - · HIV-infected persons
- Public information
 - · Parents and caregivers
 - · Child care providers
 - Breastfeeding
 - · Parents (communication of which children)
- In Clearance .
 - Guidance for health professionals
 - · Migrant and seasonal farm workers
 - · Correctional facilities
 - · Persons with active TB
 - · Facilities serving the homeless
 - · Mental health issues associated with social distancing
 - Public information
 - · Persons with disabilities
 - · Persons with Heart Disease, Stroke or Cardiovascular Disease
 - · Stress and anxiety

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Director's Situation Update Tuesday 05 May 2009 1100 EDT Day 17

Day of Southern Hemisphere

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05 May 2009 1100 EDT Novel Influenza A (H1N1) Key Events



Key Decisions

- USG: Public Health Emergency declared (26 Apr 2009)
- Domestic Event Network (DEN) Activated (28 Apr)
- WHO: Pandemic Phase 5 (29 Apr 1600 EDT)
- State Declarations of Emergency: 7
 - CA, TX, WI, FL, NE, IA, AS*
- · US Cases:
 - Confirmed: 403 cases (个 117) in 38 States (个 2)
 - Deaths: 1 (TX)
- Strategic National Stockpile: 60/62 Complete, 2 En Route (no change)
- Deployments: 86 deployed, 35 pending
- International: New Countries –Portugal

*American Samoa

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Epidemiology/Surveillance Team 403 Confirmed Cases in 38 States 05 May 2009 1100 EDT (page 1 of 2)



	HHS REG	Confirmed (CDC Lab)	Deaths	Hosp
AL	N	4	0	0
AZ	IX	17	0	3
CA	IX	49	0	7
CO	VIII	6	0	1
CT	E an Institut	2	0	0
DC	A HILL	0	0	1
DE		20	0	0
FL	N	5	0	1
GA	N	1	0	0
HI	IX	0	0	0
IA	MI	1	0	0
ID	X	1	0	0
L	V	82	0	6
IN	V	3	0	0
KS	VII	2	0	2
KY	IV	1	0	1
LA	M	7	0	1
MA	來認著自然思想	6	0	3
MD		4	0	0
ME	MAN NELSANDER	1	0	0
MI	V	2	0	1
MN	V	1	0	0
MO	VI	1	0	1
MS	N	0	0	0
\$	ub Total	216	0	28

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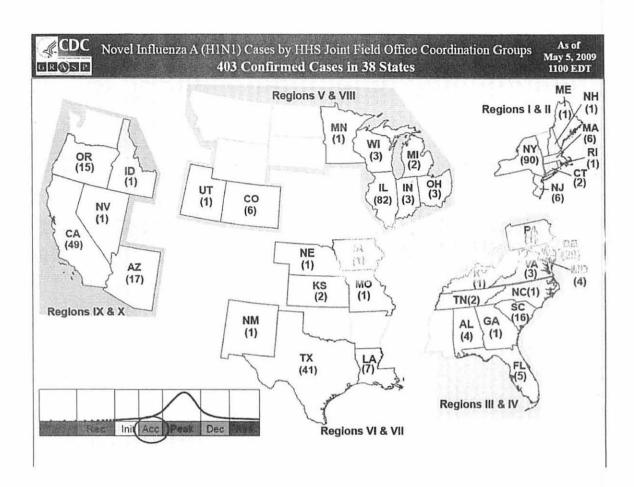


	HHS REG	Confirmed (CDC Lab)	Deaths	Hosp
NC	IV	1	0	0
IE	VII	1	0	1
H		1	0	0
IJ		6	0	0
IM	M	1	0	0
VV	IX	1	0	0
NY		90	0	7
DH	v	3	0	1
ЭК	VI	0	0	0
)R	X	15	0	1
PA	11	1	0	2
RI	and a second second	1	0	0
SC	N	16	0	0
SD	VIII	0	0	0
ΓN	N	2	0	1
ГХ	VI	đđ	1	2
JT	VIII	1	1	0
/A	Ш	3		0
NA	X	L U	0	0
WI	V	3	0	0
Su	b Total	187	1	15
TTL F	rom Prev	216	0	28
	Total	403	1	43

Epidemiology/Surveillance Team . 403 C



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Epidemiology/Surveillance Descriptive Statistics (as of 05 May 2009 1100 EDT)



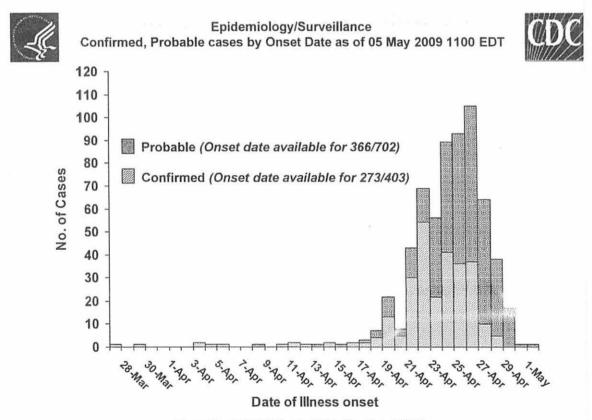
- Confirmed cases (n=403)
 - Median age (no change): 16, range 3 months-81 years
 - 62% age <18 years (no change)
 - 5 <12 months
 - Gender: 50% male

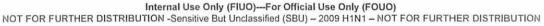


Epidemiology/Surveillance (as of 05 May 2009 1100 EDT)



- Attack Rate (~22%)
 - Seasonal flu 5-20%
 - Severity: 7% hospitalization rate among confirmed cases
- Healthcare worker (HCW) activities
 - Contact investigations, including prophylaxis & treatment of exposed HCWs
 - Case report form for HCW with exposure to confirmed H1N1 cases
- Pregnancy activities
 - Addendum questionnaire disseminated to states with reported probable / confirmed cases among pregnant women
 - Current count of probable/confirmed pregnant cases reported = 8
 - MMWR Dispatch being drafted describing first 3 cases
 - Outlines critical messages for pregnant women (treatment guidelines, avoiding exposure, & emphasizing high risk) Internal Use Only (FIUO)---For Official Use Only (FOUO)

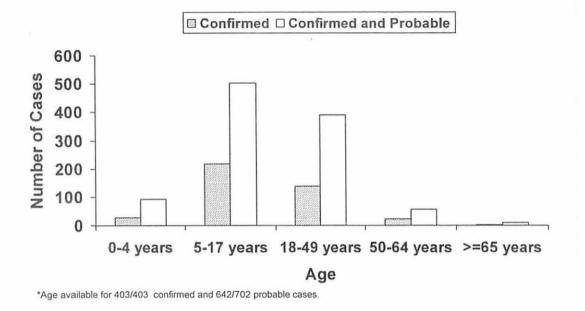




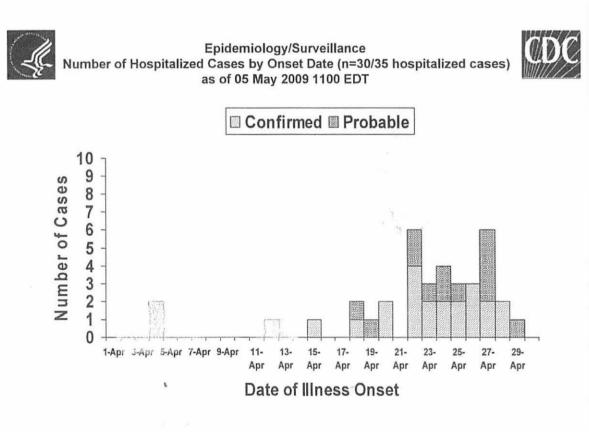
Epidemiology/Surveillance Age group by case status* (as of 05 May 2009 1100 EDT)



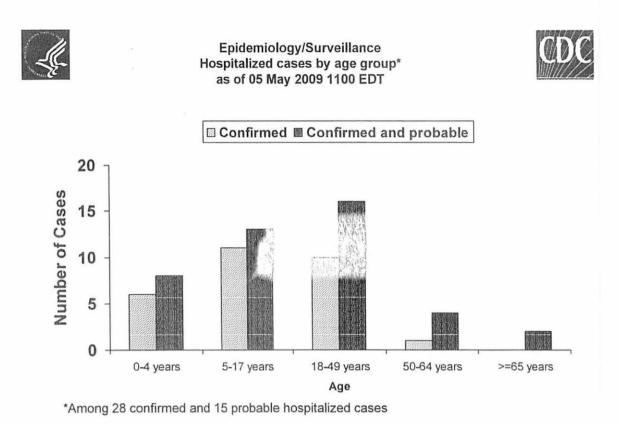




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Epidemiology/Surveillance as of 05 May 2009 1100 EDT



- Anticipate large increase in confirmed cases (perhaps >500) over next 24 hours as Influenza Lab catches up with testing
- Increased state lab capacity evident in today's counts
- Plan
 - Need clear messages around increases in case counts (i.e., <u>not</u> related to dramatic changes in transmission)
 - Work with field teams to facilitate more Epi information on severity of illness



Epidemiology/Surveillance Attack rates among household contacts of confirmed cases of 2009 H1N1, San Antonio, April 2009



	Attack rate, %, by syndrome			
Group	ILI	H1N1 infection		
All HHCs	12% (3/26)	8% (2/26)		
Parents / other adults	0% (0/13)	0% (0/13)		
Siblings	23% (3/13)	15% (2/13)		

Key point:

Attack rates appear higher among children than adults in same households

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Epidemiology/Surveillance ILI among persons attending San Antonio Clinics, April 2009



Date	Total # ILI	Total # Patients	Percent with ILI
24-Apr	14	457	3.1%
25-Apr	12	388	3.1%
26-Apr	13	412	3.2%
27-Apr	30	697	4.3%
28-Apr	24	602	4.0%
29-Apr	13	448	2.9%
Total	106	3004	3.5%

Key point:

Little evidence of increased numbers of "worried well" as % with ILI increased commensurate with increases in patient visits.



Epidemiology/Surveillance Current Influenza Surveillance as of 05 May 2009 1100 EDT



WHO/NREVSS Collaborating Laboratories (graph as of 5/4/2009)

- Seasonal influenza A (H1), (H3), and B viruses continue to circulate
- Relative proportion of influenza A (H3N2) virus reports increasing
- Influenza-associated Pediatric Deaths
 - One new influenza-associated pediatric death reported during week ending 5/9/2009
 - 2 year old from California (Kings County)
 - Date of onset of illness: 4/11/2009
 - Date of death: 4/13/2009
 - Laboratory result: Influenza B (+ by RT-PCR)
 - No specimen collected for bacterial culture from a normally sterile site
 - 2008-09 season total = 57
- ILINet (graph as of 5/4/2009)
 - Increase in ILI outpatient visits during week ending 5/2/2009
 - Above the national baseline
- 122 Cities Mortality Reporting System
 - As weekly mortality reports continue to be received at CDC for week ending 5/2/2009,
 - Percentage of pneumonia and influenza deaths is not expected to be significantly elevated

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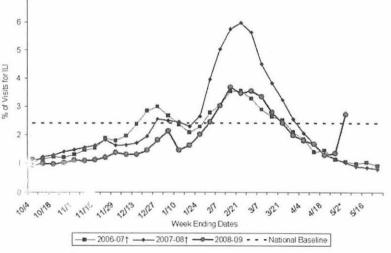
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Epidemiology/Surveillance Current Influenza Surveillance – ILINet



Percentage of Visits for Influenza-like Illness (ILI) Reported by the US Outpatient Influenza-like Illness Surveillance Network (ILINet), 7 National Summary 2008-09 and Previous Two Seasons

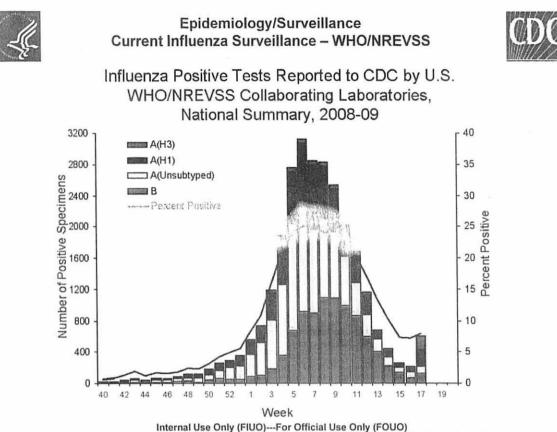


NOTE: Week ending dates vary by influenza season

*Preliminary ILI data for week 17, as of May 4, 2009 (n=569 weekly ILI reports received from 46 states)

1 There was no week 53 during the 2006-07 and 2007-08 seasons, therefore the week 53 data point for those seasons is an average of weeks 52 and 1.

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Division of Global Migration and Quarantine as of 05 May 2009 1100 EDT



- Ports of Entry (POEs)
 - 93 response events, 7 confirmed with H1N1 after referral at POE (4 May 09)
- Community Mitigation (CM)
 - Guidelines in Development
 - School Dismissal/Childcare Closure
 - Colleges and University Non-Pharmaceutical Interventions
 - · Comprehensive CMG (in draft)
 - · Mass Gatherings (in draft)
 - CDC field teams evaluating effectiveness of NPI in Chicago and at U Delaware



Division of Global Migration and Quarantine ED and CDC Confirmed School Closing Reports 4 May 09 @ 1400 hrs



	April 29	April 30	May 1	May 4
# of Schools	104	298	433	533
# of States	8	11	17	24
# of Students	55,765	169,000	245,449	329,834
# of Teachers	3,531	10,609	15,543	20,684

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Vaccine



- Vaccine priority group recommendations
 - Occupationally defined priority groups, as stated in the "Guidance", unchanged
 - ACIP will make recommendations on the general population priority groups
 - CDC and HHS working to clarify the role of NBSB
- Plans for pilot lot production/clinical trials moving forward
 - Timeline depends on manufacturer receipt of reference strain
 - Adjuvanted and unadjuvanted studies
- Draft key events/decision points timeline for H1N1 vaccine under review

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Healthcare Delivery and Infection Control



- Healthcare Delivery
 - Dispensing antiviral medications issues discussed on HHS/CIP and on CMS calls
 - Identified group to discuss med surge issues between ASPR and CDC
 - Kidney Community Emergency Response Coalition (KCER) identified issues:
 - Confusing patient messages and turning patients away
- Infection Control
 - Assured consistent messaging regarding aspirin and cough/cold medicine for children < 4 in all H1N1 guidance

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NIOSH



- Contacted USPS Chief of Staff regarding risk associated with handling mail during the H1N1 outbreak (recommendation has not changed since 2005).
- Input provided on congressional testimony for CDC concerning worker issues.

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Regulatory Affairs Emergency Use Authorization Status Update – As of as of 05 May 2009 1100 EDT Emergency Use of Medical Products and Devices



Medical Countermeasure	Status	Comments		
Peramivir IV	Draft pre-EUA documents under development in collaboration with DAVP/FDA for potential emergency use of investigational peramivir IV.	BARDA is drafting options paper to facilitate HHS-decision and has requested bullet points from FDA and CDC regarding potential emergency use of investigational peramivir IV.		
rRT-PCR (Swine	EUA amendment issued by FL A on 5/2/09,	Amended to include use of different specimen types and reagents.		
	Omicaubmission cardor developments	May require an amendment to include the use of LightCycler® 2.0 RT-PCR system.		
rRT-PCR Flu Panel (NPS, NS, TS, NPS/TS, NA)	EUA authorized by FDA on 5/2/09.	Issued to include use of different specimen types and reagents in addition to those of the cleared test.		
N95 Respirators	EUA amendment issued by FDA on 5/1/09.	Amended to clarify the term "general public" as broad, including people performing work- related duties and that EUA affects FDA requirements and not OSHA requirements.		

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Animal/Human



- CDC and USDA agreement on influenza A H1N1 (2009) virus distribution
 - CDC to continue oversight of distribution to human laboratories for all in vitro research and public health purposes
 - CDC to provide documentation (not permits) with restriction statement regarding in vivo research in swine, poultry, other livestock species and about redistribution of virus
 - Any request for *in vivo* studies will *require* USDA/APHIS permit (National Center for Import and Export, NCIE)
 - CDC to maintain list of laboratories receiving viscos materials, to be shared with APHIS as needed
 - NCIE will continue to issue permits for virus use in swine, poultry, other livestock species. Labs must be approved agriculture BSL3 by APHIS

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H1N1 Activation Deployments as of 05 May 2009 1100 EDT



Employees Supporting Response from HDQRTS	International Domestic Deployments Deployments					Grand Total	
	Deployed	Pending	Potential	Deployed	Pending	Potential	
770	14	8	0	72	27	3	894

Current Deployments:	Deployed			
CA-San Diego County Epi Team / Imperial County Epi Team / Liaison Sr. Epi / CEFO				
Chicago Epi Surveillance & Community Mitigation Team	10			
DC-CDC Senior Leadership to HHS	2			
Delaware Epi Team	9			
DGMQ Surge to Q-Stations	27			
International / Mexico - GOARN / Epis / Lab / Emergency Ops / Health Communications / Log / IT/ FAO	14			
New York City Epi Aid Team	5			
TX SMO / Austin SMEs / San Antonio Epi Teams (Guadalupe & Bexar Counties)	10			
CDC Currently Deployed Total	86			

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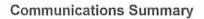
H1N1 Activation Deployments as of 05 May 2009 1100 EDT



Pending Deployments: (Approved Missions)	Target Date	Pending
Guatemala Health Communicator (Tarrago) Dep 0950/Arr 1130	5 May	1
MULTI-STATE PHAs to various Q-stations (1 to Dallas- 5 May, 1 to Chicago-TBD)	5 May	2
Mexico City Non-Pharmaceutical Study	6-8 May	4
(Pevzner, Harrington, Rodriguez, plus 1 TBD)		
MEXICO 1st rotational staff - Azziz (T), Breiman (T), McKenzie (T)	8-9 May	3
Q-Station 2nd Rotation	14 – 16 May	25
Pending Deployments Total		35

Potential Deployments	Target Date	Pending 2 1	
Texas Laboratory Support	TBD		
Texas Pathologist Support	TBD		
Potential Deployment Total		3	

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- News Coverage: Major National Themes
 - Mexico may lift swine flu shutdown today (5/4/09)
 - NY school prepares to reopen after swine flu scare
- Media guidance
 - Fewer reports of how to prevent spread (handwashing, cover cough, stay home) in <u>TV</u>; more prominent in <u>print & Internet</u> <u>reports</u>
- Confusion/miscommunication
 - Most stories still use "swine flu" in headlines, lead of story
- Emerging Themes
 - Testing kits sent to states to speed up detection
 - Timing of H1N1 may jeopardize next year's seasonal flu vaccine stockpiles for countries located in Southern Hemisphere
 - Confusion and fear if WHO declares "pandemic"

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Affected and Vulnerable Populations Guidance Documents – Published and In Clearance

CDC

Published (CDC website)

- Guidance for clinicians
 - Pregnant women
 - Young children
 HIV-infected persons
- Public information
 - Parents and caregivers
 - Child care providers
 - Breastfeeding
 - Parents (communicating with children)

Cleared

Migrant farm workers

In Clearance

- Guidance for health professionals
 - Migrant and seasonal farm workers
 - Correctional facilities
 - Persons with active TB
 - Facilities serving the homeless
 - Mental health issues associated with social distancing
- Public information
 - Pregnant women
 - Persons with disabilities
 - Persons with Heart Disease, Stroke or Cardiovascular Disease
 - Stress and anxiety

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Director's Situation Update Wednesday 06 May 2009 1100 EDT Day 18

Day of Healthcare Worker

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06 May 2009 Situation Awareness



Weather

- Redoubt Alaska volcano changed to continuous tremor, lava dome growing, small bursts of ash
- Typhoon Kujira approx 200 NM SSW of Japan has tracked NE over past 6 hours
- Wild Fires in Santa Barbara, CA
 - 2 Elderly Care Facilities affected; Numerous schools closed
- Flooding and fires in MS, WV, and TX American Red Cross opened 3 shelters with 123 population
- Cholera outbreak Zimbabwe 97,706 suspect cases with 4,268 deaths (⁵⁰⁸)
- 20 Websites found that may have fraudulent products claiming to guard against or cure Novel Influenza A (H1N1)



06 May 2009 1100 EDT Novel Influenza A (H1N1) Key Events



- Key Decisions
 - USG: Public Health Emergency declared (26 Apr 2009)
 - WHO: Pandemic Phase 5 (29 Apr 1600 EDT)
 - State Declarations of Emergency: 9
 - VA, CA, TX, NE, WI, FL, MD, IA, AS*
- US Cases:
 - Confirmed: 642 cases (1 239) in 41 States (1 3)
 - Probable: 845 cases (↑ 143) in 42 States (=)
 - Confirmed/Probable: Cases: 1,487 (1 382) in 44 States (=)
 - Deaths: 2 (TX both)
- Strategic National Stockpile: 60/62 Complete, 2 En Route (no change)
- Deployments: 93 deployed, 33 pending
- International: New Countries –Guatemala
- *American Samoa

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Epidemiology/Surveillance Team 642 Confirmed Cases in 41 States 06 May 2009 1100 EDT



	Confirmed (CDC Lab)						
[Cas	es	Ho	sp	Dea	aths	
	Count	States	Count	States	Count	States	
6-May	642	41	35	14	2	1	
Change (5/5 to 5/6)	239	3	7	2	1	0	

	Probable (unsub A on PCR)							
[Cas	es	Ho	sp	Dea	ths*		
	Count	States	Count	States	Count	States		
6-May	845	42	17	9	1000			
Change (5/5 to 5/6)	143	0	2	(-3)		445		

		Total							
	Cas	Cases Hosp				aths			
	Count	States	Count	States	Count	States			
6-May	1,487	44	52	20	2	1			
Change (5/5 to 5/6)	382	0	9	1	1	0			

*Not available for this reporting period.

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Epidemiology/Surveillance Team 642 Confirmed Cases in 41 States 06 May 2009 1100 EDT (page 1 of 3)



		Confirmed (CDC Lab)			Probable (unsub A on PCR)		
State	HHS REG	Cases	Hosp	Deaths	Cases	Hosp	
AK	×						
AL	IV	4			14		
AR	VI						
AS	IX						
AZ	IX	48	1		168	2	
CA	IX	67	7		122	4	
CO	VIII	17	1		4		
СТ		4			11		
DC	II.				5	1	
DE	Ш	33					
FL	IV	5			20	2	
FM	IX						
GA	IV	3			1		
GU	IX				- E		
HI	IX	3					
IA	VII	1			29		
ID	X	1			1		
IL	V	122	6		49	1	
IN	V	15			7		

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Epidemiology/Surveillance Team 642 Confirmed Cases in 41 States 06 May 2009 1100 EDT (page 2 of 3)



		Confirmed (CDC Lab)			Probable (unsub A on PCR)	
State	HHS REG	Cases	Hosp	Deaths	Cases	Hosp
KS	VII	2			4	2
KY	IV	2	1		4	
LA	VI	7	1		27	
MA	le de la companya de	45	3		3	
MD	Line Шакст	4			15	
ME	1	1			6	
MH	IX					
MI	V	8	1		47	
MN	V	1			6	
MO	VII	2	1		6	
MP	IX					
MS	IV				1	
MT	VIII					
NC	IV	7			1	
ND	VIII					
NE	VII	4			6	1
NH		2			7	
NJ	0	7			2	

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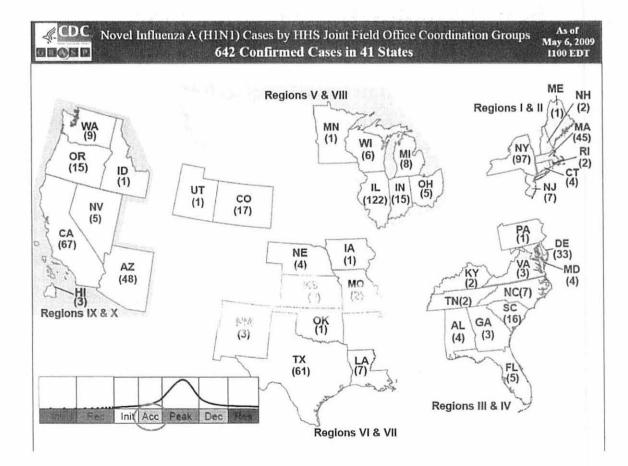


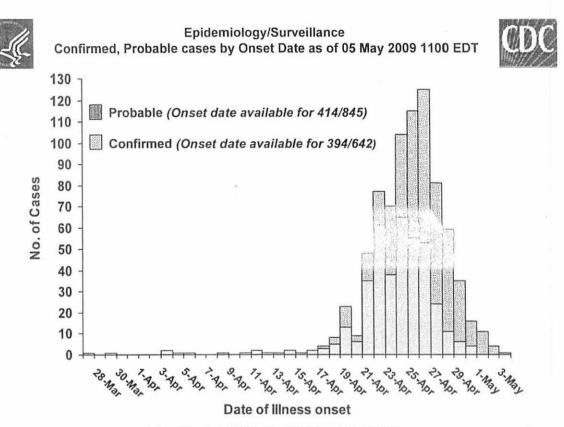
Epidemiology/Surveillance Team 642 Confirmed Cases in 41 States 06 May 2009 1100 EDT (page 3 of 3)



	计语言公式	Confirmed (CDC Lab)			Probable (unsub A on PCR)		
State	HHS REG	Cases	Hosp	Deaths	Cases	Hosp	
NM	VI	3			24		
NV	IX	3			5		
NY	<u>II</u>	97	8		1		
OH	V	5	1		2		
ОК	VI	1			4		
OR	X	15			7	1	
PA	n	1			16	3	
PR	A CARLEN DUCTOR				4		
PW	IX						
RI		2			7		
SC	N	16			12		
SD	VIII				4		
TN	IV	2	1		13		
ТХ	VI	61	2	2	6		
UT	VIII	1	0		25		
VA	Ш	3	0		4		
VI							
VT	1.55						
WA	×	9	1		48		
WI	V	6			101		
wv	III .						
WY	VIII					(
	Total	642	35	2	845	17	

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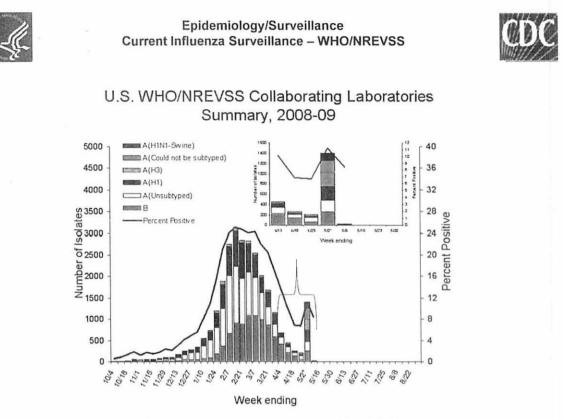


Epidemiology/Surveillance Current Influenza Surveillance -as of 05 May 2009 1100 EDT



- WHO/NREVSS Collaborating Laboratories (graph as of 5/5/2009)
 - Seasonal influenza A (H1), (H3), and B viruses continue to circulate
 - Relative proportion of influenza A (H3N2) virus reports increasing
- Influenza-associated Pediatric Deaths
 - No new influenza-associated pediatric death reported for week ending 5/9/2009
 - 2008-09 season total = 57
- ILINet (graph as of 5/5/2009)
 - Increase in ILI outpatient visits during week ending 5/2/2009
 - Above the national baseline
- 122 Cities Mortality Reporting System
 - As weekly mortality reports continue to be received at CDC for week ending 5/2/2009, the percentage of pneumonia and influenza deaths is not expected to be significantly elevated

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Epidemiology/Surveillance Healthcare Personnel: Update & Response



- 26 conf. / prob. cases from 15 states & NYC
- Case report form for HCP with exposure to confirmed Novel Influenza A (H1N1) cases deployed to all states
- Daily requests to states for reports of confirmed cases among HCP
- Epi-Aid teams in CA & TX planning or initiating in-depth evaluations of exposed HCP



Epidemiology/Surveillance Pregnant Women and Novel H1N1 influenza virus



Current situation - Reports from 12 states

6 confirmed cases / 3 charts abstracted*

- 1 death 33 yo from Texas
- 1 of 3 hospitalized
- 1 of 3 received Oseltamivir
- 0 of 3 had seasonal influenza vaccine
- 5 probable cases / 2 charts abstracted*
 - 1 of 2 hospitalized
 - 1 of 2 received Oseltamivir
 - 0 of 2 had seasonal influenza vaccine
- 4 additional suspect cases
- Current response
 - MMWR to be published this week
 - Interim clinician guidance has been published on website
- * Clinical details are incomplete / abstractions pending; Last updated 5/5/09

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Epidemiology/Surveillance Pregnancy: Is a HAN needed?



- From the literature*:
 - Among 10,000 women in 3rd trimester
 - Experiencing 2.5 months of seasonal influenza
 - Would expect 25 flu-associated hospitalizations
 - Assuming similar rate, would predict ~1,000 fluassociated hospitalizations over the past month
 - 1 flu-associated hospitalization in a pregnant woman has been reported
- Pregnant women do no comprise disproportionate number of cases

*Neuzil, AJE 1998;148(11):1094-102

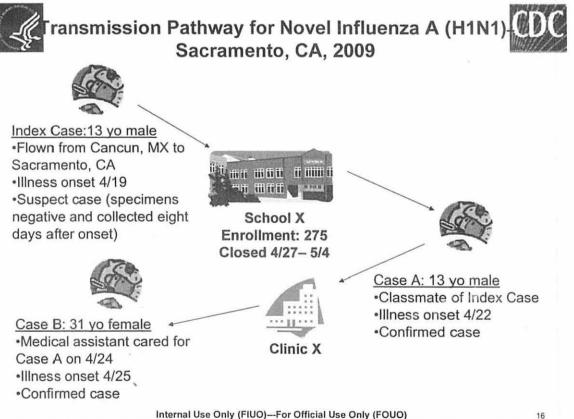


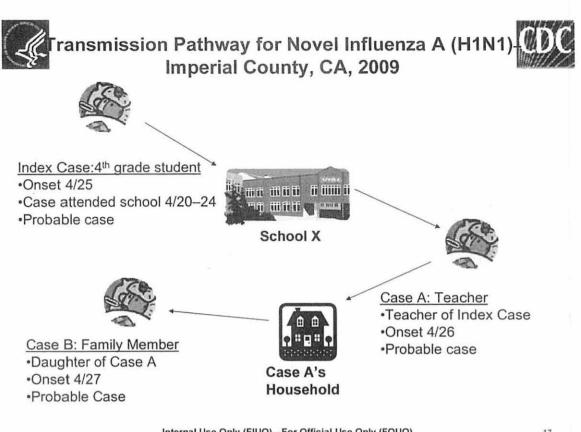
Epidemiology/Surveillance Assessment & Plan as of 06 May 2009



- Assessment:
 - Rapid increase in confirmed cases attributable to catch up in CDC and state labs
 - Healthcare personnel issue being addressed with surveillance and contact tracing
 - Pregnant women do not appear to be at markedly increased risk of Novel Influenza A (H1N1); HAN not indicated at this time
- Plan:
 - Focus on reviewing medical records of hospitalized cases; may need additional Epi-Aids
 - Working with states to finalize aggregate case report form
 - Pregnancy MMWR on track for publication this week

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Laboratory



Antibody Response to GSK ASO3-Adjuvanted Vaccine Adult (18-64)

Micr	oneu	tralizat	tion L	Jata '

Vaccine	N	Antigen	No. (%) 4- fold rise	No. (%) individuals with titer of 80 or higher (S1)	No. (%) individuals with titer of 160 or higher (S1)	No. (%) individuals with titer of 80 or higher (S2)	No. (%) individuals with # titer of 160 or higher (S2)
Fluarix*	50	A/California/4/ 2009	10 (20)	13 (26)	3 (6)	25 (50)	11 (22)
		A/Solomon Islands/3/2006	34 (68)	18 (36)	9 (18)	48 (96)	44 (88)
Fluarix	50	A/California/4/ 2009	12 (24)	4 (8)	3 (6)	16 (32)	7 (14)
+ ASO3		A/Solomon Islands/3/2006	43 (86)	17 (34)	9 (18)	46 (92)	46 (92)

Recipients received Fluarix (15ug

HA/strain).

** Recipients received 5ug HA/strain with 1/1

dose ASO3.

* Titer cut-off for MN test defined as 80 or greater due to

increased sensitivity to test relative to HI

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Division of Global Migration and Quarantine



- Travel Advisory to Mexico
- Ports of Entry (POEs)
 - Total 103 response event, 8 confirmed with Novel Influenza A (H1N1) after referral at POE (5 May 09)
- Community Mitigation (CM)
 - Guidelines in Development
 - School Guidance posted
 - · Colleges and University (in clearance)
 - · Mass Gatherings (in clearance)
 - CDC field teams evaluating effectiveness of NPI in Chicago and at U Delaware

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Animal/Human



Economic impact as of May 5

- US Swine import bans:
 - 3 countries from any state reporting human cases
 - 22 countries from the U.S.
- Canada reported swine Novel Influenza A (H1N1) cases to OIE as non-listed disease under emerging disease reason for notifying.
 - Isolated virus closely related to human outbreak virus, full characterization ongoing
- USDA/APHIS/VS discussions with Canada and Mexico (diagnostic methods and surveillance)
- APHIS/VS draft surveillance plan for Novel Influenza A (H1N1) in U.S. owine, current components:
 - Surreallies :e in swine Rpi-linked to human cases
 - Testing sick pigs at exhibition events and at auctions and markets
 - Targeted testing of samples submitted to veterinary diag labs (atypical clinical signs in swine, untypeable or novel SIV isolates, isolates from a herd with suspect SIV vaccine failure)





- 2008-09 northern hemisphere seasonal vaccine doses (U.S. licensed manufacturers)
 - GSK ~7.4M
 - Novartis ~3M (plan to offer to PAHO or Latin America by 5/4 unless HHS expresses interest)
 - Sanofi Pasteur ~1.2M in bulk (could be available ~week of 5/25, decision would be needed by 5/4 to order necessary commodities)
 - MedImmune ~400,000 expired but frozen and would need some sort of shelf life extension
- ~12 million total doses in industry inventories and ~1.3 million doses in CDC stockpiles
- Conference calls today and Friday with HHS agencies to discuss potential uses for remaining doses

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Antiviral/Clinical



- Providing guidance and assistance with clinical care
 - Antiviral recommendations, after 2nd IDSA/ACIP consultation (ready to post)
 - Clinicians use of rapid tests, testing and treatment for patients according to illness severity and risk factors (posted)
 - Assisting with N95/droplet precaution issues
- · Collecting information to inform guidance
 - Clinical illness of hospitalized patients, pregnant patients
 - Characterization of antiviral use and plan studies
- · Preparing for oseltamivir resistance
 - Working with Regulatory and FDA:
 - IV Peramivir
 - 1300 treatment regimens, indications, monitoring
 - Investigational agents
 - · Nebulizer use for zanamivir