

## Summary of the Response to Emergence of the Novel H1N1 Influenza Virus

On April 17<sup>th</sup>, the Centers for Disease Control and Prevention (CDC) confirmed the first two cases of novel influenza virus H1N1 (formerly called 'swine flu') in two people from adjacent counties in southern California. On April 24<sup>th</sup>, the CDC reported an additional six suspected cases from southern California and Texas as well as confirmed cases in Mexico. Mexico had been experiencing an increase in severe respiratory disease and associated deaths.

On Sunday, April 26<sup>th</sup>, the Vermont Department of Health (VDH) enhanced its response to the emergence of this novel influenza virus. By the next day, the Health Operations Center (HOC) was activated. The HOC identifies the actions needed to respond to an emergency, finds the needed resources, monitors and reports on the progress of the response, and coordinates efforts with local, federal and other state entities. Responding to the novel influenza H1N1 event required the temporary reassignment of 70 to 100 VDH employees. Between five and ten employees staffed the HOC at any one time. The HOC included a Medical Branch which was responsible for, among other things, antiviral medication distribution and questions about the availability and use of N-95 masks.

Communication was one of the biggest challenges in responding to the emergence of the novel H1N1 virus. There were daily HOC briefings, and VDH staff participated on two daily conference calls with CDC and a daily conference call with state health officers. The CDC website was monitored for important updates. Health Alert Network advisories were sent to healthcare providers when the recommendations from CDC were changed significantly. Broadcast faxes were sent to schools, childcare centers, long-term care facilities and other institutions to keep them apprised of current recommendations. VDH also hosted daily conference calls with hospital emergency preparedness committee members.

Answering phone calls from providers and the public was a priority. Staff was reassigned to handle the increase in call volume. In addition to calls from the public, epidemiology staff handled all calls from healthcare providers. The staff in the central office responded to over 400 calls during the first two weeks of the response, while staff in the District Offices handled over 300 calls. Operators at 211 handled over 90 calls from the public.

The Vermont Department of Health Laboratory staff worked through the weekends to meet the increased demand for influenza testing. As of May 27<sup>th</sup>, the lab has tested over 330 samples and has confirmed 5 cases of novel influenza H1N1, 3 in Vermont residents. In addition, the lab has identified over 30 cases of seasonal flu, one type B and the rest type A. By the end of the second week, the lab acquired the capability to definitively identify the novel H1N1 strain, eliminating the need to send samples to CDC for confirmation.

Planning for the fall flu season continues because it is uncertain how this virus will behave in the future. In particular, the Medical Branch is implementing plans for fit-testing healthcare providers for N-95 masks as well as finalizing plans for the distribution and tracking of antiviral medication and, potentially, for influenza vaccine. In addition, Infectious Disease Epidemiology is developing a strategy to monitor influenza activity, and the VDH laboratory will be testing for novel influenza H1N1 through the summer months.

The *Infectious Disease Bulletin* can be viewed at:

<http://healthvermont.gov/pubs/IDB/index.aspx>

For questions & comments, please contact Patsy Kelso at (802) 863-7240

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