



# NM Department of Homeland Security and Emergency Management

## H1N1 Local Emergency Manager Brief (Fall '09 #6) 19OCT2009

### New Information:

#### **Conference Call Schedule:**

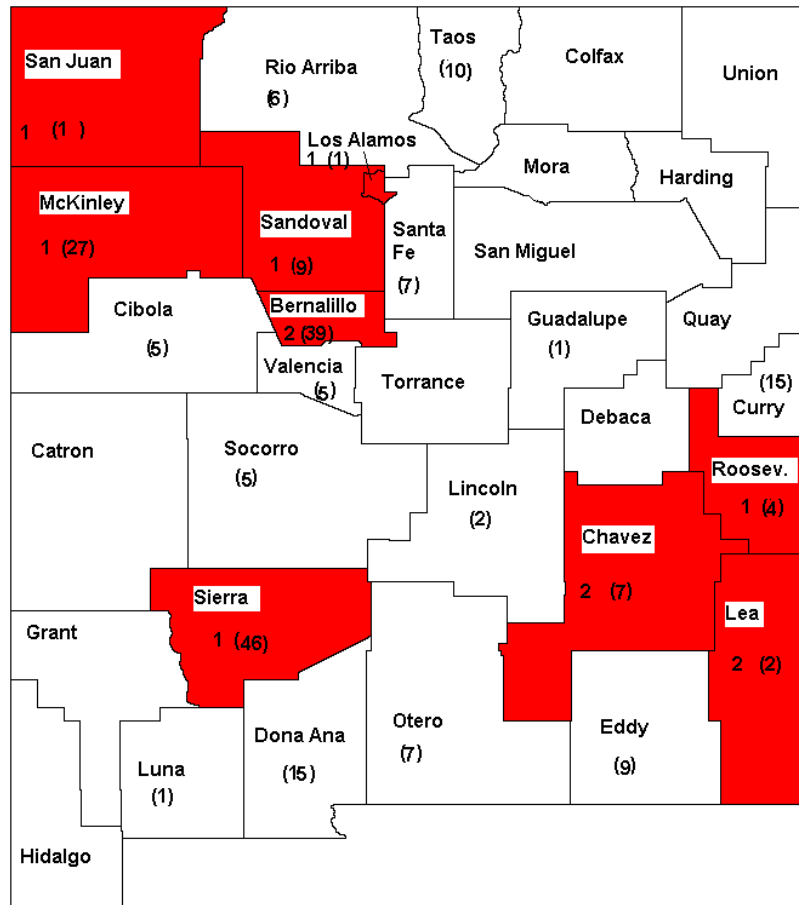
There are currently no conference calls scheduled

#### **DHSEM Update:**

- DHSEM will begin send H1N1 situational updates more frequently in a "SitRep" format.
- By October 23<sup>rd</sup>, each school district should be receiving a Table Top Exercise (TTX) template to test their food continuity plans developed in the event a school is closed. This exercise will test the plans each school district has developed to ensure they can still provide 2 meals/day in the event of a long-term school closure.
- DHSEM will continue making contact with our local emergency management partners re: medical surge, continuity of operations (COOP) issues, school absence numbers, etc. Please continue to reach out to your city/county departments, schools, and medical facilities to help us maintain state-wide situational awareness.

#### **New Mexico H1N1 Dispersion Map (as of 18OCT2009)**

- Counties shaded in red indicate H1N1 related fatality/fatalities. Numbers under county name indicate number of H1N1 fatalities, numbers in parentheses indicate number of H1N1 hospitalizations





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### DOH Update:

- So far this year, there have been nine deaths related to H1N1 influenza in the state. The other H1N1-related deaths are as follows: A 45-year-old female from Sierra County with end stage liver disease, a 52-year-old female from Bernalillo County with chronic pulmonary disease, a 48-year-old female from McKinley County with asthma and diabetes, a 21-year-old female from Los Alamos County without chronic medical conditions, a 58-year-old male from Bernalillo County with chronic conditions that put him at risk for serious complications from the flu, a 28-year-old male from Lea County died Sept. 23 after being hospitalized in El Paso, Texas. The man did not have any known chronic health conditions. and a female infant from Roosevelt County and a 5-year-old female from Sandoval County died as a result of H1N1 influenza. Neither child had a chronic medical condition. **15-year-old female from Chaves County with underlying health conditions died October 17, a 47-year-old female from Chaves County who had no known chronic health conditions, a 59-year-old male from San Juan County who had chronic health conditions that put him at higher risk, and a 63-year-old male whose county of residence has not yet been determined who had chronic health conditions that put him at higher risk.** (New fatalities since the previous update are in bold)
- There have been 221 hospitalizations related to H1N1 influenza. The hospitalizations by county are as follows: Bernalillo County (39), Chaves County (7), Cibola County (5), Curry County (15), Doña Ana County (15), Eddy County (9), Guadalupe County (1), Lea County (10), Lincoln County (2), Los Alamos County (1), Luna County (1), McKinley County (27), Otero County (7), Rio Arriba County (6), Roosevelt County (4), San Juan County (14), Sandoval County (9), Santa Fe County (7), Sierra County (46), Socorro County (5), Taos County (10), Valencia County (5) and 16 cases where residence has not yet been determined.
- As of Oct. 14, the Department of Health has ordered 42,203 doses of novel H1N1 vaccine that will be shipped directly to healthcare providers and public health offices statewide. Both nasal and injectable vaccine has been ordered. The vaccine will arrive in stages, and the Department of Health expects to have about 1.2 million doses by the end of January 2010. The following is a total amount of novel H1N1 vaccine that has been ordered for each county as of Oct. 14: Bernalillo (15,680), Catron (40), Chaves (1,410), Cibola (560), Colfax (370), Curry (1,030), DeBaca (20), Doña Ana (4,030), Eddy, (1,140), Grant (650), Guadalupe (120), Harding (0), Hidalgo (40), Lea (1,250), Lincoln (390), Los Alamos (380), Luna (540), McKinley (2,130), Mora (40), Otero (1,320), Quay (160), Rio Arriba (885), Roosevelt (390), San Juan (2,760), San Miguel (570), Sandoval (1,270), Santa Fe (2,765), Sierra (180), Socorro (360), Taos (560), Torrance (200), Union (90), Valencia (900).
- The Department of Health is recommending the following:
  - People who are experiencing typical, mild symptoms of influenza and are not at higher risk for flu complications should stay home and avoid public places until they are well. Typical, mild symptoms include fever, sore throat, and cough.



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- People who are experiencing typical, mild symptoms of influenza and are at higher risk for complications should call their healthcare provider or the nurse advice line for consideration for treatment with antiviral medications.
- People who develop severe symptoms of influenza should seek care immediately from their healthcare provider or the emergency room. Severe symptoms include shortness of breath, rapid breathing, dehydration, or decreased responsiveness.
- DOH has begun posting situational updates to their website:  
<http://www.health.state.nm.us/H1N1/index.shtml>

### Center for Disease Control and Prevention (CDC) Update (26SEPT2009):

- During week 40 (October 4-10, 2009), influenza activity increased in the U.S.
- During week 38, the following influenza activity was reported:
  - Forty-one states reported geographically widespread influenza activity, Guam and eight states reported regional influenza activity, one state, the District of Columbia, and Puerto Rico reported local influenza activity, and the U.S. Virgin Islands did not report.
- All subtyped influenza A viruses being reported to CDC were 2009 influenza A (H1N1) viruses.

### World Health Organization (WHO) Update (16OCT2009):

Region	Cumulative total	
	as of 11 October 2009	
	Cases*	Deaths
WHO Regional Office for Africa (AFRO)	12456	70
WHO Regional Office for the Americas (AMRO)	153697	3406
WHO Regional Office for the Eastern Mediterranean (EMRO)	13855	90
WHO Regional Office for Europe (EURO)	Over 61000	At least 207
WHO Regional Office for South-East Asia (SEARO)	39522	530
WHO Regional Office for the Western Pacific (WPRO)	118702	432
Total	Over 399232	At least 4735

- As of 11 October 2009, worldwide there have been more than 399232 laboratory confirmed cases of pandemic influenza H1N1 2009 and over 4735 deaths reported to WHO.
- Influenza activity continues to increase in the northern temperate zones across the world. In North America, the United States is now experiencing nationwide rates of Influenza-Like Illness (ILI) well above seasonal baseline rates with high rates of pandemic H1N1 2009 virus detections in clinical laboratory specimens. Canada is reporting increases in ILI rates for the third straight week with some provinces now crossing the baseline. Mexico also reports high intensity and active transmission in some areas of the country. Western Europe and northern Asia are experiencing increased rates of ILI, well above baseline in some countries but activity is generally not as widespread as in North America. Of note, nearly half of the influenza viruses detected in China are seasonal



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influenza A (H3N2) viruses, which appeared prior to and is co-circulating with pandemic H1N1 2009 virus.

- The tropical zones continue to have transmission that is mixed as some countries have now peaked and are declining, while others are experiencing increases. In the tropical region of the Americas, several Caribbean Island nations are now reporting increased rates of illness while Brazil, Costa Rica and other countries on the continent are declining. In South Asia, most countries now report a decline in rates of illness.

### Web Resources:

- New Mexico Department of Homeland Security and Emergency Management: [www.nmdhsem.org](http://www.nmdhsem.org)
- New Mexico Department of Health: <http://nmhealth.org/>
- Center for Disease Control and Prevention: <http://www.cdc.gov/>
- One-stop access to U.S. Government H1N1, avian and pandemic flu information: <http://www.flu.gov/>
- Occupational Safety and Health Administration (OSHA) H1N1 guidance, information, and recommendations: <http://www.osha.gov/dsg/topics/pandemicflu/index.html>
- Preparing for the Flu: A Toolkit for NM Schools <http://nmhealth.org/H1N1/school.shtml>

### Current Recommendations (Unchanged):

- NM DOH Draft Recommendations document available at <http://nmhealth.org/H1N1/provider/PPE%20Recommendations%20Summary%2008262009.pdf>
- From the CDC:
  - Cover your cough
  - Wash your hands frequently
  - If you have a fever, stay home for at least 24 hrs after that fever has ended
  - Get a vaccine when it becomes available

### Current Guidance (Unchanged):

- H1N1 CDC Guidance may be found on line at <http://www.cdc.gov/h1n1flu/guidance/>
- PPE guidance from the NMDOH (DOH is working with State OSHA recommendations to ensure adequacy of guidance):
  - N-95 respirators should be used by health care providers, including emergency medical services personnel, when performing aerosol-generating procedures on persons with confirmed or suspected H1N1.
  - Surgical masks should be used by health care providers when providing direct patient care to persons with confirmed or suspected H1N1.
  - Surgical masks should also be used by persons with suspected or confirmed H1N1 at school while waiting to go home and in health care waiting rooms.
  - Surgical masks are not recommended for use by well persons unless they have a specific occupational need to wear them, such as in the case of health care workers and social workers on home visitations.
- Vaccination guidance from the CDC:

Vaccination target groups: pregnant women, people who live with or care for children younger than 6 months of age, healthcare and emergency medical services personnel, persons between the ages of 6 months through 24 years, and



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people ages 25 through 64 years who are at higher risk for novel H1N1 because of chronic health disorders or compromised immune systems. The ACIP also made recommendations regarding which people within the groups listed above should be prioritized if the vaccine is initially available in extremely limited quantities. Once the demand for vaccine for the prioritized groups has been met at the local level, programs and providers should also begin vaccinating everyone from the ages of 25 through 64 years. Current studies indicate that the risk for infection among persons age 65 or older is less than the risk for younger age groups. However, once vaccine demand among younger age groups has been met, programs and providers should offer vaccination to people 65 or older.

### **Previously Disseminated information:**

- A Multi-Agency Coordination (MAC) Group has been established to coordinate state-level policy decisions and communications through the duration of the 2009-2010 influenza season. Andrew Phelps will serve as the DHSEM representative on the MAC and will act as liaison from the MAC to the local emergency management community.
- Information provided via conference calls or DHSEM Updates should be considered “For Official Use Only” and should be disseminated at the receiver’s discretion. Any information that is not intended to be disseminated (or delayed dissemination) will be clearly marked as such.
- As a reminder to our local emergency management partners, H1N1 information sharing needs to move both ways. If you are hearing rumors (or even confirmation) of a hospitalization or, especially, fatality, due to H1N1 and you didn’t hear anything from us, please give us a call. Just like a flood or fire, we rely on our local partners for information and very often, you will have info before we do and we can help confirm the accuracy of that information. DOH is continuing to investigate potential H1N1-related fatalities and will not release confirmation information to the media prior to notifying DHSEM. DHSEM will contact our local emergency management partners as soon as we have information on fatalities. Please bear in mind, the information DOH releases on H1N1 fatalities is generally limited to age, sex, and county, which is more information than typically released for seasonal influenza fatalities.
- If you would like a DHSEM representative to attend any local meetings, please let us know and we will make every effort to accommodate that request.
- As a reminder, information will flow from the state to local jurisdictions AND from the local jurisdiction to the state. DHSEM will continue to work to provide an informational “big picture” but will rely on information from our local emergency management partners to draw that picture. If you are receiving information independent from DHSEM, please share this information with us. These updates will be sent out weekly; more frequently as the situation dictates. If at any time there is information you would like to see included in these H1N1 updates, please contact Andrew Phelps (505-660-9412/ Andrew.phelps@state.nm.us).
- The Department of Health is working with providers throughout the state including hospitals, clinics, private providers and pharmacists, to provide vaccinations to protect people against the new strain of influenza (H1N1) and seasonal influenza. It is important to get protected against both strains of influenza. The Department is planning clinics



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statewide and will announce the dates, times and locations of clinics when they are scheduled.

- DOH is planning for storage and distribution of antivirals, establishing an inventory of personal protective equipment, training hospitals on medical surge, and developing educational materials to explain what specialized populations can do to prevent and respond to flu cases.
- DHSEM is determining triggers during the Fall '09 influenza season. Some triggers to consider are EOC activation, establishment of a local JIC/JIS, emergency declaration, special council sessions, etc.
- Health care providers around the state are providing vaccinations to protect people against seasonal flu. The U.S. Centers for Disease Control and Prevention expects to begin shipping H1N1 flu vaccine as early as mid-October, including shipments to New Mexico. New Mexico will receive vaccine in stages and provide vaccination first to people most at risk for serious illness from H1N1 influenza. The first priority groups that will be vaccinated are: pregnant women, household members/caretakers of infants less than 6 months old, children 6 to 59 months of age, children 5 to 18 years with certain chronic health conditions that increase their risk of complications from flu, and healthcare workers and emergency medical service personnel with direct patient care.
- As a reminder, all resource requests should be directed through DHSEM and the State Emergency Operations Center. Schools, Fire Departments, etc. should place emergency resource requests with their jurisdiction's emergency manager who will then forward the request to the State EOC. Remember, normal resource procurement procedures must be exhausted before seeking state assistance.
- **Information re: Schools:** Please work with your school districts to ensure they have current DOH/PED recommendations. Many school districts have begun sending home "home health care" fliers when sick children are sent home. This information includes warning signs that the flu is getting worse (elevated fever, signs of dehydration, labored breathing) and the child should see a doctor as well as information on how to treat a child sick with the flu (ensure the child is consuming and keeping down at least 8 ounces of water, managing fever, etc.). This will reduce the number of unnecessary doctors visits while helping to ensure that children who need to be seen by a physician will seek professional medical care. Finally, the State Public Education Department has drafted and disseminated a MOU to all school districts providing the legal basis for the provision of emergency meals under a modified USDA Summer Food Service Program (SFSP) and Seamless Summer Option (SSO) during H1N1 related school closures while being exempt from the SFSP and SSO congregate meals requirement. Many children in New Mexico rely on receiving 2 meals per day from their school, and executing this MOU is an important piece in ensuring meals are provided in the unlikely event a school is closed. Please contact your school districts about the status of the MOU within the district.