

## STATE OF TEXAS, STATE OPERATIONS CENTER (SOC)

**SUBJECT: H1N1 Influenza Preparedness**

**SITUATION REPORT # 8**

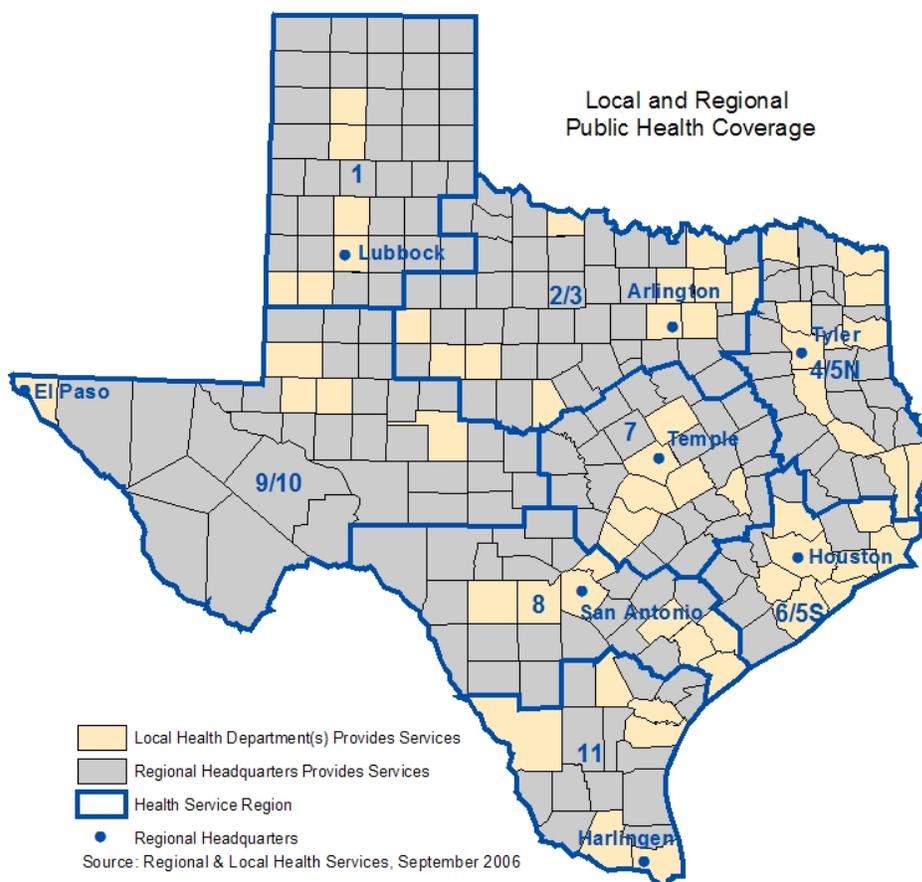
**DATE AND TIME COVERED: Thursday, October 22, 2009 through  
Thursday, October 29, 2009**

**CURRENT SITUATION:** During week 41, influenza activity remained elevated in the U.S. Forty-six states reported geographically “widespread” influenza activity, Guam and three 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. This many reports of widespread activity are unprecedented during seasonal flu. Visits to doctors for influenza-like illness (ILI) are increasing steeply and are now higher than what is seen at the peak of many regular flu seasons. In addition, flu-related hospitalizations and deaths continue to go up nationwide and are above what is expected for this time of year. Severe disease continues to be seen more often in individuals with underlying health conditions such as lung disease, heart disease, immunosuppression, pregnant women, and in those where treatment has been delayed. 4,855 (37.5%) of specimens tested by U.S. World Health Organization (SHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories and reported to CDC/Influenza Division were positive for influenza. All sub typed influenza A viruses being reported to the CDC were 2009 influenza A (H1N1) viruses. The proportion of deaths attributed to pneumonia and influenza (P&I) was above the epidemic threshold. Eleven influenza-associated pediatric deaths were reported. Nine of these deaths were associated with 2009 influenza A (H1N1) virus infection and two was associated with influenza A virus, for which subtype is undetermined. The proportion of outpatient visits for influenza-like illness (ILI) was above the national baseline. All 10 regions reported ILI above region-specific baseline levels. This past week the President of the U.S. issued a Declaration of a National Emergency with respect to the H1N1 epidemic. To compliment the declaration, the Secretary of Health and Human Services signed waiver 1135. This gives the option to waive certain regulatory requirements for health care facilities in response to emergencies such as Medicare, Medicaid, CHIP; Emergency Medical Treatment and Active Labor Act; and Health Insurance Portability and Accountability Act. DSHS currently is reviewing the waiver and developing a process with the Centers for Medicaid and Medicare Services region office to assist Texas hospitals with any waiver requests they may have. It is important to understand these waivers are NOT related to a Stafford Act declaration and reimbursement.

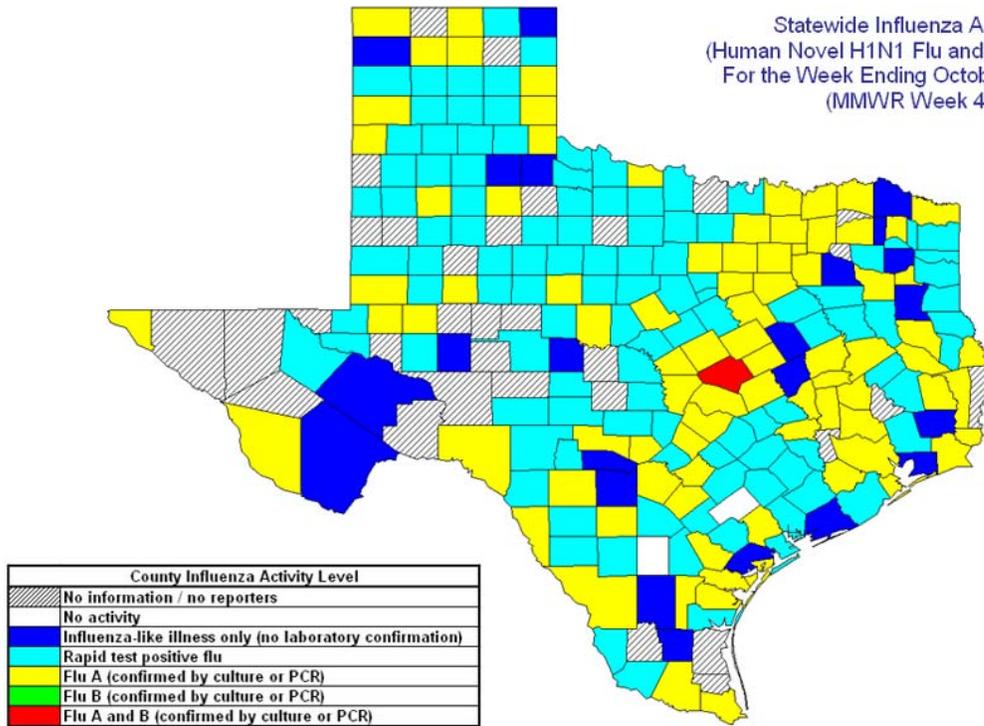
The influenza activity level for Texas for the week ending October 17, 2009 was “widespread”. During week 41, 734 (26.6%) of specimens tested by the NREVSS laboratories in Texas were positive for influenza. The proportion of visits for influenza-like illness (ILI) as reported by Influenza-like Illness Surveillance Network (ILINet) providers in Texas was above the regional baseline during week 41. Twelve hospital laboratories and public health agencies across Texas reported conducting a total of 2,758 influenza tests to NREVSS, sponsored by the Centers for Disease Control and Prevention (CDC). Health Service Regions (HSRs) 1, 6/5S, and 9/10 reported an increased level of flu activity compared to week 40. HSR 8 reported the same level of flu activity compared to week 40. HSRs 2/3, 4/5N, 7 and 11 reported a decreased level of flu activity compared to week 40. The vast majority of cases seen continue to be mild to moderate outpatient disease. Severe disease continues to be seen predominately in individuals with underlying health conditions. Since the beginning of this pandemic in April, Texas has had a total of 95 confirmed deaths. The State reported seven influenza-associated pediatric deaths (three from previous weeks and four from the current week). The first death occurred during week 39 (week ending October 3, 2009) in a 12 year-old resident of HSR 11 with no significant underlying medical conditions. A specimen from the child was positive for novel influenza A (H1N1). The second death occurred during week 40 (week ending October 10, 2009) in a 9 month-old resident of HSR 4/5N with significant underlying medical conditions. The child’s specimen was positive for influenza A (not sub typed) by rapid influenza test. The

third death occurred during week 40 in a 5 year-old resident of HSR 7 with no significant underlying conditions. Specimen from the child was positive for influenza A (H1N1). Four deaths were reported during week 41 (week ending October 17, 2009). The first death occurred in a 14 year-old resident of HSR 2/3 with an underlying medical condition. A specimen from the child tested positive for novel influenza A (H1N1). The second death occurred in a 4 month-old resident of HSR 6/5S with no underlying medical conditions. The child's specimen tested positive for novel influenza A (H1N1). The fourth death occurred in a 16 day-old resident of HSR 2/3 with no significant underlying medical conditions; however, the child had a co-infection with Group B *Streptococcus*. A specimen collected from the child tested positive for novel influenza A (H1N1) by PCR. Texas has reported 7 influenza-associated pediatric fatalities during the 2009-2010 influenza season. There were 16 influenza-associated pediatric deaths reported from April 26, 2009 to October 3, 2009. There have been a total of 21 H1N1 pediatric deaths in Texas since the pandemic began in April.

During week 41, school closures were reported in HSR 1. Schools in Hutchinson (1 school), Lipscomb (2), and Oldham (1) Counties closed due to ILI and high absenteeism.



Statewide Influenza Activity<sup>1,2</sup>  
 (Human Novel H1N1 Flu and Seasonal Flu)  
 For the Week Ending October 17, 2009<sup>3</sup>  
 (MMWR Week 41)



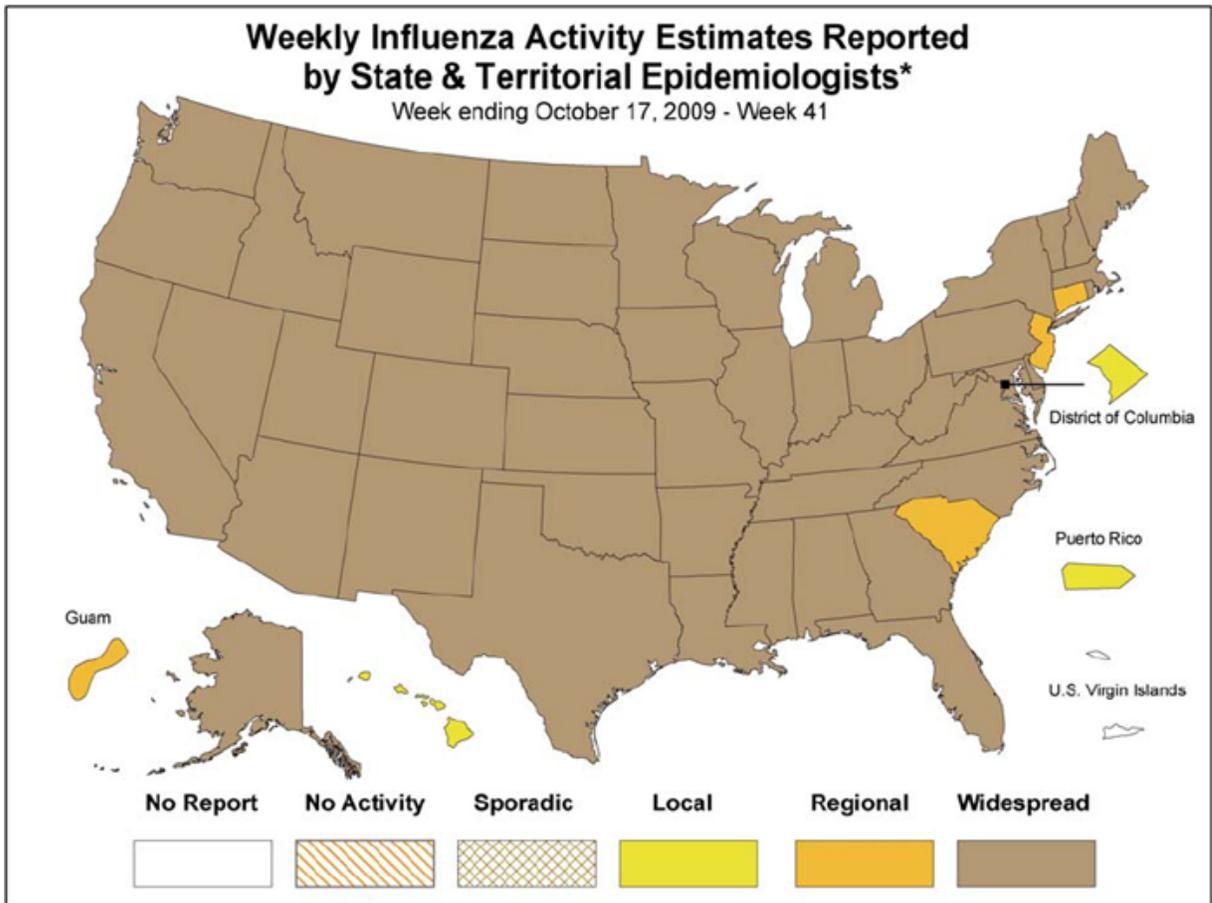
<sup>1</sup> Influenza activity level corresponds to current MMWR week only and does not reflect previous weeks' activity.

<sup>2</sup> The majority of influenza cases are not reportable by law to the Texas Department of State Health Services. This map contains data from sentinel sites and does not represent all influenza cases.

Over 360,000 courses of antiviral have been sent to pharmacies, Federally Qualified Healthcare Centers (FQHCs), and local and regional health departments across Texas. The State and Federal antiviral cache is being distributed to pharmacy clinics and community health centers every week. 1,200 pharmacies and clinics have received antiviral, and DSHS expects to reach 1,500 in the coming weeks. DSHS has advised that it is very important that the State uses available supplies appropriately. It is recommended that antiviral be used for those in high-risk groups for severe illness or complications or those who are hospitalized. Antiviral should NOT be used as a preventive measure in healthy individuals with no other risk factors.

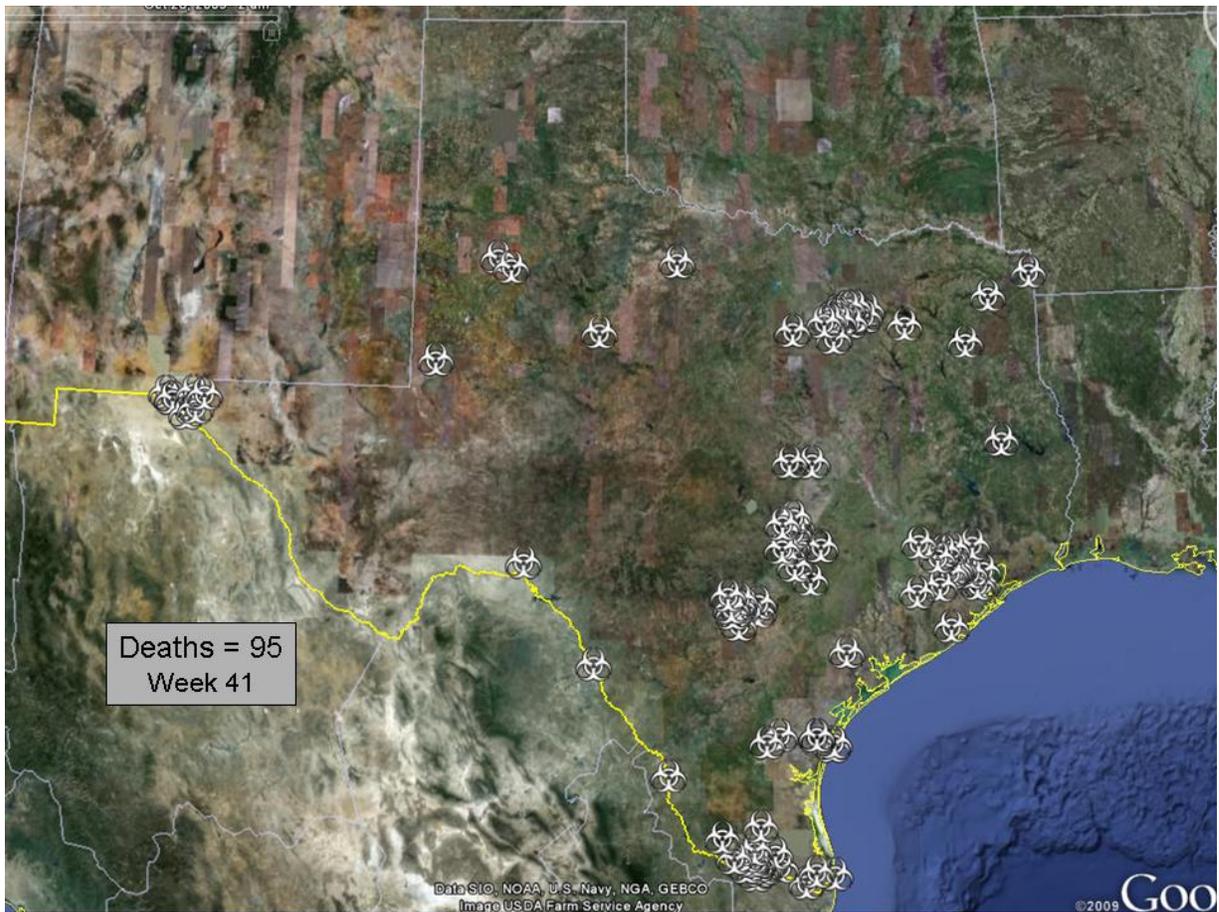
Texas continues to order its full allocation of H1N1 vaccine, but the national supply still is not adequate to meet demand. Texas plans to allocate more vaccine to other groups as it becomes more widely available. Texas had expected to receive 3.4 million doses of the vaccine by mid-October, according to the initial projections from the CDC. However, the State has been allocated less than 1.7 million doses so far. Texas has not allocated any H1N1 vaccine to prisons at this time. Prisoners are not a priority group to receive the vaccine and will not be vaccinated ahead of the general public. Given the limited national supply, Texas is initially targeting priority groups most at risk. Pregnant women are one of those groups. There are pregnant women who are incarcerated who need the vaccine to help protect their unborn children. Health care providers who serve pregnant women in prisons have requested vaccine from the Texas Department of State Health Services. It is unclear when the State will be able to fill those orders given the limited national supply of the vaccine. Texas has been providing vaccine since the State first received allocations from the U.S. Centers for Disease Control and Prevention earlier this month. A limited supply will be going to the prison system to vaccinate those most at risk. Some forms of this vaccine contain the preservative Thimerosal and there have been concerns about the safety of administering the H1N1 vaccine to pregnant women and children, particularly those between the ages of 6 months to 2 years of age. There is no evidence that the preservative will affect pregnant women and the development of the

baby or young children. An alternative, thimerosal-free vaccine will be available in the near future. Not much is available presently. 64,700 doses of preservative-free, pre-filled syringes have been allocated so far in the State. This is only a small percentage of this type of vaccine that will become available in Texas in the coming weeks/months.

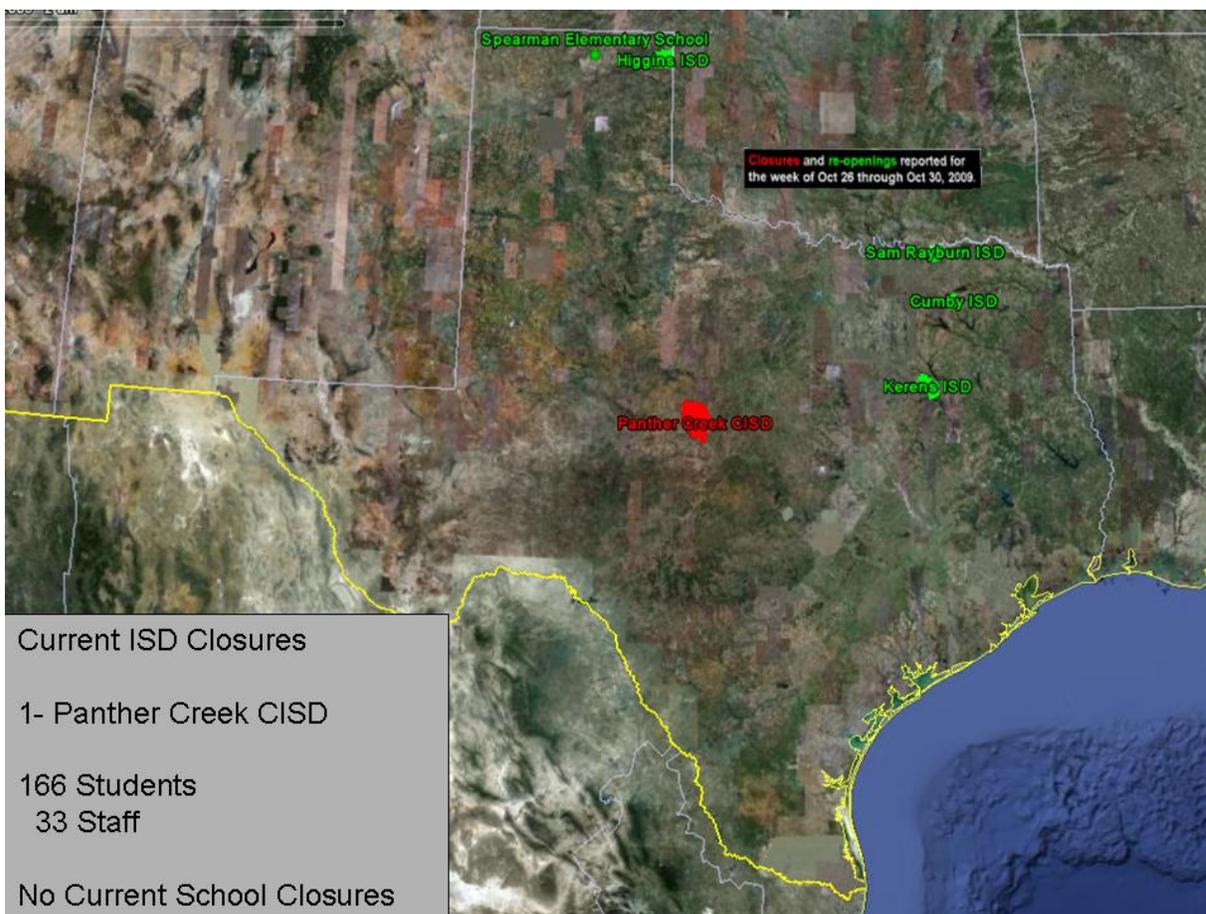


\*This map indicates geographic spread and does not measure the severity of influenza activity.

**As of Week 41, there have been 95 confirmed fatalities caused by H1N1.  
Map of H1N1 deaths in Texas, as of October 29, 2009.**



## County Breakdown of School Closures and Re-openings due to High Absenteeism related to Flu-like Illnesses and Accompanying Map.



**Coleman/Runnels Counties:** Panther Creek ISD, located in Coleman County and a part of Runnels County, closed on Wednesday, October 28, 2009 and plans to re-open on Monday, November 2, 2009. The ISD had approximately 8 confirmed cases of H1N1 influenza; however, many of the absences were due to seasonal influenza and stomach virus. Officials plan to apply for a waiver from TEA that will keep the ISD from having to make up missed school days. (RLO 5C, TEA)

**Fannin County:** Sam Rayburn ISD re-opened on Monday, October 26, 2009. (TEA)

**Hansford County:** Gus Birdwell Elementary in Spearman ISD re-opened on Monday, October 26, 2009. (TEA)

**Henderson County:** Trinidad ISD re-opened on Monday, October 26, 2009. (TEA)

**Hopkins County:** Cumby ISD re-opened on Monday, October 26, 2009. (TEA)

**Lipscomb County:** Higgins ISD closed on Thursday, October 22, 2009 and re-opened on Monday, October 26, 2009. (TEA)

**Navarro County:** Kerens ISD re-opened on Tuesday, October 27, 2009. (RLO 6C, TEA)

**Tarrant County:** Tarrant County Public Health (TCPH) reported its fifth flu-related death, a woman in her 40s. Laboratory tests confirmed that she had the H1N1 influenza. (RLO Sub 1A, TCPH)

**2-1-1 Texas:** During the week of October 21-27, 2009, 2-1-1 Texas took a total of 7,851 calls. 5,025 calls were for Information and Referral (I&R) and 2,826 calls were for the Medical Call Center. Primary referrals (met needs) were for antiviral information and limited vaccination clinic information. Primary unmet needs were for vaccine information (in communities which have not yet announced public clinics). Houston, Dallas, and Austin continue to be the cities generating the highest call volume.

**Texas AgriLife Extension Service (ALEXT):** To support the Department of State Health Services H1N1 public information and education, ALEXT has activated its public health educators who serve as Family and Consumer Sciences County Extension agents across all rural and urban Texas counties and Extension specialists in the Family Development and Resource Management Department in College Station. The agency has also activated animal science, veterinary medicine and agricultural communications specialists to support Texas Animal Health Commission, Texas Department of Agriculture and the Texas pork industry regarding public and animal health issues and best bio-security practices related to H1N1.

**Department of State Health Services (DSHS):** Last week, the CDC recommended that all health care providers use the N95 face masks as a preventive measure against contracting H1N1 influenza when in close contact with patients. DSHS reported that there has been a tightening of supply with certain types of personal protection equipment (PPE) such as N95 masks. CDC guidance states that health care workers who are in close contact with patients suspected or confirmed to have 2009 H1N1 influenza should wear a fit-tested, disposable N95 respirator. Hospitals may be running into problems meeting CDC guidelines because the commercial pipeline is not sufficient to meet demand fully. DSHS is working to support hospitals and providers to ensure any shortages in PPE can be addressed from their stockpile. Distribution of needed equipment and finalization of distribution plans should be done in early November.

In order for providers to obtain vaccine, they must follow the registration and ordering processes outlined in the memorandum on the DSHS website. This memorandum will be updated as needed and posted on [www.TexasFlu.org](http://www.TexasFlu.org). Registration and ordering processes have been set up on an online system, and ongoing updates to registered providers will be communicated via email. The DSHS call center has received over 15,000 inquiries so far. Over 8,000 inquiries have been from the general public for the period late August through this past Monday (October 19, 2009). Almost 7,000 calls have been from providers, schools, businesses, pharmacies, day care and other facilities. To date, over 12,000 providers have registered to receive the vaccine. Over 5,000 (5,053) providers have been allotted vaccine. Providers who do not have internet access or experience difficulties with the online site, can contact the DSHS H1N1 provider call center toll-free at (877) 623-6274, Monday through Friday, 8:00 AM through 5:00 PM, Central Standard Time. TV and radio ads prepared in both English and Spanish are airing statewide and are posted to [www.TexasFlu.org](http://www.TexasFlu.org).

Seasonal vaccines are available in injection and nasal spray form, recommended for those who are 6 months and older, and takes about two weeks to become effective. It is highly recommended that the following groups be vaccinated as soon as possible:

- Children aged 6 months up to their 19th birthday
- Pregnant women
- People 50 years of age and older
- People of any age with certain chronic medical conditions
- People who live in nursing homes and other long-term care facilities
- People who live with or care for those at high risk for complications from flu, including:
  - Health care workers

- Household contacts of persons at high risk for complications from the flu
- Household contacts and out of home caregivers of children less than 6 months of age (these children are too young to be vaccinated)

Information concerning seasonal influenza and H1N1 is available on the Department of State Health Services website at [www.texasflu.org](http://www.texasflu.org).

**Texas Education Agency (TEA):** TEA reported periodic closings during week 40. Seven campuses closed, affecting 1,324 students and 194 staff. There has been widespread absenteeism due to illness in some school districts. Waiver applications for missed instructional days and low attendance days below 90% of the average from last year are available. For additional information on waivers, contact the TEA Waivers Division at 512-463-5917. Downloadable flu prevention posters and flyers are available in English and Spanish on the TEA H1N1 website. Any information concerning schools can be found at [www.tea.state.tx.us](http://www.tea.state.tx.us). This website is updated daily at 9:00 a.m., 12:00 p.m., and 5:30 p.m.

**Texas Higher Education Coordination Board (THECB):** Is in communication with the Texas Department of State Health Services and the Texas Division of Emergency Management concerning the 2009 Novel H1N1 outbreak and will continue to monitor the situation. THECB has begun the development of emergency contact lists for key personnel in all Texas Institutions of Higher Education. THECB urges institutions to submit their single contact person for the emergency contact list so they may forward them important communications. THECB reported no higher education institution closings. Last week, THECB posted a link to “Blueprint for Pandemic Flu Preparedness Planning for Colleges and Universities” on their website. This document was developed with support from the Gallagher Higher Education Practice Group, and also contains a World Health Organization (WHO) checklist for influenza pandemic preparedness planning.

**Southern Association of Colleges and Schools (SACS):** In the event that a public institution of higher education closes temporarily due to a concern regarding public health, the institution may request that the Southern Association of Colleges and Schools (SACS) grant an exemption from the contact hour standards. However, SACS has indicated that it is up to the individual institution to ensure positive student outcomes and that the letter is not required. If an institution chooses to submit the letter, it should contain sufficient information for SACS to ensure that the educational standards and objectives of the courses will not be unduly compromised by the limited number of contact hours. If an institution remains closed for an extended period of time, the Coordinating Board will work with the institution and SACS to ensure the best possible outcome for the students. An institution which chooses to submit the letter should address it to their institutional liaison from SACS or to the President of SACS.

**Texas Department of Agriculture (TDA):** Continues to monitor animal/livestock health and food safety issues. TDA urges School Administrators to obtain a waiver request to continue school breakfast and lunch supplemental programs during periods of school closure due to H1N1. This special program allowance may be invoked only upon the declaration of a public health emergency. To date, TDA has received applications for waivers from 173 ISDs for 2,514 feeding sites. None of these ISDs have asked to use their waivers. To assist school districts with the application process, TDA has sent information to the schools. Texas Division of Emergency Management strongly urges local officials to contact their school administrators about applying for waivers for the “Square Meals” program, citing previous successes of the program in Texas. The forms and guidance SFAs and COs will need to ensure their schools can continue providing meals in the event of an H1N1-related closure are located on the TDA Food and Nutrition website at [www.squaremeals.org/H1N1](http://www.squaremeals.org/H1N1). A waiver request and agreement addendum, if applicable, must be received and approved by TDA prior to meal service to allow for meal reimbursement. The forms must be completed and returned to TDA as soon as possible. Any SFA or CO requiring assistance in completing the forms can contact the TDA Food and Nutrition Division at 1-877-TEX MEALS.

**Texas Animal Health Commission (TAHC):** TAHC continues to work with DSHS, the Texas pork industry, and sister agriculture agencies on issues concerning public and animal health issues related to the H1N1 Flu. TAHC has response protocols in place and is also providing bio-security protocols through public information channels.

Information concerning seasonal influenza and H1N1 can be found at the below listed public web sites:

**Public Health Information:**

[www.texasflu.org](http://www.texasflu.org) (Department of State Health Services)  
[www.cdc.gov/h1n1flu](http://www.cdc.gov/h1n1flu) (Centers for Disease Control & Prevention)

**Texas Education Agency Information:**

[www.tea.state.tx.us](http://www.tea.state.tx.us)  
[www.tea.state.tx.us/waivers/waiverapps.html](http://www.tea.state.tx.us/waivers/waiverapps.html) (Waiver Applications for Missed Instructional days and low attendance information)  
<http://flu.gov/plan/school/>

**Food Safety:**

[www.texaspork.org/News.htm](http://www.texaspork.org/News.htm) (Information concerning pork safety)

**School Nutrition Programs:**

[http://www.squaremeals.org/fn/render/parent/channel/0,1253,2348\\_2380\\_29978\\_0,00.html#29978](http://www.squaremeals.org/fn/render/parent/channel/0,1253,2348_2380_29978_0,00.html#29978)

**Higher Education Information:**

The following guidance and resources for colleges and universities during the 2009-2010 academic year, is provided by the federal Centers for Disease Control and Prevention (CDC):

- [Guidance for Responses to Flu for Institutions of Higher Education during the 2009-2010 Academic Year](#)
- [Technical Report on CDC Guidance for Responses to Flu for Institutions of Higher Education during the 2009-2010 Academic Year - detailed explanations of the strategies in the above guidance](#)
- [Preparing for the Flu: A Communication Toolkit for Institutions of Higher Education - information and communication resources to help students, faculty, and staff implement recommendations from the above guidance](#)

**2. AREAS AFFECTED BY EVENT:** Statewide

**3. RESPONDING AGENCIES/ORGANIZATIONS AND RESOURCES COMMITTED:**

Agency/Organization	Resources Committed
Texas Department of State Health Services (DSHS)	Multi-Agency Coordination Center (MACC) Activated
Texas Education Agency (TEA)	Assisting Independent School Districts
Texas Animal Health Commission(TAHC)	Monitor Livestock health

Texas Department of Agriculture	Monitor Livestock and feed production/School Nutrition Program Guidance for Independent School Districts during School Closures due to H1N1
Texas Higher Education Coordinating Board (THECB)	Assisting Higher Education Institutions
Texas AgriLife Extension Service (ALEXT)	Public Health Educators, Animal Science, Veterinary Medicine and Agricultural communications.
2-1-1 Texas	Call Center

4. **CASUALTIES:** 95 deaths in the State.

5. **EVACUATIONS:** None

6. **SHELTERS:** None

**COMMENTS:**

The Texas Division of Emergency Management continues to monitor the situation and will issue additional reports as necessary. The State Operations Center will conduct the next conference call on Wednesday, November 4, 2009 at 10:00 a.m. (CDT) to provide maximum situational awareness. The SOC is at Level I (Emergency Conditions) to support border security operations.

**The four levels of SOC activation are:**

- Level I (Emergency Conditions)
- Level II (Escalated Response Conditions)
- Level III (Increased Readiness Conditions)
- Level IV (Normal Conditions)

*This Situation Report can be found on the DEM Homepage at [www.txdps.state.tx.us/dem](http://www.txdps.state.tx.us/dem)*

Jack Colley  
Chief, Texas Division of Emergency Management