

# State of Montana DPHHS HAN UPDATE

Distributed via the DPHHS Health Alert Network (HAN) System

Tuesday, April 28, 2009 3:24 PM

DPHHS Health Alert Hotline 1-800-701-5769

Visit the DPHHS Health Alert Network Website at [www.han.mt.gov](http://www.han.mt.gov)

DPHHS Contact Information: EPI Program 444-0273

**DPHHS recommends you do not forward this HAN message on to your local HAN contacts.**

DPHHS will be conducting a conference call on Wednesday, April 29th at 3:30-4:00/4:15 to provide an update on issues related to swine influenza.

The attachment below will be discussed in detail and we encourage you to review this item prior to the call. We will also have time to respond to general questions and share information.

Agenda:        Update  
                 Discussion of Mitigation Recommendations  
                 General

PLEASE DO NOT FORWARD- HEALTH DEPARTMENT USE ONLY

**Participants can call XXXXXXXXXXX. The call pass code is XXXXXXXX.**

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The goal of Montana's Health Alert Network is to transmit information to local public health authorities as quickly as possible, and assign a suitable priority to the message that is sensitive to the impact of a health-related event providing information relative to the public health and safety of Montanans. For questions or comments relative to Montana's HAN system you may contact the DPHHS HAN Coordinator, Gerry Wheat at <mailto:gwheat@mt.gov>

#### Categories of Health Alert messages:

- Health Alert:** conveys the highest level of importance; warrants immediate action or attention.
- Health Advisory:** provides important information for a specific incident or situation; may not require immediate action.
- Health Update:** provides updated information regarding an incident or situation; unlikely to require immediate action.

You have received this message based upon the information contained within our emergency notification data base. If you have a different or additional e-mail or fax address that you would like us to use please notify us as soon as possible by e-mail at <mailto:hhshan@mt.gov>

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# This is an official **CDC Health Update**

Distributed via Health Alert Network  
April 27, 2009, 22:10 EST (10:10 PM EST)  
CDCHAN-00284-09-04-27-UPD-N

## **Interim CDC Guidance for Nonpharmaceutical Community Mitigation in Response to Human Infections with Swine Influenza (H1N1) Virus**

### **Background**

As part of the ongoing investigation into the outbreak of swine influenza A (H1N1) in the United States and Mexico, CDC today announced confirmation of an additional 19 human cases of infection with swine flu in the U.S., bringing the total number of cases to 40 so far. At this time, cases of swine influenza have been confirmed in California, Kansas, New York City, Ohio, and Texas. Based on the rapid spread of the virus thus far, public health officials believe that more cases will be identified over the next several weeks.

Case counts are updated daily and available at <http://www.cdc.gov/swineflu/>.

On April 26, 2009, the Secretary of the Department of Homeland Security, Janet Napolitano, announced that the Department of Health and Human Services declared a public health emergency in the United States. This will allow funds to be released to support the public health response. CDC's goals during this public health emergency are to reduce transmission and illness severity, and to provide information to assist health care providers, public health officials, and the public in addressing the challenges posed by this newly-identified influenza virus. Laboratory testing has found that the swine influenza A (H1N1) virus susceptible to the prescription antiviral drugs oseltamivir and zanamivir. CDC is releasing one-quarter of its antiviral drugs, personal protective equipment, and respiratory protection devices to help states respond to the outbreak.

Community mitigation actions are also recommended to prevent illness. Steps including home isolation of cases, school dismissals, and other social distancing interventions may be implemented by communities and families as part of a comprehensive program of infection control. Community mitigation strategies may be different for each state or community depending on the numbers of cases and spread of disease. As a result, CDC is issuing mitigation guidance that includes a range of interventions so that public health authorities can identify the most appropriate means to protect their counties, communities, and citizens.

CDC is recommending home isolation of ill persons. Persons who develop influenza-like-illness (ILI) (fever with either cough or sore throat) should be strongly encouraged to self-isolate in their home for 7 days after the onset of illness or at least 24 hours after symptoms have resolved, whichever is longer. Persons who experience ILI and wish to seek medical care should contact their health care providers to report illness (by telephone or other remote means) before seeking care at a clinic, physician's office, or hospital. Persons who have difficulty breathing or shortness of breath, or are believed to be severely ill, should seek immediate medical attention. Household contacts of persons with symptoms consistent with swine influenza should: remain home at the earliest sign of illness; minimize contact in the community to the extent possible; designate a single household family member as the ill person's caregiver to minimize interactions with asymptomatic persons.

Communities should consider school dismissals and childcare facility closures. Dismissal of students should be strongly considered in schools with a confirmed or a suspected case epidemiologically linked to a confirmed case. Decisions regarding broader school dismissal within these communities should be left to local authorities, taking into account the extent of ILI in the community.

If the school dismisses students or a childcare facility closes, they should also cancel all school or childcare-related gatherings and encourage parents and students to avoid congregating outside of the school. The duration of closings for school and childcare facilities should be for a time period to be determined based on ongoing epidemiological findings in their geographic area. Schools and childcare facilities should consult with their local or state health departments for guidance on reopening. If no additional confirmed or suspected cases are identified among students (or school-based personnel) for a period of 7 days, schools may consider reopening.

Schools and childcare facilities in unaffected areas should begin to prepare for the possibility of school dismissal or childcare facility closure. This includes asking teachers, parents, and officials in charge of critical school-associated programs (such as meal services) to make contingency plans.

CDC recommends that other social distancing interventions be considered. Large gatherings linked to settings or institutions with laboratory-confirmed cases should be cancelled, for example a school event linked to a school with cases; other large gatherings in the community may not need to be cancelled at this time. Additional social distancing measures are currently not recommended. Persons with underlying medical conditions who are at high risk for complications of influenza may wish to consider avoiding large gatherings.

A more detailed list of Community Mitigation Guidelines can be found at <http://www.cdc.gov/swineflu/mitigation.htm>

This is a rapidly evolving situation and CDC will provide updated guidance and new information as it becomes available. As public health officials in the United States learn more about this emerging virus, updated guidance will be issued in conjunction with our state, local, tribal, and territorial partners.

**Additional public health recommendations can be found at the following CDC Web sites:**

- [Interim Recommendations for Facemask and Respirator Use in Certain Community Settings Where Swine Influenza A \(H1N1\) Virus Transmission Has Been Detected](#)
- [MMWR: Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices \(ACIP\), 2008](#)  
MMWR July 17, 2008 / 57(Early Release);1-60
- [Interim Guidance on Antiviral Recommendations for Patients with Confirmed or Suspected Swine Influenza A \(H1N1\) Virus Infection and Close Contacts](#)
- [Interim Guidance for Swine influenza A \(H1N1\): Taking Care of a Sick Person in Your Home](#)

For additional information about swine flu see [www.cdc.gov/swineflu](http://www.cdc.gov/swineflu). For information about the current swine flu investigation, see [www.cdc.gov/swineflu/investigation.htm](http://www.cdc.gov/swineflu/investigation.htm). You can access the same information by calling 1-800-CDC-INFO.

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##This Message was distributed to State and Local Health Officers, Public Information Officers, Epidemiologists, Laboratorians and HAN Coordinators as well as Clinician organizations##

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You have received this message based upon the information contained within our emergency notification data base. If you have a different or additional e-mail or fax address that you would like us to use please contact your State-based Health Alert Network program at your State or local health department.  
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## Swine Flu

# Interim CDC Guidance for Nonpharmaceutical Community Mitigation in Response to Human Infections with Swine Influenza (H1N1) Virus

April 28, 2009 02:45 PM ET

**These recommendations are based on current information and are subject to change based on ongoing surveillance and continuous risk assessment.**

## Background

This document provides interim planning guidance for state, territorial, tribal, and local communities that focuses on several nonpharmaceutical measures that might be useful during this outbreak of swine influenza A (H1N1) virus aimed at reducing disease transmission and associated morbidity and mortality.

Human cases of swine influenza A (H1N1) virus infection have been identified in several states and in other countries. This is a novel influenza A virus that has not been identified in people before, and human-to-human transmission of the virus appears to be ongoing. Unlike the experience in Mexico, the United States is currently observing a less severe clinical spectrum of disease with infection by the identical virus strain. As of April 26, 2009, of the confirmed cases of swine influenza A (H1N1) virus infection, only two confirmed case-patients were hospitalized and none have died in the United States. Mexican health officials have reported several hundred suspect cases, including several deaths associated with confirmed swine influenza A (H1N1) virus infection. In Mexico, many patients have experienced rapidly progressive pneumonia, respiratory failure requiring mechanical ventilation and acute respiratory distress syndrome (ARDS). Therefore, the experience of these two countries has been markedly different to date. Getting better information to explain these differences is a high priority for the ongoing investigation.

The [previously published United States government guidance on community mitigation](#)  relies on knowledge of the Pandemic Severity Index (PSI) to characterize the severity of a pandemic and identify the recommendations for specific interventions that communities may use for a given level of severity, and suggests when these measures should be started and how long they should be used.

The substantial difference in the severity of the illness associated with infections from the same virus, the relatively low number of cases detected in the United States, and insufficient epidemiologic and clinical data to ascribe a PSI, present a formidable challenge in terms of assessing the threat posed by this novel influenza A virus until additional epidemiologic and virologic information is learned.

Novel influenza A virus infections in humans, including swine influenza A (H1N1) virus, represent a pandemic threat. Recognizing the historical precedent for the emergence of a pandemic influenza virus which could have waves of disease with different morbidity and mortality and epidemiologic profiles, public health departments in the United States must remain vigilant.

It is prudent for communities to act in the absence of sufficient data to protect their citizens and take advantage of a narrow window of opportunity for intervention. CDC recommends that affected states with at least one laboratory-confirmed case of swine influenza A (H1N1) virus infection consider activating community mitigation interventions for affected communities. As public health officials in the United States learn more about this emerging virus, updated guidance will be issued in conjunction with our state, local, tribal and territorial partners.

## Recommendations

**When Human Infection with Swine Influenza A (H1N1) Virus is Confirmed in a Community**

### Strongly Recommend Home Isolation of Cases:

- Persons who develop influenza-like-illness (ILI) (fever with either cough or sore throat) should be strongly encouraged to self-isolate in their home for 7 days after the onset of illness or at least 24 hours after symptoms have resolved, whichever is longer. Persons who experience ILI and wish to seek medical care should contact their health care providers to report illness (by telephone or other remote means) before seeking care at a clinic, physician's office, or hospital. Persons who have difficulty breathing or shortness of breath or are believed to be severely ill should seek immediate medical attention.
- If ill persons **must** go into the community (e.g., to seek medical care) they should wear a face mask to reduce the risk of spreading the virus in the community when they cough, sneeze, talk or breathe. If a face mask is unavailable, ill persons needing to go into the community should use a handkerchief or tissues to cover any coughing.
- Persons in home isolation and their household members should be given infection control instructions: including frequent hand washing with soap and water. Use alcohol-based hand gels (containing at least 60% alcohol) when soap and water are not available and hands are not visibly dirty. When the ill

personis within 6 feet of others at home, the ill person should wear a face mask if one is available and the ill person is able to tolerate wearing it.

## Regarding Household Contacts:

- Household contacts who are well should:
  1. remain home at the earliest sign of illness;
  2. minimize contact in the community to the extent possible;
  3. designate a single household family member as the ill person's caregiver to minimize interactions with asymptomatic persons.

## School Dismissal and Childcare Facility\* Closure:

- Dismissal of students should be strongly considered in schools with a confirmed or a suspected case epidemiologically linked to a confirmed case.
- Decisions regarding broader school dismissal within these communities should be left to local authorities, taking into account the extent of ILI in the community.
- If the school dismisses students or a childcare facility closes, they should also cancel all school or childcare related gatherings and encourage parents and students to avoid congregating outside of the school.
- Schools and childcare facilities should dismiss students for a time period to be evaluated on an ongoing basis depending upon epidemiological findings.
- Schools and childcare facilities should consult with their local or state health departments for guidance on reopening. If no additional confirmed or suspected cases are identified among students (or school-based personnel) for a period of 7 days, schools may consider reopening.
- Schools and childcare facilities in unaffected areas should begin to prepare for the possibility of school dismissal or childcare facility closure. This includes asking teachers, parents and officials in charge of critical school-associated programs (such as meal services) to make contingency plans.

## Other Social Distancing Interventions:

- Large gatherings linked to settings or institutions with laboratory-confirmed cases should be cancelled, for example a school event linked to a school with cases; other large gatherings in the community may not need to be cancelled at this time.
- Additional social distancing measures are currently not recommended.
- Persons with underlying medical conditions who are at high risk for complications of influenza may wish to consider avoiding large gatherings.

These recommendations are subject to change as additional epidemiological and clinical data become available.

\*Childcare facility: centers and facilities that provide care to any number of children in a nonresidential setting, large family childcare homes that provide care for seven or more children in the home of the provider and small family childcare homes that provide care to six or fewer children in the home of the provider.

Additional information can be found at the following Web sites:

- [Interim Recommendations for Facemask and Respirator Use in Certain Community Settings Where Swine Influenza A \(H1N1\) Virus Transmission Has Been Detected](#)
- [MMWR: Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices \(ACIP\), 2008](#)  
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- [Interim Guidance on Antiviral Recommendations for Patients with Confirmed or Suspected Swine Influenza A \(H1N1\) Virus Infection and Close Contacts](#)
- [Interim Guidance for Swine influenza A \(H1N1\): Taking Care of a Sick Person in Your Home](#)
- Links to non-federal organizations are provided solely as a service to our users. These links do not constitute an endorsement of these organizations or their programs by CDC or the federal government, and none should be inferred. CDC is not responsible for the content of the individual organization Web pages found at these links.

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