

NASA
Update on Swine Influenza
28 April 2009

Cases Updated
11 May 2009
(Charts 4-10)

Chief Health and Medical Officer
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Swine Influenza A

- Outbreak of Swine Influenza A (H1N1) evolving rapidly.
- Source of the Mexico outbreak unknown
- Public health emergency declared 4/27 by Homeland Security and HHS.
- Swine Influenza (swine flu):
 - Respiratory disease of pigs caused by type A influenza viruses.
 - Outbreaks of swine flu happen regularly in pigs.
 - Outbreaks usually Fall or Winter.
 - Human infection with flu viruses from pigs are most likely to occur when people are in close proximity to infected pigs
 - Most commonly, human cases of swine flu happen in people who are around pigs but it's possible for swine flu viruses to spread from person to person also.
 - Spread mainly person-to-person transmission through coughing or sneezing of people infected with the influenza virus.

CDC Response

- Last week CDC activated its Emergency Operations Center.
- Working closely with health officials in Mexico, Canada and U.S., and WHO.
- The World Health Organization (WHO), the Global Alert and Response Network (GOARN), and the Centers for Disease Control and Prevention (CDC) have sent experts to Mexico to work with health authorities.
- Investigating isolated human cases in U.S.
- Issued Interim Guidance documents related to infection control, face mask and respirator use, antivirals, etc.
- Strategic National Stockpile released to affected states:
 - One-quarter of antiviral drugs
 - PPE
 - Respiratory Protection Devices
- Laboratory testing found the swine influenza A (H1N1) virus susceptible to the prescription [antiviral drugs](#) oseltamivir and zanamivir.
- Recommends U.S. travelers avoid all nonessential travel to Mexico.

CDC Updates

- As of 11 May 09 CDC reports:
 - 2,600 confirmed cases in the U.S.

States	Confirmed Cases	Deaths
Alabama	4	
Arizona	182	
California	191	
Colorado	39	
Connecticut	24	
Delaware	44	
Florida	54	
Georgia	3	
Hawaii	6	
Idaho	1	
Illinois	487	

CDC Updates

- **United States: (cont.)**

States	Confirmed Cases	Deaths
Indiana	39	
Iowa	43	
Kansas	18	
Kentucky	10	
Louisiana	9	
Maine	4	
Maryland	23	
Massachusetts	88	
Michigan	130	
Minnesota	7	
Missouri	14	

CDC Updates

- **United States: (cont.)**

States	Confirmed Cases	Deaths
Nebraska	13	
Nevada	9	
New Hampshire	4	
New Jersey	7	
New Mexico	30	
New York	190	
N. Carolina	11	
Ohio	6	
Oklahoma	14	
Oregon	17	
Pennsylvania	10	

CDC Updates

- **United States: (cont.)**

States	Confirmed Cases	Deaths
Rhode Island	7	
S. Carolina	32	
S. Dakota	1	
Tennessee	54	
Texas	179	2
Utah	63	
Vermont	1	
Virginia	16	
Washington	128	
Washington, DC	4	1
Wisconsin	384	
TOTAL (44)	2,600 cases	3 deaths

WHO Updates as of 11 May 09

– Internationally Confirmed Cases: 4,762 cases†

Country	Confirmed Cases	Deaths
Argentina	1	
Australia	1	
Austria	1	
Brazil	8	
Canada	284	1
China, Hong Kong-SAR*	2	
Columbia	3	
Costa Rica	8	1
Denmark	1	
El Salvador	4	
France	13	

† Based on CDC report for United States as of 11 May 09 11:00 AM ET.

*Special Administrative Region, and one in mainland China

WHO Updates

International: (cont.)

Country	Confirmed Cases	Deaths
Germany	11	
Guatemala	1	
Ireland	1	
Israel	7	
Italy	9	
Japan	4	
Mexico	1,626	48
Netherlands	3	
New Zealand	7	
Norway	2	
Panama	15	
Poland	1	
Portugal	1	

WHO Updates

International: (cont.)

Country	Confirmed Cases	Deaths
Republic of Korea	3	
Spain	95	
Sweden	2	
Switzerland	1	
United Kingdom	47	
United States	2600	3
Total (30)	4,762 Cases[†]	53 Deaths

[†] Based on CDC report for United States as of 11May 09 11:00 AM ET.

World Health Organization

- WHO raised influenza pandemic alert from Phase 3 to Phase 4 on April 27.
- Indicates likelihood of pandemic increased but not inevitable.
- Decision based on epidemiological data demonstrating human to human transmission and ability to cause community level outbreaks.
- Containment of virus not feasible.
- Focus on mitigation measures.

OCHMO Response

- Monitoring the evolving event.
- Reviewing CDC guidance documents.
- Attending CDC briefings by telecon.
- NASA Health Alert sent to the NASA workforce.
- Reviewing NASA Pandemic Plan guidance issued in 2006.
- Updating the NASA OH Website.
- On-going communications with senior leadership, OSPP, HR, OH community.

OCHMO Response

- Advised Occupational Medicine Clinics should:
 - Ensure that a clinic representative at all EOC briefings related to the potential flu outbreak.
 - Be prepared to coordinate with local health department authorities as requested.
 - Review and become familiar with Appendix C of the OCHMO Draft Pandemic Plan which details clinic-specific infection control guidelines.
 - Review and ramp-up their on-site infection control plans as needed.
 - Monitor the CDC web site for influenza updates and sign-up for the related e-mail distribution list.
 - Monitor CDC teleconferences and/or download the subsequent content of the teleconferences and share with clinic staff.
 - Refer employees to the CDC link on the first page of the OH website.

OCHMO Forward Work

- Initiating discussions with OSPP, HR, and OGC concerning limitation of exposure in the workplace
 - “Send home” policies
 - Liberal use of telecommuting
 - Self identification following travel to swine flu affected areas
 - Telecommute for 5 days to avoid possible expression of illness at work