If You Are Asked . . .

“Could the flu shot I got this year help protect me if we had a pandemic this year?”

No. The flu shot you received this year helps to protect you against seasonal flu, not against any future influenza pandemics, which might be caused by avian influenza (H5N1) or some other flu strain to which humans have little or no immunity.

Remember that there is currently not an influenza pandemic. Health professionals worldwide are concerned and closely monitoring the avian H5N1 virus, but they cannot predict if it will mutate to become the next human pandemic influenza virus strain.

In the meantime, to help stay healthy, an annual flu shot that protects against seasonal influenza remains a good idea.

October through November is the best time to get vaccinated, but you can still get vaccinated in December and later. Flu season can begin as early as October and last as late as May.

Influenza is a serious disease, and people of any age can become infected with it. In an average year, flu causes 36,000 deaths (mostly among those aged 65 years or older) and more than 200,000 hospitalizations in the United States. An annual flu vaccine is the best way to reduce your chance of getting the flu. For more information on how to protect yourself against flu, visit CDC’s Flu Website.
Public Health Prepares
Projected Supply of Pandemic Influenza Vaccine Sharply Increase

Recent scientific advances and increased vaccine manufacturing capacity have prompted experts to increase their projections of how many pandemic influenza vaccine courses can be made available in the coming years.

Last spring, the World Health Organization (WHO) and vaccine manufacturers said that about 100 million courses of pandemic influenza vaccine based on the H5N1 avian influenza strain could be produced immediately with standard technology. Experts now anticipate that global production capacity will rise to 4.5 billion pandemic immunization courses per year in 2010.

“With influenza vaccine production capacity on the rise, we are beginning to be in a much better position vis-à-vis the threat of an influenza pandemic,” Dr Marie-Paule Kieny, Director of the Initiative for Vaccine Research at WHO, said today. “However, although this is significant progress, it is still far from the 6.7 billion immunization courses that would be needed in a six month period to protect the whole world.”

“Accelerated preparedness activities must continue, backed by political impetus and financial support, to further bridge the still substantial gap between supply and demand,” she said. (Full Story)

CDC Recommends
Unique Issues for Allocating and Targeting Pandemic Influenza Vaccine

When a pandemic arrives, effective allocation of vaccines will play a critical role in preventing influenza and reducing its effects on health and society. This is because

- The specific type of influenza that causes a pandemic will not be known until a pandemic occurs.
- The development of vaccine that will be effective against the new virus will take several months, and an interim pandemic vaccine may not be available when cases first occur in the United States.
- The production of vaccine, once it begins, will not be able to meet the demand in the early stages of a pandemic.

The U.S. Government is taking steps to minimize the need to make vaccine allocation decisions by supporting efforts to increase domestic influenza vaccine production capacity. Significant funding is being provided to develop new vaccine technologies that allow production of enough pandemic influenza vaccine for any person in the United States who wants to be vaccinated within six months of the declaration of a pandemic. Until this goal is met, Federal, State, local, and tribal governments, communities, and the private sector will need guidance on who should be vaccinated earlier during the pandemic to best protect our people, communities, and country.

Issues to consider in drafting guidance on pandemic influenza vaccination are different and more complex than issues related to developing recommendations for vaccination against annual influenza. In contrast with annual influenza, during a pandemic,
PUBLIC HEALTH PREPARES

- nobody in the population is likely to have immunity to the virus.
- many more people will become ill.
- the incidence of severe illness, complications, and death is likely to be much higher and to be more widely distributed throughout the population.
- the greater frequency and severity of disease will increase the burden on health care providers and institutions and may result in a disruption of the supply of critical products and services in the health care sector and other sectors.
- national and homeland security could be threatened if illness among military and other critical personnel undermines their capabilities.

Pass This On
Workforce Accountability
During a pandemic, the Office of Security and Emergency Preparedness (OSEP) will oversee the verification of CDC employees’ health and work status. Contractors and other personnel are urged to take similar measures within their work units and to cooperate with their project officer and with OSEP in establishing accountability channels.

It is crucial for employees to update contact information in the CDC Neighborhood as home and cell phone numbers will be obtained from this database and will be used to call workers to determine their health status, their ability to be added to the available personnel pool, or their non-availability due to their own illness or that of a family member. For more information, view the Agency’s Pandemic Workforce Protection Plan.

Update on H5N1
Animal Situation Update:
On November 19, Saudi Arabia reported four outbreaks of H5N1 virus infection in broiler breeder and layer chickens. The source of the infection is unknown and 220,500 birds have been destroyed. Control measures have been applied.

The United Kingdom reported an outbreak of H5N1 infection, November 13, in a free range turkey flock. All remaining birds are being destroyed, as well as 1,000 ducks and 500 geese that were unaffected. The source of the infection is unknown. Control measures have been applied. View the update on avian influenza in animals at the World Organization for Animal Health site.

Human Situation Update:
On November 12, the Ministry of Health of Indonesia announced a new human case of H5N1 avian influenza in a 31-year-old male. He developed symptoms October 31, was hospitalized on November 3, and died in an avian influenza referral hospital on November 6. Identification of the source of his infection is ongoing and includes investigation into a large swallow farm in close proximity to the man’s house.

Indonesia reported a new case of human infection with H5N1 virus, November 5, in a 30-year-old female, who developed symptoms on October 23, was hospitalized on October 31, and died in an avian influenza referral hospital on November 3. The investigation revealed poultry deaths in the woman’s neighborhood in the days prior to the onset of her illness. Visit the WHO Web site for the most recent human cases reports.
Pass This On
Preparing at Home
Always be prepared for a possible emergency situation. Have a two-week supply of food, water, and medication for each member of your family—including your pets!

The following items are very important to include in your supply:

- Water
- Non-perishable food
- Fruits and vegetables
- Beans
- Soups
- High energy foods
- Infant formula or food
- Canned juices
- Protein or fruit bars
- Dry cereal or granola
- Peanut butter or nuts
- Dried fruit
- Crackers
- Staples (salt, sugar, pepper, flour, etc).
- Pet food
- Vitamin, mineral and protein supplements to assure adequate nutrition

Preparing at Home

- Storing Supplies
  - 2-week supply of food and water for each family member and pet
  - Medical Preparation
- School and Daycare Closings
- Involve Children in Planning
  - Engage children in discussion
  - Teach prevention behaviors

Reader’s Feedback
The monthly Pandemic Influenza Update is prepared by CDC’s Office of Enterprise Communication and is intended for INTERNAL USE ONLY. Information in this newsletter is time sensitive and evolving. Readers are welcome to comment by email to: panupdate@cdc.gov