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## H1N1 influenza vaccine distribution continues

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In spite of obstacles such as limited initial quantities of the H1N1 influenza vaccine and recalls by manufacturers, administration of the H1N1 vaccine continues at local health departments. As expected, the demand for the initial quantities of vaccine was high during October and November. In December, the supply finally caught up with demand and more than 18,400 doses of H1N1 vaccine had been given by the 13-county health departments in District 2 by mid-December.

The increased supply of vaccine also allowed for school-located clinics to be held at area middle-and-high schools to vaccinate students. Response to these special clinics was encouraging as over 4,000 students were vaccinated.

Vaccine recalls in December caused a stir as the potency in some lots was discovered to have waned over a few weeks. This situation was determined not to be a vaccine

safety issue, nor did it require re-vaccination of individuals that had received the affected vaccine. For more information about the recalls, visit: <http://www.cdc.gov/h1n1flu/>

Also in December, the Centers for Disease Control and Prevention (CDC) expanded the recommended groups for vaccination to include everyone 6-months of age and older. Health departments are encouraging anyone that has not been vaccinated to get the H1N1 vaccine now. The potential for another wave of influenza infection is very real according to flu experts at CDC.

So, who has H1N1 influenza impacted the most? The young, 0 to 17 year olds, have been affected at an unusually high rate, infecting about 17 million of the 75 million in the U.S. with 71,00 hospitalizations and 1,090 deaths. This is compared to about 25 million of the 194 million 18 to 64 year olds, of whom 121,000 have been hospitalized and 7,450 have died. While persons over 65 have had some resistance to the H1N1 strain, those who become infected are at higher risk of having serious complications from their illness. Among the nation's 39 million seniors, about 4 million have been infected, causing 21,000 hospitalizations and 1,280 deaths.

Because flu viruses are unpredictable, now is a good time to get vaccinated. Contact your local health department to find out more.

## H.R. 3200 passes House, Senate with changes

*Editor's note: Information about H.R. 3200 is included here for informational purposes only. Any opinion expressed on any listed website link is not the opinion of the Sentinel or District 2 Public Health.*

**H.R. 3200 - America's Affordable Health Choices Act of 2009** was passed by Congress and after some changes passed the Senate. Differences in the two versions will now be discussed by both Congress and Senate to determine if a bill acceptable to both can be achieved. If agreement between the two houses can be reached, the bill will be sent to the president for signing into law. This bill proposes many changes to the health care system in the United States. The stated intent of the legislation is to provide access to health care to approximately 40 million people that currently do not have any type of health insurance. Here are some websites that you can visit to learn more about the bill:

**Full text of the original bill H.R. 3200:**

[http://energycommerce.house.gov/Press\\_111/20090714/aahca.pdf](http://energycommerce.house.gov/Press_111/20090714/aahca.pdf)

**Bill that went to the Senate - H. R. 3962**

<http://thomas.loc.gov/cgi-bin/query/z?c111:H.R.3962>:

**Senate and House differences:**

<http://www.kff.org/healthreform/sidebyside.cfm>

**Independent, non-partisan website with questions and answer forum:**

<http://www.govtrack.us/congress/bill.xpd?bill=h111-3200>





## Better medical emergency plans needed in the United

The United States has been one of the top contributors to medical technological advances during the last two centuries. However, the U.S. has been slow to invest in technologies and systems needed to respond to disease emergencies. At least this is the opinion of two former U.S. representatives, Bob Graham and Jim Talent, chairman and vice-chairman of the commission on the Prevention of Weapons of Mass Destruction Proliferation and Terrorism. For an example, they point to the fact that the U.S. relies on a 60-year-old production technology to make influenza vaccine. They also say that current disease surveillance systems often can't provide information about an epidemic such as, severity of illness or spread of disease in communities. Diagnostic technologies are slow, expensive and time-consuming. Better and faster testing could get help to people quicker, determine the size of an outbreak, measure the severity of the illness, and help decide how to assign resources.

The response to the H1N1 outbreak was maybe the best that the U.S. could do against any disease. For several years now, the country has been preparing for a pandemic and was able to respond fairly quickly given the abilities and resources that are currently available. However, what if the threat had been a pathogen introduced by terrorists? What would be the best outcome that we could hope for given this scenario?

Much work has been completed by our nation in homeland security, including training emergency and medical professionals in responding to biological, radiological and chemical agents. However, funding for technologies for surveillance and vaccine production still lag behind these initiatives. Science has the means to develop and stockpile countermeasures to many known biological and chemical threats and, in some cases this has been achieved, but still there is work to do. For more information and news visit: <http://www.washingtonpost.com/wp-dyn/content/article/2010/01/03/AR2010010301812.html> , and <http://www.hstoday.us/content/view/11679/271/>



## Extremely drug-resistant TB found in Florida patient

The first case of extremely drug-resistant tuberculosis (XXDR-TB) in the U.S. was identified in a visiting Peruvian student in Florida. This strain of tuberculosis has been detected in only two patients in the world and it killed one of those individuals. The student survived but it took over a year and more than \$500,000 to treat him. For the full story go to <http://kdka.com/national/tuberculosis.resistant.strain.2.1392487.html>

Tuberculosis in its basic form can be treated for as little as \$10 per course of medication that is taken for six to nine months. But if treatment is stopped short, the bacteria can fight back and mutate into a tougher-to-treat strain called drug-resistant TB. Multi-drug resistant tuberculosis described as MDR-TB, XDR-TB (extensively drug resistant) and XXDR-TB (extremely drug resistant) can cost \$100,000 or more a year to cure.

According to the World Health Organization, there are more than 500,000 cases of multi-drug resistant tuberculosis cases a year worldwide. Tuberculosis is the single infec-

tious killer of adults worldwide and lies dormant in one in three people. WHO reports that about 2 million people die each year from tuberculosis.

There are two ways to get drug-resistant TB. Most cases develop from taking medication inappropriately. But it can also be transmitted from person to person through coughing and sneezing, the same as simple TB.

Tuberculosis continues to be a worldwide problem. About 60 million people visit the U.S. each year and most are not screened for TB. Only refugees and those entering as immigrants are checked. According to the Centers for Disease Control and Prevention, 82 percent of the cases of multi-drug resistant TB identified in 2007 were foreign born patients. Forty years ago, medical experts thought TB and other diseases had been conquered with new wonder drugs - antibiotics. But overuse and misuse of the drugs may be creating new wonder diseases. Visit [www.who.int](http://www.who.int) or [www.cdc.gov](http://www.cdc.gov) for more information about all forms of tuberculosis, its spread, and treatment.



## LiveProcess proves invaluable tool in fight against H1N1

During the H1N1 influenza outbreak, health care providers looked for all the help and resources they could use to keep up with the spread of the illness. Hospitals as far away as California found that LiveProcess, and internet-based communications software to be an invaluable tool.

Riverside, California saw cases of H1N1 in early April and realized little relief as the flu continued to circulate during the summer and fall months. The area hospital preparedness coordinator in Riverside utilized LiveProcess to post questions, disseminate news, and query hospitals about inventory. Emergency preparedness officials also

used the system to keep hospitals, public agencies, and first responders connected during the response.

Hospitals in our area and the state utilized LiveProcess to coordinate activities during the local response to H1N1. Especially important is the ability of this program to get real-time information about patient census, available inventory, and messages to other health systems and response agencies. For more information, visit: [http://www.businesswire.com/portal/site/home/permalink/?ndmViewId=news\\_view&newsId=20100105005689&newsLang=en](http://www.businesswire.com/portal/site/home/permalink/?ndmViewId=news_view&newsId=20100105005689&newsLang=en)

## Northeast Georgia Mountains MRC assists public health in clinics

The Northeast Georgia Mountains Medical Reserve Corps has been busy assisting District 2 Public Health with H1N1 influenza clinics. During the evening clinic at Hall County High School, Ray Lawrence helped with registration and triage.

Eleven MRC members were on standby during December to assist if called. They were Claire Boylan, Debbie Edwards, Bill Farr, Pat Bradley, Tiffany Gagnon, Kevin Hough, Rachel Hough, Amanda Kelly, Tara Sewell, Matt Trawick, and Catherine Weaver.

Debbie Edwards participated in the Local Emergency Planning Committee (LEPC) Citizen Corps conference in Athens (GA) on November 10, 2009. This conference brought together members and coordinators of both the Citizens Corps and Medical Reserve Corps to learn about training resources, H1N1 situational awareness and response, and presenting to audiences. District 2 Public Health appreciates the time and commitment of all of our MRC volunteers and looks forward to more opportunities to serve and train together in the new year.

## HHS releases first National Health Security Strategy

*“National health security is a state in which the Nation and its people are prepared for, protected from, and resilient in the face of health threats or incidents with potentially negative health consequences.” - HHS definition*

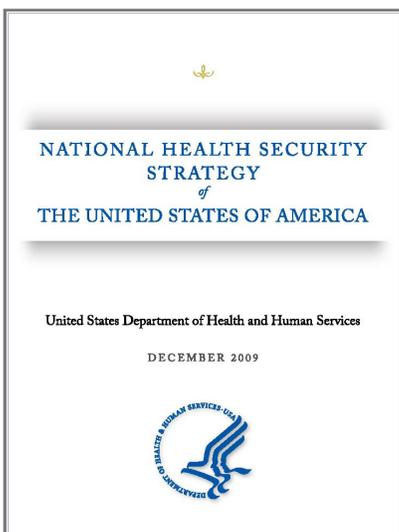
that put the health and well-being of the country’s people at risk.

The NHSS requires the commitment of a broad range of stakeholders - all levels of government, individuals, families, and communities - including the private sector, nongovernmental organizations, academic and research sectors to be successful. While the people must be engaged at the individual level, it is more realistic to expect local, state, territorial, tribal and federal governments to provide guidance and facilitate actions that all stakeholders must take.

The NHSS is designed to achieve two goals: build community resilience and strengthen and sustain health and emergency response systems. Ten strategic objectives have been developed to specify what is needed to achieve the goals of the NHSS. They are:

1. Foster informed, empowered individuals and communities,
2. Develop and maintain the workforce needed for national

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In December 2009, the Department of Health and Human Services released the first comprehensive strategy focusing on the nation’s goals of protecting people’s health in the case of an emergency. The purpose of the National Health Security Strategy (NHSS) is to guide the U.S.’s efforts to minimize the risks associated with a wide range of potential large-scale incidents



## HHS releases first National Health Security Strategy

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2. health security,
3. Ensure situational awareness,
4. Foster integrated, scalable health care delivery systems,
5. Ensure timely and effective communications,
6. Promote an effective countermeasures enterprise
7. Ensure prevention or mitigation of environmental and other emerging threats to health,
8. Incorporate post incident health recovery into planning

and response,

9. Work with cross-border and global partners to enhance national, continental, and global health security, and
10. Ensure that all systems that support national health security are based upon the best available science, evaluation, and quality improvement methods.

To read the full text of the National Health Security Strategy, visit: <http://www.hhs.gov/aspr/opsp/nhss/nhss0912.pdf>

## Effects of winter weather can be lessened if prepared

Winters in Georgia are generally mild with average high temperatures around 50 degrees fahrenheit and lows in the 30's. However, periodically the South does experience cold snaps with inclement weather. According to the *Farmer's Almanac*, this year was expected to be one of those cold winters. So far it has met the prediction. The states in the West and mid-West have certainly experienced terribly frigid temperatures and lots of snow. While in the South, cold temperatures have caused water-line breaks and other interruptions at schools and airports.

Cold weather can cause some problems if we are not prepared. Here are some steps to take to make sure that winter weather doesn't leave you out in the cold.

1. Stay updated on weather forecasts and know what potentially severe weather may be headed your way.
2. Prepare for power outages and have an alternate source for heating your home.
3. Put together an emergency kit for all types of disasters.

Your kit should include the following items:

- One gallon of water per day for 3 to 7 days for each family member.
- Enough food for 3 to 7 days for each family member. Non-perishable, packaged or canned foods that are ready to eat or that require little preparation are best.
- Blankets or sleeping bags other items to help keep warm while sleeping.
- Extra clothing, sturdy shoes and rain gear can be helpful.

- Medical supplies including prescription drugs, over-the-counter medicines and first-aid supplies.
- Specialty items for family members such as infants or the elderly.
- Toiletries and hygiene items for every family member including, hand sanitizer, moist wipes, and other personal health aids.
- Radio with weather band for monitoring weather conditions and local emergency instructions.
- Flashlight and extra batteries.
- Some cash and copies of important documents such as identification and insurance policies, along with spare keys for your home and auto.
- Keep your vehicle fueled in case you need to evacuate your area and keep an emergency kit in the trunk with blankets, flashlight, toolkit, and essential other items.



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