

To: Vermont Healthcare Providers, Hospital Emergency Departments,  
Clinical Laboratories

From: Wendy Davis, MD, Commissioner of Health

**– Please Distribute Widely –**

**Situation Update**

As of July 22, 2009, 62 Vermont residents (and eleven out-of-state residents) have tested positive for novel influenza H1N1 virus at the Vermont Department of Health Laboratory. Three Vermont residents have been hospitalized, along with four of the out-of-state residents. All have been discharged. No deaths have been reported. Case information is updated each Wednesday on the Health Department's website at [www.healthvermont.gov](http://www.healthvermont.gov), then choose Novel H1N1 Flu Information.

**Cumulative Laboratory-confirmed cases in Vermonters by age,  
as of July 22, 2009:**

| <b>Age Group</b> | <b>#</b> | <b>% of Total</b> |
|------------------|----------|-------------------|
| 0-4              | 4        | 6%                |
| 5-24             | 42       | 68%               |
| 25-49            | 11       | 18%               |
| 50-64            | 5        | 8%                |
| 65+              | 0        | 0%                |
| Total            | 62       | 100%              |

Since June 23, the Vermont Department of Health has recommended limiting testing to patients admitted to the hospital with influenza-like illness (ILI), defined as fever  $\geq 100^{\circ}\text{F}$  and cough or sore throat, for whom antiviral treatment is being considered – and for non-hospitalized patients only when diagnostic confirmation will significantly inform clinical management. Testing may also be considered when ILI is occurring in institutional settings, when confirmation of disease can significantly inform public health interventions or clinical management of cases.

The Health Department recommends that you use clinical judgment to begin early antiviral treatment with oseltamivir or zanamivir if patient is severely ill or at high risk for complications. Contact the Infectious Disease Epidemiology Section at 802-863-7240 to report clusters of ILI in institutional settings. An epidemiologist is on call 24/7.

**Recent Laboratory influenza confirmatory testing by RT-PCR**  
(by date of specimen collection):

Week ending 7/4/09: 3 positives / 14 total tested = 21% positive for pandemic H1N1  
Week ending 7/11/09: 9 positives / 23 total tested = 39% positive for pandemic H1N1  
Week ending 7/18/09: 2 positives / 12 tested = 20% positive for pandemic H1N1

### **Camp Outbreaks**

As of July 7, 20 states had reported a total of 52 camp outbreaks to the Centers for Disease Control & Prevention. In June, the Vermont Department of Health sent influenza guidance to all residential summer camps. Key points in the recommendations include not admitting children or staff who are ill, early identification and isolation of individuals with ILI, and continued emphasis on appropriate personal and institutional infection control measures.

See [www.healthvermont.gov](http://www.healthvermont.gov), then choose Novel H1N1 Flu Information.

Since July 7, two Vermont residential summer camps have reported ILI outbreaks. One camp, with ILI illness among several counselors and staff but no confirmed cases, chose to close for a week but has since reopened. The second camp with confirmed novel H1N1 has stayed open. The Health Department recommends testing two to three individuals from camp settings when there appears to be a cluster (at least three to five campers and/or staff) of ILI.

In a group or residential setting, testing is done to confirm the presence of novel H1N1 flu so that appropriate guidance on public health interventions can be provided. Testing is NOT done to diagnose individual patients.