Colorado Legislative Council Staff

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H1N1 Influenza and Colorado

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Beginning in mid-April 2009, scientists became increasingly concerned about a new and potentially severe form of influenza known as Novel Influenza A (H1N1), also known as swine flu. The symptoms of the H1N1 flu are similar to the symptoms of regular flu; however, this influenza appears to be more contagious than the typical seasonal flu. Also, like seasonal flu, H1N1 may make underlying chronic medical conditions worse, and infected populations can experience severe illness, including pneumonia, respiratory failure, and even death

Within one month, H1N1 spread widely through the United States and the rest of the world, prompting social distancing efforts such as school closures and cancellation of school-related events. This issue brief discusses the impact of the H1N1 influenza in Colorado and responses by local, state, and federal health entities.

Influenza Pandemic

A pandemic is defined as a global disease outbreak. Pandemic flu occurs when a new influenza virus emerges, there is no vaccine for the virus, and people have little or no immunity to its exposure. The United States experienced three pandemic flu events in the twentieth century — in 1918, 1957, and 1968.

On June 11, 2009, the World Health Organization declared that a global pandemic of H1N1 was underway, reflecting that the disease was present on multiple continents. For more information about H1N1, visit www.flu.gov.

H1N1 In Colorado

Federal funding. With the help of approximately $23 million in new funding from the federal government, the Colorado Department of Public Health and Environment (CDPHE) strengthened state infrastructure ahead of the delivery of H1N1 vaccine. A Public Health Emergency Response Grant from the Centers for Disease Control and Prevention (CDC) provided $16 million to the CDPHE to support state and local public health infrastructure. Another $1.4 million was allocated to state hospitals through the department's Hospital Preparedness Program to help facilities prepare for activities related to H1N1. The department withheld approximately $4 million for direct and indirect costs.

Availability of H1N1 vaccine. According to CDPHE, the state initially received approximately 250,000 doses of the 2009 H1N1 influenza vaccine, and the supply continued to increase. By the end of 2009, CDPHE distributed over 1 million vaccinations to county health departments and other vaccination providers for high-risk populations. People were encouraged to get seasonal flu vaccinations as soon as possible, but priority groups were established by the CDC to receive the first available vaccinations.

CDPHE initially estimated that a total of 2 million doses would be needed in Colorado for all individuals in the priority groups to receive their vaccination. Beginning in early October, the vaccine supply from the federal government was less than originally predicted, and people who did not fall into this group were not able to get vaccinated until more vaccines became

available. By early December 2009, H1N1 influenza vaccinations were available to the general public.

The CDPHE developed guidelines and recommendations on vaccination and local county health departments determined how to best implement vaccination programs in each area. Local health departments have area-specific information about vaccine implementation. For general information on influenza vaccinations in Colorado, visit www.immunizecolorado.com.

Reporting H1N1. Surveillance for the 2009-10 flu season officially began on August 30, 2009, and ended on May 1, 2010. In the past, every case of influenza or influenza-like illnesses has not been documented by CDPHE, but only cases where individuals have been hospitalized or have died were recorded. In past years, only pediatric deaths due to influenza were monitored, but all influenza-associated deaths were monitored for the 2009-10 flu season.

As of May 1, 2010, a total of 2,041 hospitalizations from 54 counties were reported in Colorado, and a total of 69 influenza-associated deaths (12 pediatric deaths and 57 adult deaths). According to CDPHE, 84 percent of individuals who died had known underlying health conditions. Table 1 provides the statistics, by age group, on lab-confirmed deaths associated with influenza in Colorado during the 2009-10 flu season.

Table 1
2009-10 Influenza Associated Deaths in Colorado by Age Group

Age	Deaths	Percent of Total	Death Rate Per 100,000
0-18	12	17.4%	.91
19-24	4	5.8%	.86
25-49	23	33.3%	1.27
50-64	19	27.5%	2.05
65+	11	15.9%	2.25
Total	**69**	**100.0%**	**1.38**

Source: Colorado Department of Public Health and Environment.

Currently, H1N1 influenza has declined statewide and influenza-like illnesses leveled off, based primarily on the number of hospitalizations and laboratory testing data. According to the department, all regions of the state continue to show a decline in hospitalizations, and influenza hospitalizations in Colorado seem to have declined faster than other areas of the country. School absenteeism due to influenza-like illnesses peaked the school week ending October 9, 2009, and steadily declined thereafter.

Legislative actions. Legislative committees, such as the Joint Health and Human Services Committee and the Legislative Emergency Epidemic Response Committee (LEERC) conducted briefings from panels of state medical experts during 2009. These committees discussed strategies for stopping the spread of the virus in the state and the continuation of state government during a flu epidemic. The LEERC recommended legislative rule changes to allow the General Assembly to respond to an epidemic emergency, but did not make any immediate recommendations specifically related to the H1N1 virus.

Federal Emergency Declaration for H1N1

On October 24, 2009, President Obama issued a National Emergency Act to provide the Secretary of Health and Human Services the authority to waive certain regulatory requirements for health care facilities during emergencies. Specifically, these waivers could address legal requirements that might impede the ability of health care facilities to fully implement disaster operations plans during a surge of H1N1 patients. For examples, waivers might allow health care facilities to utilize:

- alternate care sites;
- modified patient triage protocols;
- patient transfer procedures; and
- other actions that occur when disaster operations plans are fully implemented.

Once federal declarations are made, health care facilities must petition for waivers in response to particular needs, and only within the geographic and time limits of the emergency declarations. As of May 1, 2010, no Colorado health care facilities had petitioned for such waivers.