

Memorandum



DATE September 25, 2009

TO Honorable Members of the Quality of Life Committee: Pauline Medrano (Chair), Vonciel Jones Hill (Vice Chair), Carolyn R. Davis, Angela Hunt, Sheffie Kadane, David A. Neumann, Steve Salazar

SUBJECT DCHHS Update on the H1N1 Pandemic

On Tuesday, September 29, 2009, you will be briefed on the Dallas County Department of Health and Human Services efforts to address the H1N1 (Swine Flu). The briefing will be presented by Zachary Thompson, M.A., Director and Dr. John Carlo, M.D., M.S.E. Medical Director of the Dallas County Department of Health and Human Services. The briefing material is attached for your review.

If you have questions or need additional information, please let me know.



Forest E. Turner
Assistant City Manager

cc: Honorable Mayor and Members of the City Council
Mary K. Suhm, City Manager
Deborah A. Watkins, City Secretary
Thomas P. Perkins, Jr., City Attorney
Craig D. Kinton, City Auditor
Judge C. Victor Lander, Judiciary
Ryan S. Evans, First Assistant City Manager
A.C. Gonzalez, Assistant City Manager
Jill A. Jordan, P.E., Assistant City Manager
David K. Cook, Chief Financial Officer
Helena Stevens-Thompson, Assistant to the City Manager



Update on the H1N1 Pandemic Dallas City Council Quality of Life Committee September 29, 2009

Dallas County Health and Human Services

Overview

Preparing and responding to an Influenza Pandemic remains a primary focus of the Dallas County Department of Health and Human Services (DCHHS). The reception of the Centers for Disease Control and Prevention (CDC) Bioterrorism Cooperative Agreement Funds in 2002 stimulated our efforts to ready this community against not only Bioterrorism but for any public health emergency. Subsequent events including the hurricane evacuations and emerging disease threats such as SARS, West Nile Virus and Cryptosporidiosis have tested our response, and we have continued to refine our capabilities to meet these and future challenges.

With assistance from the Pandemic Influenza State and Local Funding beginning in 2006, DCHHS initiated heightened local pandemic response planning. The major objectives were to educate key stakeholders as to the risk, and be a resource for community partners who were creating their own pandemic response plans. This strategy was for a potential H5N1 or "Bird Flu" epidemic. While the H5N1 virus thankfully did not become a pandemic virus, the preparing work undertaken over the past 4 years greatly expanded our readiness for any potential emerging communicable disease threat.

The novel H1N1 influenza virus or "swine flu" is thought to have originated in the small village of La Gloria, Mexico around February 2009. By mid-April, Mexico City, the largest city in the world, was brought to a standstill. Cases began to spread quickly to the United States. On April 26, 2009 a nationwide public health emergency declaration was issued by Acting HHS Secretary Charles Johnson.

The spread of this new virus was unprecedented. Whereas seasonal influenza viruses typically take 6 months to circulate the globe, the H1N1 virus reached 6 continents in 6 weeks.

Locally, DCHHS activated its emergency response plan on April 24, 2009. The major objectives during the Spring 2009 H1N1 response were:

- Collect data and investigate cases of influenza to understand the transmission dynamics and severity
- Alert and inform the medical community, key government officials, business leaders, and the public about the situation and what measures needed to be taken
- Plan for medical countermeasures and the distribution of medications and vaccines.

On June 11, 2009, the World Health Organization declared that the novel H1N1 virus was a Pandemic Virus. This declaration called for the expedited manufacturing and delivering of H1N1 influenza vaccines by the pharmaceutical industry. Clinical trials to ensure an effective and safe vaccine were begun shortly thereafter.

Post-spring Planning

In anticipation of a resurgence of H1N1 infections this fall and winter, DCHHS has been actively working with school, healthcare, government and business leaders this summer. Key preparedness elements which are being stressed to all entities:

- Ensure that individuals who are sick with symptoms of influenza stay at home and away from others
- Promote effective hand hygiene and cough/sneeze etiquette
- Keep surfaces clean

- Encourage individuals who are experiencing symptoms to seek medical attention if their symptoms are severe or if they are at high risk for influenza-related complications
- Receive influenza vaccines when available and indicated

Schools

Priority for the 2009-2010 school year is for schools to remain open while operating as safely as possible. Dallas County school officials have been actively engaged with DCHHS staff throughout the summer months to plan for the potential return of the H1N1 virus. Meetings this summer have included:

- Dallas County Public School Superintendents
- School Nurse Directors
- Irving Independent School District
- Dallas Independent School District
- Diocese of Dallas Catholic Schools
- Dallas area Child and Daycare Providers
- DeSoto Independent School District
- Eastfield Community College
- Dallas-area Head Start Program Health Committee

All public schools are reporting daily absentee numbers to DCHHS. Many are utilizing a web-based reporting system developed internally by DCHHS staff. Schools are also working to communicate important influenza safety measures to their parents.

Throughout the influenza season DCHHS will continue to partner closely with school health officials to monitor the course of H1N1 and make joint decisions on how best to respond to school outbreaks.

Health Care

DCHHS has been working closely with the health care community to prepare for this year's flu season. The Dallas Medical Operations Center, a collaboration fostered by the hospital community and DCHHS, has been actively planning for a potential increase in patient volume. Issues such as resource shortages, staffing, infection control practices, and medical countermeasures are being

discussed. DCHHS staff have also had several meetings with U.T. Southwestern Medical School officials this summer to increase the already high level of collaboration which exists between the organizations.

The Dallas County Medical Society has been an integral partner to facilitate rapid and up-to-date information to area practicing physicians. Regular blast faxes and health alerts have been distributed. A redesigned website contains current practice and treatment guidelines, and the Medical Society assisted with notifying physicians of how to place orders for the upcoming H1N1 vaccine. Regular influenza epidemiological reports are also being distributed via email to healthcare partners. This information is also being kept on the DCHHS website. A clinical treatment algorithm for H1N1 infections developed by the DCHHS staff has been distributed to area physicians and has been used as a model by both the Texas Department of State Health Services and the Texas Medical Association. DCHHS staff have authored several scientific journal articles published since May.

Government

DCHHS has been working with numerous government officials this summer in order to ensure important services will operate effectively during a heightened epidemic. Municipalities have agreed to place influenza prevention information inserts in their utility bills. Important meetings have included:

- Dallas County Public Health Advisory Committee
- City of Dallas Environmental Health Commission
- City of Dallas City Manager's Meeting
- North Texas Council of Governments
- City of Boston
- Washington District of Columbia
- Texas Department of State Health Services
- Collin, Denton, and Tarrant County Health Authorities
- 2-1-1 Texas Information and Referral Network
- North Texas Crime Commission
- Dallas County Jail Health Services
- Immunize Kids Coalition
- CareVan Symposium

DCHHS has also refined its own operational guidelines which include an antiviral and vaccine allocation plan for essential County Employees. Guidance has been distributed to City Emergency Managers and EMS Medical Directors on vaccine ordering and distribution for municipal employees.

Businesses

Many business leaders have been active participants in the community pandemic planning process. In April, the City of Dallas Downtown Emergency Response Team (DERT) hosted a well attended Metaleadership Seminar created by the CDC Foundation. Over 150 business, education, healthcare, and government representatives attended. The H1N1 response and effective communication were primary issues.

Organizations who have been actively working with DCHHS during their planning process this summer have included:

- Energy Future Holdings
- Texas Instruments
- Hillwood Development Corporation
- Mary Kay
- Lockheed Martin
- Inwood National Bank
- State Fair of Texas
- Verizon Business
- YUM Foods
- Tenet Healthcare Corporation
- North Texas TORCH (Texas Organization of Residential Care Homes)
- Maxim Healthcare
- Food Marketing Institute
- Greater Dallas Chamber of Commerce

Business leaders have been encouraged to ready their organizations by educating their employees about influenza, and encourage individual protection measures. Many occupational health officials and risk managers are now on the DCHHS Influenza email list. Businesses are also readying their organizations by ordering H1N1 vaccines for their employees who are considered to be priority for receiving the H1N1 vaccine (see below).

General Public

Dallas County Health and Human Services

Aggressive radio, internet, newspaper, and television media campaigns have been completed this summer which stress the importance of individual protection and precautionary measures.

The DCHHS H1N1 Website is being continuously updated and remains a valuable information source for a wide variety of audiences.

Leaders of faith-based organizations have received letters urging them to ready their communities against influenza.

Influenza Surveillance

DCHHS employs a robust influenza surveillance network and has had this system in place since 2004. In addition to school-based reporting, DCHHS partners with over 20 Dallas area hospitals, urgent care centers and private providers to act as sentinel sites for influenza reporting. These sites provide DCHHS epidemiologists with information on the numbers of positive influenza tests at their facilities on a weekly basis. This allows DCHHS epidemiologists to establish trends in influenza activity in Dallas County.

DCHHS also uses a Syndromic Surveillance system which electronically monitors hospital emergency departments for patients who present with a chief complaint of influenza-like illness.

Laboratory

During the spring 2009 H1N1 outbreak in Dallas County, the DCHHS laboratory responded and completed testing on over 1,000 specimens. Whereas the laboratory completes 80 samples per week during regular influenza seasons, up to 200 samples were collected per day during the peak of the spring epidemic. Integral to enabling the laboratory to test this increase in sample volume were equipment, personnel, and supplies provided by the U.S. Department of Homeland Security. Following the spring outbreak, the DCHHS laboratory has utilized additional funds to triple the capacity for influenza testing for future outbreak responses.

H1N1 Vaccine

On July 30, the CDC published the results of the Advisory Committee for Immunization Practices meeting and the Committee's recommendations

for priority persons who should receive the H1N1 vaccination. These groups are:

- Pregnant women
- Household contacts of children under 6 months of age
- Children and young adults ages 6 months through 24 years
- Healthcare workers and Emergency Medical Service (EMS) providers
- Adults aged 25 through 64 years who have health conditions associated with a higher risk of medical complications from influenza.

Recent reports indicate individuals over the age of 10 will need only a single dose of the H1N1 vaccine in order to achieve immunity against the virus. Children under the age of 10 will likely need 2 doses. The process of manufacturing the H1N1 vaccine has been underway all summer. Also, ongoing clinical trials are being completed in multiple locations throughout the United States to ensure that an effective and safe H1N1 vaccine is available. Currently, it is estimated that initial supplies of the H1N1 vaccine will be available by mid-October. All H1N1 vaccines and supplies are to be paid for by the Federal Government.

The DCHHS Public Health Preparedness and Immunization Staff have been actively planning for the upcoming delivery and administration of the H1N1 vaccine. Private medical providers, hospitals, and pharmacies have been strongly encouraged to order a supply of H1N1 vaccines for their patients through the Texas Department of State Health Services website (<http://www.texasflu.org/>).

The primary populations DCHHS intends to focus for its own vaccination campaign include:

- Healthcare workers and EMS Personnel who are not able to receive the H1N1 vaccine elsewhere
- Children ages 6 months to 24 years of age who are regularly receive immunizations through public immunization clinics
- Other individuals in the CDC's priority groups who are not able to receive the vaccine elsewhere

DCHHS has numerous public health clinics and immunization locations which provide primarily childhood immunizations for persons without a medical provider. These locations will be utilized with potentially extended hours and days to accommodate additional persons requesting the H1N1 vaccine. DCHHS will also potentially utilize former City of Dallas Immunization Clinic sites for the H1N1 vaccine distribution. The number of clinics and vaccine administration volume will be heavily dependant on the amount and rate at which the vaccine is received from the federal government. A wide range of potential clinical operations is being developed to account for a number of distribution scenarios.

To date, over 1000 medical providers, pharmacies, and healthcare organizations have registered as entities who wish to provide H1N1 vaccines to their patients. The North Texas area has the largest number of providers in the State who have registered at this time to be considered for H1N1 vaccine delivery.

Antiviral medications

Influenza antiviral drugs are prescription drugs (pills, liquid, or inhaler) that decrease the ability of flu viruses to reproduce. These medications are effective in the prevention of severe influenza illness, particularly in individuals who would be likely to have more severe cases. The federal strategic national stockpile since 2006 has procured over 81 million courses of antiviral medications. The State of Texas has requested 50% of its population-based allocation of this supply. Current planning is underway by the Texas Department of State Health Services to distribute these medications to local pharmacies. Once delivered, these medications are intended to be dispensed to individuals who are unable to pay for their prescriptions.

Additional antiviral medications are being made available by DCHHS to be utilized by local hospitals if their own pharmaceutical supplies become exhausted. Additionally, DCHHS has a limited supply for charitable clinics operating in the County.

Update on the H1N1 Pandemic

September 29, 2009

City of Dallas Quality of Life Committee

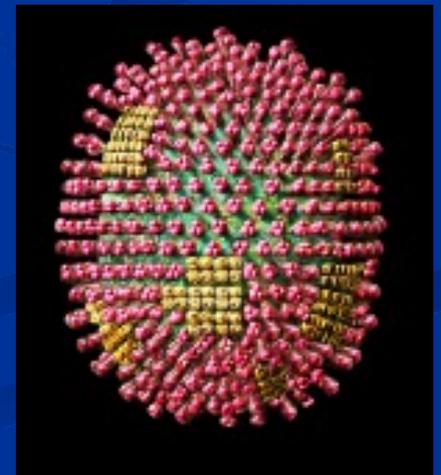


John T. Carlo, M.D., M.S.E.
Medical Director/Health Authority

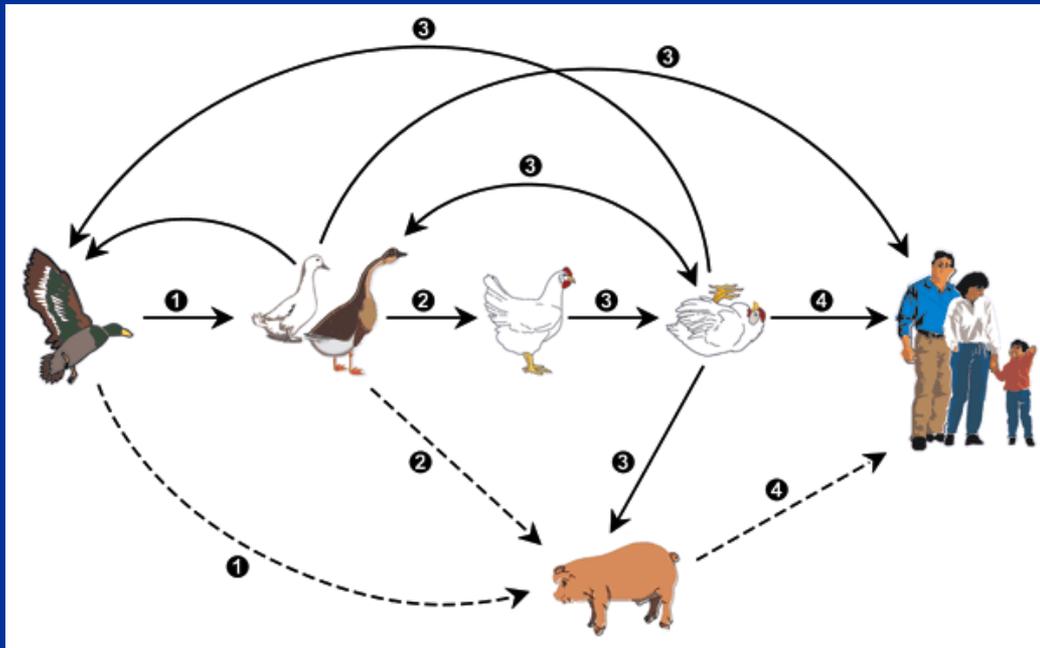
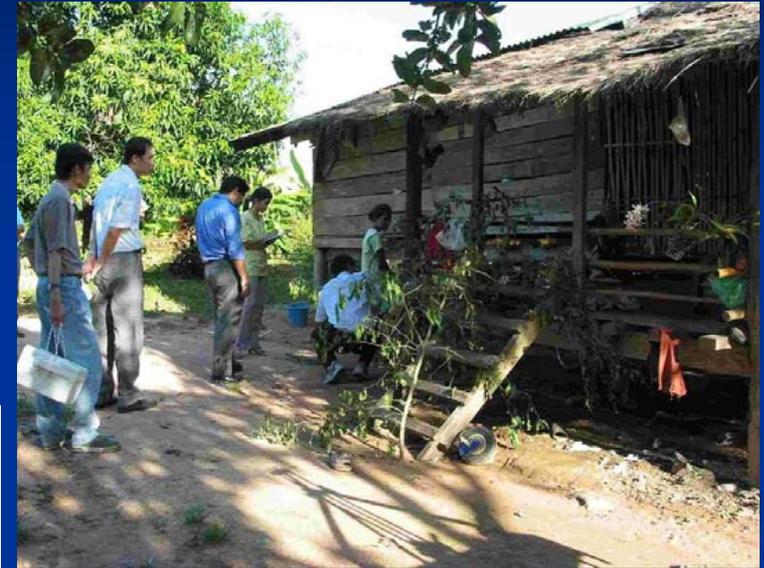
Dallas County Department of Health and Human Services

Influenza

- 15th Century Italy: *Influence of the stars*
- Type A
 - 3 H subtypes; 2 N subtypes are known to cause human infections
 - 16 H subtypes; 9 N subtypes exist in nature
- New viruses have created Pandemics
 - 1918-1919
 - 1957-1958
 - 1968-1969

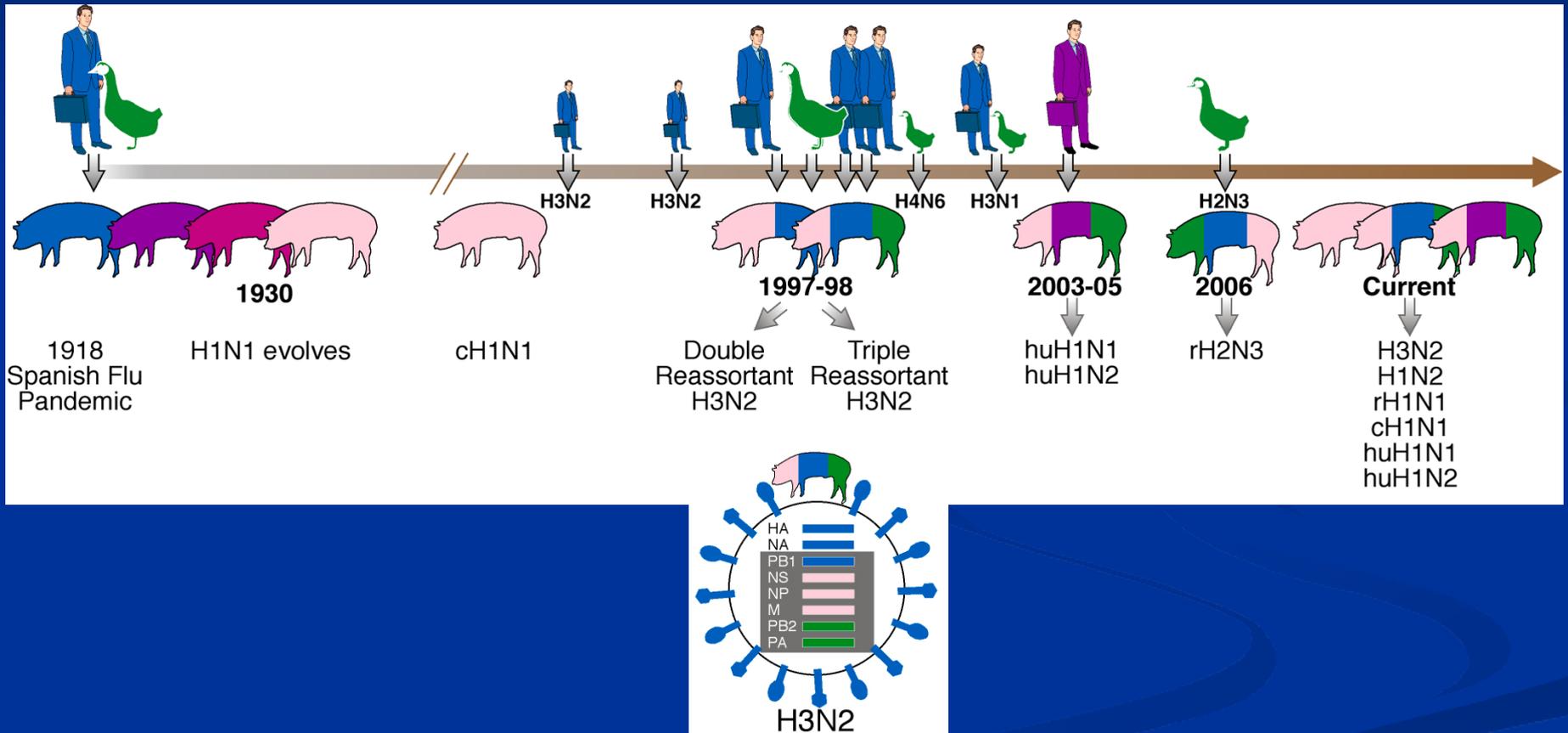


Lifecycle of Influenza



Webster, et al. EID. 2006; 12(1): 4

Swine Influenza



Slide courtesy of Dr. Amy Vincent, USDA

Public Health Response During Disasters



- Disease control and prevention
- Coordination of the provision of healthcare services
- Risk communication

Swine Influenza, 2009

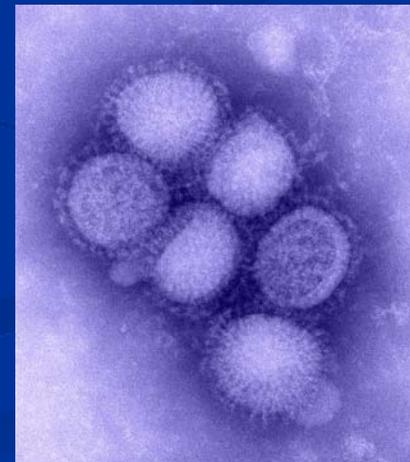
- March 28th: Onset of illness of case A (border surveillance)
- March 30th: Onset of illness of case B (military surveillance)
- April 15th: Novel influenza virus identified by the CDC

Swine Influenza, 2009

- Friday, April 17th: Email from CDC Quarantine Station, Case of swine influenza in airline passenger from San Diego to Dallas
- Saturday, April 18th: Report from San Diego: 3 cases of Swine Influenza Infections. Detected from military surveillance
- Saturday, April 18th: Epidemiology team dispatched to Dallas location

Swine Influenza, 2009

- Wednesday, April 22nd: Health Advisory for Medical Providers issued. 2 cases in San Antonio area reported (5 total)
- Thursday, April 23rd: San Antonio virus isolates related to California isolates



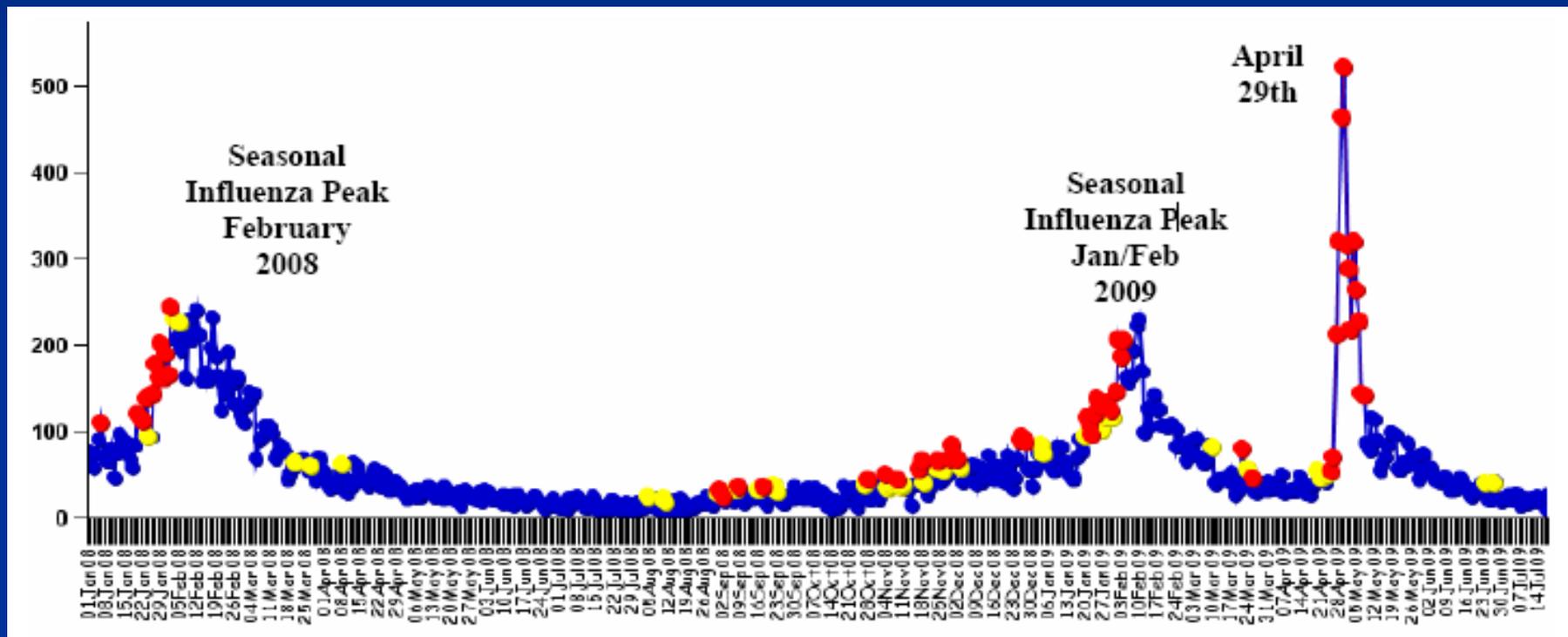
Swine Influenza, 2009

- Friday, April 24th: 7 confirmed cases in U.S., Mexico reports 3 separate events:
 - 854 cases of pneumonia in Mexico City with 59 deaths
 - 24 cases of Influenza-like illness (ILI) with 3 deaths
 - Mexicali, near the border of the U.S., 4 cases of ILI
- Saturday, April 25th: WHO issues first alert
- Sunday, April 26th: 3 cases of non-subtypable influenza infections in Dallas County

Swine Influenza, 2009

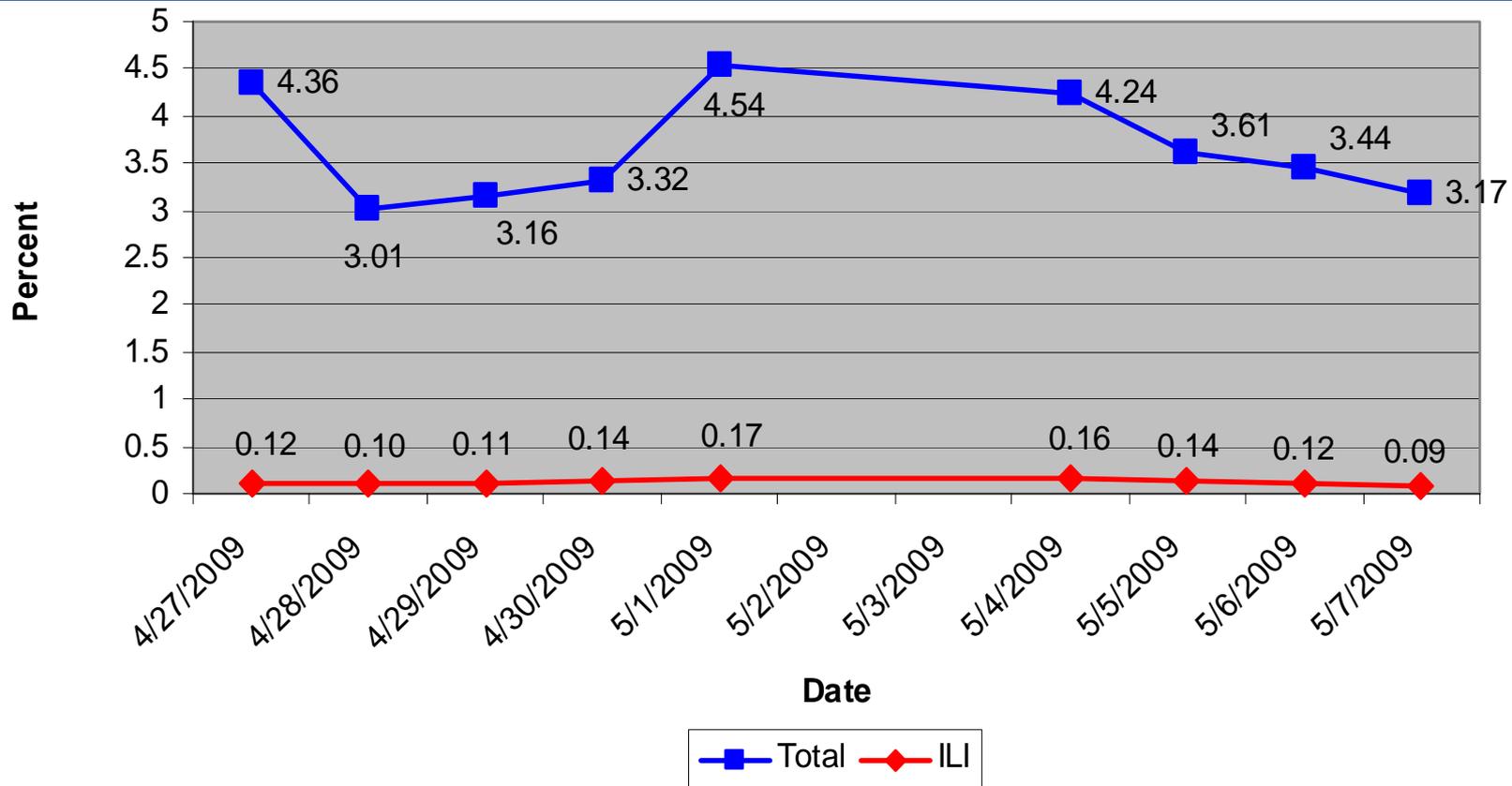
- Sunday, April 25th -- Sunday May 3rd: Full response of Department, Laboratory testing, contact investigations, transportation notifications, press conferences, technical consultations, and advisories
- Monday, May 4th: Updated guidance from CDC for school closure
- Thursday, May 7th: Emergency operations ended

Emergency Department Visits, Dallas County, 2009



ESSENCE Syndromic Surveillance, Juan Rodriguez and Ira Nemeth, MD

Dallas School Absentee Reports



Data collected by Wendy Chung and Mary Katherine Sanchez

Dallas County Laboratory Testing Results

Week Ending	May 2	May 9	May 10- May 30	May 31- June 20	June 21- July 18
CDC Week	17	18	19 - 21	22 - 24	25-28
Influenza A (Total Positive PCR Tests)	149	74	49	30	40
Subtype					
Seasonal H1N1	11 (7%)	1 (1%)	0	0	0
Seasonal H3N2	16 (11%)	7 (9%)	3 (6%)	0	0
Novel H1N1	122 (82%)	66 (89%)	46 (94%)	30 (100%)	40 (100%)
PCR-Negative Specimens	577	129	17	1	0

Slide by: Wendy Chung and Kristy Baumgart Dallas County Health and Human Services

School Dismissal

- Classroom settings are the most socially dense environments in our communities
- School age children spread influenza efficiently
- Pediatric hospital bed space is limited

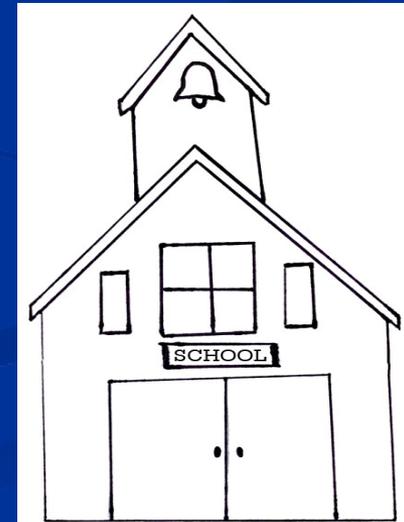


School Dismissal Problems

- Care providers may need to miss work
- Free breakfast and lunch programs become unavailable
- Some area households may have higher density environments
- No access to school health clinic
- Loss of school absence tracking to characterize epidemic

School Closure Principles

- Authority
 - School Districts
 - Health and Safety Code, §81.084
 - Texas Government Code, §418.018 Movement of people
- Surveillance
- Decision-making Process
- Results





Antivirals

- Still currently not recommended to be prescribed for stockpiling
- U.S.= 81 million courses
- Texas= 700,000 courses
- Resistance continues to be a concern
- Distribution of antiviral stockpiles is ongoing

H1N1 Vaccine

- H1N1 Vaccine manufacturing update
- Priority groups
- Delivery procedures



Hospital Readiness

- Care of influenza patients
 - Treatment
 - Testing



- Avoiding nosocomial spread of influenza
- Healthcare worker personal protection
- Management of medical supplies and resources

Recommendations

- Sick persons should stay home
- Hand washing
- Cough/Sneeze etiquette
- Frequent environmental cleaning



Sean Kelly, *The New York Times*, May 11, 2009

Acknowledgements

- DCHHS Staff
- Healthcare providers
 - Dallas County Medical Society
 - U.T. Southwestern Medical School
 - Parkland Health and Hospital System

Dallas County Health and Human Services

<http://www.dallascounty.org/>

jcarlo@dallascounty.org

214-819-2023



PUBLIC HEALTH PREPAREDNESS UPDATE

VOLUME 5 | ISSUE 7 | Zachary Thompson, Director | www.dallascounty.org

**SPECIAL
EDITION**

H1N1 virus

SEPTEMBER 2009



Zachary Thompson

Message from the director ...

Preparation for H1N1 underway

At a time of the year when flu infections are rare, a new strain of flu — 2009 H1N1 — continues to circulate, infecting many people around the world.

Dallas County is bracing for a flu season during which seasonal flu strains and the new strain will be circulating concurrently.

We have yet to receive an H1N1 vaccine and we expect infections rates to rise again this flu season.

How the flu will affect our community is unpredictable, but Dallas County Health and Human Services is positioned to respond to the anticipated wave of infections.

DCHHS is going to let science guide our response to whatever unfolds this flu season. We will follow recommendations that are given by our medical director Dr. John Carlo and our epidemiologists.

We're also going to need your help to prevent the spread of illness.

Because we want to be sure our community is well educated and prepared this flu season, we are taking proactive steps.

Take a close look at some of the things Dallas County Health and Human Services has done for you.

DCHHS launches effort to keep public informed

PUBLIC AWARENESS CAMPAIGN CARD



Educational materials (left) have been distributed to residents throughout the county thanks to a close partnership with municipalities. The two-sided card explains in both English and Spanish how to protect against the flu.

SCHOOL POSTERS

Posters, right, designed for both younger and older students, explaining how to protect against the flu were disseminated to school districts county-wide. DCHHS has also provided schools with flyers for parents that include helpful information and instructions on what to do when their child is sick and absent from school.



SCHOOL ILLNESS SURVEILLANCE

Illness surveillance efforts in our schools continue again this year. The data we receive from school districts regarding student absences keeps us better informed.

» Download these materials and more at www.dallascounty.org.

SPECIAL EDITION

H1N1 virus

SEPTEMBER 2009
Katie Brown
Disease Control and Prevention
www.dallascounty.gov

YOUR HEALTH

H1N1: A closer look

Swine flu or H1N1? What is it?
The 2009 H1N1 virus was originally referred to as swine flu because lab testing showed that many of the genes in the virus were very similar to influenza viruses that normally occur in pigs. The strain has genes from four viruses that circulate in pigs, birds and humans. 2009 H1N1, the more appropriate name, describes the characteristics of the virus. The numerical hemagglutinin refers to the proteins on the virus.

Where did the virus come from?
H1N1 was first reported in Mexico. It was first detected in the United States in April 2009.

How widespread is H1N1?
On June 11, the World Health Organization declared a global H1N1 flu pandemic. The virus has infected thousands of people worldwide and deaths are still being reported.



DALLAS COUNTY HEALTH AND HUMAN SERVICES

Know what to do about the flu

Limit the spread of flu

What you can do:

- Think of flu as a pandemic. That means it's new and it's spreading.
- With the 2009 H1N1 virus circulating, it is more possible to become infected with the new strain and spread the disease.
- Get flu shots. Preventive measures can help you to reduce your risk. Once you've been vaccinated, you will still need to take other steps to prevent the spread of the virus.



Wash your hands thoroughly with soap and water, preferably after you cough and sneeze.

Get a flu shot. The shot every year and get one to protect against H1N1 as soon as you can.

Stay home for at least 24 hours if you have the flu-like symptoms and until your fever is gone without the use of fever-reducing medication.

Use alcohol-based hand sanitizer regularly.

Use your elbow to avoid your cough or sneeze. If you use a tissue, throw it away after you use it.

Don't share personal items such as toothbrushes, drinking glasses or towels.

Be prepared with supplies in case you get sick and need to stay home for an extended period of time.

Follow public health advice regarding school closures, working remotely and other social distancing measures.

Small print text at the bottom of the section.

Comparing seasonal flu and H1N1

Similarities and common misconceptions

If you've had the flu in the last few months, you've most likely been infected with the 2009 H1N1 virus. It's what's circulating in Dallas County. The symptoms associated with 2009 H1N1 are quite similar to the ones associated with seasonal flu. People who have been infected with the virus report the following symptoms: fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Some people have also reported vomiting and diarrhea.



Just like with seasonal flu, the illness associated with H1N1 varies from mild to severe. Most people who get infected are sick for 4 to 5 days and recover without medical treatment. Others, however, have been hospitalized and some have died.

Those who are considered high-risk for more severe disease include: For 2009 H1N1, it's pregnant women, children and people who suffer from heart disease, asthma, kidney disease and chronic medical conditions. With seasonal flu, people over the age of 65 are also considered high risk in addition to the other groups mentioned above.

How the illnesses are spread: Both H1N1 and seasonal flu can be spread from person to person when droplets from a cough or a sneeze land on surfaces that are touched by others. Contrary to many rumors, infections of H1N1 cannot be caused by eating pork.

The vaccines

Development and administration

Adult seasonal flu shots are now available at DCHHS clinics for \$20. Call 214-619-2462.



The 2009 H1N1 vaccine is expected to be made available in mid-October, according to the federal government.

How much of the vaccine will be used in Dallas County remains unknown, though DCHHS has already placed an order.

As soon as DCHHS receives the vaccine, it will be administered to people in the highest priority groups: persons 6 months to 24 years old, adults with underlying medical conditions, pregnant women, health care workers and persons who interact with sick children or young people.

The seasonal flu vaccine is developed annually and is already available. The seasonal flu vaccine is recommended for high-risk persons and all children 6 months to 18 years old. The seasonal flu vaccine will not protect against H1N1.



Potential school closures

What parents can do and need to know

Many students from the Children of Heaven Day School are expected to start the virus problem in the school.

The CDC recommends that students and staff with flu-like symptoms stay home for at least 24 hours and until they no longer have a fever without the use of fever-reducing medications.

The decision to shut down and close schools will be made at the county level. In Dallas County, if and when the decision is made, it should be a collaborative decision made between the local health authority, the school district serving the schools. The decision will take into consideration the severity, number of school-aged children and costs, ability to shut down and influence like illnesses within a school or district and school operations will be best when possible.

Following a declaration of public health emergency, schools can continue to provide the best possible education while staying in a safe and healthy setting.



Get your family vaccinated for seasonal flu and 2009 H1N1 flu when vaccines are available.

Check your child every morning for signs of illness and keep your child at home if they exhibit flu-like symptoms.

Notify school officials with the names of your family members that have flu your child attends school.

Plan for children of 5 years of age and older school is closed for a minimum of 5 school days.

Talk to officials at your child's school about how flu pandemic or emergency look.

YOUR HEALTH**Suspect that you have the flu?**

If you have a fever, you should stay home from work or school for at least 24 hours until it's gone without the use of any fever-reducing medication.

Stay away from others as much as possible.

Rather than potentially exposing your healthcare provider's waiting room with the flu, call first and ask for any specific instructions that may suit your medical condition. They may recommend antiviral medication, such as Tamiflu or Relenza.

While at home, get plenty of rest and drink clear fluids to prevent dehydration.

Wear a facemask, if possible, when sharing common spaces with other

household members to prevent the spread of illness.

Cover your coughs and sneezes and wash your hands frequently with soap and water.

If your flu-like symptoms seem to improve, but then return with a fever and worse cough or if you experience any difficulty breathing, sudden dizziness, confusion, pain or pressure in your chest or abdomen or severe, persistent vomiting, you should seek urgent medical attention.

**If you are the caregiver ...**

Avoid face-to-face contact with the sick person.

Clean your hands with soap and water after touching the sick person and handling used tissues and laundry.

Wear a facemask while caring for the sick person, if possible.

Keep surfaces such as bedside tables, bathroom surfaces and toys for children clean by wiping them down with disinfectants.

Wash used linens with soap and water and dry on a hot setting. Avoid contaminating yourself when handling the laundry.

Keep the sick person in an isolated room and keep the door closed whenever possible.



DCHHS
Safe families, healthy lives.

Dallas County Health and Human Services

Public Health Preparedness and Response Division

2377 North Stemmons Freeway

Dallas, TX 75207

214-819-2100

www.dallascounty.org

Zachary Thompson, Director

Dr. John Carlo, Medical Director

Public Health Preparedness Update
is published monthly by
Dallas County Health and Human Services.

For information about this newsletter,
contact DCHHS Public Information
Officer Blanca Cantu at 214-819-6329
or blanca.cantu@dallascounty.org.

Protect your children from the flu this season.

When flu is circulating in our community, school-aged children are particularly affected.

Symptoms of flu include fever with cough or sore throat, and sometimes vomiting or diarrhea.

Flu spreads easily and can cause outbreaks in our schools.

Vaccination is the best way to protect your child from the virus. Teaching them simple precautions will protect them from the flu.

Keeping your child at home while they're sick and notifying their school if they have the flu will help health officials determine if an outbreak is occurring. Sick students should not return to school until free of symptoms for at least 24 hours.



WHAT PARENTS CAN DO

- Check your child every morning for signs of illness.
- If your child has flu-like symptoms keep your child at home.
- Notify school officials with the reason for your child's absence the same day your child misses school.
- Have your family vaccinated for the flu every year.

WHAT CHILDREN CAN DO

- Wash your hands thoroughly and frequently with soap and water.
 - Wash your hands before and after touching your eyes, nose and mouth.
 - Use your elbow to shield your cough or sneeze.
 - Don't share personal items such as toothbrushes, drinking glasses or towels.
- ▶▶ Log onto dallascounty.org for updated information and recommendations.



DCHHS
Safe families, healthy lives.

Dallas County Health and Human Services
214-819-2100 | www.dallascounty.org

Zachary Thompson, Director
Dr. John Carlo, Medical Director

30

Proteja sus niños contra la influenza esta temporada.

Cuando la influenza está circulando en nuestra comunidad los niños que están en la escuela son afectados especialmente.

Síntomas de la influenza incluye fiebre con tos o dolor de garganta y a veces vómito o diarrea.

La influenza esparce fácilmente y puede causar estallidos en nuestras escuelas.

Vacunación es la mejor manera a proteger los niños contra el virus. Enseñándoles precauciones simples protegerán a ellos contra la influenza.

Quedando a los niños en la casa cuando están enfermos y notificando su escuela si tienen la influenza ayudará los oficiales de salud hacer una determinación si un estallido está ocurriendo. Estudiantes que están enfermos no deban regresar a la escuela hasta que no tengan síntomas por lo menos de 24 horas.



PARA PADRES

- Cada mañana, averigüe si los niños tienen señales de enfermedad.
- Si los niños tienen síntomas de influenza que se queden en casa.
- Notifique los oficiales de la escuela con la razón de la ausencia el mismo día que los niños no estén en clase.
- Vacune toda la familia contra la influenza cada año.

PARA NIÑOS

- Lave muy bien sus manos con jabón y agua con frecuencia.
 - Lave sus manos antes de y después de tocar sus ojos, nariz y boca.
 - Use su codo en vez de la mano cuando necesite estornudar o toser.
 - No comparta artículos personales como cepillos de dientes, vasos de beber o toallas.
- ▶ Busque más información y recomendaciones en dallascounty.org.



DCHHS
Safe families, healthy lives.

Dallas County Health and Human Services
214-819-2100 | www.dallascounty.org

Zachary Thompson, Director
Dr. John Carlo, Medical Director

31

4 steps to clean hands

1

Wet



Wet your hands with warm running water.

2

Lather



Apply soap and lather for at least 20 seconds.

3

Rinse



Thoroughly ~~rinse~~ ~~with~~ rinse your hands with warm water.

4

Dry



Dry hands with a towel. Then use it to turn off faucet.

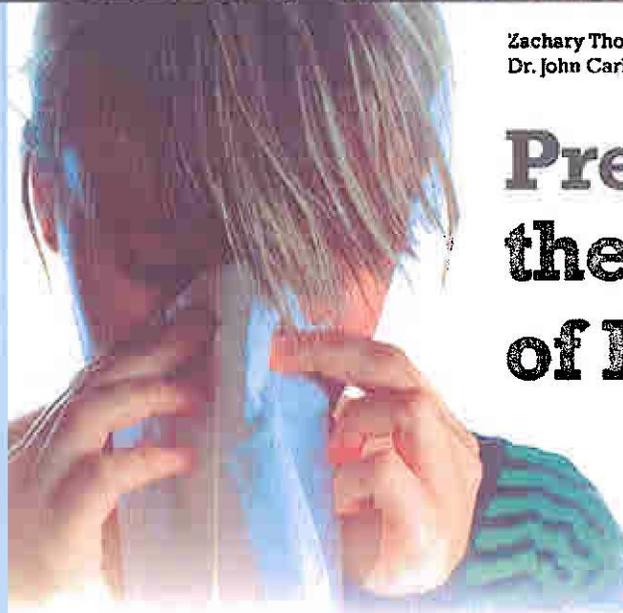


DCHHS
Safe families, healthy lives.

For more information, visit us at
Dallas County Health and Human Services
214-819-2100 | www.dallascounty.org
Zachary Thompson, Director
Dr. John Carlo, Medical Director

Zachary Thompson, Director
Dr. John Carlo, Medical Director

Prevent the spread of H1N1



WHAT CAN I DO?

With the 2009 H1N1 flu virus circulating, it is now possible to become infected with the new strain and seasonal flu strains. Work these preventative measures into your daily routine to limit your exposure to germs.

Wash your hands thoroughly with soap and water, especially after you cough and sneeze.

Get a seasonal flu shot every year and get one to protect against H1N1 as soon as one is available.

Stay home for at least 24 hours if you have flu-like symptoms and until your fever is gone without the use of fever-reducing medication.

Use alcohol-based hand sanitizer regularly.

Use your elbow to shield your cough or sneeze. If you use a tissue, throw it away after you use it.

Don't share personal items such as toothbrushes, drinking glasses or towels.

Be prepared with supplies in case you get sick and need to stay home for an extended period of time.

Follow public health advice regarding school closures, avoiding crowds and other social distancing measures.

2009 H1N1 influenza virus is an illness that is spread when respiratory droplets land on surfaces that are touched by others. The H1N1 strain, once referred to as swine flu, has genes from flu viruses that circulate in pigs, birds and humans.

2009 H1N1 can vary in severity. Pregnant women, diabetics and people who suffer from asthma, heart and kidney disease have the highest risk of severe disease. Severe H1N1 infections can require hospitalizations and cause death. Milder cases that cause symptoms similar to those associated with seasonal flu won't usually require medical attention.

What you need to know about H1N1 flu

How do I know if I have H1N1 flu or seasonal flu?

The 2009 H1N1 virus is what is circulating now. Because the new strain is similar to seasonal flu in terms of severity, it is being treated like seasonal flu.

What are the symptoms?

People who have been infected with the virus report fever, cough, sore throat, runny or stuffy nose, body aches, headaches, chills and fatigue. Some people have reported vomiting and diarrhea.

What is the treatment?

Call your doctor first and ask for any specific instructions that may suit your medical condition. They may recommend antiviral medication, such as Tamiflu or Relenza.

What if I'm not experiencing any symptoms?

Some infected people will show no symptoms. You should still incorporate the preventative steps daily to prevent the spread of germs.

What if my symptoms improve, but then return?

If your fever returns or your cough worsens, you should seek urgent medical attention, especially if you have difficulty breathing or experience persistent vomiting, sudden dizziness or pain in your chest or abdomen.

► Log onto dallascounty.org for more information regarding H1N1 updates.

Seasonal flu and novel H1N1 virus infections can spread quickly. Prevention is key! Simple actions can prevent the spread of the illness.

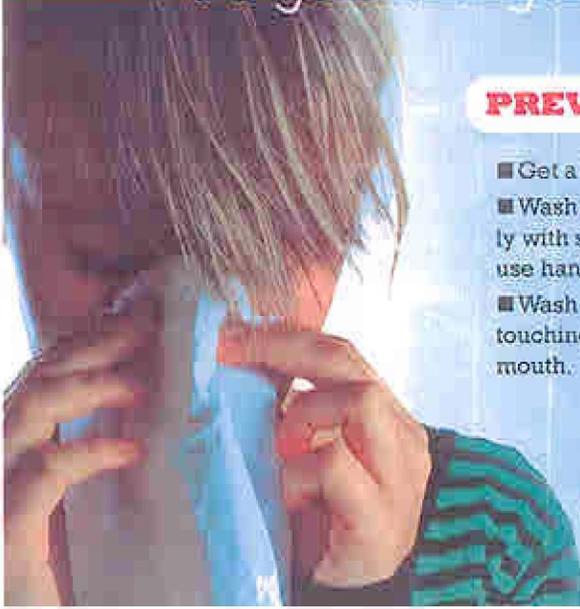
*It's going to be a busy flu season.
Are you and your family prepared?*

PREVENT ILLNESS

- Get a flu shot every year.
- Wash your hands thoroughly with soap and water and use hand sanitizer regularly.
- Wash your hands before touching your eyes, nose and mouth.

PREVENT SPREADING

- Stay home if you have flu-like symptoms.
- Use your elbow to shield your cough or sneeze.
- Don't share personal items such as toothbrushes, drinking glasses or towels.



DCHHS
Safe families, healthy lives.

Dallas County Health and Human Services
214-819-2100 www.dallascounty.org
Erinny Thompson, Director
Dr. John Carlo, Medical Director

La influenza estacional y el virus H1N1 pueden transmitir rápidamente. ¡La prevención es la llave! Las acciones simples pueden prevenir el contagio de la enfermedad.

*Esta temporada de influenza será ocupada.
¿Está preparada usted y su familia?*

PREVENGA ENFERMEDAD

- Tome una vacuna contra la influenza cada año.
- Lave muy bien sus manos con jabón y agua y use los desinfectantes para manos con frecuencia.
- Lave sus manos antes de tocar sus ojos, nariz y boca.

PREVENGA CONTAGIO

- Quédese en casa cuando tenga síntomas como las que vienen con la influenza.
- Use su codo en vez de la mano cuando necesite estornudar o toser.
- No comparta artículos personales como cepillos de dientes, vasos de beber o toallas.



DCHHS
Safe families, healthy lives.

Dallas County Health and Human Services
214-919-2100 www.dallascounty.org
Zachary Thompson, Director
Dr. Jose Ortiz, Medical Director

35

Don't let the flu get you!

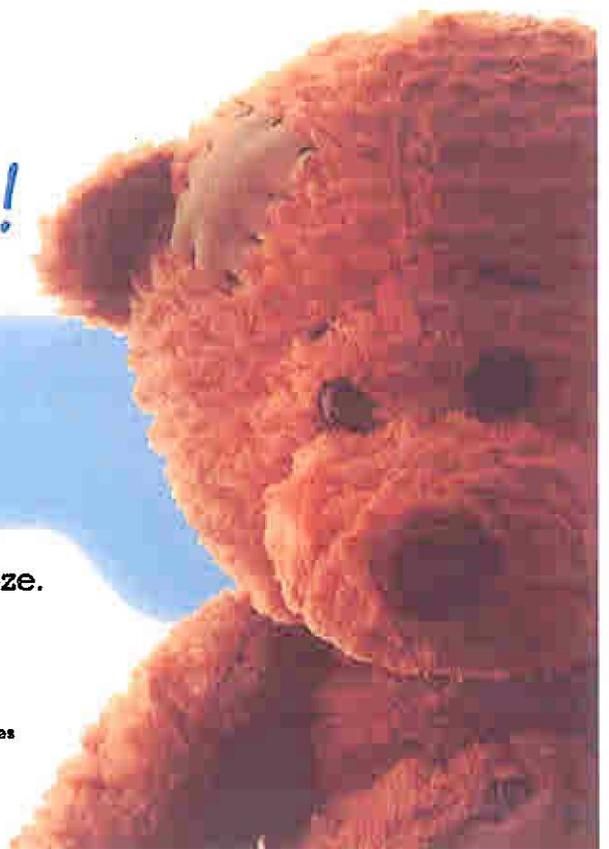
- > Get a flu shot every year.
- > Stay at home if you have flu-like symptoms.
- > Wash your hands with soap and water often.
- > Use hand sanitizer regularly.
- > Wash your hands before touching your face.
- > Use your elbow to shield your cough or sneeze.



DCHHS

Safe families, healthy lives.

Dallas County Health and Human Services
Dallas County Health and Human Services
214-819-2100 www.dallascounty.org
Zachary Thompson, Director
Dr. John Carlo, Medical Director





¡Protéjase contra la influenza!

- > Tome una vacuna contra la influenza cada año.
- > Quédese en casa cuando tenga síntomas como los que vienen con la influenza.
- > Lave sus manos con jabón y agua.
- > Use los desinfectantes para manos con frecuencia.
- > Lave sus manos antes de tocar su cara.
- > Use su codo en vez de la mano cuando necesite estornudar o toser.



DCHHS

Safe families, healthy lives.

For more information, call 214-819-2100

Dallas County Health and Human Services

214-819-2100 www.dallascounty.org

Zachary Thompson, Director
Dr. John Carlo, Medical Director

37