Q&A – Outbreaks Webinar, April 24, 2014

Q: Were you getting early death reports from hospitals before they were reported to vital statistics?

Yes, we counted the death as a fatality one we confirmed that the patient was a resident of our county and the lab was confirmed.

Q: Did fall peak correspond to the beginning of the school year?  Were you detecting any H1N1 lab verification during the summer?

Our Fall peak was actually around mid-October and many of our schools start back in early-mid August, so the peak didn’t really correspond to the start of the school year.

We were receiving confirmation of positive H1N1 labs from our state lab through mid-July that summer. At that point, the state lab decided they had enough laboratory data and were no longer providing county level testing and reporting. Data was continued to be shared from the sentinel providers.

Q: How do take advantage of getting information every 3 hours.  Is it worth it?

We check the system every three hours during active response situations, such as monitoring for mass gatherings like the Indianapolis 500 or the Super Bowl. Staff time needed to check the system is minimal, so we think it is worth it to provide situational awareness.

Q: When a decision to close schools is made, are there any considerations or concerns regarding young children home that have parents that cannot miss work?

This was taken into consideration along with the fact that many of our students depend on the breakfast and lunch meals provided by the schools. Since this was a public health threat that was rapidly evolving and the CDC guidance at that time was to consider closing schools when the virus was circulating and causing substantial absenteeism, the decision was made to follow the CDC guidance to help lower the transmission. Fortunately, the schools were only closed for two days when the CDC updated guidance to say that the H1N1 flu was not as strong of a threat as had been feared and that schools could resume their regular operations.