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A PUBLIC HEALTH NURSE'S VIEW OF A PANDEMIC: HOW I SPENT MY SPRING, SUMMER, FALL AND WINTER VACATION

Keeping Connecticut Healthy
DPH
Connecticut Department of Public Health

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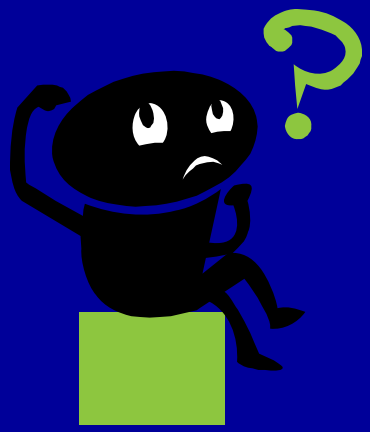
The Province
artizans.com
Boy... recession, bailouts, massive deficits, torture, H1N1, HST, RCMP, Iggy, child poverty, Tiger Woods... What a great year!
☆◎#!!!
cartoonist

PUBLIC HEALTH NURSING
H1N1

- REVIEW OF H1N1
- WHAT DOES A PUBLIC HEALTH NURSE DO ANYWAY?
- HOW A NURSE IN THE STATE PUBLIC HEALTH DEPARTMENT CONTRIBUTED TO H1N1
- LESSONS LEARNED FROM H1N1



Spring
Break

MMWR

Swine Influenza A (H1N1) Infection in Two Children — Southern California, March–April 2009

On April 21, this report was posted as an MMWR Early Release *on the* MMWR *website* (http://www.cdc.gov/mmwr).

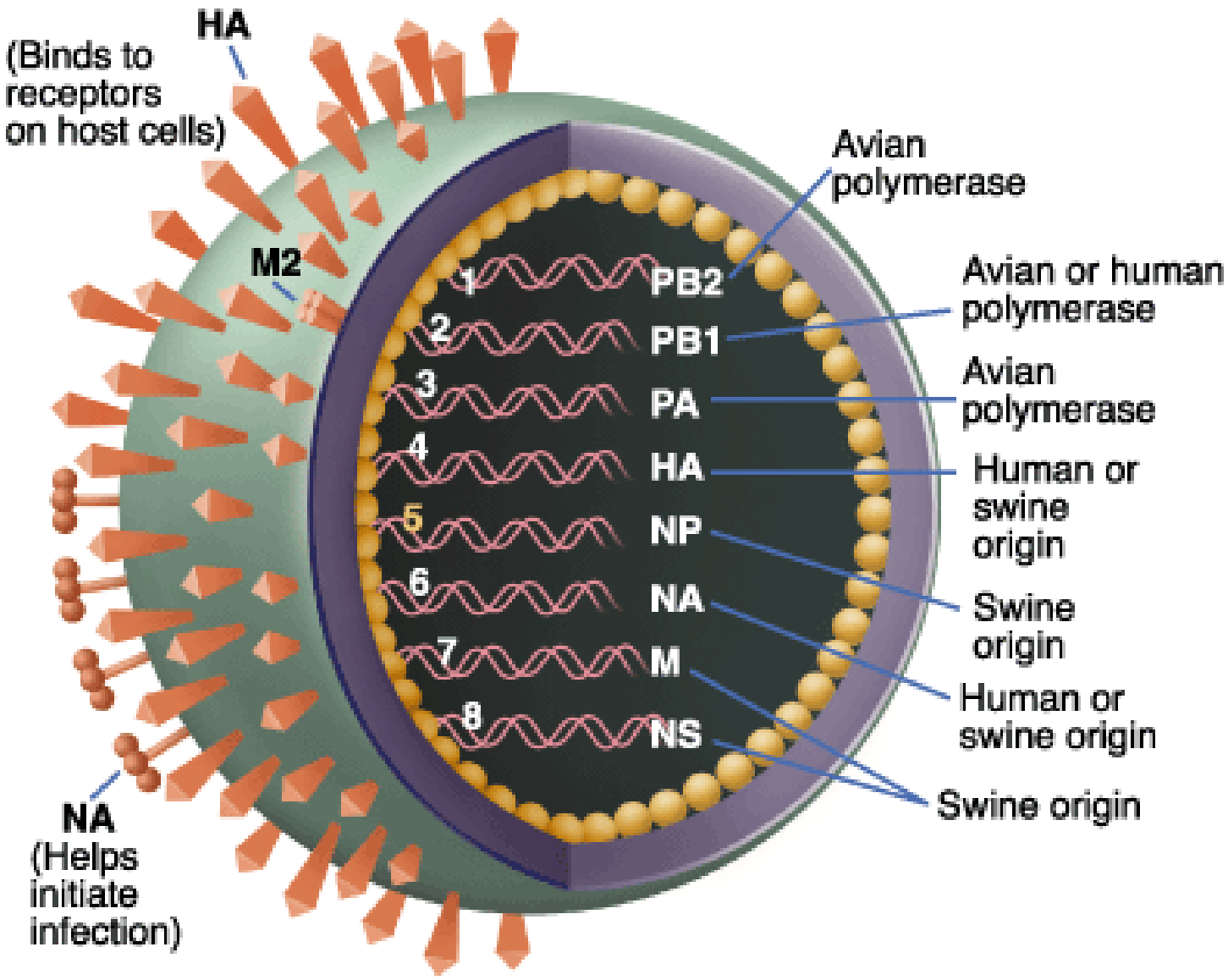
Novel Influenza A (H1N1) Detected

- March 2009
  - 2 cases of febrile respiratory illness in children in late March
  - No common exposures, no pig contact
  - Uneventful recovery
  - Residents of adjacent counties in southern California
  - Tested because part of enhanced influenza surveillance
- Reported to CDC as possible Novel influenza A virus infections
- Swine influenza A (H1N1) virus detected on April 15th,17th at CDC
- Both viruses genetically identical
  - Contain a unique combination of gene segments previously not recognized among swine or human influenza viruses in the US

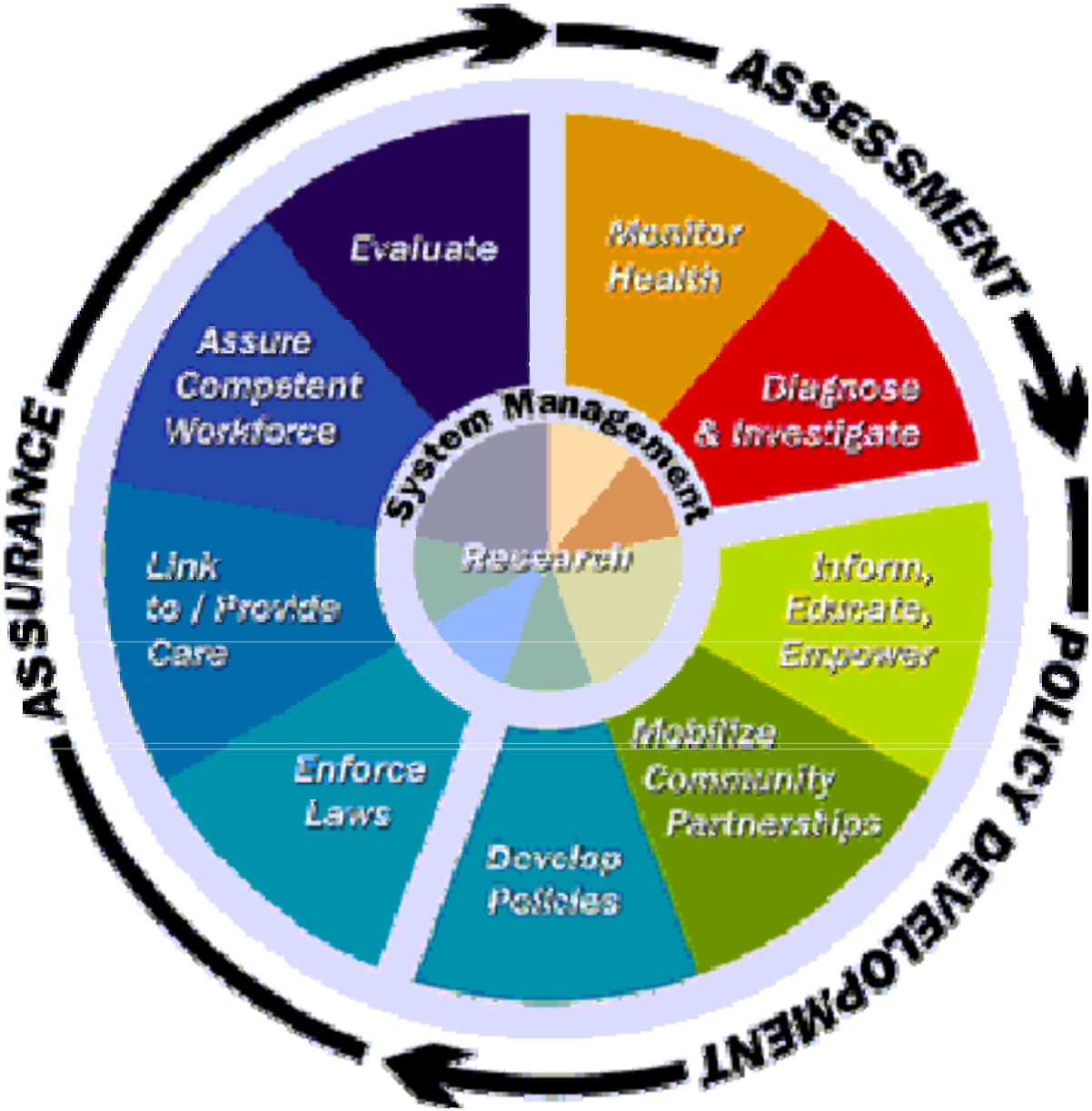
NOISE TO SIGNAL

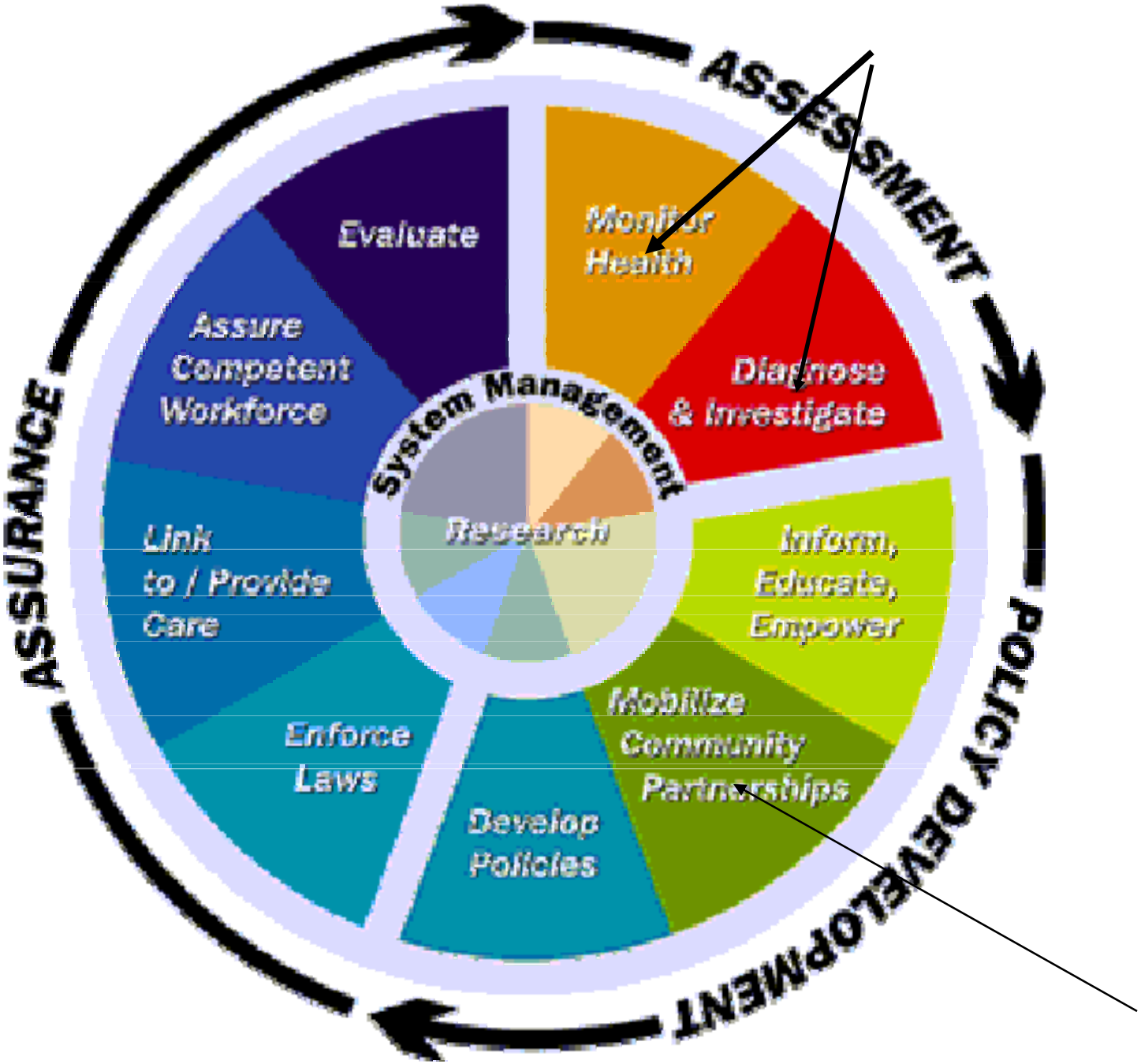
Rob Cottingham · socialsignal.com/n2s

Technically, it's swine flu. But we call it H1N1 because the hashtag's shorter.


HA
(Binds to receptors on host cells)
M2
NA
(Helps initiate infection)
1
2
3
4
5
6
7
8
PB2
PB1
PA
HA
NP
NA
M
NS
Avian polymerase
Avian or human polymerase
Avian polymerase
Human or swine origin
Swine origin
Human or swine origin
Swine origin

WHAT DOES A PUBLIC HEALTH NURSE DO?

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POLICY DEVELOPMENT
ASSURANCE
Monitor Health
Diagnose & Investigate
Inform, Educate, Empower
Mobilize Community Partnerships
Develop Policies
Enforce Laws
Link to / Provide Care
Assure Competent Workforce
Evaluate
System Management
Research

Outbreak at a School in New York City
April 23, 2009

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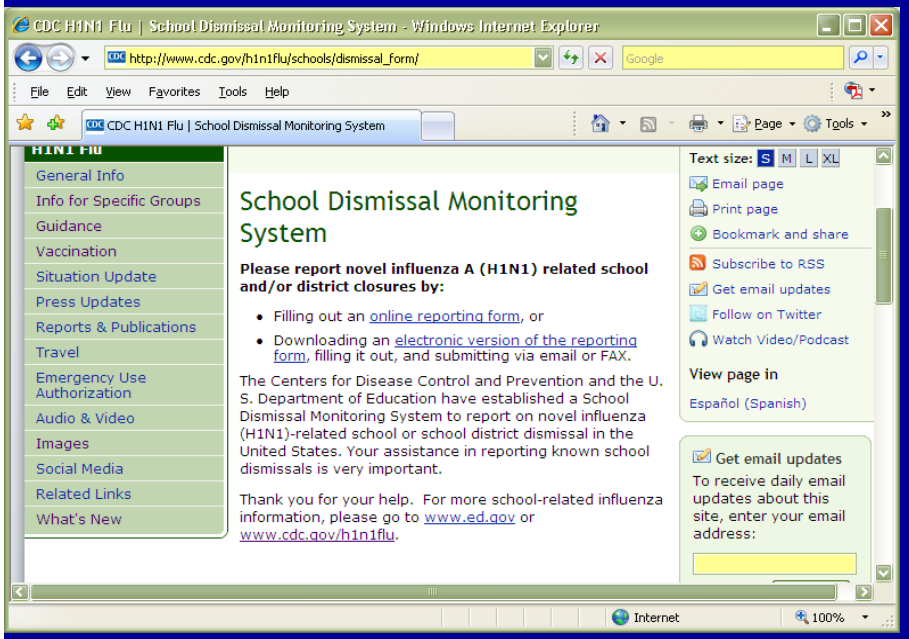

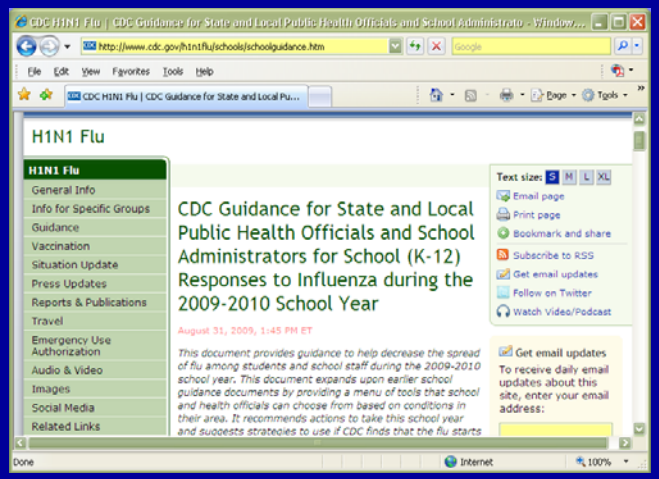

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The best place for sick children to be is at home.

The best place for well children to be is in school

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Illness short-circuits field trip

Wolcott pupils develop fevers, nausea in D.C.

BY MICHAEL PUFFER
REPUBLICAN-AMERICAN

WOLCOTT — A four-day field-trip to Washington, D.C. for eighth-graders was cut short Friday after 26 students came down with "flu-like symptoms."

The annual trip has been a rite of passage for generations of eighth-graders getting ready to graduate from Tyrell Middle School. This year's trip included a three-night hotel stay and four days of sightseeing, including stops at the Smithsonian Museum and various monuments.

Four charter buses and a van set off with 209 students and about 22 chaperones Tuesday morning. By Wednesday afternoon, 11 students were feeling ill. All had ridden the same bus. Some had high temperatures and vomited.

Sick students stayed in their hotel Thursday morning as

See **TRIP**, *Page* **4B**

JOSALEE THRIFT REPUBLICAN-AMERICAN

Sarah Whitney, 14, is welcomed by family members, from left, Laureen, cousin Michelle, 10, Kathy and cousin Nicole Whitney, 14. Sarah arrived at Tyrrell Middle School in Wolcott on Friday from a school trip to Washington, D.C., in which Nicole also participated. Sarah walked off the bus with a fever of 100.9 degrees, and a number of other students fell ill during the trip.

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THE CASE FOR KENO

When it comes to gambling in Connecticut, the "horses are already out of the barn ..." **Stan Simpson, Page A2**

Hartford Courant.com

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SATURDAY
6.6.09 >>1 ★

SWINE FLU AND THE SCHOOLS

To Close, Or Not To Close?

Virus Poses Tough Choices For Officials At End Of Academic Year

By **ARIELLE LEVIN BECKER**
alevinbecker@courant.com

The early days of the swine flu outbreak brought a rash of school closings.

Then, with signs that the virus was milder than initially feared, schools reopened and the closures stopped.

Now the H1N1 virus is doing what flu viruses usually do: spread. So far, 480 state residents have had confirmed cases of the virus. Most have been mild, though one person died and five others were hospitalized.

And this week, schools began closing again — an elementary school in Hamden where more than 15 percent of the pupils had flu-like symptoms, and a middle school in Wolcott where more than 200 students were absent.

ON THE WEB
For more information about the swine flu, visit
courant.com/swineflu

It's not yet clear whether school closings will remain relatively rare or whether more will close before summer break begins. As the end of the school year approaches, closures could become more problematic, with finals, graduations and 180-day requirements to contend with.

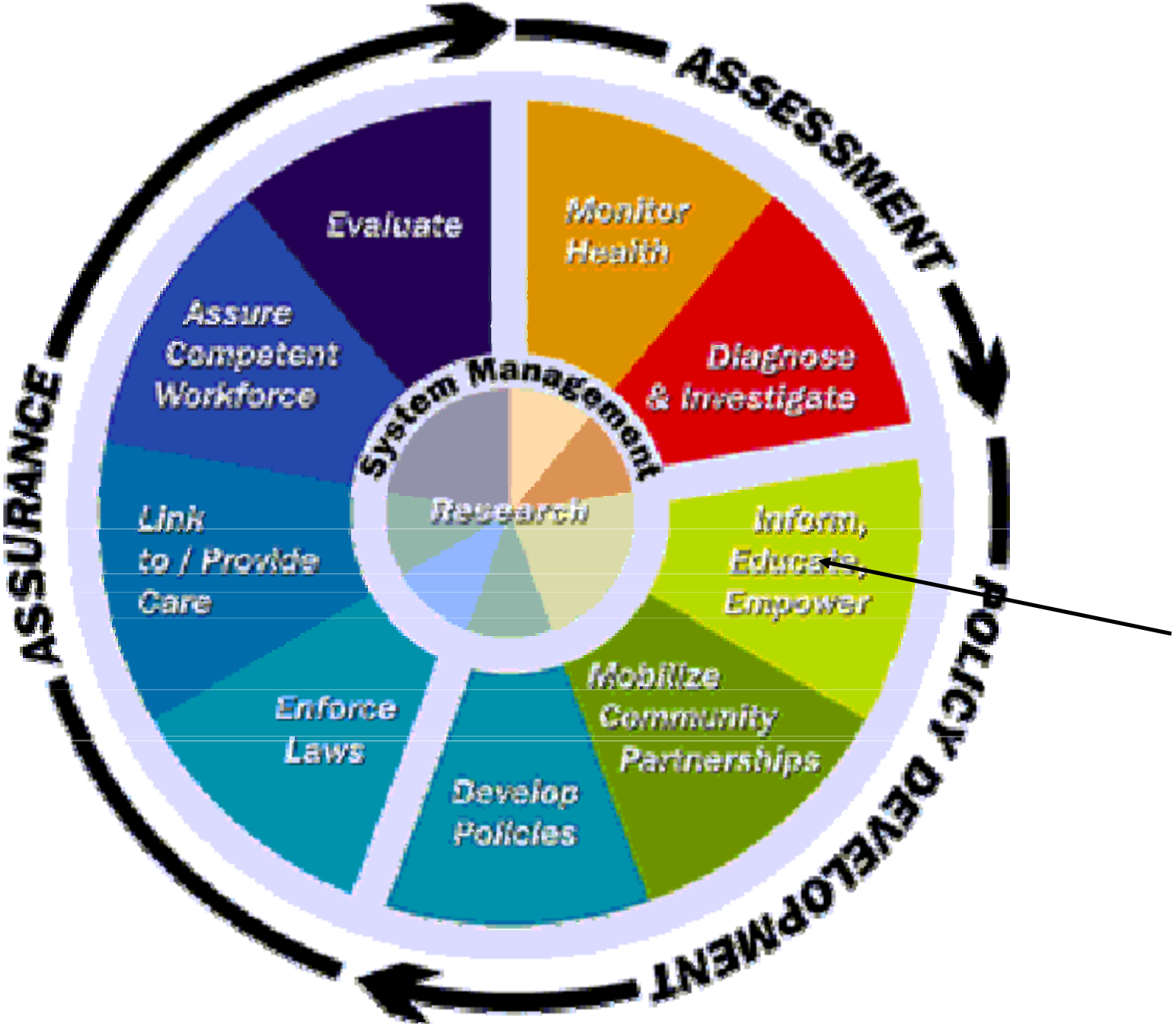
While Wolcott and Hamden closed schools this week, West Hartford and New Haven kept schools open after being affected by swine flu because local health and school officials did not forecast problems.

That, in part, reflects changes in the reasons schools are closing. While state and federal officials

TOUGH, A4

ANIMAL SCIENCE

GROUNDED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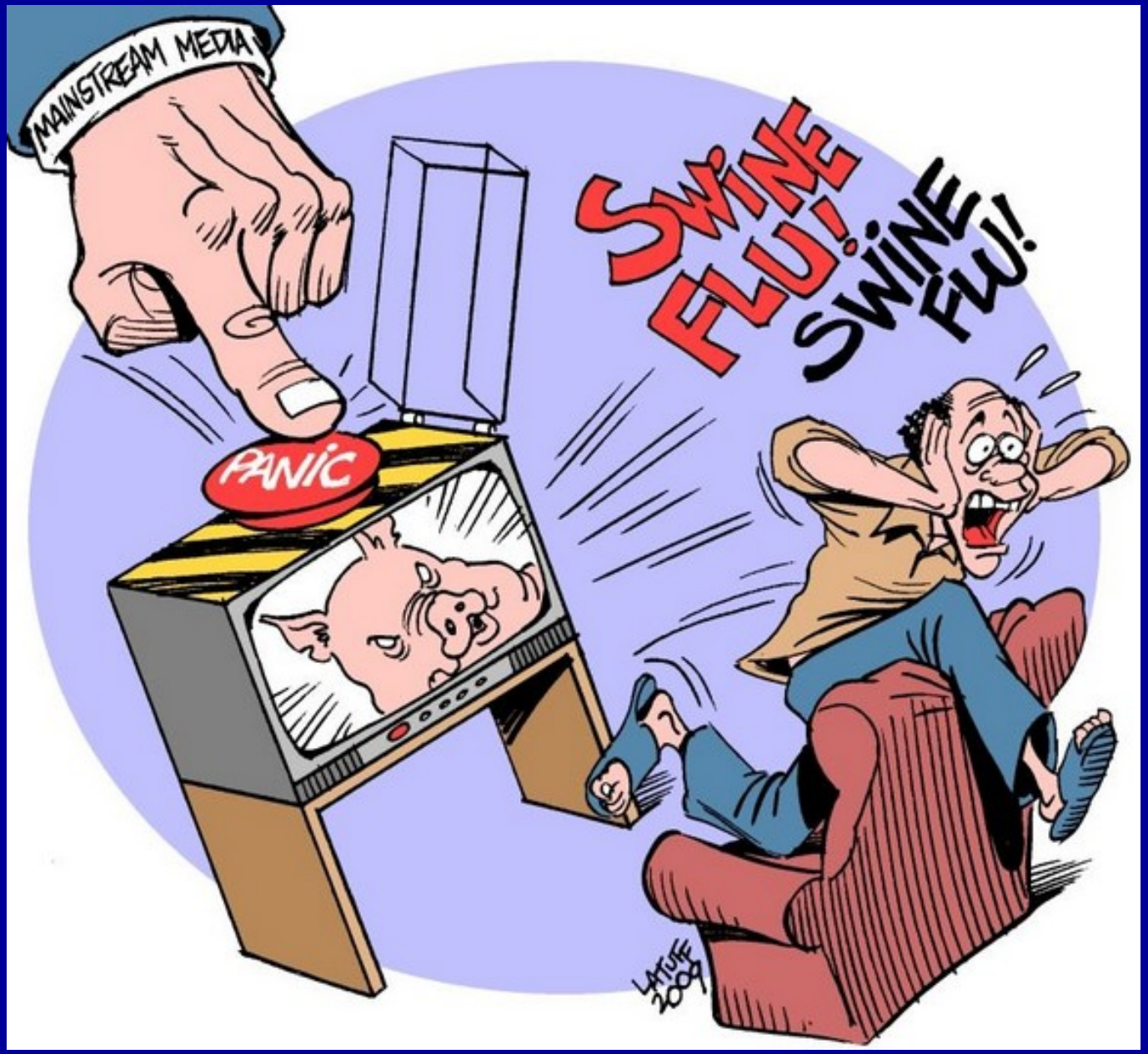
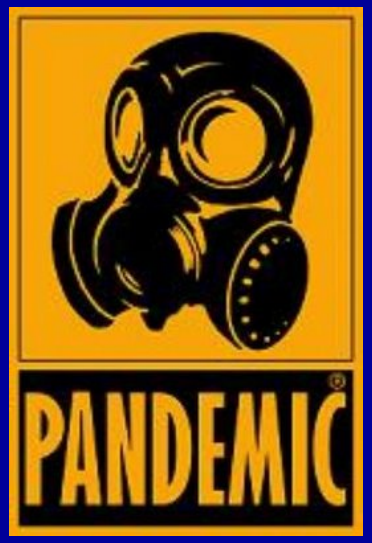
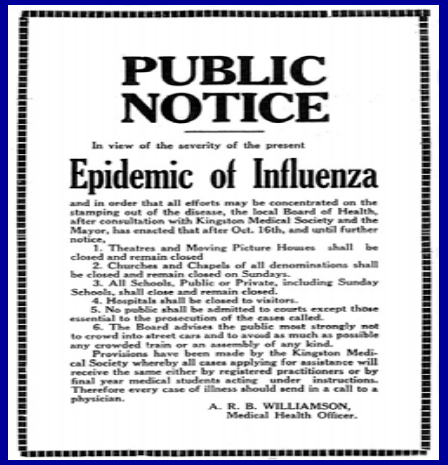
POLICY DEVELOPMENT
ASSURANCE
Monitor Health
Diagnose & Investigate
Inform, Educate, Empower
Mobilize Community Partnerships
Develop Policies
Enforce Laws
Link to / Provide Care
Assure Competent Workforce
Evaluate
System Management
Research


MAINSTREAM MEDIA
PANIC
SWINE FLU!
SWINE FLU!
LATTUFF 2009





PUBLIC NOTICE

In view of the severity of the present

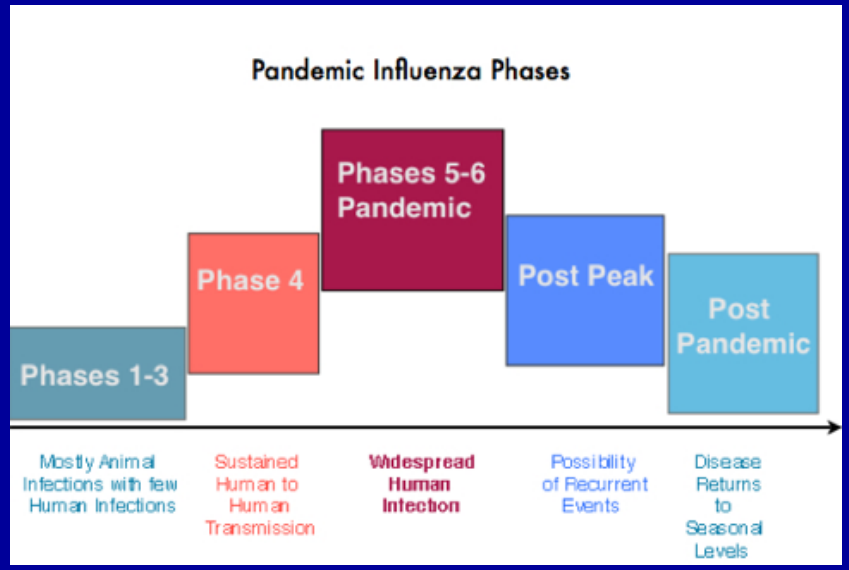
Epidemic of Influenza

and in order that all efforts may be concentrated on the stamping out of the disease, the local Board of Health, after consultation with Kingston Medical Society and the Mayor, has enacted that after Oct. 16th, and until further notice,

1. Theatres and Moving Picture Houses shall be closed and remain closed
2. Churches and Chapels of all denominations shall be closed and remain closed on Sundays.
3. All Schools, Public or Private, including Sunday Schools, shall close and remain closed.
4. Hospitals shall be closed to visitors.
5. No public shall be admitted to courts except those essential to the prosecution of the cases called.
6. The Board advises the public most strongly not to crowd into street cars and to avoid as much as possible any crowded train or an assembly of any kind.

Provisions have been made by the Kingston Medical Society whereby all cases applying for assistance will receive the same either by registered practitioners or by final year medical students acting under instructions. Therefore every case of illness should send in a call to a physician.

A. R. B. WILLIAMSON,
Medical Health Officer.



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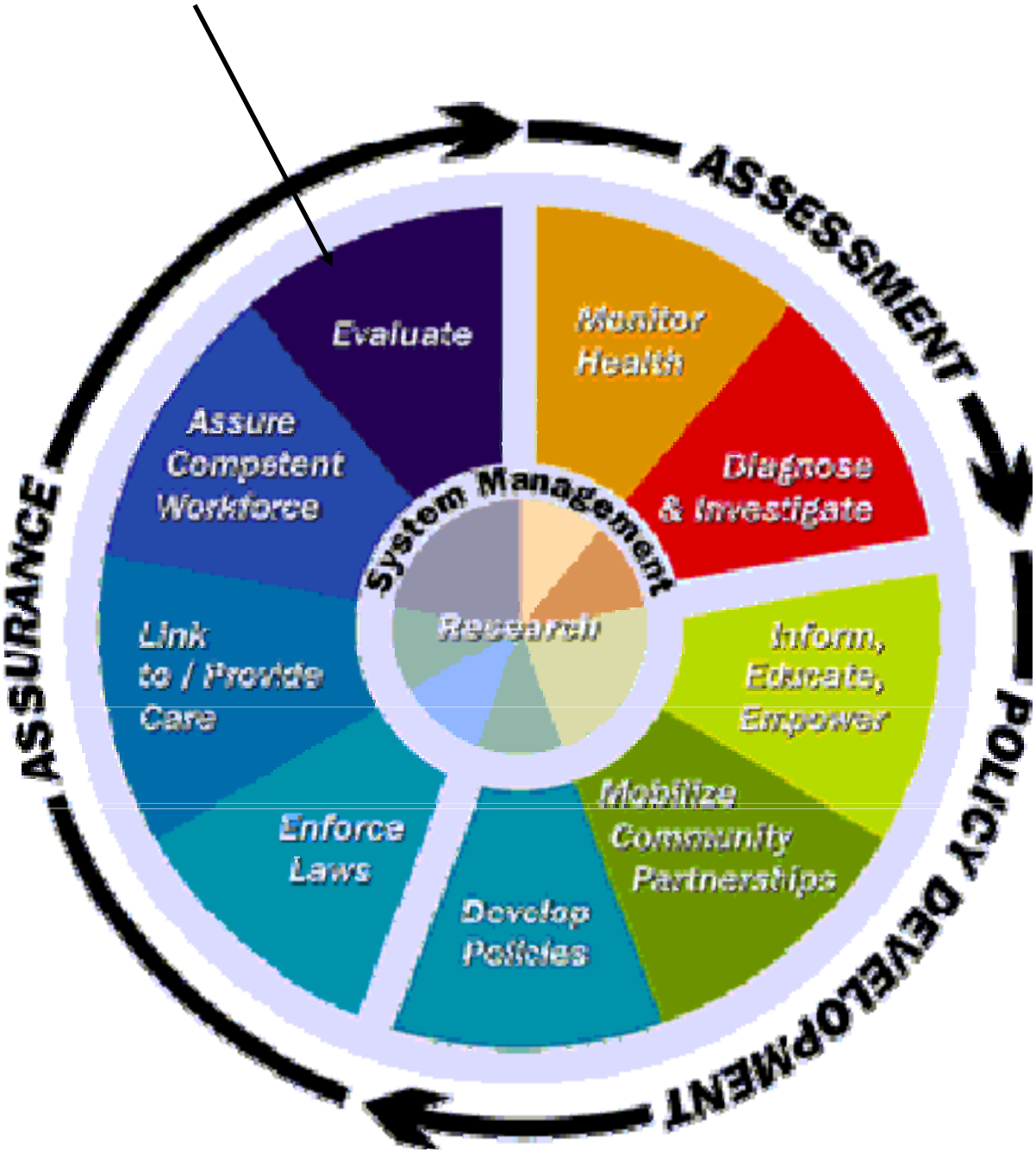
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POLICY DEVELOPMENT
ASSURANCE
Monitor Health
Diagnose & Investigate
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Develop Policies
Enforce Laws
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Evaluate
System Management
Research

LESSONS WAVE 1

1. PLANNING PAID OFF-PLANS NEED TO ADAPTABLE

2. STOCK PILING ANTIVIRALS HELPED-EARLY ID OF AGENT

3. PUBLIC HEALTH DEPARTMENTS NOT ENOUGH RESOURCES

4. INFORMATION TO THE PUBLIC AND PROFESSIONALS ALLAYS FEARS AND BUILDS TRUST (CRISIS COMMUNICATIONS)

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LESSONS LEARNED CONTINUED

5. SCHOOL CLOSINGS IMPACT STUDENTS,PARENTS AND EMPLOYERS

6. SICK LEAVE POLICIES PROBLEMATIC

7. LIMITING MASS GATHERINGS PROBLEMATIC

8. EVEN WITH MILD DISEASE HEALTH CARE SYSTEM OVERWHELMED

9. COMMUNICATION BETWEEN PUBLIC HEALTH SYSTEM AND PRIVATE HEALTH PROVIDERS WAS NOT WELL COORDINATED

10. WHO PANDEMIC PHASES CAUSED CONFUSION

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SUMMER

DAY CAMP

Summer
Camp

Summer Fun
SCHOOL BUS

Summer Camp '09: A Campfire, a Swim, a Sneeze, a Quarantine

By TAMAR LEWIN

BELGRADE, Me. — Parents who arrived for visiting day on Sunday at Camp Matoaka in Smithfield, Me., got a tiny bottle of Purell, and at lunch, the serving staff wore masks and gloves.

"This is a different year," said Jason Silberman, the director.

The shimmering lakes are as idyllic as ever, the bunks as cozy, and the dining halls as deafening, but here in Maine, summer camp is not quite the same in the era of H1N1. Temperature checks start the moment the campers get off the bus or plane. Many intercamp sports and socials have been canceled or postponed. And hand sanitizer is everywhere.

"We've never had flu in the summer like this," said Dr. Dora Anne Mills, Maine's public health director. "We have 33 camps in Maine with outbreaks, and another 10 in the pipeline being tested. Some of them have 70 to 100 kids in isolation, so they're running shadow camps for them."

Dr. Mills and other experts believe the outbreaks here are a barometer for what will happen in the schools this fall.

Of course, swine flu has wrought havoc with summer camps in other states, too. In Georgia, Camp Coleman canceled its first session because so many counselors got sick right before camp started that it seemed impossible to provide a good program. In Vermont, Camp Killooleet had one or two sick children on a Monday soon after camp began, according to its director, Dean Spencer, but that grew to 12 or 15 on Tuesday — so on Wednesday, Mr. Spencer sent all 100 campers home for a week.

But Maine, with more than 100 sleep-away camps, seems to have been hit especially hard. Some camps send children home as soon as they develop a fever — often disrupting the plans that parents had made for those weeks, whether it was a second honeymoon or a chance to paint the kitchen.

But most camps are not sending campers home, instead keeping them in the infirmary, the gym, the arts and crafts building, wherever emergency cots will fit, for the seven-day isolation period.

Camp Modin, with about 380 campers and 130 staff members,

Continued on Page A4

ANDREW LOADER

Camping gear at Camp Modin in Belgrade, Me., now includes masks (and Tamiflu). 7/23/2009

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Monitor Health
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Enforce Laws
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System Management
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**"Don't think of it as getting a flu shot.
Think of it as installing virus protection software."**

H1N1 VACCINE

- Vaccine procured and purchased by US government
- Vaccine will be allocated across states proportional to population
- Vaccine will be sent to state-designated receiving sites: mix of local health departments and private settings

H1N1 Vaccine Distribution Response Plan

CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

August 2009
8/11/2009

DEPARTMENT OF PUBLIC HEALTH
H1N1 DISTRIBUTION PLAN

CDC – DETERMINES PRIORITY GROUPS

Establishes funding

Aug-Vaccine distribution

MDA(41) throughout state communicate plan finalize plans for region

DPHImmunization program preregisters providers Aug - vaccination period

MDA/DPH secures sites/permission/dates

Sept 1-Oct 1

CDC ship vaccine

Vac site

Vac site

Vac site

Keeping Connecticut Healthy

DPH

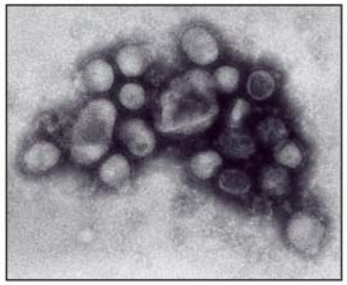
Connecticut Department of Public Health

MMWR
Morbidity and Mortality Weekly Report
www.cdc.gov/mmwr

Early Release August 21, 2009 / Vol. 58

Use of Influenza A (H1N1) 2009 Monovalent Vaccine

Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

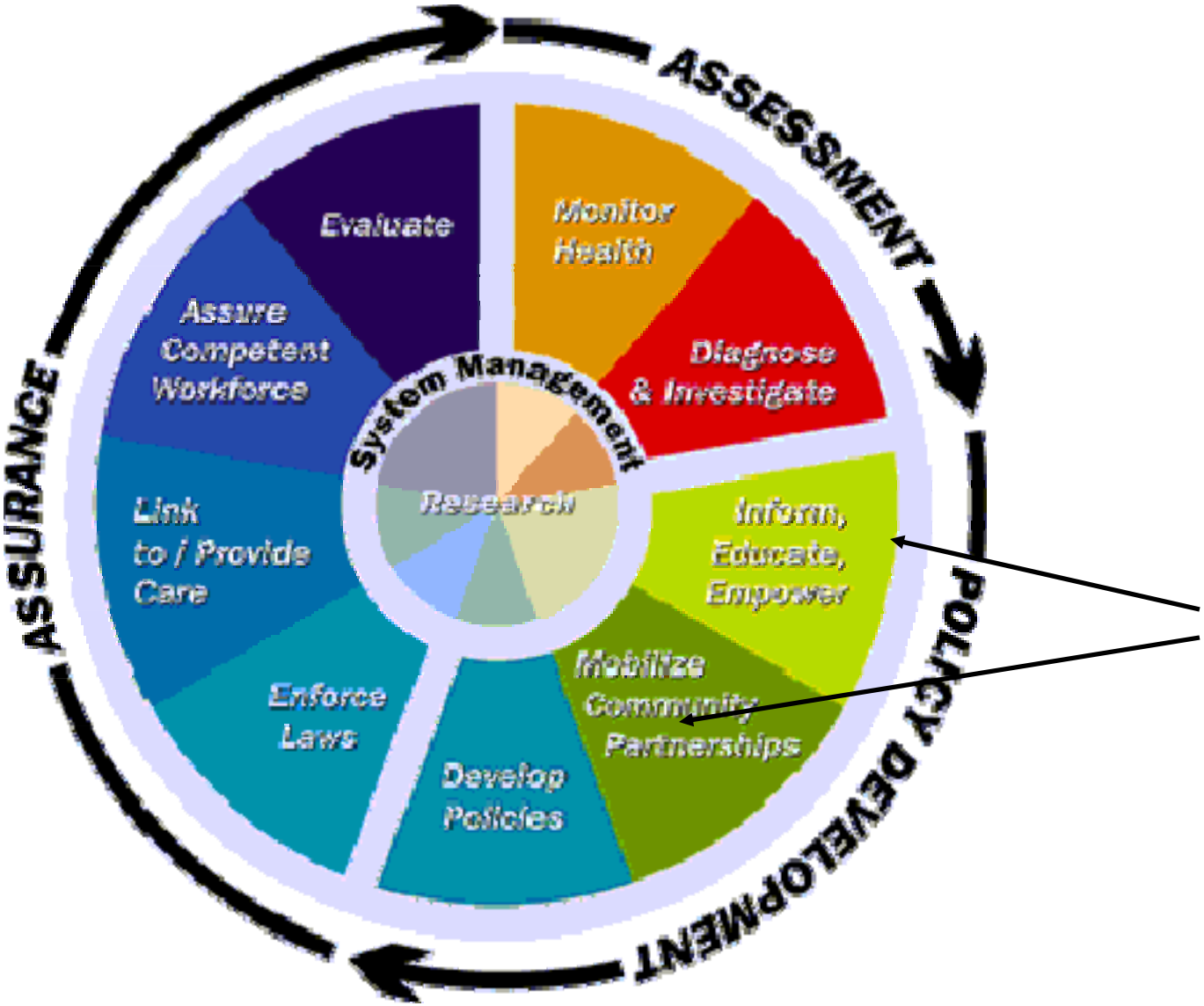
2009/10 CDC Influenza Vaccination Guidelines

Sufficient seasonal vaccine target populations	Limited H1N1 vaccine priority populations	Sufficient H1N1 vaccine priority populations
Pregnant women	Pregnant women	Pregnant women
Household contacts and caregivers of persons 5 years and younger	Household contacts and caregivers of persons from birth to 6 months and younger	Household contacts and caregivers of persons from birth to 6 months and younger
Health care providers	Health care and emergency medical services personnel (direct patient care only)	Health care and emergency medical services personnel (indirect patient care only)
Children from 6 months to 18 years of age	Children from 6 months to 4 years of age	People from 6 months to 24 years of age
Anyone with underlying risk factors: Chronic respiratory Chronic heart Chronic liver Chronic kidney Diabetes Immune compromised	Children 5 to 18 years with underlying risk factors: Chronic respiratory Chronic heart Chronic liver Chronic kidney Diabetes Immune compromised	Non-elderly adults ages 25-64 with underlying risk factors: Chronic respiratory Chronic heart Chronic liver Chronic kidney Diabetes Immune compromised
Adults 50 years of age and older		

Source: Black Hawk County Health Dept.

COURIER GRAPHIC / DAVID HEMENWAY

STOP
IT'S MY FIRST DAY OF SCHOOL, TOO! WANNA BE FRIENDS?
H1N1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POLICY DEVELOPMENT
ASSURANCE
Monitor Health
Diagnose & Investigate
Inform, Educate, Empower
Mobilize Community Partnerships
Develop Policies
Enforce Laws
Link to / Provide Care
Assure Competent Workforce
Evaluate
System Management
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Officials meet on H1N1, vaccine expected this fall

Wednesday, July 22, 2009

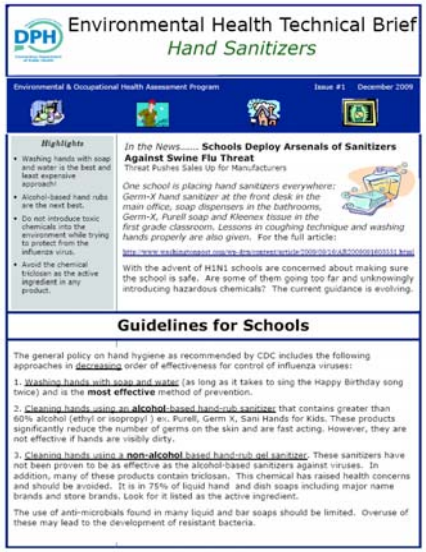
By Elizabeth Benton
Register Staff

NEW HAVEN — Anticipating a resurgence of the H1N1 virus this fall, educators and health officials from across the state met Wednesday at Southern Connecticut State University to review strategies for school closings, communication and vaccination.

A vaccine for the virus, also known as swine flu, is currently being tested and is expected to be available in October.

It remains unknown exactly how much of the vaccine will be available, but state Department of Health officials said they anticipate 40 million to 160 million doses nationally. Connecticut would be allocated between 480,000 and 1.8 million of those doses, not enough to vaccinate all 3.5 million-plus residents, and potentially not enough to vaccinate all 600,000 to 700,000 school age children, according to state Department of Public Health Chief Operating Officer Leonard Guercia, Jr.

As of July 15, 1,581 state residents had tested positive for the virus, 111 residents had been hospitalized and seven have died. In New Haven County, there have been 558 confirmed cases.



DPH

Environmental Health Technical Brief
Hand Sanitizers

Environmental & Occupational Health Assessment Program — Issue #1 December 2009

Highlights

- Washing hands with soap and water is the best and least expensive approach!
- Alcohol-based hand rubs are the next best.
- Do not introduce toxic chemicals into the environment while trying to protect from the influenza virus.
- Avoid the chemical triclosan as the active ingredient in any product.

In the News..... **Schools Deploy Arsenals of Sanitizers Against Swine Flu Threat**
Threat Pushes Sales Up for Manufacturers

One school is placing hand sanitizers everywhere: Germ-X hand sanitizer at the front desk in the main office, soap dispensers in the bathrooms, Germ-X, Purell soap and Kleenex tissue in the first grade classroom. Lessons in coughing technique and washing hands properly are also given. For the full article:

http://www.washingtonpost.com/wp-dyn/content/article/2009/09/16/AR2009091603131.html

With the advent of H1N1 schools are concerned about making sure the school is safe. Are some of them going too far and unknowingly introducing hazardous chemicals? The current guidance is evolving.

Guidelines for Schools

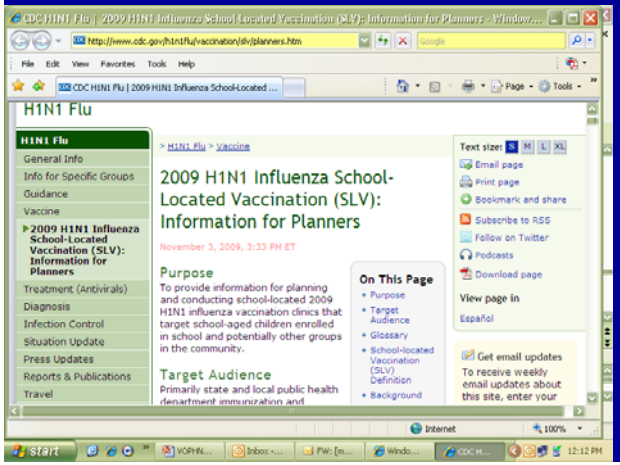
The general policy on hand hygiene as recommended by CDC includes the following approaches in decreasing order of effectiveness for control of influenza viruses:

1. Washing hands with soap and water (as long as it takes to sing the Happy Birthday song twice) and is the **most effective** method of prevention.

2. Cleaning hands using an **alcohol**-based hand-rub sanitizer that contains greater than 60% alcohol (ethyl or isopropyl) ex. Purell, Germ X, Sani Hands for Kids. These products significantly reduce the number of germs on the skin and are fast acting. However, they are not effective if hands are visibly dirty.

3. Cleaning hands using a **non-alcohol** based hand-rub gel sanitizer. These sanitizers have not been proven to be as effective as the alcohol-based sanitizers against viruses. In addition, many of these products contain triclosan. This chemical has raised health concerns and should be avoided. It is in 75% of liquid hand and dish soaps including major name brands and store brands. Look for it listed as the active ingredient.

The use of anti-microbials found in many liquid and bar soaps should be limited. Overuse of these may lead to the development of resistant bacteria.



NOVEL H1N1 INFLUENZA
GUIDANCE FOR CONNECTICUT SCHOOL NURSES
August 20, 2009

This guidance was developed with input from:
Connecticut Department of Public Health- Debbye Rosen and Mick Bolduc
Connecticut Department of Education – Stephanie Knutson and Cheryl Resha
Connecticut Association of Directors of Health- Melissa Marquis and Charles Brown
Connecticut Association of Public Health Nurses -Deborah Horvath
Association of School Nurses of Connecticut- Joan Cagginello
Connecticut Association of School Based Health Centers- Jesse White-Frese
Visiting Nurse Association of Southeastern Connecticut- Mary Lanzini and Leah Hendriks
Northeastern Health District- Patricia Beckenhaupt

http://www.ct.gov/ctfluwatch/lib/ctfluwatch/h1n1/school_nurse_guidance.pdf

Table of Contents

Introduction

I. Purpose
II. Background of H1N1
III. Local Resources
IV. Glossary of Terms

Community Mitigation: Non Pharmaceutical Interventions

V. Social Distancing
VI. Closing Schools
VII. Monitoring Illness in Schools
VIII. At Risk Students
IX. Exclusion Policies
X. Education
XI. Mitigating Interventions to Decrease the Spread of Infectious Agents
XII. Isolation
XIII. Cleaning and Disinfecting Surfaces

Community Mitigation: Vaccination in a School Setting

XIV. Organizing a School Sponsored Vaccination Clinic

XV. Resources

Footnotes

Appendices

Appendix 1 - WHO Pandemic Influenza phases

Appendix 2 - Pandemic Severity Index

Appendix 3 - Daily Influenza like Illness Surveillance

Appendix 4 - H1N1 Vaccination Liability Protections (PREP ACT)

Appendix 5- Sample Permission forms School located vaccination clinic, ideas to improve return of permission forms

Appendix 6- Checklist, Timeline for school located vaccination clinics

FOR IMMEDIATE RELEASE
October 1, 2009

CONTACT: Donna Tommelleo, 860-524-7313
donna.tommelleo@ct.gov

Governor Rell: State To Begin Receiving First Shipments of H1N1 Vaccine Next Week

Initial Supply of 20,000 Intranasal Doses
Will be Available for Children Ages 2-4 Years Old

Governor M. Jodi Rell today announced that an initial shipment of 20,000 intranasal H1N1 vaccine doses is expected to arrive in the state next week. The Governor also announced the state is launching a public H1N1 hotline on Monday, October 5.

"Prevention and preparation are essential in mounting an effective statewide response to the swine flu as we head into this flu season," Governor Rell said. "The state Department of Public Health has signed up hundreds of doctors, nurses and other providers to administer the vaccine once it arrives. We can begin protecting thousands of our residents with this initial shipment."

The state Department of Public Health says the more than 1,500 providers who have registered with DPH have put in their orders for the intranasal vaccines. After the initial shipment of intranasal vaccine, the state is expected to receive more than 500,000 doses of both the injectable and intranasal H1N1 vaccines by mid-October and then several thousand more in weekly shipments thereafter.

DPH
Connecticut Department of Public Health

Copyright 2004 by Randy Glasbergen. www.glasbergen.com

**"We're out of flu vaccine.
Try licking some virus software."**

DOSE RECEIVED VRS DOSES EXPECTED
10-09-09 through 1-15-10

Keeping Connecticut Healthy
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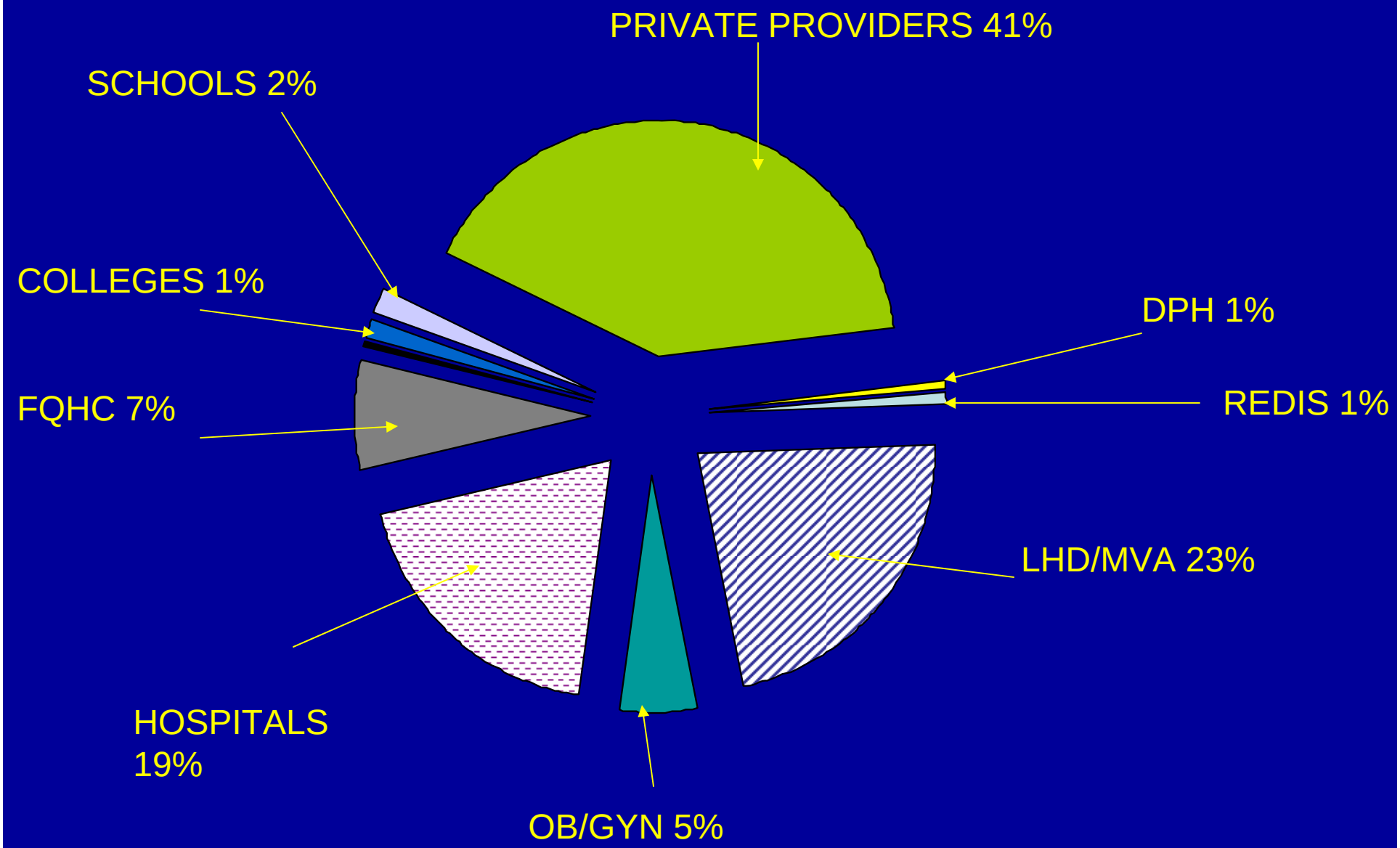
VACCINE DISTRIBUTED BY PROVIDER TYPE THROUGH 12-09-09



www.2desktop.com

Department of Public Health

April 2010

Connecticut Among the Top States for H1N1 Vaccine Coverage

FOR IMMEDIATE RELEASE
April 1, 2010

Connecticut Department of Public Health
Contact: William Gerrish
(860) 509-7270

Hartford – Results released today by the Centers for Disease Control and Prevention (CDC) show as a region, New England's H1N1 vaccination coverage rates were consistently above the national average. In fact, the New England region's vaccination rates were the highest in the country in eight of nine target populations surveyed.

The most notable success is in the coverage rates of children ages six months through 17 years. The average national H1N1 vaccination coverage rate is 35.1%. As a region, New England's coverage rate is 56.5%. (Connecticut's coverage rate is 43.2%.) New England also reached significantly more individuals ages 25-64 who have health conditions who put them at higher risk for developing complications from H1N1 influenza. The national average was 30.8%; New England's rate was 46.5%.

"We are very grateful for the thousands of people of Connecticut who worked hard to make sure that as many people as possible were offered vaccine," said Department of Public Health (DPH) Commissioner Dr. J. Robert Galvin. "These numbers show that we were reaching the people who most needed to be protected. Since the beginning of the pandemic in April 2009, the New England Health Officers spoke on a regular basis to share information and to discuss policies and strategies. It was this continued collaboration that was one of the keys to our successful H1N1 response in New England."

Nearly 1.2 million doses of H1N1 vaccine have been distributed to healthcare providers, local health departments, hospitals, and other vaccinators throughout the state. To date, there have been 3,513 laboratory-confirmed cases of H1N1 flu in Connecticut in the second wave of the pandemic. This number is likely only a fraction of actual cases of H1N1 flu as many cases are mild enough that they can be treated at home and do not require medical attention.

Although Connecticut has seen a decrease in influenza activity over the past several weeks, there is still evidence of influenza circulating, including H1N1. DPH recommends people who have not been vaccinated to contact their health care provider, find a clinic online at www.ct.gov/ctfluwatch/fluclinic, or call the H1N1 hotline at 1-800-830-9426.

The data are from a national telephone survey conducted by CDC through the months of December, January, and February. The full report and data can be viewed on the DPH website at www.ct.gov/dph.

The Connecticut Department of Public Health is the state's leader in public health policy and advocacy with a mission to protect and promote the health and safety of the people of our state. To contact the department, please visit its website at www.ct.gov/dph or call (860) 509-7270.

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LESSONS LEARNED WAVE 2

1. TECHNOLOGY FOR FLU VACCINE POOR

2. SCHOOLS A POTENTIALSITE FOR VACCINATION CLINICS

3. ONE SIZE DOES NOT FIT ALL

4. PUBLIC HEALTH DEPARTMENTS ARE KEY PLAYERS IN DISEASE CONTAINMENT AND PREVENTION

Keeping Connecticut Healthy
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LESSONS LEARNED WAVE 2

6. **PUBLIC/PRIVATE PARTNERSHIPS ESSENTIAL**

7. **COMMUNICATION STILL #1-**
   PUBLIC AND PROFESSIONAL

8. **SCHOOL CLOSURES/SOCIAL DISTANCING**

9. **FUNDING TO MAINTAIN READINESS**

10. **GLOBAL COORDINATION/RESOURCES**

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COLORADO SPRINGS The Gazette

Health officials warn that 'third wave' of H1N1 could be coming

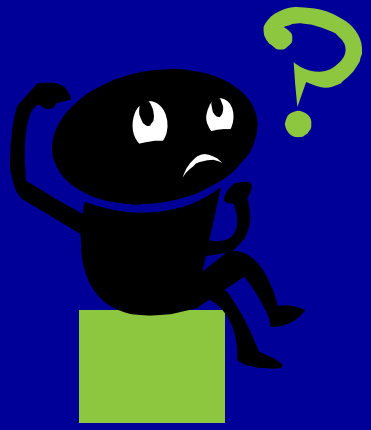
BRIAN NEWSOME
2009-12-14 19:33:50

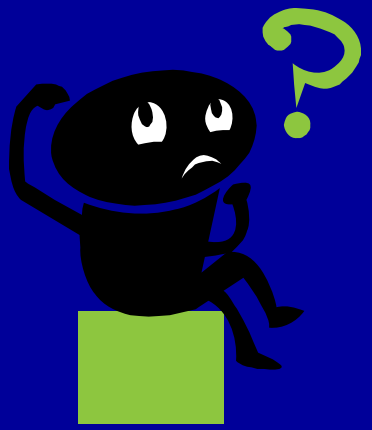
Cases of H1N1 flu have fallen sharply. Seasonal flu has not yet surfaced. Vaccinations for each are available across town.

After a fall marked by doom-and-gloom flu news, El Paso County health officials indicated Monday that things are looking up. They are quick to point out, though, that the quiet may not last.

Dr. Bernadette Albanese, medical director for the El Paso County Department of Health and Environment, said cases of H1N1 have fallen "substantially," to levels almost as low as this summer before the fall flu season ramped up.

At the same time, seasonal flu has not been detected when it normally would have been by this time of year. As cases have gone down, supplies of vaccine have shot up. El Paso County has received more than 123,000 doses of H1N1 vaccine, Public Health Director Kandi Buckland told the county Board of Health at its meeting Monday.





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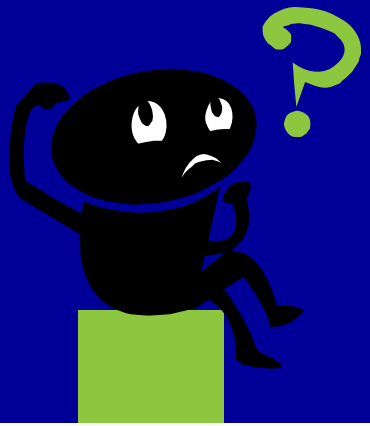
A PUBLIC HEALTH NURSE'S VIEW OF A PANDEMIC
HOW I SPENT MY SPRING, SUMMER, FALL AND WINTER VACATION