

**Justification Statement for Proposed Provisional Condition Notification in Chapter
246-101 WAC (Notifiable Conditions) - 6/4/09**

Since the identification of “swine flu” in late April 2009, thousands of cases of novel H1N1 influenza A (H1N1) virus infections have been reported in the United States. As of April 29, 2009, the WHO Pandemic Influenza Alert was elevated to Phase 5 which is characterized by simultaneous human-to-human spread of the virus in at least two countries in one WHO region. Since then, four countries in North America have reported fatal cases and more than sixty-five countries on six continents have reported outbreaks. To date, clinical illness associated with this virus has been described as typical influenza but, there have been reports of persons requiring mechanical ventilation and of influenza-associated fatalities. There is general agreement that this new virus will likely become endemic and likely cause human disease for many months and possibly years.

Because many people are not immune to the new virus, widespread, epidemic transmission may occur. In addition, for the next five months, vaccine for this novel virus will not be available. As a result, nonpharmaceutical interventions to decrease transmission (e.g., social distancing, school closure, flex-work time) may be necessary to lessen the impact of potential epidemics. Surveillance of novel influenza A (H1N1) activity must be done to identify situations (“thresholds”) at which these community mitigation strategies would be implemented and terminated.

Currently, the Washington State Department of Health (DOH) and local public health jurisdictions are developing long-term disease surveillance to monitor novel influenza A (H1N1) activity. In addition, another major surveillance goal will be to monitor if the virus becomes more virulent.

It is estimated that 1% of illnesses due to seasonal influenza virus result in hospitalization. Preliminary Washington and national data for the novel influenza A (H1N1) virus suggest that 6% of persons with influenza due to this novel H1N1 virus are hospitalized. We propose establishing a surveillance system to monitor the occurrence of

novel influenza A (H1N1) virus in hospitalized patients with influenza-like illness or severe respiratory illness, and in unexplained death investigations. Currently, Centers for Disease Control and Prevention (CDC) are performing population-based studies to determine the number of infections that result in illness and the proportion of illnesses that are hospitalized. This information will allow us to monitor hospitalizations as opposed to monitoring all illnesses due to influenza and will allow us to identify periods during which epidemic flu “thresholds” are exceeded. In addition, such a system will allow us to identify the groups at risk for serious illness in order to prioritize their vaccination in any influenza vaccination programs in the coming 2009-2010 influenza season.

For these reasons, the department plans to initiate emergency rulemaking per Washington Administrative Code (WAC) 246-101-015(4), to require notification of cases and suspected cases caused by novel influenza A (H1N1) virus observed in the following groups:

- All hospitalized persons
- Fatal cases

These cases shall be immediately reportable by health care providers and facilities to the local health jurisdiction per chapter 246-101 WAC.

Designating suspected and confirmed infections by novel influenza A (H1N1) in the above mentioned groups as notifiable on a provisional basis will allow the department to gain important information to understand the virulence and spread of this virus.

Observing the time requirements of the regular rulemaking process would impede the department’s ability to track, respond and understand the virus, for this reason, immediate adoption of this rule is necessary to protect the public health.

In addition to the reporting in these groups, we recommend voluntary reporting of novel influenza A (H1N1) virus infection in health care workers who are at higher risk for transmission of this virus.