



Content on this page was developed during the 2009-2010 H1N1 pandemic and *has not been updated.*

- **The H1N1 virus that caused that pandemic is now a regular human flu virus and continues to circulate seasonally worldwide.**
- **The English language content on this website is being archived for *historic and reference purposes only.***
- **For current, updated information on seasonal flu, including information about H1N1, see the CDC Seasonal Flu website (<http://www.cdc.gov/flu/>).**

Key Facts About 2009 H1N1-related Deaths in American Indians and Alaska Natives

- American Indians and Alaska Natives (AI/AN) were 4 times more likely to die from 2009 H1N1 than the general population, according to a recent investigation of influenza-related deaths occurring in 12 states between April 15 and November 13, 2009.
- About 10% of deaths occurred among AI/AN, although they make up only about 3% of the population in these 12 states. After adjusting for differences in the ages of these groups, AI/AN were estimated to be approximately 4 times more likely to die from 2009 H1N1 than the general population.
- Because of these findings, CDC is increasing awareness among AI/AN and their health-care providers about 2009 H1N1 influenza. Health professionals and agencies, especially those serving AI/AN, should expand community education regarding the risk for influenza complications and mortality, use influenza antiviral medication early for those at increased risk for 2009 H1N1 influenza complications, and promote vaccination against 2009 H1N1 and seasonal influenza.
- Vaccination is the best way to prevent the flu and its complications. This is the reason that CDC, national health organizations, and healthcare providers are encouraging persons at high risk for influenza complications and death to get vaccinated against 2009 H1N1 influenza as well as 2009-2010 seasonal influenza.
- The 2009 H1N1 influenza vaccine is safe, effective, and the best way to avoid infection. Over many years, hundreds of millions of Americans have safely received seasonal influenza shots. The 2009 H1N1 influenza vaccine is showing a similar safety profile.
- In addition, CDC continues to investigate factors contributing to increased influenza-associated hospitalizations and mortality among racial and ethnic minorities, including AI/AN. There are several possible explanations for this disparity, including higher rates of underlying chronic illnesses like asthma and diabetes that predispose people to influenza-related complications; poverty, delayed access to care, and other factors that could increase the risk and severity of influenza infection.
- There is no epidemiological or clinical evidence to suggest people's racial or ethnic group alone makes them more susceptible to influenza infection, illness or death.
- The factors that place AI/AN at higher risk for influenza-associated hospitalization and mortality require further investigation.
- Twelve states participated in the AI/AN study: Alaska, Alabama, Arizona, Michigan, North Dakota, New Mexico, Oklahoma, Oregon, South Dakota, Utah, Washington, and Wyoming. These states represent 50% of the AI/AN population in the United States.

- The AI/AN study was led by the Council of State and Territorial Epidemiologists (CSTE) Tribal Epidemiology Subcommittee and the New Mexico Department of Health with active participation from 11 additional states, 5 Tribal Epidemiology Centers, the Indian Health Service (IHS), and CDC.

Talking Points Regarding Other Minorities

- Some studies show that African Americans and Hispanics are at higher risk for hospitalization and death from influenza than the general population.
- The same uncertainty of the cause of this possible disparity is present for African Americans as for AI/AN but may include higher rates of underlying chronic illnesses like asthma and diabetes that predispose people to influenza-related complications; poverty, delayed access to care, and low vaccination coverage.
- Though a black/white disparity in 2009 H1N1 fatalities was not seen in these 12 states, national data and data from certain regions indicate disparity in 2009 H1N1 hospitalizations and pediatric deaths. We are currently evaluating these trends and promoting community education, antiviral use when indicated, and seasonal and 2009 H1N1 vaccination.

Page last reviewed: January 11, 2010 11:30 AM ET

Page last updated: January 11, 2010 11:30 AM ET

Content source: [Centers for Disease Control and Prevention](#)

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