



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

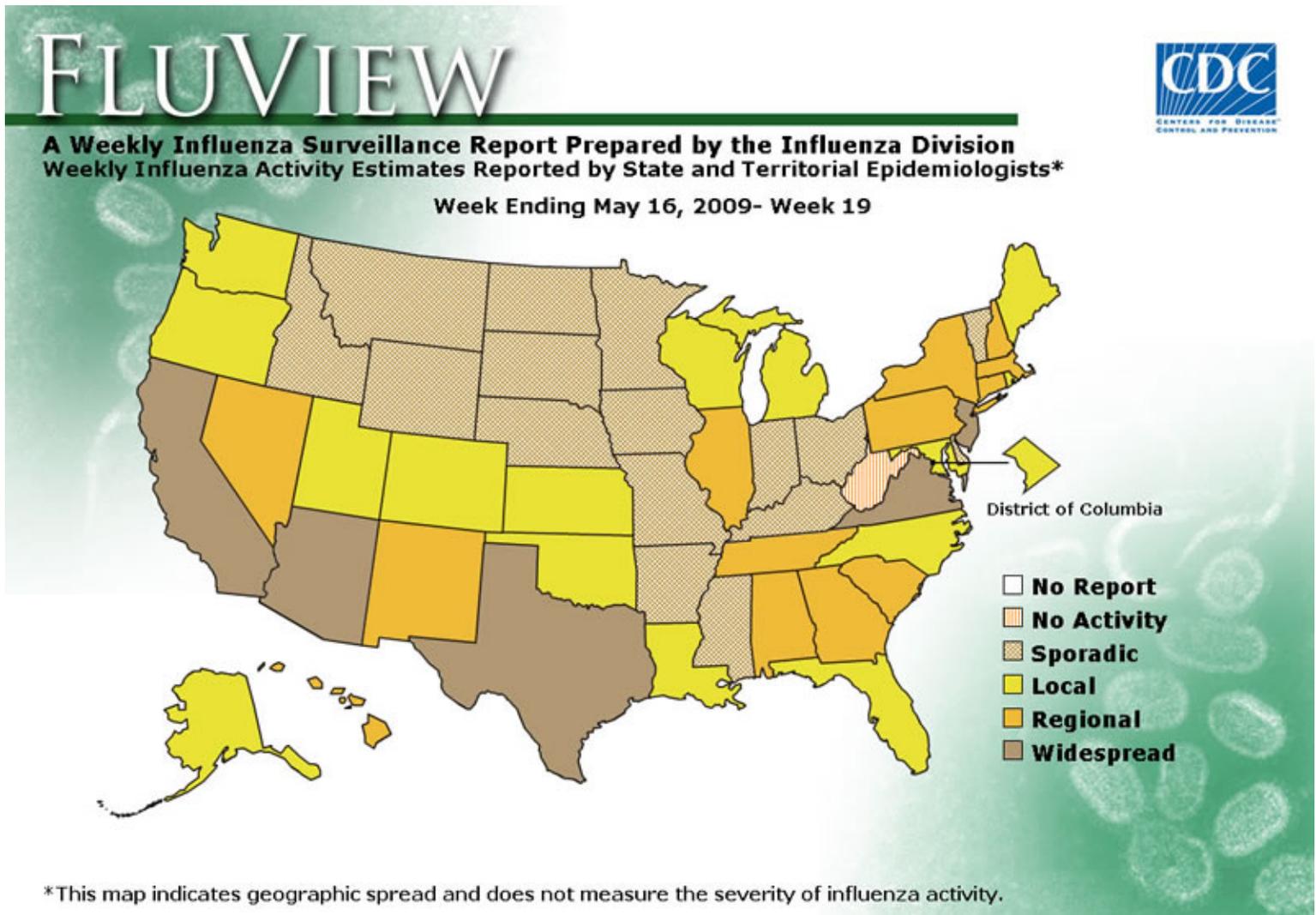
- The H1N1 virus that caused that pandemic is now a regular human flu virus and continues to circulate seasonally worldwide.
- The English language content on this website is being archived for *historic and reference purposes only*.
- For current, updated information on seasonal flu, including information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

Novel H1N1 Flu Situation Update

May 22, 2009, 11:00 AM ET

Map: Weekly Influenza Activity Estimates, Including Novel H1N1 Flu

(Posted May 22, 2009, for Week Ending May 16, 2009)



For more details about the data in the map above, see the [FluView Surveillance Report](#) for the week ending May 16, 2009.

Summary of Situation

A New Influenza Virus

Novel influenza A (H1N1) is a new flu virus of swine origin that was first detected in April,

Table. U.S. Human Cases of H1N1 Flu Infection

(As of May 22, 2009, 11:00 AM ET)

States*	Confirmed and Probable Cases	Deaths

2009. The virus is infecting people and is spreading from person-to-person, sparking a growing outbreak of illness in the United States. An increasing number of cases are being reported internationally as well.

It's thought that novel influenza A (H1N1) flu spreads in the same way that regular seasonal influenza viruses spread; mainly through the coughs and sneezes of people who are sick with the virus.

It's uncertain at this time how severe this novel H1N1 outbreak will be in terms of illness and death compared with other influenza viruses. Because this is a new virus, most people will not have immunity to it, and illness may be more severe and widespread as a result. In addition, currently there is no vaccine to protect against this novel H1N1 virus. CDC anticipates that there will be more cases, more hospitalizations and more deaths associated with this new virus in the coming days and weeks.

Novel influenza A (H1N1) activity is now being detected through CDC's [routine influenza surveillance systems](#) and reported weekly in FluView. CDC tracks U.S. influenza activity through multiple systems across five categories. The fact that novel H1N1 activity can now be monitored through seasonal surveillance systems is an indication that there are higher levels of influenza-like illness in the United States than is normal for this time of year. About half of all influenza viruses being detected are novel H1N1 viruses.

CDC Response

CDC continues to take aggressive action to respond to the outbreak. CDC's response goals are to reduce the spread and severity of illness, and to provide information to help health care providers, public health officials and the public address the challenges posed by this new public health threat.

CDC is issuing updated [interim guidance](#) daily in response to the rapidly evolving situation.

Clinician Guidance

CDC has issued interim guidance for clinicians on [identifying and caring for patients](#) with novel H1N1, in addition to providing interim [guidance on the use of antiviral drugs](#). Influenza antiviral drugs are prescription medicines (pills, liquid or an inhaler) with activity against influenza viruses, including novel influenza H1N1 viruses. The priority use for influenza antiviral drugs during this outbreak is to treat severe influenza illness, including people who are hospitalized or sick people who are considered at high risk of serious influenza-related complications.

Public Guidance

In addition, CDC has provided guidance for the public on [what to do if they become sick with flu-like symptoms](#), including infection with novel H1N1. CDC also has issued instructions on [taking care of a sick person at home](#). Novel H1N1 infection has been reported to cause a wide range of symptoms, including fever, cough, sore throat, body aches, headache, chills and fatigue. In addition, a significant number of people also have reported nausea, vomiting or diarrhea. Everyone should take everyday preventive actions to stop the spread of germs, including frequent hand washing and people who are sick should stay home and avoid contact with others in order to limit further spread of the disease.

Testing

CDC has developed a PCR diagnostic test kit to detect this novel H1N1 virus and has now distributed test kits to all states in the U.S. and the District of Columbia and Puerto Rico. The test kits are being shipped internationally as well. This will allow states and other countries to test for this new virus. This increase in testing will likely result in an increase in the number of confirmed cases of illness reported. This, combined with ongoing monitoring through Flu View should provide a fuller picture of the burden of disease in the United States over time.

See also the [FluView Surveillance Report](#) for the week ending May 16, 2009.

More on the Situation

- [Guidance](#)
- [Reports & Publications](#)
- [Press Briefing](#)
- [Past Updates on the Situation](#)

Alabama	66	
Arizona	520	2
Arkansas	3	
California	553	
Colorado	59	
Connecticut	81	
Delaware	94	
Florida	129	
Georgia	27	
Hawaii	33	
Idaho	18	
Illinois	877	
Indiana	106	
Iowa	71	
Kansas	34	
Kentucky**	22	
Louisiana	86	
Maine	9	
Maryland	41	
Massachusetts	197	
Michigan	176	
Minnesota	39	
Mississippi	7	
Missouri	24	1
Montana	10	
Nebraska	29	
Nevada	32	
New Hampshire	23	
New Jersey	47	
New Mexico	97	
New York	327	1
North Carolina	12	
North Dakota	5	
Ohio	14	
Oklahoma	50	
Oregon	101	
Pennsylvania	73	
Rhode Island	9	
South Carolina	36	
South Dakota	4	
Tennessee	89	
Texas	900	3
Utah	122	1
Vermont	2	
Virginia	25	
Washington	494	1

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Washington, D.C.	13	
Wisconsin	766	
TOTAL*(48)	6,552 cases	9 deaths

*includes the District of Columbia

**one case is resident of KY but currently hospitalized in GA.

This table will be updated daily Monday-Friday at around 11 AM ET.

International Human Cases of Swine Flu Infection
See: [World Health Organization](#)

NOTE: Because of daily reporting deadlines, the state totals reported by CDC may not always be consistent with those reported by [state health departments](#). If there is a discrepancy between these two counts, data from the state health departments should be used as the most accurate number.

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