

September 3, 2009

Dear Friends and Colleagues:

When I was in private practice, I would regularly conclude a new patient evaluation by answering three questions:

(1) What do you have? (2) What are we going to do about it? (3) What is going to happen in the future?

Let me address each of those questions with straightforward answers about **H1N1**—the so-called “**Swine Flu**,” about which so much has been written.

- *First, what is our community’s actual status in terms of the H1N1 flu?*

Locally, many healthy people have had the flu and are recovering, including several at NCH. I spoke with ICU nurse **Mary Villani**, who was ill for 12 days and is awaiting culture results for confirmation, but is back caring for ICU patients. **Dr. Doug Boynton** had sudden onset of fever, malaise (weakness), achiness on a Friday, treated himself with Tamiflu and was back in the office seeing patients on Monday. In general, younger nurses seem more susceptible to this strain than nurses who are a bit older. With public schools in session for almost two weeks now, we could see a more rapid spread, although many children were together in Collier County Parks and Recreation programs this summer and haven’t contracted the illness. To get a picture of how Florida compares to other states, please consult the CDC (Centers for Disease Control and Prevention) website: <http://www.cdc.gov/flu/weekly/usmap.htm>

As to patients contracting H1N1, **Dr. Tony Krembs**, an NCH veteran, told me he is seeing many patients with flu-like illnesses, who are treated successfully as outpatients. **Dr. Bruce Roy**, one of our newest intensivists, said he hadn’t seen many flu patients needing ICU care, although a few previously healthy people ended up on respirators. The bottom line seems to be that most people will get over the illness on their own or with Tamiflu. Just a few will need intensive care. Most susceptible are young adults, children, pregnant women and the elderly.

- *Second, what are we doing at NCH?*

We have a comprehensive and flexible plan in place to deal with H1N1. Included in this sixty-one page document are plans to stockpile medical supplies and antivirals on both campuses, active screening of arriving ER patients for flu-like symptoms, infection control monitoring flu admissions and employee flu-like illnesses, visitor restriction in Neonatal ICU and on the MacDonald SeaCarium Pediatrics Unit, bilingual educational posters about precautions to diminish spread, contingency plans for house-wide visitor restriction, plans for screening all medical personnel, surge capacity processes, and “table top” drills to test readiness. In fact, we did a “table top” drill this morning involving all departments. Bottom line: We are as ready and well-prepared as any hospital in the country.

- *Finally, what is going to happen?*

The real answer is that no one knows for sure. To help the CDC gather accurate, real-time information, we have volunteered to share our lab data, through our sophisticated information technology company Cerner, with hundreds of other hospitals around the country. By focusing on facts, staying in touch with the community, and maximizing preparedness—we can prevent unhelpful hysteria and make a real difference in effectively confronting any challenges that H1N1 might bring to Collier County.

Respectfully,



Allen S. Weiss, M.D., President and CEO

P.S. Feel free to share *Straight Talk* and ask anyone to email me at allen.weiss@nchmd.org to be added.