

UPDATED PROVIDER AND HEALTH CARE FACILITY GUIDANCE FOR DETECTION AND MANAGEMENT OF HUMAN CASES OF SWINE-ORIGIN INFLUENZA (H1N1)

TO: West Virginia Local Health Departments, Health Care Providers, Health Care Facilities, Health Professional Organizations and Other Health Partners

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DATE: May 4, 2009

LOCAL HEALTH DEPARTMENTS: PLEASE DISTRIBUTE TO COMMUNITY HEALTH PROVIDERS, HEALTH FACILITIES, LABORATORIES AND OTHER APPLICABLE PARTNERS

OTHER RECIPIENTS: PLEASE DISTRIBUTE TO ASSOCIATION MEMBERS, STAFF, ETC.

This is an update to the previous health alert dated April 27, 2009. Changes have been made to screening criteria and treatment recommendations. This alert also provides tools to support screening and management. The situation surrounding swine-origin influenza virus (S-OIV) is changing rapidly. Please always check and make sure you have the most up to date information.

Situation Update:

As of May 3, 2009, the World Health Organization (WHO) has reported 898 cases of swine-origin influenza virus (H1N1) in 18 countries and raised the pandemic threat level to 5 indicating widespread occurrence of the novel virus. See www.who.int.

Also on May 3, 2009, CDC has reported a total of 226 cases of swine-origin influenza (H1N1) in 30 states, including 1 death. See www.cdc.gov/h1n1flu. There have been no confirmed or probable cases reported in West Virginia at this time.

Recommendations:

Providers and Healthcare Facilities

Remain vigilant for persons with a travel history to affected areas presenting with fever $\geq 100^{\circ}\text{F}$ and rhinorrhea, cough or sore throat or hospitalized patients with influenza-like illness.

- Report **immediately** (telephone report) all suspect cases to your local health department. There is a screening form at the end of this document to clarify the information needed to rule out suspect cases. The same is posted on the Infectious Disease Epidemiology website at http://www.wvdep.org/Portals/31/PDFs/IDEP/influenza/Swine%20Flu/Suspect%20Swine%20Origin%20Influenza%20Virus%20_H1N1_%20Screening%20form.pdf.

- Obtain nasopharyngeal swab specimens for laboratory confirmation by culture or PCR (do NOT use a rapid test kit). See: http://www.wvdhhr.org/labservices/shared/docs/Micro/SubmittingSwineFluSamples_toOLS.pdf
- Stay informed. Additional guidelines for providers are found on the CDC website at: <http://www.cdc.gov/h1n1flu/guidance/> . This includes guidance for various special populations.
- Recommendations for antiviral use are found at: <http://www.cdc.gov/h1n1flu/recommendations.htm>. Antiviral treatment may be considered for confirmed, probable or suspect cases of swine-origin influenza A (H1N1) virus infection. Treatment of hospitalized patients and patients at high risk for influenza complications should be the focus of antiviral treatment. Use of antivirals in outpatients not at high risk of influenza complications is left to healthcare provider discretion. Judicious use of antiviral agents is recommended. Providers should **not** prescribe antiviral agents to the worried well or well persons who want to stockpile antiviral agents for their own use.
- **NOTE:** West Virginia continues to have minimal seasonal influenza activity and guidelines for treatment of seasonal influenza may be found at <http://www.cdc.gov/flu/professionals/antivirals/index.htm> .

Laboratories

Remain vigilant for influenza A isolates that cannot be subtyped. Forward these isolates urgently to the Office of Laboratory Services. Laboratories that cannot perform subtyping may refer influenza A isolates to the Office of Laboratory Services. See:

http://www.wvdhhr.org/labservices/shared/docs/Micro/SubmittingSwineFluSamples_toOLS.pdf

Local Health Departments

Report **immediately** (telephone report) all suspect cases to the state health department. Use the screening form on the Infectious Disease Epidemiology website (and included in this document):

http://www.wvidep.org/Portals/31/PDFs/IDEP/influenza/Swine%20Flu/Suspect%20Swine%20Origin%20Influenza%20Virus%20_H1N1_%20Screening%20form.pdf. Fax completed form to 304-558-8736.

What You Can Do To Stay Healthy (CDC):

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- If you get sick with influenza, CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.

For more information:

WVBPH: <http://www.wvdhhr.org>

CDC: <http://www.cdc.gov/h1n1flu/>

WHO: <http://www.who.int/en/>

This message was directly distributed by the West Virginia Bureau for Public Health to Local Health Departments, Health Care Providers and Facilities, Health Professional Organizations and Other Health Partners. Receiving entities are responsible for further disseminating the information to the targeted audiences noted.

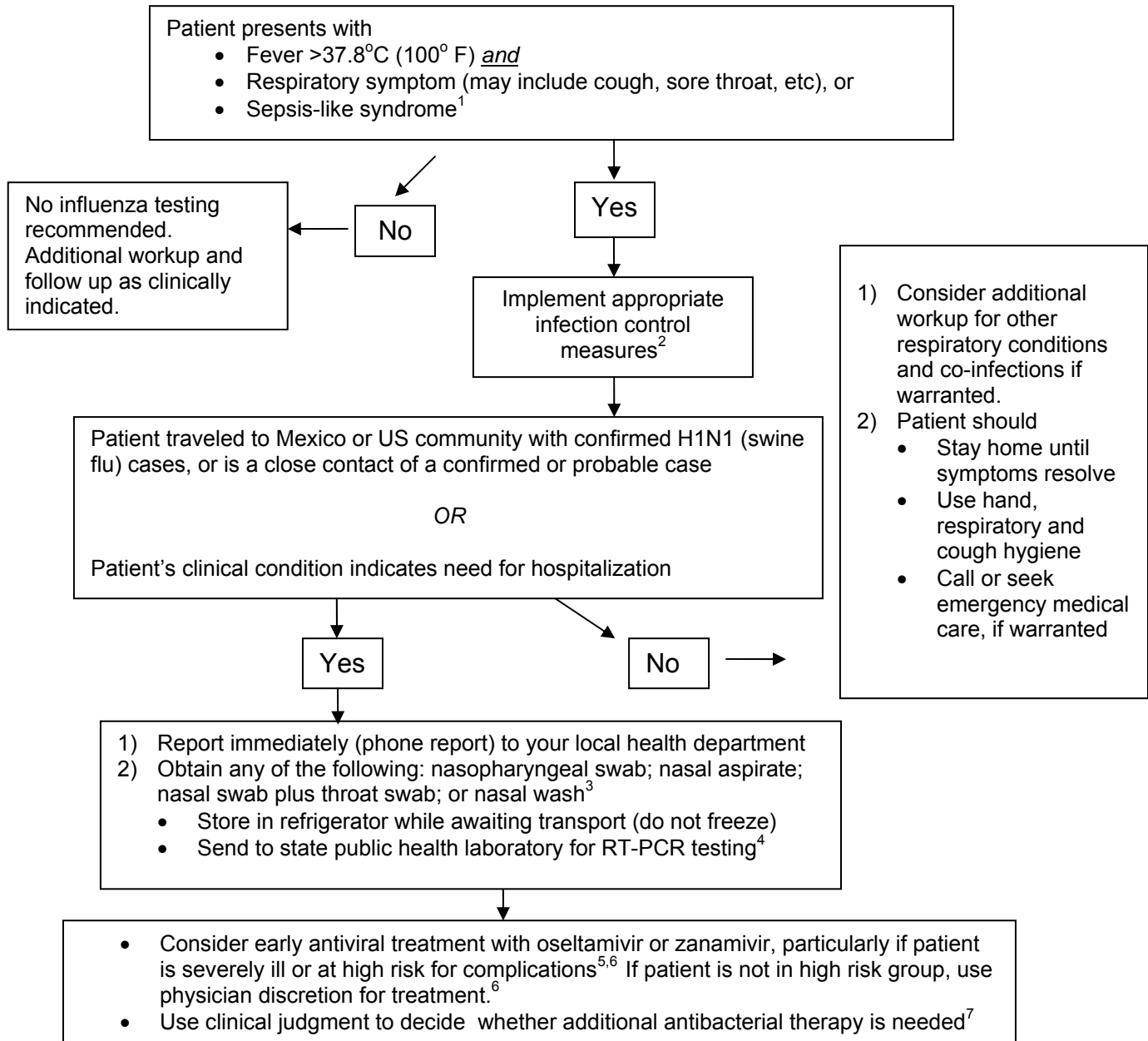
Categories of Health Alert messages:

Health Alert: Conveys the highest level of importance, warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation. May not require immediate action.

Health Update: Provides updated information regarding an incident or situation. Unlikely to require immediate action.

Clinical Algorithm to Assist in Decisions on Testing and Treatment for H1N1 (Swine Flu) Virus West Virginia Bureau for Public Health, as of May 4, 2009



1. As with seasonal influenza, infants, adults ≥65 years-old, and persons with compromised immune systems may have atypical presentations.
2. Information on infection control can be found at: http://www.cdc.gov/swineflu/guidelines_infection_control.htm
3. Procedures that are likely to generate aerosols require appropriate personal protective equipment. See: http://www.cdc.gov/swineflu/guidelines_infection_control.htm
4. Real-time polymerase chain reaction (RT-PCR) is the preferred laboratory test for identifying H1N1 (swine flu) virus. Rapid antigen tests and immunofluorescence tests have unknown sensitivity and specificity to detect H1N1 (swine flu) virus. For more information, please see <http://www.cdc.gov/swineflu/specimenscollection.htm>.
5. Persons at high risk of complications: Children less than 5 years old; persons aged 50 years or older; children and adolescents (aged 6 months–18 years) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye syndrome after influenza virus infection; pregnant women; adults and children who have chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic disorders; adults and children who have immunosuppression (including immunosuppression caused by medications or by HIV); and residents of nursing homes and other chronic-care facilities.
6. Information on use of antiviral agents can be found at: <http://www.cdc.gov/swineflu/recommendations.htm>
7. Interim guidance for clinicians is available at: <http://www.cdc.gov/swineflu/identifyingpatients.htm>

Please note: these algorithms do *not* apply to providers participating in the US Outpatient Influenza-like Illness Surveillance Network (ILINet). For guidance related to ILI Net see: <http://www.cdc.gov/h1n1flu/screening.htm>