

TO: ALL HEALTHCARE PROVIDERS
FROM: MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH

SWINE-ORIGIN INFLUENZA A (H1N1) UPDATE # 2

CASE DEFINITION:

As of 4/28/09, the CDC case definitions are more refined and include only cases with an acute febrile respiratory illness (fever >37.8°C) and limits the time of exposure prior to illness of suspect cases to 7 days.

- A **suspected case*** is defined as acute febrile respiratory illness in a person
- with onset within 7 days of close contact with a person who has a confirmed case of Swine-Origin Influenza A (H1N1) virus infection, or
 - with onset within 7 days of travel to a community, either within the United States or internationally, which has one or more confirmed Swine-Origin Influenza A (H1N1) cases, or
 - who resides in a community in which one or more confirmed Swine-Origin Influenza A cases have occurred.

For up to date Swine-Origin Influenza A definitions refer to
http://www.cdc.gov/swineflu/casedef_swineflu.htm

Symptoms of Swine-Origin Influenza A: Patients with uncomplicated disease due to confirmed Swine-Origin Influenza A (H1N1) virus infection have experienced fever, headache, upper respiratory tract symptoms (cough, sore throat, rhinorrhea), myalgia, fatigue, vomiting, or diarrhea.

PUBLIC HEALTH NOTIFICATION AND TESTING

- The Monroe County Department of Public Health will **continue to screen suspect cases** and prioritize submission of specimens to NYS Lab. Only 4-5 specimens can be sent from the county each day. **Please call** the Disease Surveillance Unit (**phone number: 753 5164, after-hours 753-5905**) if you have a suspect case of Swine-Origin Influenza A. Priority will be given to specimens from persons with acute febrile respiratory illness who:

EITHER

1. Meet the suspect case definition

OR

2. Are admitted to the hospital and test positive for Influenza A

OR

3. Are associated with acute febrile respiratory illness outbreaks (community associated or health care facility-associated)

- **To obtain a specimen for influenza:** Obtain a nasopharyngeal swab/aspirate or nasal wash/aspirate (see attached instructions). If these specimens cannot be collected, a combined nasal swab with an oropharyngeal swab is acceptable. For patients who are intubated, an endotracheal aspirate should also be collected.

To obtain a viral media and appropriate culture swabs contact your lab

- University of Rochester: Client Services 350-2600
- Rochester General Health System 922-4555
- ACM: Client Services 247-3500

TEATMENT AND PROPHYLAXIS:

Oseltamivir (Tamiflu) and Zanamivir (Relenza) are the drugs of choice for treatment and prophylaxis of swine-origin influenza A. Oseltamivir use for children < 1 year old was recently approved by the U.S. FDA, and dosing for these children is age-based. **Prophylaxis** should be reserved for persons at high risk for influenza complications and close contact (household or face-to-face) with a confirmed or suspected case, or high-risk persons traveling to areas with known cases of swine-origin influenza; prophylaxis is also appropriate for healthcare workers who had unprotected close contact with a confirmed or suspected case during the infectious period.

Adult dosing:

Oseltamivir (Tamiflu): 75 mg PO BID x5d for treatment (once daily for prophylaxis).

Zanamivir (Relenza): 1 puff daily x5d for treatment (once daily for prophylaxis).

For full detailed on treatment and prophylaxis of Swine-Origin Influenza A, please refer to <http://www.cdc.gov/swineflu/recommendations.htm>

INFECTION CONTROL MEASURES:

Patients with suspected or confirmed case-status should wear a surgical mask ASAP and be placed in a single-patient room with the door kept closed. If available, an airborne infection isolation room (AIIR) with negative pressure air handling and 6-12 air changes per hour can be used. N95 mask and gloves should be worn by personnel providing direct patient care for suspected or confirmed swine influenza A (H1N1) cases when entering the patient room. Gowns and eye protection (goggles or safety glasses) are also recommended by CDC. More detailed guidance on infection control in the healthcare setting can be found at:

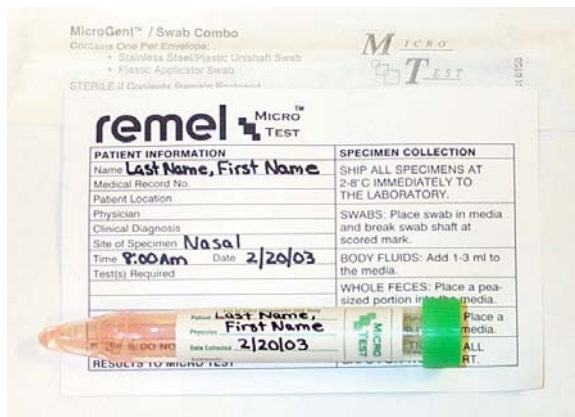
http://www.cdc.gov/swineflu/guidelines_infection_control.htm

Suspect, probable and confirmed Swine-Origin Influenza A cases need to be isolated (home/healthcare setting) for at least 7 days or until symptoms resolve.

NASOPHARYNGEAL COLLECTION FOR RESPIRATORY VIRUSES

USE VIRAL TRANSPORT MEDIA (VTM)

1. Patient's head should be inclined from a vertical as shown.
2. Insert mini-tip swab from the VTM collection kit into one nostril.
3. Press swab tip on the mucosal surface of the mid-inferior portion of the inferior turbinate, and rub the swab tip several times across the mucosal surface to loosen and collect cellular material.
4. Withdraw swab; insert into the VTM and snap swab off and secure top.
5. Transport to the laboratory **ASAP**. Place specimen on ice or in the refrigerator if delay is expected.



Example of viral transport media

Modified from RGH microbiology lab document