

Communicable Disease Control and Prevention 101 Grove Street, Room 408 San Francisco, CA 94102

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# HEALTH ALERT – SWINE FLU SURVEILLANCE, TESTING, REPORTING, AND ANTIVIRAL TREATMENT April 29, 2009

- ✓ Information and Instructions are changing rapidly
- **✓** Future updates will NOT necessarily be sent via fax
- ✓ Check our website daily for updates (www.sfcdcp.org/swineflu.html)

## Situational Update (as of 4/29/09)

The Centers for Disease Control and Prevention (CDC) has reported 14 confirmed cases in California. There have been no probable or confirmed cases from San Francisco.

## Actions requested of all clinicians (as of 4/29/09)

- 1. **LOOK for suspected swine flu cases:** ask all patients with acute febrile respiratory illness if they had close contact to a confirmed human case of swine flu, or a history of travel from Mexico within the 7 days preceding their illness onset.
- 2. Collect respiratory specimens for PCR testing by the Public Laboratory System from patients:
  - in any clinical setting who meet the definition of a suspected case of swine flu, OR
  - in the hospital who have an undiagnosed acute febrile respiratory illness OR have suspected or confirmed influenza (any type of influenza), OR
  - in any clinical setting who are part of a cluster of cases of acute febrile respiratory illness
- 3. **Report** to SFDPH Disease Control (415-554-2830): Fatal or severe (requiring ICU) cases of suspected or confirmed influenza (any type of influenza)
- 4. Treat swine flu cases (including suspect cases) that are hospitalized and/or at high risk for complications

#### Notes & Definitions (4/29/09)

- "Acute febrile respiratory illness" is defined as fever (>37.8°C or 100°F) plus *one of the following*: new or worsening cough, shortness of breath or sore throat.
- "Suspected case of swine influenza" is defined as a person with acute febrile respiratory illness with onset within 7 days of close contact with a confirmed case of swine flu A (H1N1) virus infection, OR within 7 days of travel from Mexico
- "Close contact" of an ill person is defined as being within 6 feet of that person
- "Cluster of cases" is defined as several cases grouped together in time and space
- **Respiratory specimen collection and submission** form and instructions have been updated (4/29/09) and are posted at: <a href="www.sfcdcp.org/swineflu.html">www.sfcdcp.org/swineflu.html</a>

# **Antiviral Treatment for Swine Influenza A (H1N1)** (4/29/09)

Most cases in the USA have been mild and have not required antiviral treatment. Therefore antiviral treatment is not specifically indicated <u>unless</u> cases of swine influenza (including suspected cases) are severe, hospitalized, or are at high risk for complications of influenza. People at high risk for complications include:

- All persons aged 65 and over with or without chronic health conditions
- Persons with chronic medical conditions including heart disease, diabetes, asthma, and immunosuppression
- Children less than 5 years of age
- Pregnant women

Other patients may receive antiviral treatment at the discretion of their treating clinician.

Oseltamivir recently received FDA approval under an Emergency Use Authorization. For dosing information for children less than 1 year see: www.cdc.gov/swineflu/childrentreatment.htm.

Treatment is for 5 days with oseltamivir or zanamivir and, if possible, should be initiated within in 48 hours of symptom onset. Antiviral dosing recommendations for swine influenza A (H1N1) virus infection in adults and children age 1 year and older are the same as those recommended for seasonal influenza. For dosing information go to: <a href="https://www.cdc.gov/swineflu/recommendations.htm">www.cdc.gov/swineflu/recommendations.htm</a>.

Note: recommendations for use of antivirals may change as data on antiviral susceptibilities and effectiveness become available.

#### **Adverse Events from Influenza Antiviral Medications** (4/29/09)

For information about influenza antiviral medications, including contraindications and adverse effects, go to

- www.cdc.gov/flu/professionals/antivirals/side-effects.htm
- www.cdc.gov/mmwr/preview/mmwrhtml/rr5707a1.htm

Please report adverse events from influenza antiviral medications through the US FDA MedWatch website: <a href="https://www.fda.gov/medwatch/">www.fda.gov/medwatch/</a>

#### **Information for International Travelers** (4/29/09)

CDC advises: a) avoid all non-essential travel to Mexico; b) antiviral chemoprophylaxis with oseltamivir or zanamivir is recommended for high-risk travelers to Mexico; and c) seasonal flu vaccine is recommended for all travelers. See details at: http://wwwn.cdc.gov/travel/contentSwineFluTravel.aspx

### **Local Resources for Clinicians** (4/29/09)

SFDPH website: www.sfcdcp.org/swineflu.html

Hospital-based clinicians should call their hospital's Swine Flu Point of Contact. Most hospitals are designating an Infection Control Professional as their Swine Flu Point of Contact.

If the above resources do not provide adequate information:

- For more urgent issues clinicians may call 415-554-2830 and request the Clinician Consultation team
- Non-urgent issues may be sent via email to: communicable\_disease\_information\_branch.dph@sfdph.org

#### **Additional Resources** (4/29/09)

- Updates are frequently posted on at the CDC swine flu webpage (www.cdc.gov/flu/swine/).
- California Department of Public Health swine flu webpage: http://ww2.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenza.aspx

#### **Categories of urgency levels**

**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