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HEALTH ALERT – 2009 H1N1 (SWINE) FLU

SURVEILLANCE, TESTING, REPORTING, ANTIVIRAL TREATMENT AND CHEMOPROPHYLAXIS, AND INFECTION CONTROL PRECAUTIONS

May 1, 2009

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

Situational Update (as of 5/1/09)

The CDC reports 141 confirmed cases in 19 states including 1 death in a child from Mexico City with an underlying medical condition who was hospitalized in Texas. San Francisco has had one confirmed case in a child who was not in school, who had traveled to Mexico, and who has since recovered without sequelae.

We expect more cases as surveillance for H1N1 (swine) flu is enhanced. To date, nearly all cases in the USA have been mild, with clinical presentation and outcomes similar to seasonal influenza. However, the 2009 H1N1 (swine) influenza virus is novel and its ultimate impact is not known.

Actions requested of all clinicians (updated 5/1/09)

- 1. Look for suspected H1N1 (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. Submit respiratory specimens only from the following patients** for PCR testing by the Public Laboratory System:
 - ♦ patients in any clinical setting who meet the definition of a suspected case of H1N1 (swine) flu [defined as a person with acute febrile respiratory illness with onset within 7 days of close contact with a confirmed case of H1N1 (swine) flu, or within 7 days of travel to Mexico], OR
 - patients in the hospital who have an undiagnosed acute febrile respiratory illness OR have suspected or confirmed influenza (any type of influenza), OR
 - patients in any clinical setting who are part of a cluster (non-household) of cases of acute febrile respiratory illness

For specimen collection/submission instructions go to: www.sfcdcp.org/swinefluforproviders.html. Note: specimens not meeting above criteria will not be tested.

- **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.
- 5. Give chemoprophylaxis to certain close contacts of cases, as described below.
- **6. Implement** infection control precautions as described below.

Notes & Definitions (updated 5/1/09)

- 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 2009 H1N1 (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 a significant exposure within 6 feet of that person
- Cluster of cases is defined as several patients with acute febrile respiratory illness, not from the same household, who are grouped together in time and space

Antiviral Treatment for 2009 H1N1 (Swine) Influenza (4/29/09)

Most cases in the USA have been mild and have not required antiviral treatment. Therefore antiviral treatment is not specifically indicated unless 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:

- Adults age 65 and over / Children age 4 years and younger
- Persons with chronic medical conditions including heart disease, lung disease, asthma, immunosuppression, and compromised ability to handle respiratory secretions
- Pregnant women

Other patients may receive antiviral treatment at the discretion of their treating clinician. *However please exercise prudent judgment in prescribing oseltamivir for patients with mild influenza-like illness who are not at high risk for complications of influenza.

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: www.cdc.gov/swineflu/recommendations.htm.

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

Seasonal Influenza Update (New 5/1/09)

Seasonal influenza infections are still currently occurring in San Francisco and in California. Circulating human strains include H1N1 influenza A, H3N2 influenza A, and influenza B.

Note: H1N1 human seasonal influenza A is distinct from 2009 H1N1 (swine) influenza A.

Treatment and chemoprophylaxis of seasonal influenza differs from that of H1N1 (swine) influenza due to differing antiviral resistance patterns. Guidance for seasonal flu is available in the SFDPH Health Advisory of January 29, 2009 at http://www.sfcdcp.org/healthalerts.html.

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

Antiviral Post-Exposure Chemoprophylaxis for Swine Influenza A (H1N1) (New 5/1/09)

Antiviral chemoprophylaxis with either oseltamivir or zanamivir is *recommended* for:

- 1. Household or institutional* close contacts of a confirmed or probable case of H1N1 (swine) influenza, who are at high risk for complications of influenza**.
- 2. Health care workers who were not using personal protective equipment during close contact with a confirmed or probable case of H1N1 (swine) influenza during the infectious period of that case (from 1 day before until 7 days after symptoms began).

Antiviral chemoprophylaxis with either oseltamivir or zanamivir can be *considered* for:

- 1. Household or institutional* close contacts of a suspected case of H1N1 (swine) influenza, who are at high-risk for complications of influenza**.
- 2. Children attending school or daycare who had face-to-face close contact with a confirmed or probable case of H1N1 (swine) influenza, and who are at high risk for complications of influenza**.

**Persons at high risk for complications include: adults age 65 and over, children age 4 years and younger, persons with chronic medical conditions including heart disease, lung disease, asthma, immunosuppression, and compromised ability to handle respiratory secretions, and pregnant women

Duration of antiviral chemoprophylaxis *post-exposure* is 10 days after the last known exposure to an ill confirmed or probable case. Post-exposure prophylaxis is not necessary if the exposure occurred more than 7 days earlier.

Infection Control Precautions for 2009 H1N1 (Swine) Influenza (New 5/1/09)

All healthcare facilities should adopt, at a minimum, the following measures:

- Place signs at entryway and in all patient areas instructing ALL PERSONS to cover their mouth and nose when they cough or sneeze and to wash hands or use waterless hand cleanser after coughing or sneezing.
- Instruct all persons to cover the mouth/nose with a tissue when coughing or sneezing. Throw tissue in the trash after use. If tissue is not available then use an elbow rather than hands. Wash hands or use waterless hand sanitizer after contact with respiratory secretions.
- Request all persons with fever or cough to wear a surgical mask.
- Provide masks, tissues and waterless hand cleanser in all patient areas and entryways to patient areas;
- Isolate patients with acute febrile respiratory illness as soon as possible, ideally in a private exam room or at a distance of at least 3 feet from others.
- Staff entering the exam room of a patient with acute febrile respiratory illness should wear a surgical mask until an infectious cause of illness is ruled out and should wash their hands or use waterless hand cleanser before and after interactions with the patient.
- Persons with acute febrile respiratory illness should be instructed to stay at home until they have fully recovered.

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^{*} Institutions are defined as facilities with household-like living arrangements such as group homes, homeless shelters, jails, long-term care facilities.

How SFDPH Performs Testing for 2009 H1N1 (Swine) Influenza (New 5/1/09)

The SFDPH Public Health Lab first determines whether the sample is positive for Influenza Type A. (Influenza Type A is a general category of Influenza and includes both human and swine viruses.)

Specimens positive for Influenza Type A are tested by PCR for the Human H1 or the Human H3 virus subtype.

- Those positive for either Human H1 or Human H3 are reported as such.
- Those negative for both Human H1 and Human H3 are considered "untypable" and, if the case meets clinical criteria, a probable case of 2009 H1N1 (Swine) Influenza. (This is because the 2009 H1N1 (swine) virus is NOT detectable by our PCR test when it is sub-typed by PCR.) These specimens are submitted to the California State Laboratory for confirmation and final determination of 2009 H1N1 (Swine) Influenza.

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: www.fda.gov/medwatch/

Information for International Travelers (updated 5/1/09)

CDC advises: a) avoid all non-essential travel to Mexico; b) antiviral chemoprophylaxis with oseltamivir or zanamivir may be considered 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

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