



Gavin Newsom
Mayor

HEALTH ALERT – 2009 H1N1 (SWINE) FLU

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

Monday May 4, 2009

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

Situational Update (as of 5/4/09)

As of today, CDC reports 286 lab-confirmed cases in 36 states including 1 death (a child from Mexico City with an underlying medical condition who was hospitalized in Texas), and California reports 30 lab-confirmed and 129 probable cases from 20 counties. San Francisco has had 3 cases.

Nearly all cases in the USA have been mild, with clinical presentation and outcomes similar to seasonal influenza. In California, fever was present in 96% of cases, cough in 91%, sore throat in 68%, diarrhea in 23%, and vomiting in 33%. Eight have been hospitalized. The median age is 17.5 years and 89% of cases occurred in persons from 1 to 49 years of age. However, the 2009 H1N1 (swine) influenza virus is novel and its ultimate clinical severity and age groups affected are not yet known.

Now that H1N1 (swine) influenza virus is known to be established in San Francisco and the region, the focus of surveillance has shifted away from detecting every case. The current goals are to:

- (1) Determine whether this virus is causing severe disease
- (2) Detect cases in settings with higher risk of transmission (e.g., health care and institutional settings), and
- (3) Identify clusters of cases.

Actions Requested of All Clinicians (updated 5/4/09)

1. **Submit respiratory specimens only from the following patients** for PCR testing by the Public Laboratory System (specimens not meeting these criteria will not be tested):

- a) Patients with an undiagnosed acute febrile respiratory illness, OR
- b) Suspected or confirmed influenza A

AND who also meet at least one of the following criteria:

- ◆ Hospitalized
- ◆ Direct health care providers
- ◆ Live or work in an institutional setting (e.g., correctional facility, long term care facility); the first case in a facility will be tested but not all subsequent cases
- ◆ Are part of an outbreak or cluster of cases

For specimen collection/submission instructions go to: www.sfdcp.org/swinefluforproviders.html.

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Actions Requested of All Clinicians (updated 5/4/09)

2. **Report** to SFDPH Disease Control (415-554-2830): Fatal or severe (requiring ICU) cases of suspected or confirmed influenza A or undiagnosed acute febrile respiratory illness; outbreaks/clusters of suspected swine flu cases.
3. **Treat** swine flu cases (including suspect cases) that are hospitalized and/or at high risk for complications.
4. **Give chemoprophylaxis** to certain close contacts of cases, as described below.
5. **Implement** infection control precautions as described below.

Notes & Definitions (updated 5/4/09)

- **Acute febrile respiratory illness** is defined as fever (>37.8°C or 100°F) plus new or worsening cough or sore throat.
- **Close contact** to 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
- **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 H1N1 (swine) flu, OR within 7 days of travel in Mexico

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.

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) (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**.

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

***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 (Updated 5/4/09)

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.

Note: Respiratory Hygiene/Cough Etiquette is now a component of Standard Precautions. To limit disease transmission year round, health care providers should implement respiratory hygiene/cough etiquette and hand hygiene procedures in the health care setting and, when possible, in the community.

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Information for International Travelers (updated 5/4/09)

CDC advises (see: www.cdc.gov/travel/content/SwineFluTravel.aspx):

- a. Avoid all non-essential travel to Mexico;
- b. Antiviral chemoprophylaxis with oseltamivir or zanamivir *may be considered* for travelers to Mexico who are at high risk for complications of influenza; and
- c. Seasonal flu vaccine is recommended for all travelers.

Seasonal Influenza Update (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.sfdcp.org/healthalerts.html>.

How SFDPH Performs Testing for 2009 H1N1 (Swine) Influenza (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 antivirals to the FDA: www.fda.gov/medwatch

Local Resources for Clinicians (4/29/09)

SFDPH website: www.sfdcp.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

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