HEALTH ALERT – SWINE FLU
UPDATED INSTRUCTIONS FOR SURVEILLANCE, TESTING AND REPORTING
April 27, 2009

As of April 27, 2009, 40 laboratory-confirmed cases of swine influenza A (H1N1) have been detected in California (7), Kansas (2), New York City (28), Ohio (1), and Texas (2). Other probable cases of swine flu are being tested. Many of the newly reported cases recently traveled to Mexico, where 18 lab confirmed cases of swine flu and over 880 cases of Influenza-Like Illness (ILI) have been reported to the World Health Organization (WHO). Confirmed cases have also been reported from Canada. No confirmed cases have yet been detected in Northern California. Because of the expanding outbreak, San Francisco Department of Public Health (SFDPH) is requesting additional clinician assistance to identify suspect cases of swine flu and test patients with ILI. This Health Alert updates requested actions of clinicians in the April 24, 2009 Health Alert (www.sfcdcp.org/healthalerts)

Definitions
ILI: fever (>37.8°C or 100°F), plus cough or sore throat.
Acute respiratory illness: Recent onset of at least two of the following: nasal congestion, sore throat, cough, fever or feverishness.
Close contact: within 6 feet of an ill person who is a confirmed or suspected case of swine flu
Confirmed case of swine flu: acute respiratory illness with lab-confirmed swine influenza A (H1N1) infection by one or more of the following tests: real-time PCR, viral culture, or 4-fold rise in swine influenza A (H1N1) virus specific neutralizing antibodies
Suspected case of swine flu:
1. A person with an acute respiratory illness who was a close contact to a confirmed case of swine influenza A (H1N1) virus infection while the case was ill OR
2. A person with an acute respiratory illness with a recent history of contact with an animal with confirmed or suspected swine influenza A (H1N1) virus infection OR
3. A person with an acute respiratory illness who has traveled to an area where there are confirmed cases of swine influenza A (H1N1) within 7 days of suspect case’s illness onset.

Actions requested of all clinicians:
1. LOOK for suspected swine flu cases: ask all patients with acute respiratory illness if they had close contact to a confirmed human case of swine flu, contact with an animal with confirmed or suspected swine flu, or a history of travel to a swine flu-affected area within the 7 days preceding their illness onset.
2. Collect respiratory specimens from patients who
   ♦ Meet the definition of a suspected case of swine flu, in all clinical settings OR
   ♦ Have an ILI and are hospitalized with an undiagnosed acute respiratory illness or suspected or confirmed seasonal influenza OR
   ♦ Have an ILI and are presenting to emergency rooms.
3. Report the following cases to SFDPH Disease Control (415-554-2830):
   ♦ Suspected cases of swine flu
   ♦ Fatal or severe (requiring ICU) cases of suspected or confirmed seasonal flu in adults and children

Respiratory specimen collection and submission instructions) are posted at: www.sfcdcp.org/swineflu.html.
Interim Guidance on Infection Control for care of patients with confirmed or suspected swine flu virus infection in a health care setting is posted at: http://www.cdc.gov/swineflu/guidelines_infection_control.htm

Updates on the ongoing investigations and new guidelines are frequently posted on at the CDC swine flu webpage (http://www.cdc.gov/flu/swine/). San Francisco-specific information will be posted to: http://www.sfcdcp.org/swineflu.html.