

April 28, 2009

OKHAN-0110-09-04-28-ADV-N

Swine Influenza Update: Guidance for Clinicians on Diagnostic Testing and Infection Control in Healthcare Settings

The Oklahoma State Department of Health (OSDH) along with the Centers for Disease Control and Prevention (CDC) and other State Health Departments are continuing an ongoing outbreak investigation of swine influenza A (H1N1). The OSDH is implementing enhanced statewide surveillance to identify any potential cases that may be occurring. **This is a rapidly evolving situation and further guidance will be provided as information becomes available.**

Today the CDC reports 64 confirmed cases of swine influenza A/H1N1 in 5 states (CA, TX, KS, NY, and OH). No cases have been confirmed in Oklahoma to date, but identification of cases will likely occur soon given the widespread activity nationally and internationally. To date, all U.S. cases have experienced typical respiratory and constitutional symptoms; most have recovered following a self-limited illness. Some persons with swine influenza may have gastrointestinal complaints (nausea, diarrhea) in addition to fever and respiratory symptoms.

Enhanced Surveillance Recommendations

Although seasonal influenza activity is waning in Oklahoma, the OSDH requests that clinicians be alert for possible cases of swine influenza A (especially in patients with recent travel history), collect appropriate specimens upon suspicion, and report suspect cases to the Acute Disease Service by calling the Epidemiologist-on-Call at (405) 271-4060. Case reports can also be submitted by using the secure, web-based disease reporting system, Public Health Investigation and Disease Detection in OK (PHIDDO, advance access required). Clinicians that are users of the PHIDDO system may report these cases by logging on to PHIDDO and entering cases under the Disease/Condition "Influenza-Novel".

Infection Control Measures in Outpatient Setting

- o Medical facilities should institute their screening and isolation protocols for respiratory illness.
- o Place signage on front door of clinic instructing patients with febrile respiratory disease to immediately notify medical staff of their symptoms upon entry and receive a surgical or procedure mask to wear while awaiting medical evaluation.
- o Coughing persons should be encouraged to sit as far away as possible (> 3 feet) from others in common waiting rooms.
- o Standard, droplet and contact precautions should be used by all medical personnel caring for or obtaining specimens from patients being tested for influenza or who are suspected of having swine influenza.
- o Outpatient medical providers who are referring suspected cases of swine influenza to emergency departments or other medical facilities should alert the facility that the patient is on the way, and have the patient wear a mask while waiting, being registered, and being triaged for care.

Guidance for Collection of Respiratory Specimens and Influenza Testing

Test patients meeting the following criteria for influenza:

1. Symptoms of influenza-like illness (ILI) defined as a fever ($\geq 100^{\circ}\text{F}$) AND cough and/or a sore throat in the absence of a known cause other than influenza, **AND**
2. At least one of the following exposures **within 7 days of symptom onset**:
 - a. History of travel to Mexico or an area with confirmed swine influenza A; or
 - b. Close contact (within 3 feet) to a person with respiratory illness who has recently traveled to an affected area.

At this time, clinicians should attempt to screen **all** patients with ILI symptoms using an influenza rapid antigen test kit. If patients are rapid antigen positive for influenza A:

- Collect and send 2 nasopharyngeal swabs (one from each nostril) to the OSDH Public Health Laboratory (PHL) for viral culture and PCR testing.
- If patients are rapid antigen negative, but report any of the travel exposures listed above, respiratory specimens should still be collected and submitted for viral culture.
- The optimum collection time is within the first 3 days of illness.
- Label the viral transport media (VTM) tubes with the patient's name, DOB and the date of collection.
- Place the swab in the VTM and replace the lid tightly. Break the shaft of the swab if necessary.
- Package specimens according to standard guidelines for transport.
- Complete an OSDH PHL requisition form (#419) for each specimen. (<http://www.ok.gov/health/documents/Lab%20Requisition%201-2-09.pdf>) Place the form in the side pouch of the plastic bag.
- Refrigerate immediately. Specimens must be kept cool and received by the OSDH PHL within 72 hours of collection.
- Call the OSDH PHL Shipping & Receiving Dept at (405) 271-5070 to arrange courier pick-up and transport to the OSDH PHL in a timely manner.

Management of Patients with Mild Influenza-like illness

Providers assessing patients with mild febrile respiratory illness, including emergency departments, are discouraged from prescribing antiviral medications for presumptive therapy, *unless* patients meet the usual criteria for empiric influenza treatment based on underlying conditions or illness (listed below) that put them at higher risk for complications of any type of influenza. Patients can be sent home with instructions to voluntarily isolate themselves at home for 7 days after onset of symptoms, or until 24 - 48 hours after their symptoms resolve, whichever is later. Patients should be instructed on the importance of hand and respiratory hygiene, and told to seek medical care if symptoms worsen (shortness of breath, cyanosis, increasing fever, altered level of consciousness, etc).

Conditions That Increase Risk for Influenza-Related Complications

- chronic pulmonary, cardiovascular, renal, hepatic or metabolic disorders
- hematologic disorders, such as sickle cell anemia
- immunosuppression
- compromised respiratory function, including conditions which increase risk of aspiration
- pregnancy
- age > 65 years or < 2 years

Note: *At-risk conditions for complications associated with swine influenza A (H1N1) virus infection may be revised in future guidance as the outbreak situation evolves.*

Management of Hospitalized Patient

- Use Standard, Droplet and Contact precautions for patient care for a duration of 7 days after illness onset, or until symptoms have resolved.
- In addition, strict adherence to hand hygiene with soap and water or with alcohol-containing hand sanitizers should be maintained.
- Personnel engaged in aerosol generating activities (e.g. endotracheal intubation, nebulizer treatment, bronchoscopy, and respiratory therapy) should wear a fit-tested disposable N-95 respirator.
- Use an airborne infection isolation room (AIIR) with negative pressure air handling, if available; otherwise use a single patient room with the door kept closed.
- More detailed recommendations on infection control in medical facilities can be found at: http://www.cdc.gov/swineflu/guidelines_infection_control.htm

Please contact the OSDH, Acute Disease Service at (405) 271-4060 with questions or concerns.

Agency: Oklahoma State Department of Health
Notification ID: 110 **Date:** 04/28/2009 **Time:** 7:30 pm
Severity: Moderate **Acknowledgement:** No **Sensitive:** No **Status:** Actual
Notification Type: Advisory **Reference:** None **Dissemination:** As Needed

Categories of Health Alert messages:

Health Alert highest level of notification that the Oklahoma State Department of Health will send out. This usually refers to an immediate threat to the OSDH community and requires immediate action.

Health Advisory advises medical providers of a condition in the area. These are usually not medical emergencies. These may not require immediate action.

Health Update provides updates on previous alerts or advisories. These are unlikely to require immediate action.

This advisory was distributed to Primary Care and Infectious Disease Physicians, Laboratories, Infection Control Practitioners, Emergency Rooms and State and Local Health Officials

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You have received this message based upon the information contained within our emergency notification database. If you have a different or additional e-mail or fax address that you would like us to use please contact the OSDH Acute Disease Service at (405) 271-4060.
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