



HEALTH ALERT: Novel Influenza A H1N1

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TO: Primary Care Providers
Hospital Emergency Departments
Urgent Care Providers

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Health Officer

This fax contains 4 pages.

Please copy and distribute to
ALL physicians at your location.

We are sending you this health alert to provide the current information and guidance about H1N1 infections. This alert will provide you with a situation update, updated treatment and prophylaxis recommendations, surveillance and reporting instructions, revised infection control guidelines, and information about how to become a sentinel provider.

Situational update

On June 11, the World Health Organization raised the pandemic alert level to 6, indicating that a global pandemic is underway. Widespread transmission has been documented, but the severity of illness to date remains comparable to seasonal influenza. In the last 3 - 4 weeks, we have seen a marked increase in influenza activity. Before schools were dismissed for summer break, several schools reported increased absenteeism from influenza-like-illness (ILI).¹ Summer camps have commenced, and we are beginning to receive reports of campers and counselors with ILI. Statewide, there has also been a marked increase in influenza activity, and a few trends are of note. Currently, of all specimens tested for ILI, about 40% are H1N1 and 60% are other respiratory pathogens. Of the specimens that test positive for influenza A, greater than 95% are novel H1N1, in contrast to a few weeks ago, when about 50% of the influenza A tested was novel H1N1. (See the California Department of Public Health's (CDPH's) Viral and Rickettsial Disease Laboratory website <http://www.cdph.ca.gov/programs/vrdl> and click on Enhanced Surveillance under Current Hot Topics for updated data.) If you see a patient with ILI who tests positive for influenza A by a reliable test, you may assume that they have novel H1N1. (See below for further information regarding laboratory testing.)

Updated treatment and prophylaxis recommendations

Because almost all of the influenza A currently circulating is H1N1, we recommend empiric treatment with antivirals active against novel H1N1 (Oseltamivir or Zanamivir) for those patients who present with symptoms of ILI, and for whom treatment is recommended. However, just this week it has been reported

¹ Influenza-like-illness (ILI) is defined as fever (temperature > 37.8 °C or 100 °F) and either cough or sore throat in the absence of a known cause other than influenza.



that a resident of San Francisco was infected with an oseltamivir-resistant strain of novel H1N1 and she had not taken oseltamivir. A few cases of oseltamivir-resistant H1N1 have been reported from other countries in patients who had taken oseltamivir. Antiviral treatment twice a day for five days is recommended for patients who are:

- 1) hospitalized, OR
- 2) at high risk for complications of influenza:
 - a. children age 4 years and younger, especially younger than 2 years
 - b. adults age 65 and over
 - c. pregnant women²
 - d. residents of nursing home and other chronic care facilities
 - e. persons under 19 years of age who are receiving long-term aspirin therapy
 - f. persons with the following conditions:
 - i. chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematologic (including sickle cell disease), or metabolic disorders (including diabetes);
 - ii. immunosuppression, including that caused by medications or by HIV infection;
 - iii. any condition (e.g. cognitive dysfunction, spinal cord injuries, severe seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk of aspiration.
 - iv. Obesity (BMI > 30)

Antiviral post-exposure chemoprophylaxis is recommended for:

- 1) People at high risk of complications from influenza (see #2 above) who have had close contact (within six feet) with a person with confirmed, probable or suspected novel influenza A (H1N1) infection during the infectious period (one day before until seven days following illness onset); or
- 2) Health care workers (especially those at high risk of complications from influenza) who have had close contact (within 6 feet) with a person with confirmed, probable or suspected novel influenza A (H1N1) infection during the infectious period (one day before until seven days following illness onset) AND who were not wearing appropriate personal protective equipment, during that close contact; or

² Oseltamivir and Zanamivir are “Pregnancy Category C” medications, indicating that no clinical studies have been conducted to assess safety of these medications for pregnant women. The manufacturer’s package inserts should be consulted, and the medications used only if the potential benefit justifies the potential risk to the embryo or fetus. No adverse effects in pregnant women have been reported to date, and pregnancy is not a contraindication to their use.



- 3) Patients at high risk of complications from influenza (see #2 above) who have had close contact (within 6 feet) with an infectious healthcare worker or patient who is a confirmed or probable case during that patient's infectious period (one day before until seven days following illness onset); or
- 4) Staff and residents of a long term care facility experiencing an outbreak of novel influenza A (H1N1) virus. (Chemoprophylaxis of employees and well residents is recommended for a minimum of two weeks. If surveillance indicates that new cases continue to occur, chemoprophylaxis should be continued until approximately 7 days after illness onset in the last patient.)

For groups #1, #2, and #3 above, duration of antiviral post-exposure chemoprophylaxis is once daily for 10 days after the last known exposure to an infectious case.

Infection control guidelines

We continue to recommend Standard and Droplet precautions for healthcare workers, as we do for seasonal influenza. We do not recommend N95 respirators for healthcare workers or others, unless the healthcare worker is performing a procedure likely to generate aerosols (e.g. bronchoscopy, open suctioning of airway secretions, resuscitation involving emergency intubation or cardiac pulmonary resuscitation, or endotracheal intubation), in which case we recommend a fit-tested N95 respirator, eye protection, gown, gloves and a negative pressure airborne isolation room. We acknowledge that there are conflicting guidelines circulating regarding appropriate infection control, with CDC and CDPH still advocating for airborne precautions (N95 respirators for healthcare workers), but an increasing number of state and local health departments, as well as the Society for Healthcare Epidemiology of America, have recently begun advocating for Standard and Droplet precautions. Adherence to the following two practices will reduce transmission and protect healthcare workers and their patients:

- 1) healthcare workers with influenza-like-illness (ILI) must stay at home for 7 days or for 24 hrs after resolution of symptoms, whichever is longer, and
- 2) healthcare workers evaluating or caring for patients with ILI must adhere to Standard and Droplet precautions (e.g. wear a mask) to prevent becoming infected and avoid the need for post-exposure prophylaxis.

Surveillance, laboratory testing and reporting cases

Statewide, we are focusing our surveillance activity on patients who are hospitalized or part of an outbreak. The vast majority of patients with novel H1N1 infections will not have their infection documented and confirmed. The Santa Clara County Public Health Laboratory will test specimens from patients who are:

- 1) Severely ill and hospitalized, or
- 2) Part of an outbreak for which the Disease Prevention and Control Program has requested testing. We are particularly concerned about outbreaks in longterm care facilities, summer camps, and summer schools.

Quest Diagnostics also offers testing for novel H1N1 and their results have correlated well with those from the state Viral and Rickettsial Disease Laboratory. Virtually all of the influenza A currently



circulating is novel H1N1, so if a patient tests positive for influenza A by a reliable test, you may assume they are infected with novel H1N1. However, please note that early data suggest that the sensitivity and specificity of rapid antigen tests for H1N1 is poor.

Novel H1N1 infection is a reportable condition in California. Please report patients with probable or confirmed H1N1 infection on a confidential morbidity report (CMR) form (download at www.sccphd.org, go to Communicable Disease and Sexual Health then select Disease Prevention and Control and then click on the link in the first paragraph). Fax the completed CMR to the Santa Clara County Disease Prevention and Control Program at 408-885-3709.

Vaccine for novel H1N1

We anticipate that novel H1N1 vaccine will be available in limited quantity some time in the fall, and will be distributed based on a priority system. The system for distribution and prioritization is still under development, but we will update you as we learn more.

Invitation to become a sentinel provider program for influenza surveillance program

The California Sentinel Influenza Surveillance Program conducts surveillance for ILI in the outpatient setting. Primary care providers (physicians, nurse practitioners, and physician assistants) are invited to enroll as sentinel providers for Santa Clara County. Sentinel providers report the number of patients with ILI and the total number of patients seen on a weekly basis to CDC by fax or internet. Specimen collection materials and shipping to CDPH are provided at no charge, and testing of specimens from sentinel providers is prioritized.

For more information, contact Melissa Dahlke at (510) 620-3494 or Melissa.dahlke@cdph.ca.gov, or visit: <http://www.cdph.ca.gov/programs/vrdl/Pages/CaliforniaSentinelProviderProgram.aspx>

Where to get more information

This pandemic continues to be a dynamic and evolving situation. For up-to-date information, we recommend the following resources:

- The CDC website: <http://www.cdc.gov/h1n1flu/>
- The California Department of Public Health website: <http://www.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenza.aspx>

Further questions

For further questions, please contact the Disease Prevention and Control Program at 408-885-4214 during regular business hours. After hours and on weekends, healthcare providers (but not the general public) may call County Communications at 408-998-3438 and ask to speak with the public health officer on call.