

6/28/2009

## ***PANDEMIC INFLUENZA VIRUS (NOVEL A:H1N1)***

### **Swine-Origin Influenza A H1N1 (novel A H1N1) Continues to Circulate in Thurston County**

We continue to see cases of novel H1N1 circulate in Thurston County with seven individuals ranging from 26 – 41 years of age in critical condition in area hospitals with what we suspect is. Laboratory confirmation is pending. All individuals have a history of fever and respiratory distress.

The Washington State Department of Health Laboratory continues to accept specimens for testing for novel H1N1 from patients in the following groups:

- Fatal cases with unexplained severe respiratory illness, respiratory failure, or pneumonia
- Hospitalized patients with respiratory illness (fever  $\geq 37.8^{\circ}\text{C}$  with shortness of breath, hypoxia, or radiographic evidence of pneumonia) **AND** a positive screening test for influenza A virus<sup>1</sup>
- Healthcare workers and pregnant women with influenza-like-illness (fever  $\geq 37.8^{\circ}\text{C}$  with either cough or sore throat) **AND** a positive screening test for influenza A virus\*

Healthcare providers should contact the Thurston County Public Health and Social Services Department regarding testing through the state lab for novel H1N1 in the following situations:

- Potential outbreaks of novel H1N1
- Critically ill patients in intensive care units with unexplained respiratory illness and a negative screening test for influenza A virus

Specimens for novel H1N1 testing must arrive at PHL with a completed PHL "Virology H1N1 Specimen Submission Form" which clearly indicates the reason for testing. An updated form is available at [www.doh.wa.gov/ehsphi/Epidemiology/CD/swineflu/VirH1N1form.pdf](http://www.doh.wa.gov/ehsphi/Epidemiology/CD/swineflu/VirH1N1form.pdf)

### **Treatment and Chemoprophylaxis for NOVEL H1N1**

Complete guidelines for treatment and chemoprophylaxis are available at [www.cdc.gov/h1n1flu/recommendations.htm](http://www.cdc.gov/h1n1flu/recommendations.htm)

Persons with suspected novel H1N1 influenza who present with an uncomplicated febrile illness typically do not require treatment unless they are at higher risk for influenza complications.

Treatment within 48 hrs of illness onset is recommended for:

1. All hospitalized patients with confirmed, probable or suspected novel influenza (H1N1).
2. Patients who are at higher risk for seasonal influenza complications including;
  - Children younger than 5 years old. The risk for severe complications from seasonal influenza is highest among children younger than 2 years old.
  - Adults 65 years of age and older.
  - Persons with the following conditions:
    - Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus);
    - Immunosuppression, including that caused by medications or by HIV;
    - Pregnant women;
    - Persons younger than 19 years of age who are receiving long-term aspirin therapy;
    - Residents of nursing homes and other chronic-care facilities.

<sup>1</sup> Appropriate screening test include rapid antigen detection tests, immunofluorescence assays, cell culture, or PCR assays to id influenza A.



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Post exposure antiviral chemoprophylaxis with either oseltamivir or zanamivir can be considered within 48 hrs of exposure to ill individuals for the following categories of contact:

1. Close contacts of cases (confirmed, probable, or suspected) who are at high-risk for complications of influenza
2. Health care personnel, public health workers, or first responders who have had a recognized, unprotected close contact exposure to a person with novel (H1N1) influenza virus infection (confirmed, probable, or suspected) during that person’s infectious period. Information on appropriate personal protective equipment is available at: [Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Swine Influenza A \(H1N1\) Virus Infection in a Healthcare Setting](#)

**Table 1. Antiviral medication dosing recommendations for treatment or chemoprophylaxis of novel influenza A (H1N1) infection.**

Agent, group		Treatment	Chemoprophylaxis
<b>Oseltamivir</b>			
<b>Adults</b>		75-mg capsule twice per day for 5 days	75-mg capsule once per day
<b>Children ≥ 12 months</b>	15 kg or less	60 mg per day divided into 2 doses	30 mg once per day
	16-23 kg	90 mg per day divided into 2 doses	45 mg once per day
	24-40 kg	120 mg per day divided into 2 doses	60 mg once per day
	>40 kg	150 mg per day divided into 2 doses	75 mg once per day
<b>Zanamivir</b>			
<b>Adults</b>		Two 5-mg inhalations (10 mg total) twice per day	Two 5-mg inhalations (10 mg total) once per day
<b>Children</b>		Two 5-mg inhalations (10 mg total) twice per day (age, 7 years or older)	Two 5-mg inhalations (10 mg total) once per day (age, 5 years or older)

**Prevention Recommendations**

Remind your patients the best way to protect themselves from getting influenza is to practice social distancing, stay home when ill, cover coughs or cough into their elbow and wash hands with soap and warm water, if soap and water are not available use an alcohol based hand sanitizer.

To view previous CD Updates, [www.co.thurston.wa.us/health](http://www.co.thurston.wa.us/health)

**Call suspect or confirmed cases of novel A H1N1 and other notifiable conditions to the Notifiable Conditions Reporting Line at 360-786-5470**