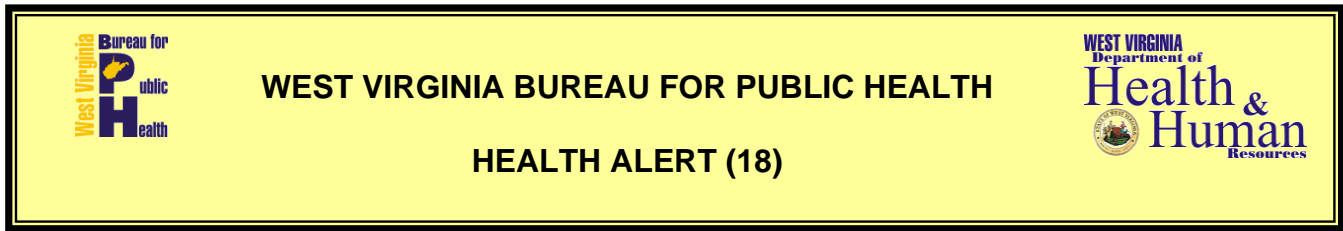


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**PROVIDER AND HEALTH CARE FACILITY GUIDANCE FOR DETECTION AND MANAGEMENT OF HUMAN CASES OF SWINE INFLUENZA**

**TO: West Virginia Local Health Departments, Health Care Providers, Health Care Facilities, Health Professional Organizations and Other Health Partners**

**FROM: Catherine C. Slemp, MD, MPH, State Health Officer  
WV Department of Health and Human Resources, Bureau for Public Health**

**DATE: April 27, 2009**

**LOCAL HEALTH DEPARTMENTS:** PLEASE DISTRIBUTE TO COMMUNITY HEALTH PROVIDERS, HEALTH FACILITIES, LABORATORIES AND OTHER APPLICABLE PARTNERS

**OTHER RECIPIENTS:** PLEASE DISTRIBUTE TO ASSOCIATION MEMBERS, STAFF, ETC.

The U. S. Centers for Disease Control and Prevention (CDC) has confirmed multiple human cases of influenza caused by a novel swine influenza A (H1N1) virus. The virus is showing ongoing human to human transmission which is unusual for swine flu viruses. As of 4/26/09, US cases have been confirmed in southern California (7), San Antonio, Texas (2), Kansas (2), New York (8), and Ohio (1). The number of cases and involved states is expected to increase daily as surveillance increases. **There have been no reported cases of swine influenza in West Virginia at this time, but we ask for you help in enhancing surveillance for the same (guidance next page).**

To date, all US cases have had typical influenza like illness (ILI) symptoms and all have recovered. Most have experienced mild disease. One was hospitalized. As swine H1N1 viruses are genetically very different from human H1N1 viruses, this year's seasonal flu vaccine is not expected to provide significant protection from this virus. Although declining at this point in the season, please note that seasonal flu viruses (influenza B more than A) continue to circulate in WV communities.

Since March, Mexico has been experiencing outbreaks of influenza like illness, including reports of several pneumonias and deaths. CDC has confirmed that virus from 7 of 14 samples from Mexico tested positive for the same Influenza A H1N1 swine flu virus now identified in the US.

The situation is clearly very concerning and rapidly evolving. Much is yet to be learned. WHO has classified the situation as a "public health emergency of international concern." The US has issued a Public Health Emergency Declaration. **Changes in testing and treatment recommendations should be expected as more is learned and the situation evolves. Be sure to stay informed.**

The West Virginia Department of Health and Human Resources (WVDHHR) is working closely with CDC and other partners to monitor and track the outbreak of swine influenza as it evolves, enhance surveillance for swine flu virus in West Virginia, share information with response partners and the public, and provide recommendations for management as more is learned.

### **Current Recommendations for Clinicians (CDC and WVDHHR):**

#### **Surveillance and Testing for Swine Flu H1N1 virus:**

Clinicians should consider the diagnosis of swine flu infection in the following individuals:

- A person with acute, febrile respiratory illness who was a close contact to a confirmed case of swine influenza A (H1N1) virus infection during the case's infectious period, OR
- A person with an acute, febrile respiratory illness who traveled to or resides in an area where there are confirmed cases of swine influenza A (H1N1) virus infection during the 7 days preceding your illness onset.

For US case locations, please visit <http://www.cdc.gov/swineflu/> .

Patients meeting these criteria should be tested for influenza. If positive for influenza A, specimens should be sent to the West Virginia Office of Laboratory Services (OLS), 304-558-3530, 167 11<sup>th</sup> Ave., South Charleston, WV 25303, for further testing. Clinicians who suspect swine flu virus infection (per criteria above) should obtain a nasopharyngeal swab from the patient, place the swab in viral transport medium, refrigerate the specimen, and contact your local health department or OLS to facilitate timely transport and diagnosis at OLS. Testing guidance will change as the situation evolves. Outbreaks of flu like illness are immediately reportable to your local health department.

#### **Use of Antivirals in Treatment of Swine Flu Cases**

At this time, CDC recommends the use of oseltamivir or zanamivir for the treatment of swine influenza (H1N1) infections requiring healthcare. Antiviral doses and schedules recommended for treatment of swine influenza infection are the same as those recommended for seasonal influenza. With suspect cases, consideration should also be given to circulating human viruses and their resistance patterns. The current swine flu H1N1 virus is resistant to amantadine and rimantadine. For interim treatment recommendations, see <http://www.cdc.gov/swineflu/recommendations.htm> .

As with other flu viruses, aspirin or aspirin-containing products (e.g. bismuth subsalicylate – Pepto Bismol) should not be administered to any confirmed or suspect case of swine influenza A (H1N1) virus infection aged 18 years old and younger due to the risk of Reye syndrome.

#### **Use of Prophylaxis in Managing Swine Flu Cases**

At this time, antiviral prophylaxis is primarily targeted towards management of high risk, close contacts of confirmed swine flu cases (those at high risk of influenza complications). Interim treatment guidance noted above includes guidance on use of prophylaxis. These will likely change in time based on a better understanding of the virus and the stage of the outbreak.

CDC is working to develop a vaccine seed strain specific to the recent swine influenza virus.

#### **Infection Control with Swine Flu Cases:**

Standard, droplet and contact precautions should be used for all patient care activities, and maintained for 7 days after illness onset or until symptoms have resolved. For detailed interim guidance on infection control in caring for patients with confirmed or suspect swine influenza (H1N1)

virus infection in a healthcare setting, see

[http://www.cdc.gov/swineflu/guidelines\\_infection\\_control.htm](http://www.cdc.gov/swineflu/guidelines_infection_control.htm). Efforts to avoid spread of respiratory disease among patients in office or emergency department waiting rooms are appropriate.

### **General Public Recommendations for Current Situation:**

Given the fact that swine flu cases in the US to date have been of a severity similar to seasonal flu, current guidance is much the same. Prevention involves staying away from others who are ill; handwashing; avoiding touching eyes, mouth, or nose; covering coughs and sneezes; and avoiding crowds or heavily congested settings. Persons with febrile respiratory illness should stay home from work or school to avoid spreading infections, including influenza and other respiratory illnesses, to others in their communities. Similar to seasonal flu, patients should seek care based on severity of symptoms. For general swine flu information, see [http://www.cdc.gov/swineflu/general\\_info.htm](http://www.cdc.gov/swineflu/general_info.htm). Guidance on caring for a patient with swine flu at home can be found at [http://www.cdc.gov/swineflu/guidance\\_homecare.htm](http://www.cdc.gov/swineflu/guidance_homecare.htm).

### **Case Definitions for Investigations of Swine Influenza A (H1N1) Cases:**

A confirmed case of swine influenza A (H1N1) virus infection is defined as a person with an acute febrile respiratory illness with laboratory confirmed swine influenza A (H1N1) virus infection at CDC by one or more of the following tests:

1. real-time RT-PCR
  2. viral culture
  3. four-fold rise in swine influenza A (H1N1) virus specific neutralizing antibodies
- For interim guidance on case definitions for swine influenza A (H1N1) human case investigations please see [http://www.cdc.gov/swineflu/casedef\\_swineflu.htm](http://www.cdc.gov/swineflu/casedef_swineflu.htm)

### **Biosafety Guidelines for Laboratory Workers:**

Viral isolation on clinical specimens from patients who are suspect cases of swine influenza A (H1N1) virus infection should be performed in a BSL2 laboratory with BSL3 practices (enhanced BSL2 conditions). Laboratory workers should follow certain precautions such as recommended personal protective equipment, shoe covers, etc. For detailed swine influenza A (H1N1) virus biosafety guidelines for laboratory workers please see [http://www.cdc.gov/swineflu/guidelines\\_labworkers.htm](http://www.cdc.gov/swineflu/guidelines_labworkers.htm)

### **For Questions or Additional Information:**

Please contact the WV Bureau for Public Health, Infectious Disease Epidemiology locally at 304-558-5358 or 1-800-423-1271 (in West Virginia). For influenza testing please contact the Office of Laboratory Services at 304-558-3530. West Virginia specific information as the situation evolves and links to the CDC website containing materials above can be found at <http://www.wvdep.org>.

Thank you in advance for your assistance in surveillance for swine flu virus in West Virginia and for your role in assisting patients and the public understand the current situation and its management. The Bureau for Public Health will work to keep health care providers linked with up to date information and guidance as this situation evolves. We encourage you and your staff to maintain ready access to both the general CDC site on this event, <http://www.cdc.gov/swineflu/>, and the WV website noted above.

This message was directly distributed by the West Virginia Bureau for Public Health to Local Health Departments and Health Care Providers, Health Care Facilities, Health Professional Organizations and Other Health Partners. Receiving entities are responsible for further disseminating the information to the targeted audiences noted.

#### **Categories of Health Alert messages:**

**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.