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DATE: September 15, 2009

TO: Solano County Healthcare Providers

FROM: Ronald W. Chapman, MD, MPH
Public Health Officer

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RE: 1) Update Solano County Novel H1N1 Testing Criteria
2) New CDC Guidance re: use of Antiviral Medications and Exclusion Criteria

From April 2009 through today, there have been 26 Novel H1N1 influenza related hospitalizations in Solano County and 2 deaths. As we enter the traditional 2009-2010 influenza season, we expect that Novel H1N1 will be the dominant circulating influenza virus and will infect 30-40% of the population. Already we are seeing increased numbers of Novel H1N1 outbreaks across the country and health care visits for Influenza-like illness (ILI) are on the rise.

The single most effective intervention to decrease transmission during a pandemic is vaccination. Seasonal influenza vaccine is becoming increasingly available and patients should be encouraged to receive this vaccine now. It is anticipated that Novel H1N1 influenza vaccine will be available mid-October. Health care providers are strongly encouraged to pre-register and order Novel H1N1 influenza vaccine and vaccination supplies free of charge at www.CalPanFlu.org. ***This is the only way to receive Novel H1N1 influenza vaccine.***

DIAGNOSIS and TESTING

The diagnosis of H1N1 is no different than diagnosing Seasonal Influenza. A patient presenting during the 2009-2010 flu season with ILI: Fever $\geq 37.8^{\circ}\text{C}$ (100°F) and a cough and/or sore throat may have either seasonal influenza or Novel H1N1 influenza. In general, confirmation with laboratory testing is NOT needed in patients with mild illness.

The following individuals with ILI should be tested with reverse transcriptase-polymerase chain reaction (rRT-PCR) to confirm Novel H1N1 influenza infection.

- Hospitalized patients
- Fatal cases

Patients in high risk categories seen in the out-patient setting with suspected influenza do NOT need to be tested; early empiric treatment is recommended for these individuals.

Testing is not useful in deciding whether or not to treat since the turn-around time for real-time reverse transcriptase-polymerase chain reaction [rRT-PCR] testing is more than 48 hours and a negative rapid test for influenza does not rule out influenza since the sensitivity of rapid tests can range from 10%-70%.

The Napa-Solano Public Health Laboratory will not run specimens from outpatients unless directed by the Health Officer as part of an outbreak investigation. Some commercial

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laboratories are now testing for Novel H1N1 and use of these services is at the discretion of individual health care providers, although testing should not delay treatment.

Testing for clearance to return to work is not indicated. Please see EXCLUSION CRITERIA in this document.

TREATMENT

The Centers for Disease Control and Prevention (CDC) has recently released updated recommendations for the use of antiviral medications. This new guidance stresses the importance of early treatment. The full CDC guidance document is available at:

<http://www.cdc.gov/h1n1flu/recommendations.htm>

Some important highlights from this document include:

- Treatment with Oseltamivir or Zanamivir is recommended for all hospitalized patients with suspected or confirmed influenza.
- Treatment with Oseltamivir or Zanamivir is recommended for persons with suspected or confirmed influenza who are at higher risk for complications.
- Persons who are not at higher risk for complications or do not have severe influenza requiring hospitalization generally do not require antiviral medications for treatment or prophylaxis.
- Any patient with warning symptoms (e.g., dyspnea) or signs (e.g., tachypnea, unexplained oxygen desaturation) for lower respiratory tract illness should promptly receive empiric antiviral therapy.
- Treatment should be initiated as early as possible because studies show that treatment initiated early (within 48 hours of illness onset) is more likely to provide benefit.
- Treatment should not wait for laboratory confirmation of influenza because this can delay treatment.
- Actions that should be taken to reduce delays in treatment initiation include:
 - Informing persons at higher risk for influenza complications of signs and symptoms of influenza and need for early treatment after onset of symptoms of influenza;
 - Ensuring rapid access to telephone consultation and clinical evaluation of these patients as well as patients who report severe illness;
 - Considering empiric treatment of patients at higher risk for influenza complications based on telephone contact if hospitalization is not indicated and if this will substantially reduce delay before treatment is initiated.
- In selected circumstances, providers might also choose to provide selected patients at higher risk for influenza-related complications (e.g., patients with neuromuscular disease) with prescriptions that can be filled at the onset of symptoms after telephone consultation with the provider.
- Antiviral chemoprophylaxis generally should be reserved for persons at higher risk for influenza-related complications who have had contact with someone likely to have been infected with influenza.
- Information on the dose and dosing schedule for Oseltamivir and Zanamivir is provided in this document. An April 2009 Emergency Use Authorization (EUA)

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authorizes the emergency use of Oseltamivir in children younger than 1 year old, subject to the terms and conditions of the EUA.

EXCLUSION CRITERIA

In accordance with the most recent CDC guidance, people with influenza-like illness should remain at home until at least 24 hours after they are free of fever (100° F [37.8°C]), or signs of a fever without the use of fever-reducing medications.

This recommendation applies to schools, businesses, mass gatherings, and other community settings where the majority of people are not at increased risk for influenza complications. This guidance does not apply to health care settings where the exclusion period should be continued for 7 days from symptom onset or until the resolution of symptoms, whichever is longer. The full CDC guidance document is available at: <http://www.cdc.gov/h1n1flu/guidance/exclusion.htm>

Additional CDC Guidance documents can be located at: <http://www.cdc.gov/swineflu/guidance/>

Additional information is available at the following websites:

Solano County Public Health: <http://www.solanocounty.com/depts/ph/default.asp>

CDPH: <http://www.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenza.aspx>

CDC: <http://www.cdc.gov/flu/swine/>

Please do not hesitate to contact Solano County Public Health (707) 784-8600 if you have questions or concerns.