



UPDATED H1N1 (SWINE ORIGIN) INFLUENZA SCREENING RECOMMENDATIONS FOR PROVIDERS AND LABORATORIES

TO: West Virginia Healthcare Providers, Healthcare Facilities, Laboratories and Local Health Departments

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

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

BACKGROUND

As of May 18, 2009, CDC is reporting 5123 cases and 5 deaths in 47 US states and the District of Columbia. To date, West Virginia has seen no increase in flu-like-illness aggregate reports and no confirmed or probable cases of H1N1 (swine origin) influenza. Given the extensive spread of disease across the US, the West Virginia Department of Health and Human Resources is issuing revised guidelines for H1N1 screening. **Your assistance is requested.** To date, the majority of specimens submitted have not met the case definition for influenza like illness nor for suspect H1N1 infection. **This health alert provides revised criteria and tools for screening individuals to test for H1N1 infection. Current testing is aimed at identifying initial disease occurrences in the state and at supporting treatment decisions. Over time, as H1N1 virus is identified and spreads, surveillance and testing goals will change.**

PROVIDER GUIDELINES

Screen and Test for H1N1 (swine origin) influenza appropriately, using these criteria:

- 1) Screen for Suspect Cases: Persons with influenza-like illness (fever ≥ 100 °F and cough or sore throat without another identified cause); AND who have/are:
 - a) Contact with a person who tested positive for novel H1N1 influenza; OR
 - b) Traveled to a location with evidence of novel H1N1 transmission; OR
 - c) Hospitalized or deceased; OR
 - d) At high risk for complications from influenza.

A Revised Screening tool is attached to this alert and found at www.wvdhhr.org: click on Follow Swine Flu Updates - Investigation and Reporting - under "Required Forms".

- 2) Collect laboratory specimens: Obtain nasopharyngeal swabs from suspect H1N1 cases (defined above) and submit to the WV Office of Laboratory Services. Guidelines for specimen submission are posted at <http://www.wvdhhr.org/labservices/>.
- 3) Report suspect cases of H1N1 (swine origin) influenza to your local health department immediately.
- 4) Manage Suspect Cases in accordance with guidelines: Treatment guidelines are posted at <http://www.cdc.gov/h1n1flu/clinicians/>. Antiviral treatment is not recommended for uncomplicated H1N1 infection. Treatment is recommended for individuals at high risk of complications and hospitalized patients.
- 5) Do not test the worried well or mildly ill persons who are previously healthy. Laboratory resources are best used for tracking disease occurrence and for identifying those at high risk of complications / those with severe disease. Guidance for counseling the worried well can be found at www.wvdhhr.org: click on Swine Flu Updates- Investigation and Reporting-under "General Information". DO NOT prescribe antivirals for the worried well. Overuse of antiviral agents will lead to unnecessary resistance and side effects.
- 6) Previously established WV ILI Sentinel Providers should continue to submit specimens from a broad sample of patients presenting with influenza-like illness for surveillance purposes.

Follow these isolation precautions for suspected H1N1 (swine origin) influenza patients:

- 1) Inform infection control **before** a case is sent to the emergency room or admitted.
- 2) Follow current H1N1 (swine-origin) influenza A infection control guidelines at: http://www.cdc.gov/swineflu/guidelines_infection_control.htm

Collaborate with public health investigators to investigate early cases and clusters of H1N1 (swine origin) influenza cases.

Continue to report aggregate numbers of influenza-like illness seen to the local health department weekly

Influenza-like illness is defined as:

- a. Fever 100°F (36°C) *and*
- b. Cough or sore throat without another identified cause.

Your local health department can advise you how and when to report.

Report suspected H1N1 deaths to the local health department immediately. In addition, immediately fax a preliminary copy of the death certificate to West Virginia Vital Registration at (304)-558-1051.

LABORATORY GUIDELINES

Report probable H1N1 (swine) influenza A to the local health department immediately. Probable H1N1 (swine) influenza is defined as influenza A virus that cannot be subtyped. Forward specimens to the West Virginia Office of Laboratory Services (OLS) immediately for confirmatory testing and subtyping at the address below.

West Virginia Office of Laboratory Services
167 Eleventh Avenue
South Charleston
WV 25303
Ph. 304-558-3530, Fax. 304-558-2006

Laboratories that are unable to subtype influenza A isolates (including 2008-2009 seasonal isolates) should refer influenza A isolates to the Office of Laboratory Services. Contact OLS for shipping containers and other supplies, if needed. Instructions for laboratories are found at: <http://www.wvdhhr.org/labservices/> .

LOCAL HEALTH DEPARTMENTS

The Infectious Disease Epidemiology website has been updated with a new protocol and screening form. Please make certain that your hospitals and sentinel providers have sufficient supplies for testing and shipping specimens if they need them.

FOR ADDITIONAL INFORMATION

CDC: Guidance on specific populations, treatment info, etc.: <http://www.cdc.gov/h1n1flu/>

WVDHHR: WV H1N1 data, WV health alerts, public information, etc.: <http://www.wvdhhr.org> and click on "Follow Swine Flu Updates".

WVDHHR - Infectious Disease Epi Program: Reporting, Investigation protocols, etc.: <http://www.wvidep.org> and click on A-Z index of Infectious Diseases – Influenza (Swine)

West Virginia influenza surveillance data: <http://www.wvidep.org> and click on A-Z index of Infectious Diseases – Influenza – Surveillance Data.

This message was directly distributed by the West Virginia Bureau for Public Health to Local Health Departments, Health Care Providers and 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.

Suspect H1N1 (Swine Origin) Influenza Virus Screening Form

1. Symptoms

Fever Yes No Highest temp: _____
Cough Yes No
Sore throat Yes No
Date of first symptom onset ___/___/_____

2. Does this patient have any of the following indications for testing?

- A traveler, returned within 7 days from an area with active transmission of H1N1 novel influenza?
Where: _____ Date of last exposure: ___/___/___
- At high risk for influenza complications? Specify risk: _____
- Hospitalized? Where: _____
- Close contact to a confirmed or probable case of swine origin influenza virus (H1N1) within 7 days?
Who? _____ Date of last exposure: ___/___/___

IF patient has fever ≥ 100 °F AND cough or sore throat (without other identified cause) AND one or more indications for testing, THEN:

1. Complete the remainder of the form below and fax to your local health department.
2. Isolate according to current recommendations. See:
http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm.
3. Collect a nasopharyngeal specimen and submit to the WV Office of Laboratory Services (OLS) for viral testing
4. Complete an OLS *Influenza Specimen Submission* Form to accompany the specimen. Specimen testing CANNOT be performed without this form. The form is located at:
<http://www.wvdhhr.org/labservices/shared/docs/Micro/Micro%20Request%20Form.pdf>

Patient Demographics

Patient's Last Name: _____ Patient's First Name: _____
Date of Birth: ___/___/___ Age: _____ Sex: ___M ___F
Patient's Street: _____
City: _____ State: _____ Zip: _____
Patient Phone _____ (cell/home/work) _____ (cell/home/work)
If patient is minor, name of parent or guardian: _____

Submitter Information

Name (person completing form): _____ Phone: _____
Provider name (currently responsible for care): _____
Pager/cell: _____
Hospital or Clinic Name: _____ City: _____

FOR SUSPECT H1N1 CASES:

PROVIDERS: Fax or call in above report to your local health department, immediately.
LOCAL HEALTH DEPARTMENTS: Fax completed forms to Infectious Disease Epidemiology, WVBPH