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DHEC Health Advisory

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Revised Interim Guidance for Clinicians on Laboratory Testing, Treatment and Post-Exposure Prophylaxis (PEP) for Novel H1N1 Influenza A Virus

Background

According to respiratory specimen surveillance data published by the CDC, novel H1N1 viruses currently make up 98% of all subtyped influenza A viruses analyzed by the U.S. WHO/NREVSS collaborating laboratories. Given this information, patients with influenza-like illness can reasonably be assumed to have novel H1N1 Influenza A virus unless another cause is identified. Updated epidemiological data on influenza strains circulating in South Carolina are available from the SC DHEC influenza surveillance website (available at: <http://www.dhec.sc.gov/health/disease/acute/flu.htm>).

In general, treatment or post-exposure prophylaxis decisions should be based upon clinical and epidemiological information, rather than on test results, as confirmatory test results will not be available quickly enough for clinical decision-making purposes.

Planning with Persons at High-Risk for Complications from Influenza*

During all clinical encounters with persons with conditions that place them at higher risk for severe complications from influenza, providers are encouraged to discuss plans for possible exposures and/or development of illness. Current epidemiological data demonstrate the need to assure that persons with high-risk conditions practice self-monitoring for symptoms of influenza-like illness (ILI) that require early treatment. They should be instructed to seek medical care at the first signs of a febrile respiratory illness/ILI, or if there is a known exposure to someone with ILI.

Public Health Surveillance and Laboratory Testing

For public health surveillance, not all individuals with suspected novel influenza A (H1N1) infection need to have their diagnosis confirmed. Surveillance is focused upon the monitoring of influenza activity levels, virus characteristics and severity of illness.

As part of this continued surveillance, the SC DHEC Division of Acute Disease Epidemiology (DADE), in collaboration with the SC DHEC Bureau of Laboratories (BOL), will now only offer testing for Novel Influenza A (H1N1) for the following groups:

1. Patients with ILI who are admitted to hospitals,
2. Fatalities associated with ILI, or
3. Patients with ILI seen at facilities participating in the Sentinel Culture Provider Surveillance Network

Testing outside of the above criteria may also be performed at the BOL, if public health staff in DADE or the Regional Public Health Offices (see contact numbers in the table below) determines that such testing is necessary to:

- Determine the cause of a newly identified **outbreak** in a congregate living facility, or
- Determine the cause of an **outbreak** in other selected settings.

If testing is indicated, collect a specimen as soon as possible. A nasopharyngeal swab is the specimen of choice. Nasal swabs, nasopharyngeal aspirates, and throat swabs are also acceptable. Specimens should be placed into viral transport media and transported to the laboratory on cold packs.

Specimens should be submitted with BOTH of the following forms:

- An SC DHEC BOL Laboratory Request Form (D-1335, multi-part form, available from the BOL)
- An ILI Case Report Form (D-09079), available here: <http://www.scdhec.gov/administration/library/D-0979.pdf>.

Be aware that laboratory results from the BOL will not be available for at least 48 hours after specimen submission.

Novel H1N1 Treatment Recommendations

Treatment should not be delayed for persons with ILI, especially those at high risk for complications, while awaiting confirmatory laboratory results.

High-risk patient and/or severe disease: Antiviral treatment is recommended for persons with suspected or confirmed influenza who are at high risk for complications or who have symptoms severe enough to require hospitalization.

Less severe illness: Persons who are not at high risk for severe illness, or whose illness is uncomplicated and not severe enough to require hospitalization, should be counseled regarding symptomatic care, and reporting signs of possibly worsening illness. Persons with less severe disease, without high-risk conditions, typically do not require antiviral therapy for mild illness. Clinicians should use their clinical judgment to treat cases with moderate illness not requiring hospitalization.

Novel H1N1 Post-Exposure Prophylaxis (PEP) Recommendations

High-Risk Contacts: Providers treating or consulting with confirmed or suspected novel/pandemic H1N1 influenza cases should inquire about high-risk contacts in the home, school or work setting. Post-exposure prophylaxis can be considered for persons at high risk for complications from influenza who have been in recent close contact with a confirmed or suspected H1N1 case, if fewer than 7 days have passed since contact in the case's infectious period.

Healthcare Workers: PEP can be considered for healthcare workers (including first responders) who have had recognized, unprotected, close exposures to respiratory secretions of confirmed or suspected patients.

Preferred Antivirals for Treatment or Post-Exposure Prophylaxis of Novel H1N1 Influenza

Oseltamivir (e.g., Tamiflu[®]) or zanamivir (e.g., Relenza[®]) have been shown to have efficacy against the novel/pandemic strain of H1N1 influenza. Oseltamivir is preferred for treatment or PEP during pregnancy due to higher systemic absorption. Tamiflu[®] oral suspension (12 mg/mL) has been approved for treatment or prophylaxis of children under one year of age under an emergency use authorization (EUA) from the US Food and Drug Administration (FDA). Guidelines, dosages and cautions for administration of Tamiflu[®] in this population under the EUA are found on the FDA website:

<http://www.fda.gov/downloads/Drugs/DrugSafety/InformationbyDrugClass/UCM153546.pdf>

Antiviral therapy is most effective when started within 48 hours of symptom onset or exposure and continued for 5 days (treatment) or 10 days (PEP). Hospitalized patients may be treated with antiviral medications even if they first seek/receive treatment more than 48 hours after onset of symptoms.

Recommendations may change if Oseltamivir-resistant seasonal H1N1 viruses emerge. Additional information and CDC guidance on antiviral treatment and PEP for novel H1N1 cases/contacts is available from <http://www.cdc.gov/h1n1flu/recommendations.htm>.

Education

Persons with ILI: All persons with influenza-like illness should be counseled regarding

- o avoidance of aspirin products for children 18 years of age and younger;
- o respiratory/cough/hand hygiene; and
- o social distancing, including exclusion from school, childcare or work settings, until fever free (temperature under 100°F / under 37.8°C) for 24 hours without the use of fever-reducing medications.

Children under 4 years of age should not be given over-the-counter cold or flu medications without consultation from a healthcare provider.

High-Risk Close Contacts of Confirmed or Suspected Cases of Novel H1N1 Influenza: Household or other close contacts of confirmed or suspected novel strain H1N1 patients should monitor themselves for symptoms and stay home at the first sign of illness, following guidance provided by their healthcare provider on respiratory isolation and social distancing.

Sources for Additional Information

- SC DHEC Novel H1N1 Flu (Swine Flu) page: <http://www.scdhec.gov/flu/swine-flu.htm>. (Includes guidance for health professionals, infection control for healthcare settings, novel Influenza A case report form, etc.)
- CDC 2009 H1N1 Flu (Swine Flu) page: <http://cdc.gov/h1n1flu/>
- US Department of Health and Human Services Flu.gov page: <http://flu.gov/>

Footnote:

***Persons at High-Risk for Complications from Influenza include:**

- Children under 5 years of age, especially children under age 2;
- Children under age 19 on long-term aspirin therapy;
- Adults 65 years of age and older;
- Pregnant women;
- Persons of any age who:
 - o Have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), or metabolic disorders (including diabetes mellitus);
 - o Have any condition that can compromise respiratory function or the handling or respiratory secretions or that can increase the risk of aspiration (e.g., muscular dystrophy, multiple sclerosis);
 - o Have immunosuppression, including immunosuppression caused by medications or HIV; or
 - o Are residents of nursing homes or other chronic/long-term care facilities.

DHEC Contact Information for Reportable Diseases and Reporting Requirements

Reporting of outbreaks/clusters of cases of influenza (both seasonal and novel H1N1), aggregate positive influenza rapid tests, positive virus cultures for influenza and influenza deaths are consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2009 List of Reportable Conditions available at:

<http://www.scdhec.gov/administration/library/CR-009025.pdf>

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

Regional Public Health Offices – 2009

Reports should be directed to the Epidemiology Office in each Public Health Region.

Region 1

Anderson, Oconee

220 McGee Road
Anderson, SC 29625
Phone: (864) 260-4358
Fax: (864) 260-5623
Nights / Weekends: 1-866-298-4442

Abbeville, Edgefield, Greenwood, Laurens, McCormick, Saluda

1736 S. Main Street
Greenwood, SC 29646
Phone: 1-888-218-5475
Fax: (864) 942-3690
Nights / Weekends: 1-800-420-1915

Region 2

Greenville, Pickens

PO Box 2507
200 University Ridge
Greenville, SC 29602-2507
Phone: (864) 282-4139
Fax: (864) 282-4373
Nights / Weekends: 1-800-993-1186

Cherokee, Spartanburg, Union

PO Box 4217
151 E. Wood Street
Spartanburg, SC 29305-4217
Phone: (864) 596-2227, x- 210
Fax: (864) 596-3443
Nights / Weekends: 1-800-993-1186

Region 3

Chester, Lancaster, York

PO Box 817
1833 Pageland Highway
Lancaster, SC 29720
Phone: (803) 286-9948
Fax: (803) 286-5418
Nights / Weekends: 1-866-867-3886

Region 3 (continued)

Fairfield, Lexington, Newberry, Richland

2000 Hampton Street
Columbia, SC 29204
Phone: (803) 576-2749
Fax: (803) 576-2993
Nights / Weekends: 1-888-554-9915

Region 4

Clarendon, Kershaw, Lee, Sumter

PO Box 1628
105 North Magnolia Street
Sumter, SC 29150
Phone: (803) 773-5511
Fax: (803) 775-9941
Nights/Weekends: 1-877-831-4647

Chesterfield, Darlington, Dillon, Florence, Marlboro, Marion

145 E. Cheves Street
Florence, SC 29506
Phone: (843) 661-4830
Fax: (843) 661-4859
Nights / Weekends: (843) 660-8145

Region 5

Bamberg, Calhoun, Orangeburg

PO Box 1126
1550 Carolina Avenue
Orangeburg, SC 29116
Phone: (803) 533-7199
Fax: (803) 533-7134
Nights / Weekends: (803) 954-8513

Aiken, Allendale, Barnwell

1680 Richland Avenue, W. Suite 40
Aiken, SC 29801
Phone: (803) 642-1618
Fax: (803) 643-8386
Nights / Weekends: (803) 827-8668 or
1-800-614-1519

Region 6

Georgetown, Horry, Williamsburg

1931 Industrial Park Road
Conway, SC 29526-5482
Phone: (843) 915-8804
Fax: (843) 365-0085
Nights / Weekends: (843) 381-6710

Region 7

Berkeley, Charleston, Dorchester

4050 Bridge View Drive, Suite 600
N. Charleston, SC 29405
Phone: (843) 953-0060
Fax: (843) 953-0051
Nights / Weekends: (843) 219-8470

Region 8

Beaufort, Colleton, Hampton, Jasper

219 S. Lemacks Street
Walterboro, SC 29488
Phone: (843) 525-7603, x-108
Fax: (843) 549-6845
Nights / Weekends: 1-800-614-4698

DHEC Bureau of Disease Control

Division of Acute Disease

Epidemiology

1751 Calhoun Street
Box 101106
Columbia, SC 29211
Phone: (803) 898-0861
Fax: (803) 898-0897
Nights / Weekends: 1-888-847-0902



www.scdhec.gov

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.