

MONTEREY COUNTY



DEPARTMENT OF HEALTH LEN FOSTER, Director

ADMINISTRATION
ANIMAL SERVICES
BEHAVIORAL HEALTH

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ENVIRONMENTAL HEALTH
OFFICE OF THE HEALTH OFFICER
PUBLIC ADMINISTRATOR/PUBLIC GUARDIAN

April 27th, 2009

HEALTH ALERT

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This alert has answers to the questions we have been receiving from providers about swine flu. Please use this to inform your daily practice. Due to the fluidity of the current state, national, and international swine flu situation, the information in this alert may be updated as new news and recommendations become available. Please check the listed websites for updates and watch for updated Faxes from the Health Department.

WHAT IS SWINE FLU?

Swine Flu or influenza (H1N1) is a novel strain of influenza virus that was first detected this month in the United States and Mexico. Swine flu viruses do not normally infect humans. However, sporadic human infections with swine flu do occur. Swine influenza is not transmitted by consuming pork products.

Monday, April 27th, 2009: 44 cases in U.S. in California, Kansas, New York, Ohio and Texas in the United States. Cases have been detected in several other countries. The epicenter appears to be Mexico based on the number of cases in that country. Based on the rapid spread of the virus thus far, public health officials believe that more cases will be identified over the next several weeks. Case counts are updated daily and available at <http://www.cdc.gov/swineflu/investigation.htm>.

Epidemiological investigations are underway to understand how this strain is different from typical seasonal influenza. So far, an analysis of United States cases and their contacts are showing attack rates and clinical presentations that are similar to seasonal influenza. However, it is early in the spread of this new influenza strain and this picture may change as more data are collected.

Health Alert: Warrants immediate action or attention. **Health Advisory:** Provides 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

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WHICH PATIENTS SHOULD BE TESTED FOR SWINE FLU?

Enhanced surveillance is necessary to identify additional cases that may otherwise remain undetected.

HOSPITALIZED PATIENTS

- We ask that specimens be collected from patients who meet the case definition for influenza-like illness (ILI):
 - fever $>37.8^{\circ}\text{C}$ (100°F) plus cough or sore throat
- Specimens should be obtained from patients with ILI who are hospitalized for undiagnosed acute respiratory illness or suspect or confirmed influenza.
- Suspicion should be heightened if the patient recently traveled to San Diego or Imperial counties or to Mexico or was in contact with ill persons from these areas in the 7 days prior to their illness onset.

Specimen collection instructions for hospitalized patients:

- If swine flu is suspected, clinicians should obtain respiratory specimens.
- Please contact the Monterey County Public Health Laboratory to facilitate transfer and testing of the sample.
- Please collect up to 2 nasopharyngeal Dacron swabs from each patient that meets the case definition for enhanced surveillance (above).
- Specimens should be collected within the first 24-72 hours of onset of symptoms and no later than 5 days after onset of symptoms. Personnel collecting clinical specimens should wear an N95 respirator, goggles, disposable gown, and disposable gloves.
- Further instructions for specimen collection, storage, and a form for submission can be found at: <http://www.cdph.ca.gov/programs/vrdl/Pages/WhatsNew.aspx>
- The Monterey County Health Department Laboratory can be reached at (831) 755-4516 during business hours, and via the 911 Communication Center at (831) 755-5100 after hours (ask for the lab director or health officer on call).

AMBULATORY PATIENTS

Currently we do not have the capacity to test all patients that meet the above criteria in the ambulatory setting (including urgent care and emergency departments). National surveillance has indicated that swine flu presents similarly to seasonal influenza; therefore, we do not recommend routine screening of ambulatory patients with ILI symptoms. We are working with local hospitals and our sentinel providers to screen a subset of ambulatory symptomatic patients with travel history.

Persons who develop influenza-like-illness (ILI, fever with either cough or sore throat) should be strongly encouraged to self-isolate in their home for 7 days after the onset of illness.

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WHAT SHOULD I TELL STAFF AND PATIENTS ABOUT INFECTION CONTROL?

Healthcare workers providing care for patients with ILI who are not known contacts of a laboratory-confirmed swine flu case should

- Use droplet precautions (i.e., wear a surgical or procedure mask for close contact).
- Use standard precautions including hand hygiene with soap or an alcohol-based rub.

Healthcare workers providing care for an ill contact of a laboratory-confirmed swine flu case should:

- Wear a fit-tested N95 respirator OR (if not available in your setting) a surgical mask, disposable gloves, gown, and eye protection (face shield or goggles).
- When care is completed, place all PPE in a biohazard bag for appropriate disinfection and disposal.
- Clean hands thoroughly with soap and water or an alcohol-based hand gel.

Suspect swine flu patients (ill close contact of a laboratory-confirmed swine flu case) should be asked to don a surgical mask and should be roomed promptly in an airborne infection isolation room, if available, or in a single room with a door that closes.

Persons who develop influenza-like-illness (ILI, fever with either cough or sore throat) should be strongly encouraged to self-isolate in their home for 7 days after the onset of illness

Persons in home isolation and their household members should be given infection control instructions: including frequent hand washing with soap and water. Use alcohol-based hand gels (containing at least 60% alcohol) when soap and water are not available and hands are not visibly dirty. When the ill person is within 6 feet of others at home, the ill person should wear a face mask if one is available and the ill person is able to tolerate wearing it.

Regarding Household Contacts:

Household contacts who are well should:

- Remain home at the earliest sign of illness;
- Minimize contact in the community to the extent possible;
- Designate a single household family member as the ill person's caregiver to minimize interactions with asymptomatic persons.

TREATMENT

Physicians should generally first consider following guidelines for patients with seasonal influenza. Seasonal flu may still be present in our population and treatment recommendations differ for seasonal versus swine flu. This new strain of influenza is resistant to amantadine and rimantadine, while seasonal flu may likely be resistant to oseltamivir or zanamivir. When antiviral treatment for swine flu is warranted, the CDC recommends treatment regimes with either zanamivir alone or with the combination of oseltamivir and either ramantadine or rimantadine for suspect cases. For confirmed cases antiviral treatment consists of either oseltamivir or zanamivir. Duration of treatment in either case is five days. For the most current treatment recommendations and recommendations for special populations please refer to:

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

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Antiviral Chemoprophylaxis

For antiviral chemoprophylaxis of swine influenza A (H1N1) virus infection, either oseltamivir or zanamivir are recommended. Duration of antiviral chemoprophylaxis is 7 days after the last known exposure to an ill confirmed case of swine influenza A (H1N1) virus infection. ***Antiviral dosing and schedules recommended for chemoprophylaxis of swine influenza A (H1N1) virus infection are the same as those recommended for seasonal influenza:***

<http://www.cdc.gov/flu/professionals/antivirals/dosagetable.htm#table>

Antiviral chemoprophylaxis (pre-exposure or post-exposure) with either oseltamivir or zanamivir is ***recommended*** for the following individuals:

- Household close contacts who are at high-risk for complications of influenza (persons with certain chronic medical conditions, elderly) of a confirmed or suspected case.
- School children who are at high-risk for complications of influenza (persons with certain chronic medical conditions) who had close contact (face-to-face) with a confirmed or suspected case.
- Travelers to Mexico who are at high-risk for complications of influenza (persons with certain chronic medical conditions, elderly).
- Border workers (Mexico) who are at high-risk for complications of influenza (persons with certain chronic medical conditions, elderly).
- Health care workers or public health workers who had unprotected close contact with an ill confirmed case of swine influenza A (H1N1) virus infection during the case's infectious period.

Antiviral chemoprophylaxis (pre-exposure or post-exposure) with either oseltamivir or zanamivir can be ***considered*** for the following:

- Any health care worker who is at high-risk for complications of influenza (persons with certain chronic medical conditions, elderly) who is working in an area with confirmed swine influenza A (H1N1) cases, and who is caring for patients with any acute febrile respiratory illness.
- Non-high risk persons who are travelers to Mexico, first responders, or border workers who are working in areas with confirmed cases of swine influenza A (H1N1) virus infection.

HOW DO I GET MORE INFORMATION?

We will continue to update you as we receive further information on this situation. You may also visit the following websites for additional information regarding situational updates, infection control, and treatment recommendations.

California Department of Public Health:

<http://www.cdph.ca.gov/HealthInfo/news/Pages/SwineFluLndingPg042409.aspx>

CDC

<http://www.cdc.gov/flu/swine/investigation.htm>

World Health Organization:

http://www.who.int/csr/don/2009_04_24/en/index.html