

Swine Flu Update #4

Current Situation

The Southern Nevada Health District (SNHD) has identified two cases of swine influenza in Clark County, laboratory confirmed by the Centers for Disease Control and Prevention (CDC). The first case was identified in an eleven-year old male with mild illness. The second case was identified in a thirty-nine-year-old hospitalized female. In addition, specimens from five probable cases have been submitted to the Centers for Disease Control and Prevention for laboratory confirmation.

These cases were identified through the enhanced surveillance established in Southern Nevada for this purpose and are not unexpected. Our community should continue to expect additional cases with some patients requiring hospitalization, and even some fatalities.

The laboratory confirmation of these cases confirms that the swine flu virus is circulating in Southern Nevada. As a result, SNHD is now giving priority to viral surveillance among persons with severe respiratory disease and those who are hospitalized in order to detect any change in virulence or epidemiology of the virus. Physicians do not need to routinely test for influenza virus by rapid or molecular methods among persons who present with symptoms of influenza.

Testing

The purpose of testing is two-fold. First, laboratory testing is a useful public health surveillance tool, and SNHD will be using it to better understand the epidemiology of H1N1 swine influenza and to detect any change in the virulence of the virus. Second, from a clinical perspective, laboratory testing may be useful in the management of ill patients.

For the purposes of public health surveillance, the Southern Nevada Public Health Laboratory (SNPHL) will prioritize testing for hospitalized patients. Nationally, the CDC has recently refocused its goals on monitoring the severity of illness among those who acquire infection with the new virus. They have asked that states submit no more than 10 isolates

per week, preferably from patients with severe disease or those hospitalized with an influenza-like illness, so they can monitor the virus for any mutations. **Effective May 5, 2009, viral typing and confirmation will only be performed for hospitalized patients, and SNPHL requests that physicians no longer submit specimens from non-hospitalized patients who test positive by rapid influenza A.**

Testing in non-hospital settings should focus on those patients where laboratory findings will guide treatment and management, and provide for better informed clinical decisions. Not all people with suspected novel H1N1 swine influenza infection need to have the diagnosis confirmed, and cases should be tested as for seasonal influenza. Testing should be considered for patients ill with serious acute febrile respiratory illness or patients with mild or typical influenza-like illness but who are at high risk for complications. Testing is also not necessary for the readmission of children to school or daycares, as ill children should be excluded from school based on symptoms, not laboratory findings.

Reporting

Hospitalized patients who test positive by rapid test for influenza A should be reported to SNHD by telephone at 759-1300, option 2 (24 hours a day, 7 days a week).

Patients who test positive in the community setting should be reported by fax to the Office of Epidemiology at 759-1414 using standard communicable disease reporting forms (available on the physician information section of the SNHD website at http://www.southernnevadahealthdistrict.org/physician/physician_only.htm). It is unnecessary to report these cases immediately by telephone.

(more...)

Treatment

CDC now recommends that antiviral treatment be focused on those with severe respiratory illness and those at highest risk of complications from influenza.

Antivirals **should** be prescribed to:

- Hospitalized patients with probable, or confirmed H1N1 swine influenza infection, or positive influenza A rapid testing
- Patients with mild or uncomplicated febrile respiratory illness who are at higher risk for severe illness or complications of influenza because of underlying health conditions
- Health-care workers involved in direct patient care of suspected, probable, or confirmed cases of H1N1 swine influenza and who have not used appropriate personal protective equipment

Antivirals **should not** be prescribed to:

- Patients with mild or uncomplicated febrile respiratory illness with no underlying conditions that place them at risk for more severe illness or complications of influenza
- Asymptomatic close contacts of suspected, probable, or confirmed cases with no underlying conditions that place them at risk for more severe illness or complications of influenza
- Health-care workers involved in direct patient care who used appropriate personal protective equipment
- Patients or health-care workers who wish to take the antiviral medications prophylactically in the absence of exposure to disease
- Patients who wish to stockpile the antivirals for future use

Advice for Patients

Patients should be instructed to handle their illness as they would seasonal influenza. Non-hospitalized patients with febrile respiratory illness are being advised to stay home for seven days after symptom onset or 24-48 hours after symptom resolution, whichever is longer. All patients are encouraged to cover their coughs or sneezes and to frequently wash their hands.

For More Information

Updates on the progress in the investigation and any additional recommendations will be posted on the SNHD website <http://www.southernnevadahealthdistrict.org/outbreaks/swine-flu-index.htm> and the CDC website at <http://www.cdc.gov/flu/swine/investigation.htm>.