



April 28, 2009

SANTA CRUZ COUNTY SWINE INFLUENZA PROVIDER ALERT **For Questions, contact Communicable Disease Unit @ 454-4114**

This situation continues to evolve. We will be sending out regular updates. Guidance for testing and treatment were revised by the CDC as of 0500 today. Please scan the following websites for updates:

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

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

<http://www.santacruzhealth.org/swineflu>

The CDC website has useful guidance on discharge of patients, and care of an ill person at home.

Please continue to collect specimens from persons who meet the criteria stated below. We have attached a screening algorithm to assist you in selecting patients to test. Once we have established the presence of swine influenza A H1N1 in Santa Cruz County we will recommend that enhanced surveillance/testing cease.

Santa Cruz County Health Services Agency Clinics will test suspect cases that do not have a medical home. The clinics are at 1080 Emeline Ave, Santa Cruz and 9 Crestview Drive, Watsonville.

Recommendations for Specimen Collection

Collect a rapid influenza test and 2 nasopharyngeal swabs on persons presenting with:

1. Acute febrile respiratory illness defined as recent onset of a febrile illness (100°F/37.8°C) and at least 2 of the following: rhinorrhea or nasal congestion, sore throat, and/ or cough with onset:
 - within 7 days of close contact with a person who is a confirmed case of swine influenza A (H1N1) virus infection, **OR**
 - within 7 days of travel to community either within the United States or internationally where there are one or more confirmed swine influenza A(H1N1) cases, **OR**
 - resides in a community where there are one or more confirmed swine influenza cases.

Specimen collection

Collect 2 nasopharyngeal (NP) (preferred) or throat, Dacron swabs from each ILI patient and immediately place the swabs in a standard container with 2-3ml of viral transport media (VTM). Screw the cap on tightly. Specimens should be collected within 24-72 hours of symptom onset and no later than 5 days after onset of symptoms.

The rapid flu specimen is separate and optional. It is collected with a foam swab and will be placed in a different container.

If the patient is hospitalized with pneumonia, specimens from the lower respiratory tract (e.g. tracheal aspirate, bronchoalveolar lavage) should be obtained, if possible.

- **Specimen storage:** specimens should be kept refrigerated at 4° C and sent on cold packs within 5 days of the collection date. If samples will be received in the PH Lab 5 or more days from collection, freeze at 70°C or below and ship on dry ice.
- **Specimen Processing:** all RTPCR specimens should be sent to the Santa Cruz County Public Health Lab at 1080 Emeline Ave. From there they will be sent on to the Santa Clara county Public Health Lab in Richmond for testing. Contact the SC PH Lab at 454-5447 OR 454-5445 regarding specimen transport.

Antiviral Treatment

Antiviral treatment should be considered for hospitalized patients and patients at higher risk for influenza complications. Limited courses of the antiviral oseltamivir and zanamivir will become available in the immediate future and will be distributed to patients according need. We will send out further guidelines on use of the antivirals that Public Health will receive from the California Department of Public Health (CDPH). Recommendations for use of antivirals may change as data on susceptibilities and effectiveness become available.

Antiviral Prophylaxis

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

1. Household close contacts who are at high-risk for complications of influenza (e.g., persons with certain chronic medical conditions, persons 65 or older, children younger than 5 years old, and pregnant women) of a confirmed, probable or suspected case.
2. School children who are at high-risk for complications of influenza (children with certain chronic medical conditions) who had close contact (face-to-face) with a confirmed, probable, or suspected case.
3. Travelers to Mexico who are at high-risk for complications of influenza (e.g., persons with certain chronic medical conditions, persons 65 or older, children younger than 5 years old, and pregnant women).
4. Health care workers or public health workers who were not using appropriate personal protective equipment during close contact with an ill confirmed, probable, or suspect case of swine influenza A (H1N1) virus infection during the case's infectious period.

Infection Control of Ill Persons in a Healthcare Setting

Patients with suspected or confirmed case-status should be placed in a *single-patient room* with the door kept closed. If available, an airborne infection isolation room (AIIR) with negative pressure air handling with 6 to 12 air changes per hour can be used. Air can be exhausted directly outside or be recirculated after filtration by a high efficiency particulate air (HEPA) filter. For suctioning, bronchoscopy, or intubation, use a procedure room with negative pressure air handling.

The *ill person should wear a surgical mask when outside of the patient room*, and should be encouraged to wash hands frequently and follow [respiratory hygiene practices](#). Cups and other utensils used by the ill person should be washed with soap and water before use by other persons. Routine cleaning and disinfection strategies used during influenza seasons can be applied to the environmental management of swine influenza. More information can be found at http://www.cdc.gov/ncidod/dhqp/gl_enviroinfection.html.

Standard, Droplet and Contact precautions should be used for all patient care activities, and maintained for 7 days after illness onset or until symptoms have resolved. Maintain adherence to *hand hygiene by washing with soap and water or using hand sanitizer* immediately after removing gloves and other equipment and after any contact with respiratory secretions.

Personnel providing care to or collecting clinical specimens from suspected or confirmed cases should *wear disposable non-sterile gloves, gowns, and eye protection* (e.g., goggles) to prevent conjunctival exposure.

Masks and respirators: Until additional, specific information is available regarding the behavior of this swine influenza A (H1N1), the guidance in the October 2006 "Interim Guidance on Planning for the Use of Surgical Masks and Respirators in Healthcare Settings during an Influenza Pandemic"

<http://www.pandemicflu.gov/plan/healthcare/maskguidancehc.html> should be used. These interim recommendations will be updated as additional information becomes available.

Interim recommendations:

- Personnel engaged in aerosol generating activities (e.g., collection of clinical specimens, endotracheal intubation, nebulizer treatment, bronchoscopy, and resuscitation involving emergency intubation or cardiac pulmonary resuscitation) for suspected or confirmed swine influenza A (H1N1) cases should wear a fit-tested disposable N95 respirator.*
- Pending clarification of transmission patterns for this virus, personnel providing direct patient care for suspected or confirmed swine influenza A (H1N1) cases should wear a fit-tested disposable N95 respirator when entering the patient room.

*Respirator use should be in the context of a complete respiratory protection program in accordance with Occupational Safety and Health Administration (OSHA) regulations. Information on respiratory protection programs and fit test procedures can be accessed at www.osha.gov/SLTC/etools/respiratory. Staff should be medically cleared, fit-tested, and trained for respirator use, including: proper fit-testing and use of respirators, safe removal and disposal, and medical contraindications to respirator use.

Additional information on N95 respirators and other types of respirators may be found at:

<http://www.cdc.gov/niosh/nppt/topics/respirators/factsheets/respfact.html>, and at

www.fda.gov/cdrh/ppe/masksrespirators.html

Case Definitions for Infection with Swine Influenza A (H1N1) Virus

A **confirmed case** of swine influenza A (H1N1) virus infection is defined as a person with an acute febrile respiratory illness with laboratory confirmed swine influenza A (H1N1) virus infection at CDC by one or more of the following tests:

1. real-time RT-PCR
2. viral culture

A **probable case** of swine influenza A (H1N1) virus infection is defined as a person with an acute febrile respiratory illness who is:

- positive for influenza A, but negative for H1 and H3 by influenza RT-PCR, or
- positive for influenza A by an influenza rapid test or an influenza immunofluorescence assay (IFA) plus meets criteria for a suspected case

A **suspected case** of swine influenza A (H1N1) virus infection is defined as a person with acute febrile respiratory illness with onset:

- within 7 days of close contact with a person who is a confirmed case of swine influenza A (H1N1) virus infection, or
- within 7 days of travel to community either within the United States or internationally where there are one or more confirmed swine influenza A(H1N1) cases, or resides in a community where there are one or more confirmed swine influenza cases.

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.