



## **HEALTH ADVISORY (#25)**

### **INFLUENZA GUIDANCE FOR THE 2009-2010 SEASON**

**TO: West Virginia Hospitals and Other Health Facilities, Health Care Providers, Laboratories, and Local Health Departments**

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**LOCAL HEALTH DEPARTMENTS:** DISTRIBUTE TO COMMUNITY HEALTH PROVIDERS, HEALTH FACILITIES, LABORATORIES AND OTHER APPLICABLE PARTNERS

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

#### **Situation Update**

After a period of relatively low influenza activity, West Virginia has, in the last week, experienced its first 2009-10 influenza outbreak in a school setting. This mirrors influenza activity in some other states, where a significant number of school-related influenza outbreaks have also been reported.

#### **Updated Antiviral Treatment Guidelines**

Providers should familiarize themselves with excellent new antiviral treatment guidelines released from the Centers for Disease Control and Prevention (CDC). Treatment with oseltamivir or zanamivir is recommended for all hospitalized persons. Treatment is generally recommended for persons at risk of complications (children younger than 5 years old, adults 65 years and older, pregnant women, persons with certain chronic medical or immunosuppressive conditions, and persons younger than 19 years of age who are receiving long-term aspirin therapy). Changes from previous guidelines include:

1. Increased emphasis on prompt and empiric treatment. The best outcomes are associated with treatment that begins within 48 hours of onset. Treatment of severely ill patients should not be withheld pending lab confirmation. A negative rapid test for influenza does not rule out influenza because sensitivity of such tests is generally low.
2. Treatment is not recommended for uncomplicated febrile illness in healthy persons.

3. Prophylaxis should be reserved for persons at high risk for influenza complications who have been exposed to influenza. An alternative option, in many cases, is to educate about signs and symptoms and institute early treatment if symptoms develop.
4. Prophylaxis is not recommended for healthy populations exposed to influenza.

The complete guideline is available at: <http://www.cdc.gov/h1n1flu/recommendations.htm>

Several local health departments, working in partnership with a limited number of dispensing partners, are now implementing a WVBPH supported program to provide access to appropriately prescribed antivirals (per guidance above) for the uninsured. This is being implemented based on local need. The program is not meant to replace use of commercial supply, prescriptions covered by insurance, pre-authorizations, or co-pays. It is aimed solely at assuring appropriately prescribed antivirals are available to those who would otherwise be unable to access them due to financial hardship. If you are seeing a need for this in your community or want to learn more, please inquire with your Local Health Department.

### **New Hospital Reporting of Influenza Hospitalizations and Deaths**

The Centers for Disease Control and Prevention has requested reporting of influenza-related hospitalizations and deaths during the 2009-2010 influenza season; therefore, effective immediately, hospitals must report aggregate influenza-related hospitalizations and deaths by age to Infectious Disease Epidemiology (Fax: 304-558-8736) for the week ending on Saturday by close of business on Monday of each week, using the [Hospital Influenza Hospitalization and Death Reporting Form](#) [located at: <http://www.wvidep.org>, click on "A to Z Index of Infectious Diseases", "H1N1 (Swine) Flu", see Reporting Forms]

Laboratory confirmation includes rapid influenza tests, RT-PCR, DFA, IFA, or culture. Include all cases with a positive influenza test, whether or not typing was done. CDC does not expect reporting by specific influenza type or subtype.

Monitoring hospitalization and death data in real time is critical to formulation of national public health recommendations. The importance of this data should not be underestimated. West Virginia is required to report these data to CDC by midnight on Tuesdays.

Hospitals should continue to report Influenza-Like-Illness (ILI) from Emergency Department visits in accordance with guidance from their local health department.

### **Flu Vaccine Update (Seasonal and H1N1)**

Seasonal flu vaccine is now starting to arrive in communities and normal supplies are expected. Individuals of any age interested in reducing their risk of seasonal flu should be vaccinated as soon as vaccine is available, with emphasis on those at risk of flu complications and those who care for them. Healthcare facilities should work to maximize vaccination of their healthcare workforce for both worker and patient safety purposes.

The H1N1 vaccine campaign is expected to begin in October. Vaccine supply will come as a flow, not all at once, and vaccination venues will expand over time. For more information on H1N1 vaccine, see [Health Alert #24](#), September 3, 2009. Providers who routinely receive, store, and administer vaccines and who see high numbers of target populations are encouraged to share their interest in being an H1N1 Vaccine Provider if they haven't already done so. Thank you to the many who already have pre-registered. [Health Alert #24](#) and the

“[H1N1 Vaccine Provider Pre-Registration](http://www.wvdhhr.org)” can be found at <http://www.wvdhhr.org> , [click on “Follow Swine Flu Updates” and look under “Provider Information”].

All hospitals should Pre-Register as above so that vaccine for facility associated healthcare workers (and inpatients that fall into target groups) can be provided. For offices and facilities who do not anticipate participating as an H1N1 vaccine provider (or who may be enrolled later in the campaign as supplies increase), please work with your Local Health Department, affiliated hospital, or other healthcare provider participating in this vaccination effort to access vaccination for your healthcare workforce when supply becomes available.

### **Laboratory Reporting**

All laboratory results positive for influenza by RT-PCR, immunofluorescence (IFA or DFA) or culture must be reported weekly in aggregate for the week ending on Saturday (MMWR week) by close of business on Monday of each week. Results to report include the following:

- a) Total tests performed
- b) Total positive for influenza A (by subtype, if available)
- c) Total positive for influenza B

Laboratory results impact the level of influenza activity that is reported to CDC by noon on Tuesdays and shape public health guidance on treatment recommendations in state.

### **Influenza Testing Guidelines**

Physicians and laboratories should evaluate the influenza testing methods they are using to diagnose influenza in light of recently published Infectious Disease Society of America (IDSA) guidelines. [IDSA guidelines](http://www.wvdeh.org) are available at: <http://www.wvdeh.org>, [click on “A to Z Index of Infectious Diseases”, “H1N1 (Swine Flu)” and look under “Information for Providers”].

In general, influenza testing is recommended only if the results will impact treatment or management decisions. Routine influenza tests methods available near the point of care should be used. Public health lab testing is currently focused towards characterizing outbreaks and towards flu virus surveillance (identification of circulating strains, antiviral resistance patterns, identification of virus changes, etc.).

See also:

[CDC guidelines for seasonal flu testing](http://www.cdc.gov/flu/professionals/diagnosis/): [ at <http://www.cdc.gov/flu/professionals/diagnosis/>]

[CDC guidelines for identifying and caring for patients with H1N1 \(“Swine”\) influenza](http://www.cdc.gov/h1n1flu/identifyingpatients.htm): [found at <http://www.cdc.gov/h1n1flu/identifyingpatients.htm>]

### **Use of Rapid Tests for Influenza**

Many laboratories and physicians in West Virginia rely heavily on rapid tests. Rapid tests must be interpreted with caution in the context of current influenza activity. For information on [current influenza activity in West Virginia](http://www.wvdeh.org), see: <http://www.wvdeh.org>, [click on “A to Z index of Infectious Diseases”, “Influenza” and look under “Surveillance Data”.] During times of low influenza activity, false positive rapid tests may occur, and providers should consider confirmation of positive rapid test results if the result will impact clinical management. Similarly, during times of high influenza activity, a negative rapid test does not rule out influenza and confirmatory testing should be considered.

## **Confirmation and Sub-typing at Office of Laboratory Services**

Currently a subset of influenza specimens or isolates from West Virginia laboratories should be confirmed and subtyped at the Office of Laboratory Services (OLS). The OLS is currently accepting specimens from:

- a) Reported outbreaks (8-10 specimens / outbreak for characterization of the virus strain)
- b) Sentinel hospitals (5 influenza A isolates per sentinel hospital per week)
- c) Sentinel providers (2 specimens per sentinel provider per week)

## **Local Health Department Reporting and Outbreak Investigation**

County health departments no longer need to follow-up on individual positive laboratory reports of 2009 H1N1 from OLS to identify hospitalizations and deaths.

Local health departments should remain alert for development of influenza outbreaks in their communities. An [outbreak investigation toolkit](http://www.wvidep.org) is available on the Infectious Disease Epidemiology Website: <http://www.wvidep.org> [click on “A to Z index of Infectious Diseases”, “H1N1 (Swine) Flu”, and see “Outbreak Toolkit”]. Critical steps in outbreak investigation include: confirming the diagnosis by interviewing a sample of ill persons and securing laboratory confirmation. Prevention and Control measures in specific populations have been outlined thoroughly by the Centers for Disease Control and Prevention. See:

Schools: <http://www.cdc.gov/h1n1flu/schools>

Childcare: <http://www.cdc.gov/h1n1flu/childcare>

Workplaces: <http://www.cdc.gov/h1n1flu/business>

Colleges and Universities: <http://www.cdc.gov/h1n1flu/institutions>

General: <http://www.cdc.gov/h1n1flu/guidance>

## **Relevant Web Addresses**

Current [epidemiology information and tools for H1N1 \(Swine\) Influenza](http://www.wvidep.org) in West Virginia (including investigation protocol, hospital reporting forms, outbreak toolkit, etc.): <http://www.wvidep.org>, click on “A to Z Index of Infectious Diseases” and “H1N1 (Swine) Flu”.

General [Public and Provider H1N1 Flu Information](http://www.wvdhhr.org) (Health Alerts, Fact Sheets, H1N1 Vaccine Provider Pre-Registration, Communication messages, etc.): <http://www.wvdhhr.org>, “Follow Swine Flu Updates”.

Hospitals, laboratories, providers and health departments are encouraged to monitor influenza surveillance data during the coming season. Updated reports of [WV Influenza Surveillance Data](http://www.wvidep.org) (including influenza-like illness and laboratory confirmed influenza by type and subtype will be posted weekly: [see <http://www.wvidep.org>, click on “A to Z Index of Infectious Diseases”, “Influenza”, and link under “Surveillance Data”].

This message was directly distributed by the West Virginia Bureau for Public Health to local health departments, WV Hospital Association, WV Poison Center, and Health Professional Associations. Receiving entities are responsible for further disseminating the information as appropriate to the target audience.

### **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.