



New Hampshire Health Alert Network

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Status: Actual
Message Type: Alert
Severity: Moderate
Sensitive: Not Sensitive
Message Identifier: NH-HAN #20090611 Interim Novel H1N1 Influenza Clinical Guidance
Delivery Time: 6 hours
Acknowledgement: No
Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

DATE: June 11, 2009

TIME: 4:00 PM EDT

TO: Infection Control Practitioners, Infectious Disease Specialists, Physicians, NHHA, Hospital Emergency Departments, Community Health Centers, Influenza Sentinels, NH Schools, Manchester Health Department, EMS, Community Mental Health Centers, Nashua Health Department, DHHS Outbreak Team, Laboratory Response Network

FROM: José T. Montero, MD, Director of the NH Division of Public Health Services

SUBJECT: Interim Novel H1N1 Influenza Clinical Guidance

These interim guidelines provide updated but abbreviated information to the 05/19/09 Clinical Guidance –Revision 4 for Providers.

NH Department of Health and Human Services (NH DHHS) recommends:

- Key changes in testing based upon the well-established community transmission of H1N1 influenza
- Continue the normal practice of applying sound clinical judgement and follow the infection control precautions based upon clinical situations
- Monitor H1N1 influenza and the occurrence of influenza-like illness in NH through web updates and weekly flu surveillance report

Today, June 11, 2009, the World Health Organization declared an Influenza Pandemic alert level 6. Since April 26, 2009, CDC and NH DHHS have been tracking H1N1 influenza to better understand its epidemiology within the US and NH. As of June 1, 2009, human cases of H1N1 influenza have been identified in all 50 states. Currently this virus appears to behave much like seasonal influenza in terms of the severity of illness and transmission of infection. Through our surveillance, NH DHHS has confirmed well-established community transmission of H1N1 influenza within NH. As influenza A H1N1 infections become increasingly widespread, laboratory confirmation of the novel H1N1 influenza is becoming less critical to decisions regarding antiviral treatment, chemoprophylaxis and disease control measures.

Therefore, we recommend an approach that will focus on decreasing transmission of infections to others in both community and healthcare settings. NH's H1N1 Influenza Activity: From 04/26/09 through 06/12/09, among 1300 specimens, 132 cases of H1N1 have been confirmed and 23 cases confirmed with seasonal influenza (non H1N1) and 1,075 samples negative for influenza. Of the 132 cases confirmed, four (3%) were hospitalized. No deaths have occurred in the state due to H1N1 influenza.

New Testing Guidance

Now that novel H1N1 is well-established to be circulating in our state, it is neither necessary nor feasible to test for H1N1 in every individual with influenza-like illness. Testing should be limited to the following:

- Hospitalized patients with influenza-like illness
- Health care workers with influenza-like illness in direct care patient settings in consultation with their health care provider
- Patients suspected to be, or is part of a cluster of undiagnosed respiratory illness only in consultation with public health.

NH DHHS will continue to encourage a representative sample of specimens from influenza sentinel sites. This testing is not done for individual diagnosis, but to continue to describe circulating strains in the community.

Decreasing Transmission in the Community

The current epidemiology of this novel influenza H1N1 virus shows mostly mild illness and severity comparable to regular flu season. Because of this, the use of community containment measures such as closing schools and canceling public gatherings have only limited benefit in slowing disease transmission, and are generally not recommended at this time.

Recommendations that clinicians and public health should continue to emphasize:

- Stay home when you are sick with fever and cough or sore throat, or with significant acute respiratory illness. Stay home until symptoms have resolved for at least 24 hours.
- Use of the recommended precautions for the management of acute respiratory illness in clinical settings.
- Emphasize the importance of hand hygiene, cough etiquette, and respiratory hygiene.

Recommendations for Health Care Providers:

1. Testing should be limited to the groups described above.
2. Individuals with influenza-like illness (fever with cough or sore throat) should be excluded from school or work until 24 hours after becoming asymptomatic.
3. Antivirals are indicated for treatment of hospitalized patients with an influenza-like illness and persons at risk of severe disease (children < 5 years of age, persons ≥ 65 years of age, pregnant women, and persons with selected chronic conditions). Chemoprophylaxis may be indicated for close contacts of a case who are at high risk of severe disease or healthcare workers who did not wear appropriate personal protective equipment while in close contact with a case.
4. NH DHHS has previously provided infection control guidelines that represent the minimum level of infection control precautions. The need for an increased level of infection control is ultimately determined by the healthcare worker and specific patient situations.
5. For additional information, please review CDC's website. NH DHHS staff continues to be available for consultation at 1-800-852-3345 x4496 or (603) 271-4496.

Additional guidance for infection control measures in long-term care facilities can be found at:
<http://www.cdc.gov/flu/professionals/infectioncontrol/institutions.htm>

In addition to use in nursing homes, antiviral chemoprophylaxis also can be considered for controlling influenza outbreaks in other closed or semi-closed settings (e.g., correctional facilities, or other settings in which persons live in close proximity). For more information about influenza outbreaks in facilities see: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5707a1.htm>

Please refer to the CDC website for daily updates on the outbreak at: <http://www.cdc.gov/swineflu/>

Clinical guidelines and recommendations available at:
http://www.cdc.gov/swineflu/guidelines_infection_control.htm

For any questions regarding the contents of this message, please contact NH DHHS Communicable Disease Control and Surveillance Section at 603-271-4496 (after hours 1-800-852-3345 ext.5300).

DEFINITION OF TERMS AND ALERTING VOCABULARY

Message Type

- Alert: Indicates an original alert
- Update: Indicates prior alert has been updated and superseded
- Cancel: Indicates prior alert has been cancelled
- Error: Indicates prior alert has been retracted

Status

- Actual: Communication or alert refers to a live event
- Exercise: Designated recipients must respond to the communication or alert
- Test: Communication or alert is related to a technical, system test and should be disregarded

Severity

- Extreme: Extraordinary threat to life or property
- Severe: Significant threat to life or property
- Moderate: Possible threat to life or property
- Minor: Minimal threat to life or property
- Unknown: Unknown threat to life or property

Sensitive

- Sensitive: Indicates the alert contains sensitive content
- Not Sensitive: Indicates non-sensitive content

Message Identifier: A unique alert identifier that is generated upon alert activation.

Delivery Time: Indicates the timeframe for delivery of the alert.

Acknowledgement: Indicates whether an acknowledgement on the part of the recipient is required to confirm that the alert was received, and the timeframe in which a response is required.

Originating Agency: A guaranteed unique identifier for the agency originating the alert.

Alerting Program: The program sending the alert or engaging in alerts and communications using PHIN Communication and Alerting (PCA) as a vehicle for their delivery.

You have received this message based upon the information contained within our emergency notification database.

If you have a different or additional e-mail or fax address that you would prefer to be used please contact:

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