H1N1 Update: August 31, 2009

Case definition:

Influenza-like-illness (ILI) is defined as fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza.

Surveillance:

During week 33 (August 16-22, 2009), influenza activity remained stable or continued to decline in most areas of the U.S. However, activity appears to be increasing in the Southeast. 99% of all subtyped influenza A viruses being reported to CDC were 2009 influenza A (H1N1) viruses. The proportion of deaths attributed to pneumonia and influenza (P&I) was below the epidemic threshold.

Testing issues:

- Rapid influenza Diagnostic tests have overall sensitivities ranging from 40-69%. Note frequent false negative tests.

Prevention:

- Handwashing, covering coughs, staying home when ill.
- Move ill individuals as quickly as possible out of waiting areas in offices where they may infect others. Provide tissues, hand washing facilities.
- The H1N1 vaccine does not replace seasonal flu vaccine. H1N1 vaccine and seasonal flu vaccine can be administered on the same day.
- Post exposure antiviral chemoprophylaxis with either oseltamivir or zanamivir can be considered for high risk groups.

Work restrictions:

- The CDC recommends that those with flu-like illness stay home until at least 24 hours after their fever is gone, without using fever-reducing medicines like acetaminophen or ibuprofen.
- Recommendations for employees in healthcare settings are slightly different: These employees should remain home for 7 days after symptoms began or until all symptoms are gone whichever is longer. Applies even if taking antiviral drugs.

Recommendations for treatment

- The novel (H1N1) influenza virus is sensitive to the neuraminidase inhibitor antiviral medications, zanamivir and oseltamivir. It is resistant to amantadine and rimantadine.
- Clinical judgment is an important factor in treatment decisions. Persons with suspected novel H1N1 influenza who present with an uncomplicated febrile illness typically do not require treatment unless they are at higher risk for influenza complications (clinical judgment required).
- Treatment is recommended for: All hospitalized patients with confirmed, probable or suspected novel influenza (H1N1)and patients who are at higher risk for seasonal influenza complications (Children younger than 5 years old. Adults 65 years of age and older. Persons with: Chronic pulmonary disease (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus); Immunosuppression, including that caused by medications or by HIV; Pregnant women; Persons younger than 19 years of age who are receiving long-term aspirin therapy; Residents of nursing homes and other chronic-care facilities.
- Antiviral treatment is most effective when started within 48 hours of illness onset. Benefit has been seen in hospitalized or immunosupppressed individuals even when started after 48 hours. Duration of treatment 5 days.

Vaccine status:

- The H1N1 vaccine will be distributed and administered under CDC/ISBH guidelines – When, where and who. We are waiting for their instructions on what to tell patients.
- Five key populations for initial H1N1 vaccine efforts: All people 6 mo – 24 yrs of age. People who live with or care for children younger than 6 mo of age. All pregnant women. Healthcare and emergency services personnel. People aged 25 through 64 yrs who have health conditions associated with higher risk of medical complications from influenza.
- Current studies indicate the risk for infection in persons age 65 or older is less than for younger groups. As highest risk group vaccine demand is met, the vaccine should will also be offered to people 65 yrs and older.