BLASTFAX

OUTBREAK OF SWINE FLU

Human cases of swine influenza have been reported in the United States, Mexico and many other countries during the past week. This new virus is a hybrid, with genetic elements of swine influenza, avian influenza, and human influenza. The CDC and World Health Organization have determined that sustained human-to-human transmission is occurring and that the virus is capable of causing community-level outbreaks. The Department of Health and Human Services issued a nationwide public health emergency declaration in response to the human infections, which allows release to states of a strategic national stockpile of antiviral agents, should they be needed. The Food and Drug Administration has issued an Emergency Use Authorization which broadens approved indications for use of antiviral agents, including use in affected infants as young as age 3 months (http://www.cdc.gov/swineflu/recommendations.htm). Pediatricians may wish to become familiar with these new criteria for antiviral use. See dosing recommendations below:

Table 1. Swine influenza antiviral medication dosing recommendations
(Table extracted from **IDSA guidelines for seasonal influenza**)

Agent, group		Treatment	Chemoprophylaxis
Oseltamivir			
Adults		75-mg capsule twice per day for 5 days	75-mg capsule once per day
Children (age, 12 months or older), weight:	15 kg or less	60 mg per day divided into 2 doses	30 mg once per day
	15–23 kg	90 mg per day divided into 2 doses	30 mg once per day
	24–40 kg	120 mg per day divided into 2 doses	60 mg once per day
	>40 kg	150 mg per day divided into 2 doses	75 mg once per day
Zanamivir			
Adults		Two 5-mg inhalations (10 mg total) twice per day	Two 5-mg inhalations (10 mg total) once per day
Children		Two 5-mg inhalations (10 mg total) twice per day (age, 7 years or older)	Two 5-mg inhalations (10 mg total) once per day (age, 5 years or older)

Table 2. Dosing recommendations for antiviral treatment of children younger than 1 year using oseltamivir.

Age	Recommended treatment dose for 5 days
<3 months	12 mg twice daily
3-5 months	20 mg twice daily
6-11 months	25 mg twice daily

Table 3. Dosing recommendations for antiviral chemoprophylaxis of children younger than 1 year using oseltamivir.

Age	Recommended prophylaxis dose for 10 days
<3 months	Not recommended unless situation judged critical due to limited data on use in this age group
3-5 months	20 mg once daily
6-11 months	25 mg once daily

So far in the U.S., over 60 cases of swine influenza have been confirmed from at least 6 states, resulting in several hospitalizations and one death. Most cases have been mild and have recovered without antiviral therapy. However, reports from Mexico indicate that severe disease and deaths can result from this virus. As of today, no cases have been reported from Georgia, but given accumulating evidence, it is likely that cases may be found here. Concurrently, there is also considerable respiratory disease activity in Georgia that is not influenza and continued low-level circulation of seasonal human influenza virus strains, resulting in potential for diagnostic uncertainty.

Confirmatory testing of swine influenza is available only through public health at this time, but will not be feasible or practical in all cases. Given available testing resources, criteria for testing in Georgia will prioritize specimens that can benefit the public health, by defining the severity and distribution of the outbreak, or by defining measures to mitigate the impact of the epidemic. Current testing criteria are listed in the **Human Novel Influenza A Screening Form** (see page 4 of this blastfax) and may change as the epidemic continues. Criteria now include patients with an influenza-like illness (fever with either cough or sore throat), AND onset within 7 days of a likely exposure to swine influenza (close contact with a confirmed case or travel to a community with confirmed disease), unless the patient is part of a community cluster, is hospitalized or severely ill. **All testing must be approved by a public health epidemiologist.** Testing criteria, contact information,

and guidance for specimen collection and shipping are available at http://health.state.ga.us/. If swine flu is suspected and testing is desired, clinicians may obtain a respiratory swab for swine influenza testing and place it in a refrigerator (not a freezer) and contact their District Health Office or the Georgia Division of Public Health to discuss the case.

Although vaccine development has already begun, there is no vaccine to protect humans against this new strain of swine flu. For this reason, measures that can reduce transmission, including hand hygiene, respiratory etiquette, avoiding crowds, and staying home while sick, are more essential than ever.

Given the rapid evolution of this outbreak over the past week, the Georgia Chapter AAP encourages our members to monitor the Georgia Division of Public Health and CDC websites for updates and guidance over the coming weeks:

http://health.state.ga.us

http://www.cdc.gov/swineflu/

Additional resources:

For Parents:

- Key Facts About Swine Flu (CDC) http://www.cdc.gov/swineflu/key_facts.htm
- The CDC updates its page on swine flu daily at 3 p.m. (Eastern) during the course of the outbreak. http://www.cdc.gov/swineflu/index.htm

For Travelers:

- Traveler's Health Precautions (CDC) http://wwwn.cdc.gov/travel/

For Child Care Programs and Schools:

- Preventing the Flu – Strategies and Resources for Child Care Providers and Out-of-Home Caregivers http://www.cispimmunize.org/ill/Flu/PreventingFlu_ChildCareProviders.pdf
- Outbreaks, Epidemics and Other Infectious Disease Emergencies, an excerpt of "Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide, 2nd Edition"(Copyright © 2009 American Academy of Pediatrics).To order a copy of this book visit the AAP Bookstore.
- Stopping the Spread of Germs at Home, Work & School (CDC) http://www.cdc.gov/flu/protect/stopgerms.htm

For questions or concerns regarding this blastfax or any other immunization information, please contact the Chapter's Immunization Coordinator, Mike Chaney at (404) 881-5094 or mchaney@gaaap.org.

Human Novel Influenza A Screening Form

EPIDEMIOLOGIC CRITERIA:

1. Clinical Signs (ONE of the following) Condition Met: ☐

a. has or had a documented temperature of ≥100.0° F; AND either a cough or sore throat within last 3 days **AND** has one of the exposures below within the last 7 days, OR
b. hospitalization for acute respiratory illness that is positive for influenza A (**does not require exposure**)
c. severe respiratory disease resulting in intensive care or death following influenza-like illness (**does not require exposure**)

2. Exposures (AT LEAST ONE IN 7 DAYS PRIOR TO SYMPTOM ONSET) Condition Met: ☐ N/A (b or c): ☐

☐ History of travel to a region with novel H1N1 strain documented in humans*
☐ History of travel to a region with H5N1 strain documented in animal reservoir (i.e. swine or avian) or humans*, AND had at least one of the following potential exposures during travel *(check all that apply)*:
___ direct contact with (e.g., touching) sick or dead animals;
___ direct contact with surfaces contaminated with reservoir animal feces;
___ consumption of raw or incompletely cooked animal reservoir products;
___ direct contact with sick or dead animals suspected or confirmed to have influenza novel A;
___ close contact (approx. 3 feet) of a person who was hospitalized or died due to illness with a novel influenza A strain;
☐ Close contact (approx. 6 feet) of an ill patient who was confirmed or suspected to have a novel influenza A strain;
☐ Worked with live novel influenza A virus in a laboratory.
☐ Part of an identified cluster or outbreak of influenza like illness (e.g. institutional setting, social event, etc) and tested positive for influenza A

*See http://www.cdc.gov/swineflu/investigation.htm for current list of areas affected by H1N1. Areas with novel H5N1 are available at: http://www.who.int/csr/disease/avian_influenza/en/

Laboratory Testing:
Testing for avian influenza A (H5N1) virus infection is considered on a case-by-case basis following consultation with an epidemiologist at the district health department (**http://health.state.ga.us/regional/index.asp**) or the GA Division of Public Health (404-657-2588) for patients meeting the case definition criteria above for symptoms and exposures.

****Please be sure to follow infection control guidance (available at http://www.cdc.gov/swineflu/guidelines_infection_control.htm) during collection of specimens and wear a fit-tested disposable N95 respirator****

*****RT-PCR and viral culture should NOT be attempted at any private laboratory.*****

CONTACT INFORMATION:

Date of call to Epidemiologist____/____/_____ Epidemiologist Consulted_____

Contact Name_____ Contact Phone_____

Physician Name_____ Physician Phone_____

Hospital Name_____ County_____

Patient Name_____ Date of Birth____/____/_____ Age_____Gender_____

Patient Address_____ City_____ Zip_____

County_____

Patient Home Phone_____ Cell (Other) Phone_____

SPECIMEN(S) COLLECTED ☐ Yes ☐ No SPECIMEN(S) SUBMITTED_____(Date/time)

Please FAX this completed form to your local health department (**http://health.state.ga.us/regional/index.asp**) or the GA Division of Public Health (404) 657-7517 following consultation with an epidemiologist.