BLASTFAX

Novel Influenza A (H1N1)

The Georgia Division of Public Health has requested the Chapter disseminate the following items: *Updated Guidance for Swine-Origin H1N1 Influenza Virus Testing* and the *Screening Form for H1N1 Influenza Testing*.

These two documents are part of this blastfax and can be found on the following pages. **Please note that the completed screening form should be faxed to the Georgia Division of Public Health at 404-657-9700, after consultation with an epidemiologist.**

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.

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UPDATED GUIDANCE FOR SWINE-ORIGIN H1N1 INFLUENZA VIRUS TESTING (05/06/09)

The Centers for Disease Control and Prevention (CDC) and the State Health Departments continue to identify new cases of human H1N1 influenza (for current updates see http://www.cdc.gov/h1n1flu/) in several states in the U.S. In addition, H1N1 influenza infections have also been identified globally.

Laboratory testing for H1N1 swine influenza is available only at the Georgia Public Health Laboratory, and is used primarily for public health surveillance, i.e. to characterize the spread of the epidemic and to gain information about severe outcomes of infection (such as hospitalization), **not for primary diagnosis of individual patients**. Patients must meet certain criteria to be tested for H1N1 influenza.

Epidemiologic criteria for H1N1 influenza testing at the Georgia Public Health Laboratory *(Note: These recommendations are subject to change. There are insufficient laboratory testing resources to perform H1N1 confirmatory testing on ALL patients with symptoms of influenza.)*

Note: **Influenza-like illness (ILI)** is defined as an illness with fever (temperature of ≥ 37.8°C or 100°F) and recent onset of at least one of the following: 1) rhinorrhea or nasal congestion, 2) sore throat, 3) cough in the absence of a KNOWN cause other than influenza.

For Georgia counties with NO confirmed cases of H1N1 influenza infection:

1. At this time, specimens from cases with mild influenza-like illness will be considered **on a case-by-case basis** for testing at the Georgia Public Health Laboratory.
2. Specimens can be submitted for:
    a. Patients **hospitalized** with influenza-like illness (see ILI definition above).
    b. Infants, persons ≥ 65yrs, or persons with compromised immune system **hospitalized** with a sepsis-like syndrome, if H1N1 influenza is suspected and other causes are less likely. (see #5 in attached algorithm)

For counties with confirmed or probable cases of H1N1 influenza:

1. At this time, **NO** specimens from suspect cases with mild ILI should be sent to the Georgia Public Health Laboratory for testing.
2. Specimens can be submitted for:
    a. Patients **hospitalized** with influenza-like illness.
    b. Infants, persons ≥ 65yrs, or persons with compromised immune system **hospitalized** with a sepsis-like syndrome, if H1N1 influenza is suspected and other causes are less likely. (see #5 in attached algorithm)

Clinicians MUST contact an epidemiologist at their local health department (http://health.state.ga.us/regional/index.asp) or the Georgia Division of Public Health Acute

Disease Epidemiology Section (404-657-2588) to obtain approval to submit specimens for testing, the appropriate submission form, and to coordinate specimen shipping. After business hours, specimens can be collected and held in the refrigerator at 4ºC, until Public Health can be consulted. SAMPLES SUBMITTED DIRECTLY TO THE PUBLIC HEALTH LABORATORY WITHOUT APPROPRIATE PUBLIC HEALTH SCREENING AND THE APPROPRIATE SUBMISSION FORM MAY NOT BE TESTED.

Specimen Collection:
(Please be sure to follow appropriate infection control guidance during collection of specimens. Current infection control guidance is available at http://www.cdc.gov/swineflu/guidelines_infection_control.htm)

If a patient meets testing criteria, collect a respiratory specimen as soon as possible after illness onset. Acceptable specimens include either a nasopharyngeal swab/aspirate or a nasal wash/aspirate. Collect 2 swabs per patient. If these specimens cannot be collected, a combined nasal swab with an oropharyngeal swab is acceptable. For patients who are intubated, an endotracheal aspirate should also be collected. Specimens must be placed into **sterile viral transport media (VTM**) and immediately placed on ice or cold packs or at 4°C (in a refrigerator). Do not freeze.

Note: Ideally, swab specimens should be collected using swabs with a synthetic tip (e.g. polyester or Dacron®) and an aluminum or plastic shaft. Swabs with cotton tips and wooden shafts are not recommended. Specimens collected with swabs made of calcium alginate are not acceptable. The swab specimen collection vials should contain 1-3ml of viral transport medium (e.g. containing, protein stabilizer, antibiotics to discourage bacterial and fungal growth, and buffer solution), such M4RT or the BD Universal Viral Transport System

Storing and Shipping Specimens:

- Respiratory specimens can be kept at 4°C for up to 1 week.
- After screening, District or State Epidemiology will provide the appropriate Georgia Public Health Laboratory Submission Form.
- Please package samples for Category B shipping to the Georgia Public Health Laboratory:
    - Wrap the primary specimen tube(s) in bubble wrap or some other cushioning material and secure with tape.
    - Place the specimens in a plastic bag with a biohazard symbol, place an absorbent sheet in the bag and expel the air before sealing the bag.
    - Place the sealed bag in a second sealable, water resistant bag (e.g. a tyvek envelope), expel the air and seal the bag.
    - Place the cool pack in the bottom of a styrofoam container, put specimen, along with the appropriate submission form, in the shipper along with a list of the contents.
    - Place the styrofoam shipping container in an outer cardboard box, seal the box and be sure the following markings/labels are placed on the box:

        A) Triangular 3373 label;
        B) Category B Biological Substance label;
        C) Complete shipper's address, including the name and telephone number of a contact person who can be contacted in case the package is damaged;
        D) Georgia Public Health Laboratory address:

        Georgia Public Health Laboratory
        1749 Clairmont Road, Decatur, GA 30033

Current guidance for treatment of suspected cases of swine H1N1 influenza infections is available at http://www.cdc.gov/swineflu/recommendations.htm

Antiviral treatment should be considered for confirmed, probable, or suspect cases of swine H1N1 infection. Treatment of hospitalized patients and patients at higher risk for influenza complications should be prioritized (See Table 1). Antiviral treatment with either zanamivir or oseltamivir should be initiated as soon as possible after the onset of symptoms. Recommended duration of treatment is five days. Recommendations for use of antivirals may change as data on antiviral susceptibilities become available. Antiviral doses recommended for treatment of swine H1N1 infection in adults or children 1 year of age or older are the same as those recommended for seasonal influenza and can be found at *http://www.cdc.gov/flu/professionals/antivirals/dosagetable.htm#table*.

Table 1: Summary of testing and treatment recommendations for patients with suspect, probable, or confirmed H1N1 infection*

	Mild Illness		**Severe Illness/Hospitalized**	
High risk medical conditions that increase complications of influenza	**TEST?**	**TREAT?**	**TEST?**	**TREAT?**
	NO	Recommended	YES	Recommended
NO high risk medical conditions that increase complications of influenza	**TEST?**	**TREAT?**	**TEST?**	**TREAT?**
	NO	Consider	YES	Recommended

*Adapted from the State of New York Department of Health, Health Advisory #3, 4/30/09

If you have any questions, please call the Georgia Division of Public Health (404-657-2588 during normal working hours or 1-866-PUB-HLTH after hours) or your local health department (http://health.state.ga.us/regional/index.asp) for information. Additional information can be found on the Centers for Disease Control and Prevention website: http://www.cdc.gov/flu/swine/index.htm

Screening Form for H1N1 Influenza Testing

1. EPIDEMIOLOGIC AND CLINICAL CRITERIA: *Testing is limited to patients who meet one of the criteria below.

Epi and Clinical Testing Criteria - PLEASE READ GUIDANCE and REFER TO THE CDC ALGORITHM on p.2
Please check appropriate box:

For Georgia counties with NO confirmed cases of H1N1 influenza (as determined by Public Health)

3. At this time, specimens from cases with **mild influenza-like illness* (ILI) (see definition below)** will be considered **on a case-by-case basis** for testing at the Georgia Public Health Laboratory.
   ☐ Mild ILI (as approved by Public Health)
4. Testing can be considered for the following hospitalized patients (as approved by Public Health):
   ☐ Patients **hospitalized** with ILI
   ☐ Infants, persons ≥ 65yrs, or persons with compromised immune system **hospitalized** with a sepsis-like syndrome, if H1N1 influenza is suspected and other causes are less likely. (see #5 in attached algorithm)

For Georgia counties with confirmed or probable cases of H1N1 influenza (as determined by Public Health)

3. At this time, **NO** specimens from suspect cases with mild ILI should be sent to the Georgia Public Health Laboratory for testing.
4. Testing can be considered for the following hospitalized patients (as approved by Public Health):
   ☐ Patients **hospitalized** with ILI
   ☐ Infants, persons ≥ 65yrs, or persons with compromised immune system **hospitalized** with a sepsis-like syndrome, if H1N1 influenza is suspected and other causes are less likely. (see #5 in attached algorithm)

***Influenza-like illness (ILI)** is defined as an illness with fever (temperature of ≥ 37.8°C or 100°F) and recent onset of at least one of the following: 1) rhinorrhea or nasal congestion, 2) sore throat, 3) cough in the absence of a KNOWN cause other than influenza.

Exposures: (If known - this is for epidemiologic purposes, NOT testing criteria.)

☐ History of travel to a community with documented H1N1 influenza activity
☐ Close contact (approx. 6 feet) of an ill patient who was confirmed or suspected to have H1N1 influenza
☐ 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)
☐ Healthcare provider caring for ill patient with confirmed or suspected to have H1N1 influenza
☐ No known exposure

Laboratory Testing:
Testing is considered only for patients suspected to have H1N1 infections AND **meet the one of the criteria in #1)**. Consultation with an epidemiologist at the District Health Department (**http://health.state.ga.us/regional/index.asp**) or the Georgia Division of Public Health (404-657-2588) MUST be obtained prior to the submission of clinical specimens.

****Please be sure to follow infection control guidance (available at http://www.cdc.gov/swineflu/guidelines_infection_control.htm) during collection of specimens****
*****RT-PCR and viral culture should NOT be attempted at any private laboratory.*****

CONTACT INFORMATION:

Date of call to Epidemiologist____/____/_____ Epidemiologist Consulted_____

Physician Name_____ Physician Phone_____

Hospital Name_____ Date of Hospitalization_____

Patient Name_____ Date of Birth____/____/_____

Age_____Gender_____

Patient Address_____ City_____ Zip_____

County_____

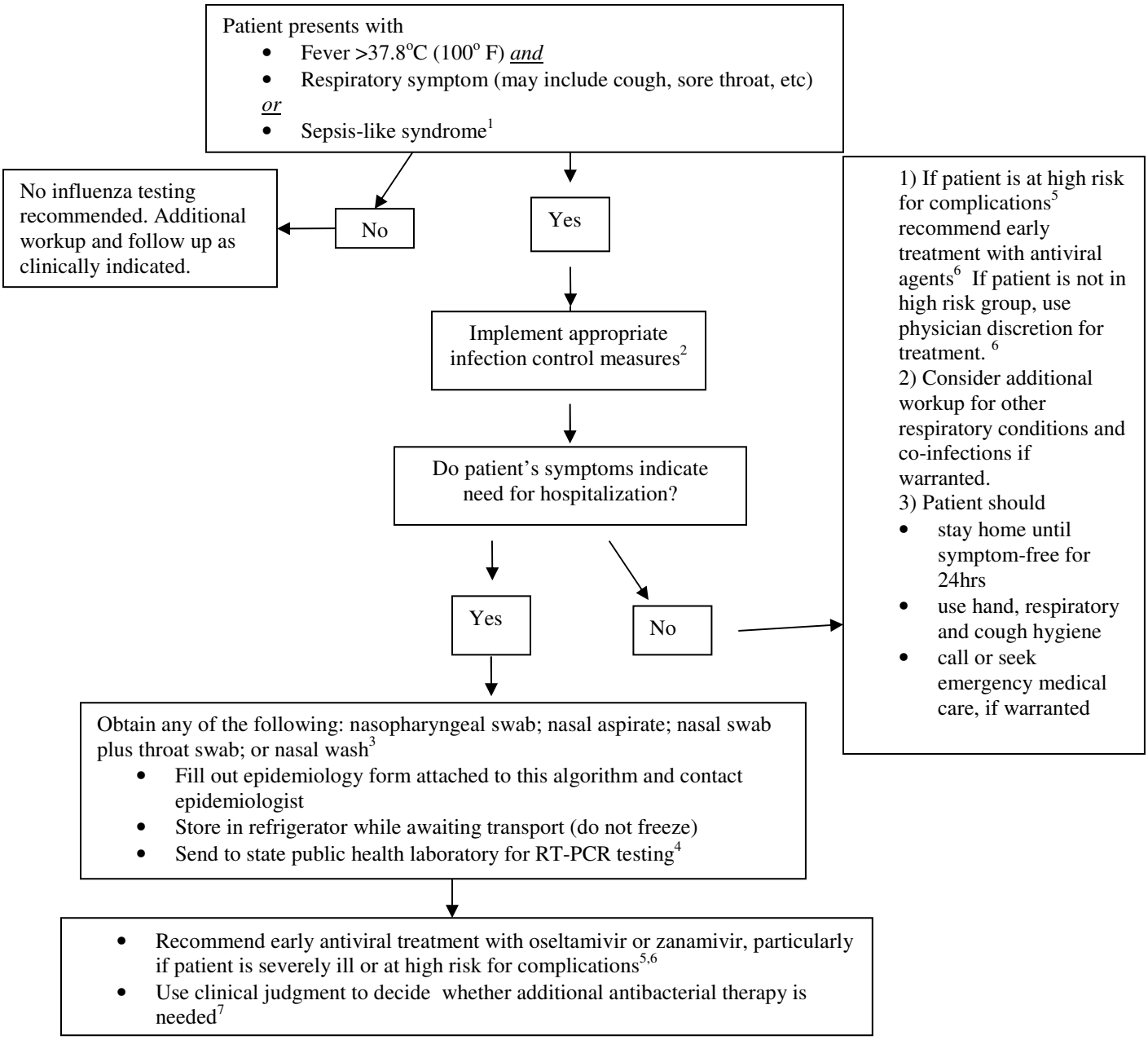
Patient Home Phone_____ Cell (Other) Phone_____

SPECIMEN(S) SUBMITTED_____(Date/time)

Please FAX this completed form to the Georgia Division of Public Health (404) 657-9700 or (404) 657-7517, **following consultation with an epidemiologist**.

Screening Form for H1N1 Influenza Testing

Algorithm for clinicians to assist in decisions on testing and treatment for H1N1 (swine flu) virus



1. As with seasonal influenza, infants, adults ≥65 years-old, and persons with compromised immune systems may have atypical presentations.
2. Information on infection control can be found at: http://www.cdc.gov/swineflu/guidelines_infection_control.htm
3. Nasal washes require appropriate personal protective equipment. See: http://www.cdc.gov/swineflu/guidelines_infection_control.htm
4. Real-time polymerase chain reaction (RT-PCR) is the preferred laboratory test for identifying H1N1 (swine flu) virus. Rapid antigen tests and immunofluorescence tests have unknown sensitivity and specificity to detect H1N1 (swine flu) virus. For more information, please see http://www.cdc.gov/swineflu/specimencollection.htm.
5. Persons at high risk of complications: Children less than 5 years old; persons aged 65 years or older; children and adolescents (aged 6 months–18 years) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye syndrome after influenza virus infection; pregnant women; adults and children who have chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic disorders; adults and children who have immunosuppression (including immunosuppression caused by medications or by HIV); and residents of nursing homes and other chronic-care facilities.
6. Information on use of antiviral agents can be found at: http://www.cdc.gov/swineflu/recommendations.htm
7. Interim guidance for clinicians is available at: http://www.cdc.gov/swineflu/identifyingpatients.htm

Please note: these algorithms do *not* apply to providers participating in the US Outpatient Influenza-like Illness Surveillance Network (ILINet). For guidance related to ILI Net see: http://www.cdc.gov/h1n1flu/screening.htm