
Swine Influenza (H1N1): Probable Case in Vermont

To: Healthcare Providers, Hospital Emergency Departments,
Clinical Laboratories

From: Wendy Davis, M.D., Commissioner of Health

– Please Distribute Widely –

Swine Influenza A (H1N1): Update

- An adult from Orleans County has tested positive for Influenza A virus that cannot be typed by the Vermont Department of Health Laboratory. This meets the criteria for a probable case of the novel H1N1 (swine flu) virus. This individual was not hospitalized and is recovering at home.
- As of 5/7/09, CDC is reporting 896 confirmed human cases of novel H1N1 virus in the United States, with two deaths reported. Cases are from 41 states.
- The Vermont Department of Health Laboratory has ruled out novel H1N1 virus in 145 patients. Cases of seasonal influenza are still being confirmed in Vermont.
- Recent epidemiological investigations conducted by CDC suggest that the risk of severe illness associated with this novel H1N1 virus may be equivalent to that of seasonal influenza.
- CDC no longer advises that schools close if they have suspected or confirmed cases.

New Testing Guidance

- CDC recommends testing persons for novel (H1N1) influenza virus if they have an acute febrile respiratory illness or sepsis-like syndrome. Certain groups may have atypical presentations including infants, elderly and persons with compromised immune systems.
- Priority for testing includes persons who 1) require hospitalization or 2) are at high-risk for severe disease. Groups at higher risk for seasonal influenza complications include:
 - Children less than 5 years old;
 - Persons aged 65 years or older;
 - Children and adolescents (less than 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);
 - Residents of nursing homes and other chronic-care facilities.

Antiviral Guidance

- CDC's updated interim antiviral guidance recommends that hospitalized patients be treated with antivirals, and that sick patients who are at high risk of serious seasonal flu-related complications also receive antiviral treatment.
- For prevention (chemoprophylaxis), CDC recommends that clinicians **consider** use of antivirals in:
 - ✓ People who are at high risk of serious seasonal flu-related complications and have been in close contact with someone who is ill with novel H1N1.
 - ✓ Health care workers, public health workers and emergency responders who have been in close unprotected contact (i.e., no personal protective equipment) with anyone who is ill with novel H1N1.

Pregnancy

- On May 6, CDC reported that there have been 6 confirmed and 5 probable cases of novel H1N1 infection in pregnant women in the United States. The rate of hospitalization in pregnant women is about what would be expected during a more severe regular flu season.
- Pregnant women are at high risk for serious complications from seasonal flu and have been disproportionately affected in influenza pandemics.
- For novel influenza A (H1N1), CDC has determined that the benefits of treatment or chemoprophylaxis with zanamivir or oseltamivir "likely outweigh the theoretical risks of antiviral use." Therefore, CDC recommends that if a clinician suspects that a pregnant woman is infected with this virus, she should receive antiviral treatment without confirmatory testing.
- This is a more forward-leaning approach than is taken with seasonal flu due to the unknown burden of illness on pregnant women of the novel H1N1 virus.
- CDC recommends that pregnant health care workers who have a job that brings them in daily close contact with people who are potentially ill with novel H1N1, should consider temporary reassignment to a position that does not involve direct patient contact.

Report Suspected Cases

- Report patients who are being tested to the Vermont Department of Health at 802-863-7240, or toll-free at 800-640-4374. An epidemiologist is on call to accept reports on weekends.