

Novel Influenza H1N1
Updated Recommendations for Testing & Treatment

To: Vermont Healthcare Providers, Hospital Emergency Departments,
and Clinical Laboratories

From: Wendy Davis, MD, Commissioner of Health

– Please Distribute Widely –

Situation Update

- To date, the Vermont Department of Health Laboratory has analyzed more than 420 clinical samples for novel H1N1 influenza A. As of June 5, 2009, 17 Vermont residents have tested positive for novel H1N1 influenza A virus. None of these individuals have been hospitalized. All have recovered or are recovering at home.
- Cases have been confirmed in the following counties: Chittenden (6), Rutland (5), Bennington (2) Windsor (2), Franklin (1), and Orleans (1). Four out-of- state residents have also had positive novel H1N1 tests at the Health Department Laboratory, including one who is hospitalized.
- Cases have been confirmed in students from five different schools. In one private school in Rutland, two cases have been confirmed, and multiple additional students are out of school with reported influenza-like illness.
- As of June 3, 2009, CDC is reporting 11,054 confirmed human cases of novel H1N1 virus in the United States, with 17 deaths reported. Cases are from every state.
- In contrast to early in this outbreak, novel H1N1 is now the predominant circulating influenza A in Vermont and in the United States. Among the 144 specimens tested for influenza at the Vermont Department of Health Laboratory that were collected between May 17 and June 3, 19 (13%) have tested positive for novel H1N1; 1 positive for seasonal influenza (H3, collected on May 21), and 113 (86%) have been negative for influenza A.

New Testing Guidance

Now that novel H1N1 is the predominant influenza A type circulating in our state, testing should be limited to the following:

- Hospitalized patients with influenza-like illness
- Non-hospitalized patients with influenza-like illness who are significantly ill and have underlying health conditions that put them at risk for complications of influenza. See below.
- Individuals with influenza-like illness from high-risk institutional settings such as long-term care facilities

Vermont's sentinel influenza provider network will continue to test on a limited basis as part of their ongoing influenza-like illness (ILI) surveillance. This testing is not done for individual diagnosis, but to describe circulating strains in the community.

Decreasing transmission in the community

Once influenza is circulating in the community, measures such as closing schools and canceling public gatherings have only limited benefit in slowing disease transmission, and are generally not recommended.

Recommendations that clinicians and public health should stress:

- Stay home when you are sick with fever and cough or sore throat, or with significant acute respiratory illness. Stay home until at least 24 hours after systemic symptoms have resolved.
- If you are sick with confirmed novel H1N1, stay home for seven days, or longer if symptoms have not resolved.
- As a clinician, if you choose to test an individual because of suspicion of novel H1N1, and according to the guidance above, instruct that individual to stay home until seven days after symptom onset.
- Specimens should not be collected on individuals who do not have symptoms. Testing should not be done for reasons such as returning to work, or due to suspected exposure.

Antiviral Guidance

Antiviral treatment is recommended for:

- Hospitalized patients with confirmed or suspected influenza
- Early treatment for patients with significant underlying medical conditions that put them at higher for influenza complications

Groups at higher risk for influenza complications include:

- Children younger than age 5
- People age 65 or older
- Children and adolescents (younger than 18) 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 compromised immune systems (including immunosuppression caused by medications or by HIV)
- Residents of nursing homes and other chronic-care facilities

Report Suspected Cases

Report patients who are being tested and who are either hospitalized or associated with a high-risk institutional setting 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.