



APRIL 30, 2009

HEALTH UPDATE

Update on Swine-Origin H1N1 Influenza Virus in the United States

New cases of illness caused by the swine-origin H1N1 influenza virus (S-OIV H1N1) continue to be reported from several states and countries around the world. As of today there are 109 confirmed cases in 11 states. Worldwide there have been 149 cases reported in 9 countries. The World Health Organization (WHO) raised the pandemic threat level to phase 5. At this level, according to the WHO, sustained transmission of the virus has been reported in at least two countries in one WHO region.

This situation remains very fluid as we learn more about this new virus. The Centers for Disease Control and Prevention (CDC) have issued recommendations on 16 different topics. These recommendations can be found at www.cdc.gov/swineflu/guidance. Recommendations are updated frequently and all of them have dates and times indicating when they were last updated. Please make sure you check frequently for updates. For medical providers the following recommendations are suggested:

- Guidance for Emergency Medical Services and 911 Public Safety Answering Points
 - www.cdc.gov/swineflu/guidance_ems.htm
- Specimen Collection, Processing and Testing for Patients with Suspected Swine Flu
 - www.cdc.gov/swineflu/specimencollection.htm
- Emergency Use Authorization of Medical Products and Devices
 - www.cdc.gov/swineflu/eua
- Guidance for Clinicians on Identifying and Caring for Patients
 - www.cdc.gov/swineflu/identifyingpatients.htm
- Guidance for Clinicians on Prevention and Treatment of Young Children
 - www.cdc.gov/swineflu/childrentreatment.htm
- Taking Care of a Sick Person in your Home
 - www.cdc.gov/swineflu/guidance_homecare.htm
- Antiviral Recommendations for Patients and Close Contacts
 - www.cdc.gov/swineflu/recommendations.htm
- Biosafety Guidelines for Laboratory Workers
 - www.cdc.gov/swineflu/guidelines_labworkers.htm
- Interim Guidelines for Infection Control for the care of patients with Suspected or Confirmed Swine Flu in the Health-care Setting
 - www.cdc.gov/swineflu/guidelines_infection_control.htm

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Emergency Use Authorizations (EUA)

Briefly, the EUA agreement for antivirals allow for the expanded use of antivirals during this event. According to CDC, the purposes of the EUA for tamiflu are:

1. To allow for dispensing of these antiviral drugs to patients without all of the FDA-required information on typical prescription labels (e.g. patient's name, doctor's name, and date of dispensing).
2. To allow for designated public health officials to distribute antiviral drugs during an emergency when there are shortages of doctors, nurses and pharmacists.
3. To allow for distribution of antiviral drugs that have had the original manufacturer's expiration dating extended by FDA.
4. To be able to treat and prevent swine influenza A in infants and children younger than the FDA-approved ages (younger than 1 year for Tamiflu).

An EUA is necessary for Relenza for reasons 1 and 2 listed above.

Antiviral Use

Antivirals should be prioritized for treatment of infection with highest priority given to those with severe disease at increased risk for complications. Antiviral treatment should be considered for confirmed, probable or suspected cases of swine-origin influenza A (H1N1) virus infection. Treatment of hospitalized patients and patients at higher risk for influenza complications should be prioritized. Antiviral treatment with zanamivir or oseltamivir should be initiated as soon as possible after the onset of symptoms. Evidence for benefits from treatment in studies of seasonal influenza is strongest when treatment is started within 48 hours of illness onset. However, some studies of treatment of seasonal influenza have indicated benefit, including reductions in mortality or duration of hospitalization, even for patients whose treatment was started more than 48 hours after illness onset. Recommended duration of treatment is five days.

Antiviral prophylaxis is recommended for individuals who are household contacts and at high risk for complication due to underlying medical conditions and for health-care workers not using appropriate personal protective equipment (PPE) when in close contact with a confirmed, probable or suspect case of swine origin flu.

Consideration can be given for prophylaxis of other high risk groups. More information on antiviral use can be found at www.cdc.gov/swineflu/recommendations.htm .

Testing Criteria

We are continuing to recommend testing for SOIV H1N1 based on clinical and epidemiological criteria. Health-care providers should consider SOIV H1NI in the differential diagnosis if the patient meets the following criteria.

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Persons with acute onset of fever ($\geq 100^{\circ}$ F) with cough and/or sore throat or other respiratory symptoms that have the following risk factors:

- Travel within seven days of symptoms onset to a community/state/country where SOIV H1N1 has been confirmed, or
- Has had contact with a confirmed case.

Affected states now include AZ, CA, IN, KS, MA, MI, MN, NV, NY, OH, SC, TX and countries include Spain, Germany, Switzerland, Canada, Mexico, Israel, New Zealand and the United Kingdom.

North Dakota providers should consider travel within seven days to the Cold Spring/Richmond, MN area as an exposure to an affected community.

Suspect cases should be immediately reported the North Dakota Department of Health by calling 800.472.2180 or 701.328.2378.

More information and guidance is available at www.cdc.gov/swineflu .

Categories of Health Alert messages:

- *Health Alert conveys the highest level of importance; warrants immediate action or attention.*
- *Health Advisory provides important information for a specific incident or situation; may not require immediate action.*
- *Health Update provides updated information regarding an incident or situation; no immediate action necessary.*
- *Health Information provides general information that is not necessarily considered to be of an emergent nature.*

This message is being sent to local public health units, clinics, hospitals, physicians, tribal health, North Dakota Nurses Association, North Dakota Long Term Care Association, North Dakota Healthcare Association, North Dakota Medical Association, and hospital public information officers.