



# COMMONWEALTH of VIRGINIA

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Dear Colleague,

Since April 30, we have confirmed three cases of the new influenza A (H1N1) virus ("swine influenza"), in Virginia. The cases are in the Three Rivers Health District in Eastern Virginia, the Chesterfield Health District in Central Virginia, and most recently in Lexington. So far, the experience in Virginia has mirrored what has been seen in other states with cases appearing clinically very similar to seasonal influenza cases. However, that will mean that there will almost certainly be some severe cases and deaths in this outbreak.

Your efforts to share prevention messages with patients, your attention to identification of possible cases of influenza A (H1N1), and your cooperation with local health departments to provide appropriate testing continue to be an integral part of our efforts to protect Virginians.

The Virginia Department of Health continues to actively perform a number of activities to monitor this situation including testing of specific patient groups based on the current Centers for Disease Control and Prevention (CDC) guidelines. We encourage the use of the CDC website as a tool for all clinicians, EMS personnel and first responders to obtain the most up-to-date information and guidance for treating your patients. At this time, guidelines are evolving as this outbreak becomes better delineated. This site ([www.cdc.gov/h1n1flu](http://www.cdc.gov/h1n1flu)) includes a Spanish-language version which can help you reach your Hispanic patients.

**Your assistance during this time is paramount to protecting the health of Virginians and I request that you take the following actions:**

- Follow CDC guidelines in the use of antivirals for the new influenza A (H1N1) virus and seasonal influenza. Overuse of these can lead to resistance. Consult the CDC guidelines for details on those individuals who should receive prophylaxis. <http://cdc.gov/h1n1flu/recommendations.htm>
- We are particularly interested in samples from patients with influenza like illness who require hospitalization. We anticipate in the near future seeking samples primarily from that population and from offices that participate in our established outpatient flu surveillance system.
- Consult with your local health department to submit specimens for tests for the new influenza A (H1N1) virus. If you have questions you can contact your local health department 24 hours a day at 1-866-531-3068.
  - Patient Isolation – patients with influenza-like illnesses should stay at home until symptoms resolve. Patients awaiting test results from the state laboratory should stay home until lab results are available.
  - There is some confusion about treating asymptomatic contacts of a confirmed case. The current recommendation is that such prophylactic treatment be restricted to high-risk groups as detailed below.

Below is the CDC's interim guidance on definitions for infection with influenza A (H1N1) virus, also called Swine-origin Influenza A (H1N1) Virus (S-OIV). This is subject to change on a daily basis. Please check the CDC website for updates.

**Case Definitions for Infection with Swine-origin Influenza A (H1N1) Virus (S-OIV):**

A **confirmed case** of S-OIV infection is defined as a person with an acute febrile respiratory illness with laboratory confirmed S-OIV infection at CDC by one or more of the following tests:

- real-time RT-PCR
- viral culture

A **probable case** of S-OIV infection is defined as a person with an acute febrile respiratory illness who is positive for influenza A, but negative for H1 and H3 by influenza RT-PCR

A **suspected case** of S-OIV infection is defined as a person with acute febrile respiratory illness with onset

- within 7 days of close contact with a person who is a confirmed case of S-OIV infection, or
- within 7 days of travel to community either within the United States or internationally where there are one or more confirmed cases of S-OIV infection, or
- resides in a community where there are one or more confirmed cases of S-OIV infection.

**Infectious period** for a confirmed case of swine influenza A (H1N1) virus infection is defined as 1 day prior to the case's illness onset to 7 days after onset.

**Close contact** is defined as: within 6 feet of an ill person who is a confirmed or suspected case of swine-origin influenza A (H1N1) virus infection during the case's infectious period.

**Acute respiratory illness** is defined as recent onset of at least two of the following: rhinorrhea or nasal congestion, sore throat, cough (with or without fever or feverishness)

**High-risk groups:** A person who is at high-risk for complications of swine influenza A (H1N1) virus infection is defined as the same for seasonal influenza (see MMWR: Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2008). These groups are:

- 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

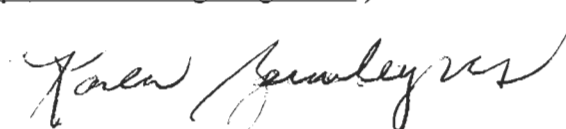
### **Special Considerations for Children**

*Aspirin or aspirin-containing products (e.g. bismuth subsalicylate – PeptoBismol) should not be administered to any confirmed or suspected ill case of influenza A (H1N1) virus infection aged 18 years old and younger due to the risk of Reye's syndrome. For relief of fever, other anti-pyretic medications are recommended such as acetaminophen or non steroidal anti-inflammatory drugs.*

### **Closing schools:**

As with many elements of this outbreak, national recommendations for school, and other, closings are evolving. The current CDC guidelines ([http://www.cdc.gov/h1n1flu/K12\\_dismissal.htm](http://www.cdc.gov/h1n1flu/K12_dismissal.htm)) are firm in their recommendation that such decisions should be made in consultation with local public health officials. Due to the complexity of the recommendations, I will not attempt to summarize them here. I just wanted to let you know that the public health director in your community is prepared to assist with making decisions about closings.

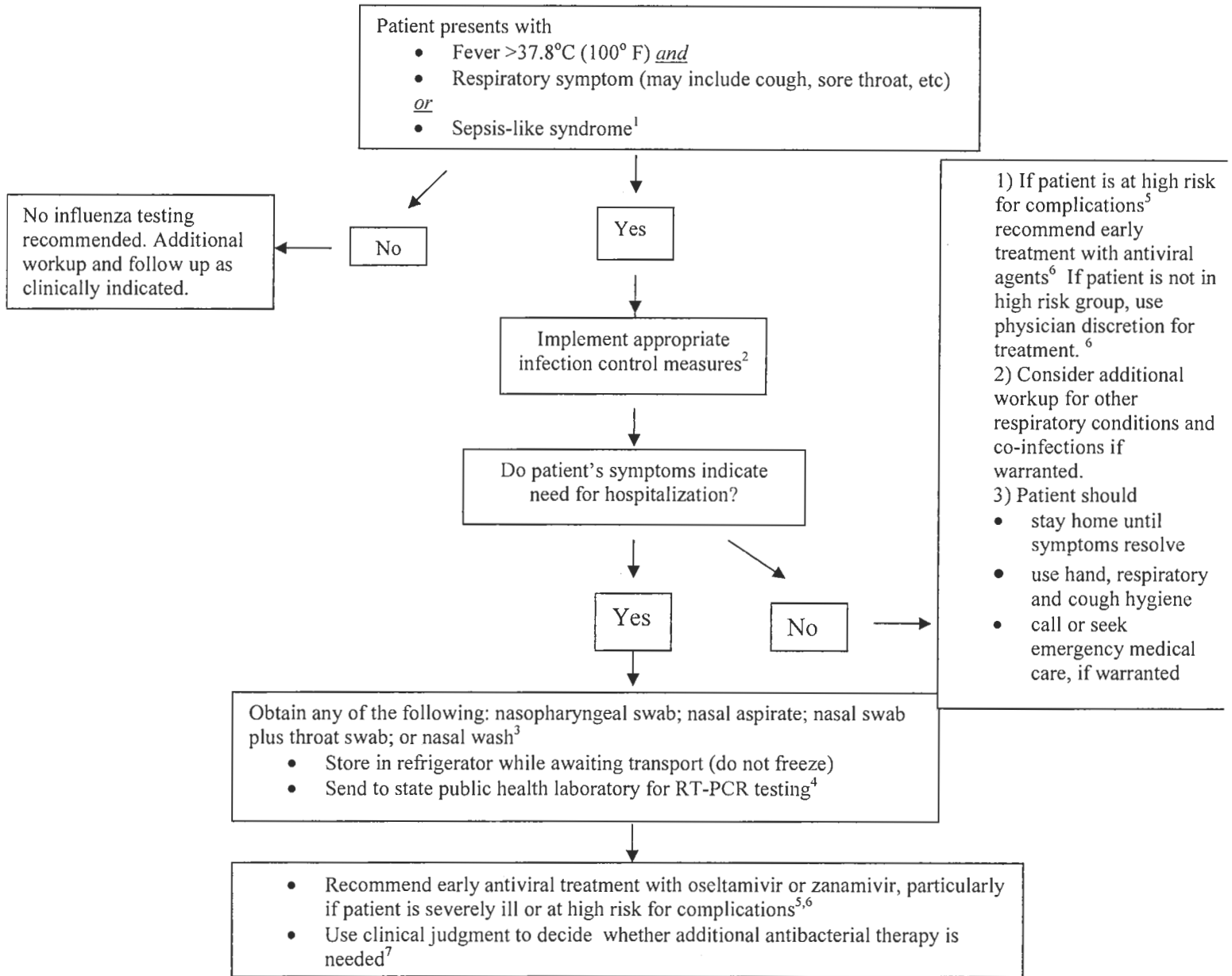
The Virginia Department of Health will continue to do our best to provide you with information pertinent to your practice. Please contact your local health department (<http://www.vdh.virginia.gov/lhd/>) or call 1-866-531-3068 if you have any questions or concerns.



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Interim Guidance from the CDC 5/3/09 – Subject to Change

Algorithm for clinicians to assist in decisions on testing and treatment for H1N1 (swine flu) virus in the event of limited resources, (i.e. clinic capacity, testing supplies, medications)



1. As with seasonal influenza, infants, adults  $\geq 65$  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](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](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 Reyes 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>