



**DALLAS COUNTY**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
EPIDEMIOLOGY

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**To:** Dallas County Medical Providers

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## HEALTH ALERT:

### Updated Clinician Guidance for Novel (Swine) Influenza A

The World Health Organization's pandemic alert level has been raised to 5, signifying human-to-human transmission and sustained community-wide outbreaks with the Novel Influenza A (H1N1) virus, and an imminent likelihood of a pandemic. Community transmission is currently occurring in Dallas County, with 58 probable and confirmed cases identified over the past 8 days. Influenza epidemics progress in unpredictable ways, but given the epidemiology of this outbreak in Dallas County and elsewhere, the number of cases is expected to increase. This alert provides interim guidance for clinicians in Dallas County, with an approach that continues to reflect much caution, until there is more knowledge of the transmission and clinical spectrum of this infection.

#### **Epidemiologic Update for Dallas County:**

- Infections with Novel influenza A virus have now been confirmed in 7 residents of Dallas County, with an additional 51 probable cases.
- The majority of confirmed and probable cases are being reported in persons under the age of 18. Most cases have had no recent travel history outside of Dallas County.
- Thus far, the type, severity and duration of symptoms experienced by interviewed cases closely resemble the clinical manifestations of seasonal influenza.
- Two Dallas County adults have had brief hospitalizations for illness to date. One patient had multiple underlying chronic medical conditions and immunosuppression; another patient was diagnosed with mild pneumonia and has fully recovered.
- Of 271 respiratory specimens which have undergone influenza PCR testing in the DCHHS laboratory, 84 (31%) have been positive for influenza A. Of the influenza A-positive specimens, 17 (20%) were seasonal influenza A (H1N1 or H3N2), and 67 (80%) were non-subtypable influenza A. Of the non-subtypable influenza A specimens referred to CDC for which results have returned, 9 of 11 have been confirmed as novel influenza A (H1N1).
- Syndromic surveillance shows that emergency room visits for influenza-like illnesses appear to have peaked around April 29<sup>th</sup> in Dallas County, with some subsequent decline.

## **Guidelines for Testing Patients in Dallas County:**

*Note that the sensitivity of rapid influenza tests can be less than 70% for seasonal influenza. False positive results are also more likely to occur when influenza activity is low. The sensitivity and specificity of rapid tests is not yet known for this novel influenza virus. DCHHS has noted both false positive and false negative rapid test results in cases following PCR testing.*

- Given these limitations, rapid testing should be performed *only* on persons currently experiencing *influenza-like symptoms* and/or persons at *high risk* for severe disease.
- Patients testing positive for influenza A by DFA, PCR, or point-of-care rapid diagnostic testing should also have separate nasopharyngeal swab specimens sent in viral transport media to our laboratory for subtyping. To allow DCHHS to prioritize laboratory testing, contact DCHHS laboratory at (972) 692-2788 to arrange for delivery of specimens.
- Patients who are rapid test negative may still have infection with Novel influenza A. Inpatients with *severe unexplained febrile respiratory illness* who have tested negative for influenza A by rapid testing or DFA can have further testing for influenza by PCR arranged through contacting DCHHS.
- Please do not send suspected influenza patients to the health department.

## **Antiviral Treatment and Chemoprophylaxis Guidance:**

*At this time, similar guidelines used for treatment and chemoprophylaxis of seasonal influenza should also be used for persons with suspected novel influenza A infection.*

- For patients with mild illness, treatment is only strongly recommended for *persons with underlying conditions which place them at high risk for complications from influenza*. For mild illness in otherwise healthy persons, oseltamivir or zanamivir can be offered (but is *not* strongly recommended) if treatment can be started within 48 hours of symptom onset.
- In order to conserve supplies of antivirals, clinicians should be judicious in prescribing oseltamivir for patients with *mild ILI* who do *not* have underlying medical conditions or close contacts at high risk of complications from influenza. Prescribing oseltamivir for purposes of personal stockpiles is *strongly discouraged*.
- The FDA has issued emergency use authorization for oseltamivir for treatment and prophylaxis of children <1 year of age. FDA has also authorized the use of oseltamivir and zanamivir for patients with severe disease who have been symptomatic for more than 2 days. Dosing information is available at: [www.cdc.gov/swineflu/childrentreatment.htm](http://www.cdc.gov/swineflu/childrentreatment.htm).
- Currently in Dallas County, seasonal influenza is circulating at low levels. For persons who are severely ill with influenza A, addition of rimantadine for coverage of seasonal influenza A (H1N1) should be considered because resistance to oseltamivir demonstrated this season.
- Chemoprophylaxis with either oseltamivir or zanamivir is *recommended* for the following persons with close contact to a case with novel influenza A during the patient's infectious period (from 1 day prior through 7 days after symptom onset):
  - Health care workers with unprotected close contact with ill suspect, probable, or confirmed cases.
  - Household close contacts of probable or confirmed cases who are at high-risk for complications of influenza (e.g., persons with certain chronic medical conditions, persons 65 or older, children younger than 5 years old, pregnant women, certain chronic medical conditions).

## **Outpatient Infection Control Guidelines**

- In outpatient settings and waiting areas, patients with influenza-like illness should be requested to wear a face mask.
- Personnel providing care to or collecting clinical specimens from suspected or confirmed cases should wear disposable non-sterile gloves, gowns, mask and eye protection (e.g., goggles) to prevent conjunctival exposure.
- Detailed guidelines (updated 5/3/09): [www.cdc.gov/h1n1flu/guidelines\\_infection\\_control.htm](http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm).

## **Management and Patient Education:** [www.cdc.gov/h1n1flu/guidance\\_homecare.htm](http://www.cdc.gov/h1n1flu/guidance_homecare.htm).

- Patients with suspected, probable or confirmed Novel influenza A infection and mild influenza-like illness (ILI) should be advised to stay at home for 7 days after onset of symptoms, or until 24-48 hours after resolution of symptoms, *whichever is longer*.
- All patients with influenza-like symptoms should also be instructed to wash their hands frequently, especially after coughing and sneezing, and cough into disposable tissues.
- Recommend that homecare for persons with mild ILI be given by one primary caretaker when possible, and that the patient should be separated as feasible from other members of the household, preferably in a separate bedroom. The ill person should wear a surgical mask when close contact with other persons is unavoidable.

## **Surveillance and Reporting:**

- To contact the Health Department to any suspected outbreaks or suspected cases of novel influenza A in hospitalized patients and arrange for specimen testing, please call (214) 819-2004. This number is also available for questions or consultations by providers.

### **CDC Case Definitions for Novel influenza A (H1N1) virus infection:** (Revised 04-29-09)

**Confirmed case:** Person with an acute febrile respiratory illness with laboratory confirmed swine influenza A (H1N1) virus infection at CDC by real-time RT-PCR or viral culture

**Probable case:** Person with an acute febrile respiratory illness who is:

- Positive for influenza A, but negative for H1 and H3 by influenza RT-PCR, or

**Suspected case:** Person with acute febrile respiratory illness with onset

- within 7 days of close contact with a person who is a confirmed case of swine influenza A (H1N1) virus infection, or
- within 7 days of travel to community either within the United States or internationally where there are one or more confirmed swine influenza A(H1N1) cases, or
- resides in a community where there  $\geq 1$  confirmed swine influenza cases.

National CDC recommendations are updated daily at: [www.cdc.gov/h1n1flu/](http://www.cdc.gov/h1n1flu/). Additional State resources are available at: [http://www.dshs.state.tx.us/news/releases/tx\\_flu-like\\_guide.shtm](http://www.dshs.state.tx.us/news/releases/tx_flu-like_guide.shtm).

DCHHS health advisories and daily updates can be viewed at:  
<http://www.dallascounty.org/department/hhservices/SeasonalInfluenza.html>.

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### **Categories of Health Alert messages:**

**Health Alert:** Conveys the highest level of importance; warrants immediate action or attention.