

# Influenza Update

May 6, 2009

Wisconsin: The background rate of influenza-like illness is currently at 1.8% of primary care visits. There are 26 confirmed isolates of H1N1 flu and 176 probable cases. Confirmed cases are from Adams, Brown, Dane, Dunn, Milwaukee, Ozaukee, Rock, Sheboygan, and Waukesha Counties. <http://pandemic.wisconsin.gov/>

I am attaching the UWMF REFERENCE GUIDE FOR MANAGEMENT OF H1N1 PATIENTS IN PRIMARY CARE AND URGENT CARE CLINICS as a separate file.

Across the U.S. [from the CDC]: CDC is reporting 642 cases of H1N1 flu and 2 deaths in the United States. Human infections with this new virus have been confirmed in 41 states at this time. <http://www.cdc.gov/swineflu/>. The number of confirmed cases continues to follow an exponential model with a doubling time of 2.1 days.

Travel Recommendations: At this time, CDC recommends that U.S. travelers avoid all nonessential travel to Mexico. Changes to this recommendation will be posted at <http://www.cdc.gov/travel/>. Please check this site frequently for updates.

Antiviral Therapy: Antiviral treatment should be considered for confirmed, probable or suspected cases of H1N1 flu (swine flu) virus infection. Treatment of hospitalized patients and patients at higher risk for influenza complications should be prioritized. <http://www.cdc.gov/h1n1flu/recommendations.htm>

Global News [from the WHO]: As of 6 May 2009, 23 countries have officially reported 1893 cases of H1N1 flu (swine flu) infection. Mexico has reported 942 laboratory confirmed human cases of infection, including 29 deaths. The following countries have reported laboratory confirmed cases with no deaths - Austria (1), Canada (165), China, Hong Kong Special Administrative Region (1), Colombia (1), Costa Rica (1), Denmark (1), El Salvador (2), France (5), Germany (9), Guatemala (1), Ireland (1), Israel (4), Italy (5), Netherlands (1), New Zealand (5), Portugal (1), Republic of Korea (2), Spain (73), Sweden (1), Switzerland (1) and the United Kingdom (28). The number of confirmed cases continues to follow an exponential model with a doubling time of 1.8 days.

WHO is not recommending travel restrictions related to the outbreak of the influenza A(H1N1) virus. Individuals who are ill should delay travel plans and returning travelers who fall ill should seek appropriate medical care. These recommendations are prudent measures which can limit the spread of many communicable diseases, including influenza.

## Other Information:

From the American Academy of Family Physicians

### American Family Physician

Basic Rules of Influenza: How to Combat the H1N1 Influenza (Swine Flu) Virus

<http://www.aafp.org/online/en/home/publications/journals/afp/preprint/combat-h1n1.html>

Telephone Triage of Patients with Influenza

<http://www.aafp.org/online/en/home/publications/journals/afp/preprint/influenza-telephone-triage.html>

### Family Practice Management

Preparing Your Office for an Infectious Disease Epidemic

<http://www.aafp.org/fpm/epidemicpreparedness.pdf>

Jonathan L. Temte, MD/PhD

Advisory Committee on Immunization Practices Associate Professor Department of Family Medicine University of Wisconsin School of Medicine and Public Health

777 South Mills Street

Madison, Wisconsin 53715

Telephone: 608-263-3111

Fax: 608-263-6663

email: [Jon.Temte@fammed.wisc.edu](mailto:Jon.Temte@fammed.wisc.edu)

REFERENCE GUIDE FOR MANAGEMENT OF H1N1 PATIENTS IN PRIMARY CARE AND URGENT CARE CLINICS

5/6/09

1. Triage

a. Phone triage:

- Ask the following: does patient have a fever, is the patient complaining of headache or muscle aches or pains, is the patient coughing or complaining of congestion?
- If answers “yes” to two or more of the above, make appointment; advise patient to don surgical mask upon arrival to clinic.

b. Triage of walk-in patients:

- Receptionists/registrars should ask all walk-in patients “what brings you to the clinic today? Do you have a cough or fever?” If symptoms suggest H1N1 (see above), then:
- Mask any coughing patient with a surgical mask. Find a nurse to triage patient.
- Nurse should assess patient for above symptoms.
- If influenza is suspected, patient should be roomed immediately if possible, or asked to wait in isolated area of waiting room, at least 6 feet from others.

2. Necessary Precautions

**PLEASE NOTE** : for the current strain of influenza, a previously unused Precautions category has been defined by the CDC. It is called “**ENHANCED DROPLET PRECAUTIONS.**” These precautions combine elements of both droplet and airborne precautions. Please read the points below carefully.

a. Exam Room

- Any exam room is appropriate; negative pressure room is not necessary, although desirable for any aerosol-generating procedure.
- Specimen collection is no longer considered an “aerosol-generating procedure,” and, therefore, does not need to be done in a negative pressure room.

b. Personal Protective Equipment (PPE)

- Masking
  - 1) N-95 masks or PAPRs are necessary for direct patient care and specimen collection.
  - 2) N-95s may be reused, but if they are reused, per Wisconsin Division of Public Health, they must be covered during use with a face shield or a surgical mask.
  - 3) If surgical mask is used to cover N-95, discard in regular trash before leaving room. Remove N-95 once outside room.
  - 4) If face shield is used to cover N-95, it can be reused, but must be disinfected with Dispatch or Sani-cloths.
  - 5) N-95s should be used by one individual only and stored in a paper bag.

- 6) Employees who do not provide direct patient care, such as receptionists or registrars, may use surgical masks when interacting with a suspect H1N1 patient if they so choose; however their best protection is masking the *patient*.
- 7) Patients must wear surgical mask throughout visit, including if seen at lab or medical imaging, except when removal is necessary as part of exam.
- 8) Clinic staff must alert receiving departments (e.g. lab, medical imaging) if suspect H1N1 patient is being sent.

- Gown and Gloves
  - 1) Contact precautions are required when caring for a suspect H1N1 patient.
  - 2) Wear yellow gown and disposable latex-free gloves. (Blue gowns are permissible if yellow gowns are unavailable)
  - 3) Hand hygiene is necessary prior to and after glove use.
- Eye Protection
  - 1) Eyes of anyone providing direct care must be covered with a face shield or goggles.
  - 2) After use, these must be disinfected with Dispatch or Sani-Cloths prior to reuse.
- Order for putting on and taking off PPE:
 

<ul style="list-style-type: none"> <li>1) Put on:</li> <li>Perform hand hygiene</li> <li>Gown</li> <li>N-95 or PAPR</li> <li>Goggles/face shield</li> <li>Gloves</li> </ul>	<ul style="list-style-type: none"> <li>2) Take off:</li> <li>Gloves</li> <li>Goggles/ face shield</li> <li>Gown; then leave room and remove:</li> <li>N-95 or PAPR</li> <li>Perform hand hygiene</li> </ul>
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- All disposable PPE may be discarded in regular trash, unless contaminated with blood or body fluids. If so, discard in red biohazard trash.

### 3. Specimen collection and processing

- a. Acceptable specimens include nasopharyngeal (NP) flocked swabs; NP aspirates and washes, bronchoalveolar lavage (BAL), and, from intubated patients, tracheal aspirates.
- b. NP swabs, washes, and aspirates as well as tracheal aspirates should be placed in Universal Transport Media (UTM) or refrigerated M4 media. Transport refrigerated or on wet ice to laboratory.
- c. Throat (oropharyngeal) swabs alone are not acceptable for this testing. A throat swab may be submitted with the NP sample (both swabs in a single tube).
- d. Specimen collection instructions for both nasopharyngeal swabs and aspirates can be found on UConnect under Departments UWHC/Clinical Laboratories/Microbiology Testing Guidelines.
- e. The test needs to be ordered as a Miscellaneous Reference lab test (RMISC) and appropriate paperwork needs to be completed and sent with the sample to the lab. (Enhanced surveillance form from the WSLH) Follow the link for the updated form.

<http://www.slh.wisc.edu/comdis/swineflu.dot>

- f. If the patient is high risk, the order code is HCFLUD. UWHC Outreach paperwork needs to be completed and sent along with the sample, in addition to ordering the code RMISC and completing the paperwork for the WSLH.
  - g. Clinical labs will forward the sample to the Central lab. Samples will be picked up twice per day from the Central lab and delivered to the State Lab of Hygiene (SLH). The pick-up times are 8:00 am and 12:45 pm. There is only one courier pick-up daily to UWHC, the pick-up time is at 11:45 am.
  - h. If the UWMF internal courier will not be used for transporting samples to the Central lab, the Clinical lab staff must call Dunham Express. Samples being sent by Dunham Express must be shipped in a Category B shipping container. Staff must wait for Dunham to pick up the sample from their location. Do not place the sample in a lock-box.
4. Upon patient discharge
    - a. No room closure time is necessary
    - b. Disinfect all hard, flat surfaces in exam room with Dispatch. (Hepacide may be used, but has kill time of 10 minutes)
5. Reporting
    - a. At this time, all confirmed cases of H1N1 will be reported to the Health Dept. by the processing lab; however clinics will need to contact the patient's local health department as well to provide additional information about the patient that is unavailable from the lab.
    - b. Employee Health does not need to be notified of suspect or confirmed cases unless there is a known exposure. "Exposure" can be avoided by following the above PPE guidelines.
6. Test results
    - a. Negative result will be reported as "INFLUENZA A VIRUS PCR: No influenza A virus RNA detected."
    - b. Positive result will be reported as "INFLUENZA A VIRUS PCR: Influenza A virus RNA detected." Then, sub-category will also be given as "INFLUENZA A H1 SWINE-LIKE PCR POSITIVE ."
7. Further information may be obtained from:
    - a. Link to CDC: <http://www.cdc.gov/h1n1flu/recommendations.htm>
    - b. Link to Wisconsin Division of Public Health: <http://pandemic.wi.gov/>

8. Treatment guidelines from CDC:

Table 1. Swine-origin influenza antiviral medication dosing recommendations. (Table extracted from <a href="#">IDSA guidelines for seasonal influenza</a> .)			
Agent, group		Treatment	Chemoprophylaxis
<b>Oseltamivir</b>			
<b>Adults</b>		75-mg capsule twice per day for 5 days	75-mg capsule once per day
<b>Children</b> (age, 12 months or older), weight:	15 kg or less	60 mg per day divided into 2 doses	30 mg once per day
	15–23 kg	90 mg per day divided into 2 doses	45 mg once per day
	24–40 kg	120 mg per day divided into 2 doses	60 mg once per day
	>40 kg	150 mg per day divided into 2 doses	75 mg once per day
<b>Zanamivir</b>			
<b>Adults</b>		Two 5-mg inhalations (10 mg total) twice per day	Two 5-mg inhalations (10 mg total) once per day
<b>Children</b>		Two 5-mg inhalations (10 mg total) twice per day (age, 7 years or older)	Two 5-mg inhalations (10 mg total) once per day (age, 5 years or older)