

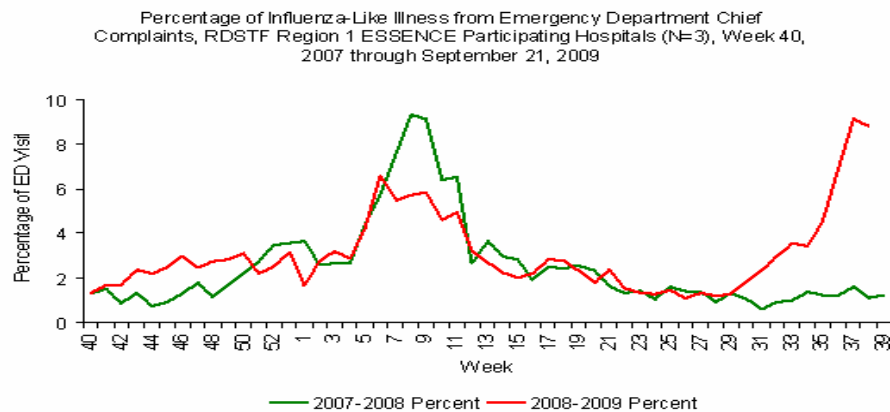


PUBLIC HEALTH NOTE - H1N1 INFLUENZA UPDATE

The novel H1N1 Influenza pandemic has continued throughout the summer months. Public health officials are no longer counting total numbers of lab-confirmed cases, but continue to closely track hospitalized cases and deaths.

What you as a clinician need to know about H1N1 management and treatment:

- Nearly all of the influenza viruses currently being detected remain the pandemic H1N1 virus.
- The percent of emergency department visits associated with influenza-like illness peaked during winter months and again when novel H1N1 influenza was first identified. Activity has increased significantly in the last few weeks, and is well above the expected level for this time of year.



- If a patient presents to you with an influenza-like illness, TREAT EMPIRICALLY.
- Most healthy persons who develop an illness consistent with influenza, or persons who appear to be recovering from influenza, do not need antiviral medications for treatment or prophylaxis.
- Persons presenting with suspected influenza and more severe symptoms such as evidence of lower respiratory tract infection or clinical deterioration, should receive empiric antiviral therapy, regardless of previous health or age. Treatment with oseltamivir or zanamivir is recommended for all persons with suspected or confirmed influenza requiring hospitalization.
- Early empiric treatment with oseltamivir or zanamivir should be considered for persons with suspected or confirmed influenza who are at higher risk for complications including:

- Children younger than 2 years old
- Persons aged 65 years or older
- Pregnant women
- Persons of any age with certain chronic medical or immunosuppressive conditions (go to www.cdc.gov/h1n1flu/recommendations.htm for a list of conditions)
- Persons younger than 19 years of age who are receiving long-term aspirin therapy

This group is different from the H1N1 vaccination priority groups.

- Children 2 to 4 years old are more likely to require hospitalization or urgent medical evaluation for influenza compared with older children, although the risk is much lower than for children younger than 2 years old. Children aged 2 to 4 years without high risk conditions and with mild illness do not necessarily require antiviral treatment.
- Treatment, when indicated, should be initiated as early as possible because studies show that treatment initiated early (i.e., within 48 hours of illness onset) is more likely to provide benefit. Treatment should not wait for laboratory confirmation of influenza because laboratory testing can delay treatment and because a negative rapid test for influenza does not rule out influenza. The sensitivity of rapid tests in detecting 2009 H1N1 has ranged from 10% to 70%. Information on the use of rapid influenza diagnostic tests (RIDTs) can be found at http://www.cdc.gov/h1n1flu/guidance/rapid_testing.htm.
- Once the decision to administer antiviral treatment is made, treatment with oseltamivir (oral) or zanamivir (inhaled) should be initiated as soon as possible after the onset of symptoms (most effective if within 48 hours of illness onset). Though drug resistance has been rarely noted (a handful of cases worldwide), these antivirals are still the drugs of choice.
- Public health officials recommend that we stay vigilant for new trends in H1N1 spread, mortality, and drug resistance, and continue to assess the burden of disease (also referred to as 'surveillance'). Therefore, LIMITED testing is available for specific groups through the state lab:
 - People admitted to the hospital with life-threatening illness suggesting influenza infection
 - People who appear to be part of outbreaks of influenza, especially in certain group settings - schools, daycares, nursing homes, group residential facilities, church groups, etc.
 - A sample of people presenting with influenza-like illness at specific practices participating in the Sentinel Practice Influenza Surveillance System.
- Patients presenting with symptoms of influenza-like illness should be advised to stay home for at least 24 hours after they no longer have a fever, or signs of a fever, without the use of fever reducing medicines,

regardless of antiviral treatment. Health care personnel who develop a febrile respiratory illness should be excluded from work for 7 days, or until symptoms have resolved, whichever is longer.

Additional information and guidelines may be found on the CDC's website <http://www.cdc.gov/h1n1flu/> and the Florida Department of Health's website http://www.doh.state.fl.us/disease_ctrl/epi/swineflu/index.html.