

DPHHS HAN

From: DPHHS HAN
Sent: Wednesday, October 07, 2009 3:21 PM
Subject: DPHHS HAN ADVISORY 2009-32: Distinguishing Between Influenza, Pertussis and Viral URIs
Attachments: influenzatreatmentadultalgorithm.pdf; flu_colds_pertussis 2009.pdf

State of Montana

DPHHS HAN ADVISORY

Wednesday, October 07, 2009

Forwarding Instructions:

PLEASE FORWARD TO ALL CLINICAL PARTNERS

DPHHS Information / Recommendations:

Distinguishing Between Influenza, Pertussis and Viral URIs

Because cases of influenza, pertussis and other viral upper respiratory infections (URIs) are occurring around the state at this time, it is important to be able to distinguish between these illnesses. Cases of pertussis must be promptly reported to the local health department so that appropriate prevention steps can be taken.

Recommendations

- Consider using the attached table to assist in clinical settings to distinguish pertussis from influenza and other viral URIs.
- Consider using the “2009-2010 Influenza Season Triage Algorithm for Adults (>18 Years) With Influenza-Like Illness “ developed by CDC and Emory University to inform prudent responses to influenza-like illness in adults patients (<http://www.cdc.gov/h1n1flu/clinicians/pdf/adultalgorithm.pdf>)
- Continue to use influenza antivirals judiciously (<http://www.cdc.gov/h1n1flu/recommendations.htm>)

BACKGROUND

Cases of influenza and pertussis are both being identified around the state at this time. It is very important to recognize and distinguish these illnesses in order to treat appropriately and to ensure appropriate public health interventions to prevent further illness.

Tools to Assist in Diagnosis and Treatment

- The “2009-2010 Influenza Season Triage Algorithm for Adults (>18 Years) With Influenza-Like Illness”, developed by the CDC and Emory University, is designed to assist physicians and those under their supervision in identifying indicators of and responses to symptoms of influenza-like illness (i.e., fever with cough or sore throat). <http://www.cdc.gov/h1n1flu/clinicians/pdf/adultalgorithm.pdf>.
- A table developed by the Iowa Department of Public Health (attached) may be useful in distinguishing between pertussis, influenza and other upper respiratory infections (URIs).

Pertussis Update

Twenty-four cases of pertussis have been reported in Montana since September 1, 2009. This increase in cases has been seen in Yellowstone, Lewis & Clark, Gallatin, Big Horn/Crow and Musselshell Counties. Of concern is that 25% of these cases have been in children under the age of 1. It is important to ensure appropriate treatment of cases and prophylaxis for close contacts. Anyone with coughing fits that lead to

vomiting or gagging should be PCR tested for pertussis.

Influenza Update

Activity continues at regional levels and 100% of all sub-typed influenza A viruses have been 2009 influenza A (H1N1). *Based on testing done by the Montana Public Health Laboratory, there are no other strains of influenza circulating in Montana at this time.* Influenza-like illness from sentinel providers around the state increased during the period 9/20 – 9/26/09. Clusters are occurring in schools around the state, and there are reports of significant absenteeism in some schools. Rapid tests for influenza A are only 50-70% sensitive for detecting the presence of the 2009 H1N1 influenza A virus. *Please report cases of influenza or influenza like-illness that are hospitalized to your local health department.*

DPHHS Subject Matter Expert (SME) Contact:

Communicable Disease Epidemiology Program 406.444.0273

Distributed by the Department of Public Health and Human Services Health Alert Network (HAN) System

DPHHS Health Alert Hotline: 1-800-701-5769

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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; unlikely to require immediate action.

2009-2010 Influenza Season Triage Algorithm for Adults (>18 Years) With Influenza-Like Illness

Disclaimer

This algorithm is designed only to assist physicians and those under their supervision in identifying indicators of and responses to symptoms of flu-like illness (i.e., fever with cough or sore throat). It does not provide guidance for other medical conditions nor is it intended to substitute for professional medical advice. Like any printed material it may become out-of-date over time. This guidance is not intended for use by the general public and is not a substitute for sound clinical judgment. Individuals should always seek the advice of their healthcare professional with any questions they have regarding a medical condition. If you are concerned about your health or the health of someone in your care, call your doctor or the doctor of the person you are caring for. If you think you or someone in your care is severely ill or may have a medical emergency, call 911 immediately. The U.S. Government does not warrant or assume any legal liability or responsibility for the accuracy, completeness, or usefulness of this algorithm.

This algorithm was developed in collaboration with Emory University School of Medicine

This algorithm is meant for use by healthcare professionals and their surrogates, not by the general public. This algorithm applies regardless of whether or not the patient has been vaccinated for influenza. Patients who do not have all the signs/symptoms (and therefore are not eligible for the algorithm) are encouraged to seek care or talk to a healthcare provider about their illness.

Are **all** of the following present?

1. Age greater than 18
2. Fever or feverishness*
3. Cough or sore throat

* If antipyretics are taken this may inhibit a patient's ability to mount a fever

No

Although influenza cannot be ruled out in this patient, this algorithm should not be used to guide clinical decision making in this case. Advise them to contact their healthcare provider for advice about their current illness. Many people with influenza illness will not have a fever. Other symptoms of influenza can include chills, body aches/muscle pain, headache, fatigue, runny nose, and occasionally diarrhea and vomiting

Yes

Are **any** of the following signs or symptoms present?†

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest
- Dizziness
- Confusion
- Severe or persistent vomiting
- Flu-like symptoms improved but then return or worsen within a few days

† These symptoms are purposely broad to minimize the possibility of misclassifying people who truly have severe disease. The person attempting to triage the patient should take into account the severity and duration of the symptoms and the patient's ability to care for themselves or access a reliable caregiver when deciding whether or not patients should be advised to seek care immediately

Yes

This patient should be advised to seek medical care immediately

No

Is the patient:

- Age 65 years or older

OR

- Pregnant

OR are **any** of the following comorbid conditions present:

- Chronic pulmonary (including asthma), cardiovascular (except isolated hypertension), renal, hepatic, hematological (including sickle cell disease), or metabolic disorders (including diabetes mellitus)
- Disorders that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders)
- Immunosuppression, including that caused by medications or by HIV

Note: obese patients and morbidly obese patients should be carefully evaluated for the presence of underlying medical conditions that are known to increase the risk for influenza complications, and receive empiric treatment when these conditions are present, or if signs of lower respiratory tract infection are present

Yes

This patient is at higher risk for influenza complications. The patient should be advised to contact their healthcare provider to discuss antiviral treatment that day. Providers may advise such patients to take antiviral medications for treatment and/or other therapy. Early use of influenza antiviral medications can reduce the risk of influenza-related complications

No

Based on the information above, this patient is at low risk for influenza complications and may not require testing or treatment for influenza if their symptoms are mild. Should their symptoms worsen or if they are concerned about their health they should be advised to seek medical care.

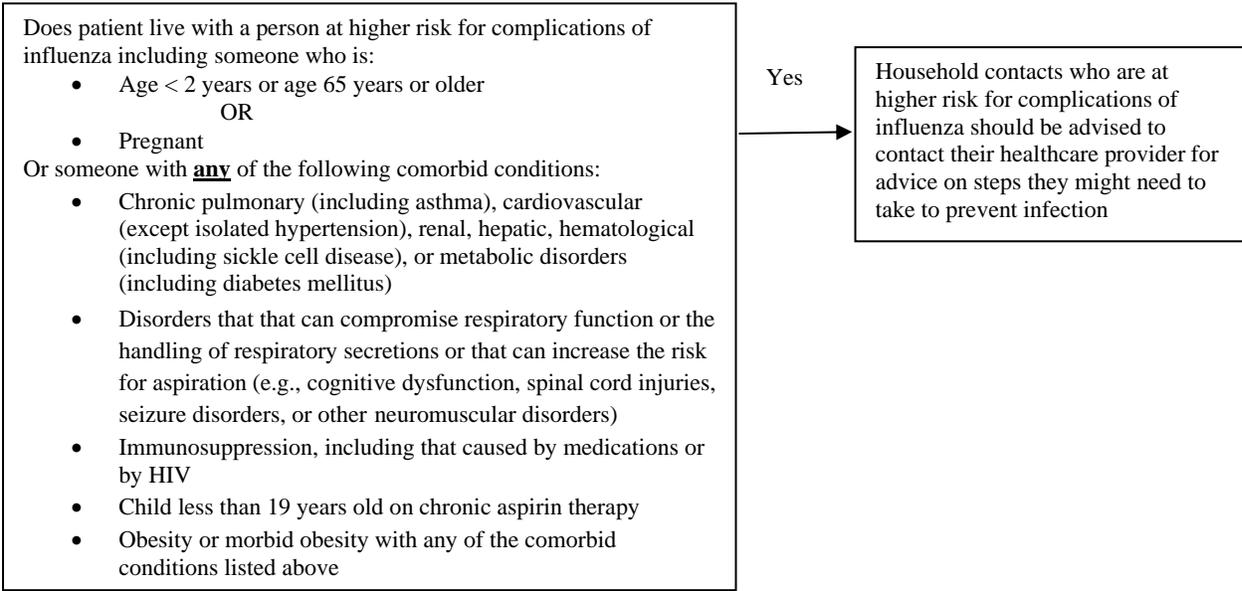
In order to help prevent spread of influenza to others, these patients should be advised:

- To keep away from others to the extent possible, particularly those at higher risk for complications from influenza (see box next page). This may include staying in a separate room with the door closed.
- To cover their coughs and sneezes
- Avoid sharing utensils
- Wash their hands frequently with soap and water or alcohol-based hand rubs
- Stay home until 24 hours after their fever is gone

More information available at: http://www.cdc.gov/h1n1flu/guidance_homecare.htm

2009-2010 Influenza Season Triage Algorithm for Adults (>18 Years) With Influenza-Like Illness

For all adult (> 18 years) patients triaged using this algorithm the following should also be assessed:



Influenza vs. Cold vs. Pertussis

Symptom		Influenza ("Flu")	Colds (Viral URI)	Pertussis
Fever		Usually present & high (102-104°F or 39-40°C); typically lasts 3-4 days	Uncommon If present, typically low-grade	Uncommon If present, typically low-grade
Chills		Common	Uncommon	Rare
Headache		Very common	Uncommon	Uncommon
Aches and pains, muscle aches, chest discomfort		Very common Often severe	Slight to Moderate	Uncommon
Fatigue and weakness		Moderate - severe; can last up to 14-21 days	Mild	Mild; Usually appears well between coughing attacks
Extreme exhaustion		Very common early in illness	Extremely Rare	Rare
Stuffy or runny nose		Common	Very common	Common, early in the disease
Sneezing		Sometimes	Common	Common, early in the disease
Sore throat		Common	Common	Uncommon
Cough	Character	Non-productive ("dry") cough is typical	Hacking cough, often productive; usually responds to cough medications	Variable character; fits / paroxysms and nocturnal cough are common; generally not responsive to cough medications; "whooping" may or may not occur
	Severity	Moderate	Mild to Moderate	Variable; mild to severe; infants appear quite ill and may present with cough or apnea
	Duration	Typically 3-7 days; occasionally to 14 days	Typically 3-7 days	Persistent cough, almost always >1 week, usually 2-6 weeks, sometimes 10+ weeks
	Paroxysms (coughing fits)	Uncommon	Rare	Common; often leads to vomiting or gagging
Infectious Period		1 day before symptom onset and 3-7 days after	Variable; typically 4-7 days after symptom onset; can be longer	From start of catarrhal phase (before cough) to 21 days after cough onset* Most efficient spreading after cough onset

*or until taking 5 days of appropriate anti-pertussis antibiotics