

State of Montana DPHHS HAN ALERT

Distributed via the DPHHS Health Alert Network (HAN) System

Friday, May 8, 2009 4:45 PM

DPHHS Contact Information: Communicable Disease 444-0273

DPHHS recommends you do forward this HAN message on to your local HAN contacts.

DPHHS Recommendations:

First Probable Case of H1N1 (Swine) Influenza in Montana

Today the Montana Department of Public Health and Human Services (DPHHS) and Riverstone Health, Yellowstone County's local public health organization, reported the first probable case of H1N1 (swine) influenza in the state. The case involves a Yellowstone County adult male. The patient was not hospitalized and is currently recovering.

ATTACHMENTS:

- 1) Updated Antiviral Guidance
- 2) CDC's Respiratory Hygiene Etiquette
- 3) DPHHS/RiverStone press release announcing the probable case
- 4) CDC Fact Sheet- What to Do If You Get Flu-Like Symptoms

DPHHS Health Alert Hotline 1-800-701-5769

Visit the DPHHS Health Alert Network Website at www.han.mt.gov

The goal of Montana's Health Alert Network is to transmit information to local public health authorities as quickly as possible, and assign a suitable priority to the message that is sensitive to the impact of a health-related event providing information relative to the public health and safety of Montanans. For questions or comments relative to Montana's HAN system you may contact the DPHHS HAN Coordinator, Gerry Wheat at <mailto:gwheat@mt.gov>

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.

You have received this message based upon the information contained within our emergency notification data base. If you have a different or additional e-mail or fax address that you would like us to use please notify us as soon as possible by e-mail at hhshan@mt.gov <mailto:hhshan@mt.gov>



Respiratory Hygiene/Cough Etiquette in Healthcare Settings

To prevent the transmission of **all** respiratory infections in healthcare settings, including influenza, the following infection control measures should be implemented at the first point of contact with a potentially infected person. They should be incorporated into infection control practices as one component of Standard Precautions.

1. Visual Alerts

Post visual alerts (in appropriate languages) at the entrance to outpatient facilities (e.g., emergency departments, physician offices, outpatient clinics) instructing patients and persons who accompany them (e.g., family, friends) to inform healthcare personnel of symptoms of a respiratory infection when they first register for care and to practice Respiratory Hygiene/Cough Etiquette.

- Notice to Patients to Report Flu Symptoms
Emphasizes covering coughs and sneezes and the cleaning of hands
- Cover Your Cough
Tips to prevent the spread of germs from coughing
- Information about Personal Protective Equipment
Demonstrates the sequences for donning and removing personal protective equipment

2. Respiratory Hygiene/Cough Etiquette

The following measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of a respiratory infection.

- Cover the nose/mouth when coughing or sneezing;
- Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use;
- Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials.

Healthcare facilities should ensure the availability of materials for adhering to Respiratory Hygiene/Cough Etiquette in waiting areas for patients and visitors.

- Provide tissues and no-touch receptacles for used tissue disposal.
- Provide conveniently located dispensers of alcohol-based hand rub; where sinks are available, ensure that supplies for hand washing (i.e., soap, disposable towels) are consistently available.

3. Masking and Separation of Persons with Respiratory Symptoms

During periods of increased respiratory infection activity in the community (e.g., when there is increased absenteeism in schools and work settings and increased medical office visits by persons complaining of respiratory illness), offer masks to persons who are coughing. Either procedure masks (i.e., with ear loops) or surgical masks (i.e., with ties) may be used to contain respiratory secretions (respirators such as N-95 or above are not necessary for this purpose). When space and chair availability permit, encourage coughing persons to sit at least three feet away from others in common waiting areas. Some facilities may find it logistically easier to institute this recommendation year-round.

4. Droplet Precautions

Advise healthcare personnel to observe Droplet Precautions (i.e., wearing a surgical or procedure mask for close contact), in addition to Standard Precautions, when examining a patient with symptoms of a respiratory infection, particularly if fever is present. These precautions should be maintained until it is determined that the cause of symptoms is not an infectious agent that requires Droplet Precautions <http://www.cdc.gov/ncidod/dhqp/ppe.html>.

NOTE: These recommendations are based on the *Draft Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*. Recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC), CDC.

Page last updated December 17, 2003

Content Source: Coordinating Center for Infectious Diseases (CCID)

National Center for Immunization and Respiratory Diseases (NCIRD)



Interim Guidelines for Antiviral Drug Use for Influenza Infection
Public Health and Safety Division, DPHHS, May 5, 2009

Treatment

Influenza should be considered in persons with acute febrile respiratory illness with cough or sore throat. **Priority should be given for treatment of hospitalized patients and outpatients at high risk for influenza complications.** Mild uncomplicated illness should not be treated.

Persons at high risk of complications from influenza who should be considered for antiviral therapy:

- Infants and children aged <5 years
- Persons with asthma or other chronic pulmonary diseases, such as cystic fibrosis in children or chronic obstructive pulmonary disease in adults
- Persons with hemodynamically significant cardiac disease
- Persons who have immunosuppressive disorders or are receiving immunosuppressive therapy
- HIV-infection persons
- Pregnant women
- Persons with sickle cell anemia and other hemoglobinopathies
- Persons with diseases that require long-term aspirin therapy, such as rheumatoid arthritis or Kawasaki disease
- Persons with chronic renal dysfunction
- Persons with cancer
- Persons with chronic metabolic disease, such as diabetes mellitus
- Persons with neuromuscular disorders, seizure disorders, or cognitive dysfunction that may compromise the handling of respiratory secretions
- Adults aged >65 years
- Residents of any age of nursing homes or other long-term care institutions

Antiviral treatment should be initiated as soon as possible after the onset of symptoms. Evidence for benefits from treatment in studies of seasonal influenza is strongest when treatment is started within 48 hours of illness onset. However, some studies of treatment of seasonal influenza have indicated benefit, including reductions in mortality or duration of hospitalization even for patients whose treatment was started more than 48 hours after illness onset. Therefore, treatment for high-risk patients who are seen >48 hours after illness onset and are not improving is permitted.

Chemoprophylaxis

Routine prophylaxis with oseltamivir or zanamavir should be limited at this time to the following individuals who have contact with a confirmed or probable case:

1. Household close contacts of a confirmed or probable case 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, and pregnant women).
2. Health care workers who were not using appropriate personal protective equipment during close contact with an ill confirmed, probable or suspect case of swine-origin influenza A (H1N1) virus infection during the case's infectious period.

For more information about antiviral drugs including dosing guidelines and please see the CDC antiviral web page <http://www.cdc.gov/h1n1flu/recommendations.htm> and the Infectious Disease Society of America guidelines for seasonal influenza: <http://www.journals.uchicago.edu/doi/pdf/10.1086/598513>
Dosing guidelines for antiviral drugs (consult the manufacturer's package insert for complete information)

Agent, Group	Treatment (5 days)	Prophylaxis (10 days)	
Oseltamavir			
Adults	75 mg PO bid	75 mg PO qday	
Children	15 kg or less 15-23 kg 24-40 kg > 40 kg	30 mg PO bid 45 mg PO bid 60 mg PO bid 75 mg PO bid	30 mg PO qday 45 mg PO qday 60 mg PO qday 75 mg PO qday
Zanamavir			
Adults	Two 5mg inhalations (10mg) bid	Two 5mg inhalations qday	
Children	Two 5mg inhalations (10mg) bid (age \geq 7 years)	Two 5mg inhalations qday (age \geq 5 years)	

**NEWS FROM THE MONTANA DEPARTMENT
OF PUBLIC HEALTH AND HUMAN SERVICES**

For immediate release

May 8, 2009

Contact: Dr. Steve Helgerson, State Medical Officer, DPHHS, 406-444-1286
Barbara Schneeman, RiverStone Health, 406-651-6420
Jon Ebelt, Public Information Officer, DPHHS, 406-444-0936

**Montana Reports First Probable Case of H1N1 (Swine)
Influenza in State**

Today the Montana Department of Public Health and Human Services (DPHHS) and Riverstone Health, Yellowstone County's local public health organization, reported the first probable case of H1N1 (swine) influenza in the state.

The case involves a Yellowstone County adult male. The patient was not hospitalized and is currently recovering.

A specimen from this individual has been sent by the DPHHS Public Health Laboratory to the Centers for Disease Control and Prevention for further testing to confirm H1N1 (swine) influenza. Based on DPHHS test results it's likely this will turn out to be the first H1N1 (swine) influenza case in Montana.

"Considering the trend around the country, it's no surprise that a H1N1 (swine) influenza case has been identified in Montana," said DPHHS state medical officer Dr. Steven Helgerson. "The most important thing for people in Yellowstone County and Montana to know is that influenza illness is occurring. Most of the illness is being caused by seasonal influenza viruses, and now the recently recognized strain called H1N1 (swine) is also causing illness. It's very likely that more cases will be identified during the coming weeks. It's also important to understand that, at this time in the United States, H1N1 (swine) influenza is acting just like seasonal influenza. Most cases of both the seasonal and H1N1 swine have been self-limited and very few have required hospitalization."

Lil Anderson, President & CEO of RiverStone Health and Yellowstone County Health Officer further states: "We continue to ask all individuals with mild influenza-like illness to stay home. Children and adolescents with fever should not go to day care or school. Adults with fever should not go to work until their symptoms resolve."

The symptoms of H1N1 (swine) influenza in people are similar to the symptoms of seasonal flu and may include fever greater than 100 F, sore throat, cough, stuffy nose, chills, headache and body aches, and fatigue.

The department advises those who experience influenza symptoms to stay home for seven days after onset of symptoms, or at least 24 hours after symptoms have resolved, whichever is longer.

The state health department also encourages people to take these personal precautions to decrease their chances of getting the influenza:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hands cleaners are also effective.
- Avoid touching your eyes, nose or mouth.
- Try to avoid close contact with sick people. Influenza is thought to spread mainly person-to-person through coughing or sneezing of infected people.
- If you get sick, CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.

Frequent hand washing or the use of hand sanitizers can protect people who are interacting in public places and prevent the spread of illness. H1N1 (swine) influenza is passed from person to person, Anderson said, and is not contracted by eating pork.

This is a rapidly evolving situation, and the state health department is asking people to be alert for changes in its guidance as it learns more, available on the department website dedicated to H1N1 (swine) influenza information at <http://www.dphhs.mt.gov/swineflu>.

The site also includes a link to CDC guidance on what to do if you experience influenza-like symptoms, Helgerson noted. The CDC's guidance on the use of antiviral medication during the current outbreak encourages use to treat severe influenza and people who are at high risk of serious influenza-related complications.

Most people who have influenza, including influenza caused by H1N1 swine, will recover without needing medication or medical attention.

For more information call DPHHS public information officer Jon Ebelt at 406-444-0936 or Barbara Schneeman of Riverstone Health at 406-651-6420.



H1N1 Flu

What to Do If You Get Flu-Like Symptoms

May 7, 2009 7:15 PM ET

Background

The novel H1N1 flu virus is causing illness in infected persons in the United States and countries around the world. CDC expects that illnesses may continue for some time. As a result, you or people around you may become ill. If so, you need to recognize the symptoms and know what to do.



Symptoms

The symptoms of this new H1N1 flu virus in people are similar to the symptoms of seasonal flu and include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. A significant number of people who have been infected with this new H1N1 virus also have reported diarrhea and vomiting. The high risk groups for novel H1N1 flu are not known at this time but it's possible that they may be the same as for seasonal influenza.

People at higher risk of serious complications from seasonal flu include people age 65 years and older, children younger than 5 years old, pregnant women, people of any age with chronic medical conditions (such as asthma, diabetes, or heart disease), and people who are immunosuppressed (e.g., taking immunosuppressive medications, infected with HIV).

Avoid Contact With Others

If you are sick, you may be ill for a week or longer. You should stay home and avoid contact with other persons, except to seek medical care. If you leave the house to seek medical care, wear a mask or cover your coughs and sneezes with a tissue. In general you should avoid contact with other people as much as possible to keep from spreading your illness. At the current time, CDC believes that this virus has the same properties in terms of spread as seasonal flu viruses. With seasonal flu, studies have shown that people may be contagious from one day before they develop symptoms to up to 7 days after they get sick. Children, especially younger children, might potentially be contagious for longer periods.

Treatment is Available for Those Who Are Seriously Ill



It is expected that most people will recover without needing medical care.

If you have severe illness or you are at high risk for flu complications, contact your health care provider or seek medical care. Your health care provider will determine whether flu testing or treatment is needed. Be aware that if the flu becomes wide spread, there will be little need to continue testing people, so your health care provider may decide not to test for the flu virus.

Antiviral drugs can be given to treat those who become severely ill with influenza. These antiviral drugs are prescription medicines (pills, liquid or an inhaler) with activity against influenza viruses, including H1N1 flu virus. These medications must be prescribed by a health care professional.

There are two influenza antiviral medications that are recommended for use against H1N1 flu. The drugs that are used for treating H1N1 flu are called oseltamivir (trade name Tamiflu ®) and zanamivir (Relenza ®). As the H1N1 flu spreads, these antiviral drugs may become in short supply. Therefore, the drugs will be given first to those people who have been hospitalized or are at high risk of complications. The drugs work best if given within 2 days of becoming ill, but may be given later if illness is severe or for those at a high risk for complications.

Aspirin or aspirin-containing products (e.g. bismuth subsalicylate – Pepto Bismol) should not be administered to any confirmed or suspected ill case of novel influenza A (H1N1) virus infection aged 18 years old and younger due to the risk of Reye syndrome. For relief of fever, other anti-pyretic medications are recommended such as acetaminophen or non steroidal anti-inflammatory drugs. For more information about Reye's syndrome, visit the [National Institute of Health website](#).

- Check ingredient labels on over-the-counter cold and flu medications to see if they contain aspirin.
- Teenagers with the flu can take medicines *without* aspirin, such as acetaminophen (Tylenol®) and ibuprofen (Advil®, Motrin®, Nuprin®), to relieve symptoms.
- Children younger than 4 years of age should not be given over-the-counter cold medications without first speaking with a healthcare provider.

Emergency Warning Signs

If you become ill and experience any of the following warning signs, seek emergency medical care.

In children emergency warning signs that need urgent medical attention include:

- Fast breathing or trouble breathing
- Bluish or gray skin color
- Not drinking enough fluids
- Severe or persistent vomiting
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough

In adults, emergency warning signs that need urgent medical attention include:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- Flu-like symptoms improve but then return with fever and worse cough

Protect Yourself, Your Family, and Community

- Stay informed. Health officials will provide additional information as it becomes available. Visit the [CDC H1N1 Flu website](#).
- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- If you are sick with a flu-like illness, stay home for 7 days after your symptoms begin or until you have been symptom-free for 24 hours, whichever is longer. Keep away from other household members as much as possible. This is to keep you from infecting others and spreading the virus further.
- Learn more about how to take care of someone who is ill in "[Taking Care of a Sick Person in Your Home](#)"
- Follow public health advice regarding school closures, avoiding crowds, and other social distancing measures.
- If you don't have one yet, consider developing a family emergency plan as a precaution. This should include storing a supply of extra food, medicines, and other essential supplies. Further information can be found in the "[Flu Planning Checklist](#)"



Related Media:

- [CDC YouTube Video: Symptoms of Swine Flu](#)
- Links to non-federal organizations are provided solely as a service to our users. These links do not constitute an endorsement of these organizations or their programs by CDC or the federal government, and none should be inferred. CDC is not responsible for the content of the individual organization Web pages found at these links.

File Formas Help:





[How do you view different file formats\(PDF, DOC, PPT, MPEG\) on this site?](#)

Page last reviewed May 7, 2009 7:15 PM ET

Page last updated May 7, 2009 7:15 PM ET

Content source: [Centers for Disease Control and Prevention](#)

Centers for Disease Control and Prevention 1600 Clifton Rd. Atlanta, GA 30333, USA
800-CDC-INFO (800-232-4636) TTY: (888) 232-6348, 24 Hours/Every Day - cdcinfo@cdc.gov

