

State of Montana

DPHHS HAN UPDATE

Monday, July 06, 2009

Forwarding Instructions:

PLEASE FORWARD TO CLINICAL PARTNERS

DPHHS Information / Recommendations:

NOVEL INFLUENZA A H1N1 IN MONTANA - UPDATE

Health Care Providers

- Influenza continues to occur around the state – the majority of confirmed cases are now novel influenza A H1N1
- Rapid tests for influenza A are only 50-60% sensitive for detecting the presence of the novel influenza A H1N1 virus. Persons with a negative rapid test may still have influenza. (<http://nejm.highwire.org/cgi/reprint/NEJMc0904264v1.pdf>)
- Symptoms of novel influenza A H1N1 vary. Some patients may have fever and sore throat while others may have diarrhea and vomiting
- Follow recommendations for use of antiviral medications – overuse may result in antiviral resistance
- Report cases of confirmed and suspected influenza to your local health department

Public Health Professionals

- Be alert for outbreaks and clusters of influenza-like illness (ILI). Isolate cases with illness for 7 days after onset of symptoms.
- Report outbreaks and clusters of ILI in camps, schools and institutional settings, including healthcare facilities, to state CDEpi program
- Individual case reporting to the state CDEpi no longer necessary. When a case is reported, the information needed is: age, sex, county of residence, date of onset, disposition (hospitalized, death)

Updates

Human Cases of Influenza in Montana

As of July 3, 2009, a total of 80 cases of influenza-like illness had been confirmed to result from infection with the novel influenza A H1N1 strain in Montana. These cases had been identified in 18 counties. Five cases have resulted in hospitalization with no deaths. It is anticipated that cases will continue to occur in Montana over the next few weeks.

Laboratory Testing

From June 1 through June 26, the MTPHL tested 141 respiratory specimens from throughout Montana. Of these 141 specimens, 47 were positive for influenza A, with 43 of these confirmed as novel H1N1 (swine-like) influenza A and the other 4 H3 seasonal influenza A. Since June 15, the MTPHL has detected only one seasonal influenza A-H3 virus in the specimens submitted for Influenza testing. *At this time, it appears that patients who present with influenza-like illness (ILI) are likely to be infected with the novel influenza A virus.*

MTPHL will continue to test and subtype for influenza A virus when specimens are submitted, and fees will continue to be charged. The cost for screening for influenza A by PCR is \$74.00. If positive for influenza A, there is an additional charge of \$74.00 for the PCR subtyping to distinguish novel from influenza A viruses. The MTPHL continues to strive for 24 hour turn around time from the receipt of the specimen (Monday – Friday), and all results are faxed to the submitting facility.

A negative rapid test for influenza A *does not* necessarily mean that the person does not have influenza; rapid influenza tests are only 50-70% sensitive for detecting the presence of influenza A infection. (http://www.cdc.gov/h1n1flu/guidance/rapid_testing.htm) If confirmation is needed, send specimen to the MTPHL for PCR testing.

Please refer all questions about laboratory testing to the Montana Public Health Laboratory at 800-821-7284.

CDC guidance on testing can be found at http://www.cdc.gov/h1n1flu/guidance/rapid_testing.htm.

Follow Recommendations for Use of Influenza Antiviral Medications

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. CDC Recommendations: <http://www.cdc.gov/h1n1flu/recommendations.htm>
MT Recommendations:

www.dphhs.mt.gov/swineflu/documents/MTDPHHSInterimOutPTAntiviralGuidanceFINAL050709.pdf

Follow WHO Infection Control Recommendations for Influenza

- A combination of standard, droplet, contact and airborne infection control measures are recommended. See WHO: Infection prevention and control in health care in providing care for confirmed or suspected novel influenza A H1N1 patients: http://www.who.int/csr/disease/swineflu/guidance/healthcare_management/en/index.html
- Personnel providing care to or collecting clinical specimens (e.g., nasopharyngeal swabs) from suspected or confirmed cases should use standard and droplet precautions with eye protection.
- Personnel engaged in aerosol generating activities (e.g., collection of clinical specimens, endotracheal intubation, nebulizer treatment, bronchoscopy, and resuscitation involving emergency intubation or cardiac pulmonary resuscitation) for suspected or confirmed novel influenza A H1N1 cases should wear a fit-tested disposable N95 respirator plus standard and contact precautions.
- Persons with novel influenza A H1N1 infection should be considered potentially contagious for up to 7 days following illness onset and advised to stay at home (voluntary isolation) during the time they are potentially contagious: PLEASE INSTRUCT PATIENTS ACCORDINGLY if they are sent home with a diagnosis of influenza.

Updates to CDC Information

Novel H1N1 Influenza and You: <http://www.cdc.gov/h1n1flu/qa.htm>

Camp Guidance : <http://www.cdc.gov/H1N1flu/camp.htm>

Workplace Guidance: <http://www.cdc.gov/h1n1flu/guidance/workplace.htm>

FOR MORE INFORMATION

CDC website for clinical guidance: <http://www.cdc.gov/h1n1flu/guidance/>

DPHHS Subject Matter Expert (SME) Contact:

Contact: Communicable Disease Epidemiology Program 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

DPHHS HAN Website: www.han.mt.gov

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.

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. For questions or comments about to Montana's HAN system you may contact the DPHHS HAN Coordinator, Gerry Wheat at 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.