

State of Montana DPHHS HAN UPDATE

Distributed via the DPHHS Health Alert Network (HAN) System

Wednesday, April 29, 2009 6:00 PM

DPHHS Contact Information: Communicable Disease Program 444-0273

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

MTDPHHS will be sending one HAN per day with forwarded CDC Health Alert Network (HAN) messages from the previous 24 hour period. Each message will contain MTDPHHS recommendations that are specific to Montana for public health and healthcare professionals.

At this time, there are no known probable or confirmed cases of swine influenza in Montana. However, type A seasonal influenza is still circulating in Montana.

RECOMMENDATIONS FOR PUBLIC HEALTH

In order to identify potential cases of humans infected with swine-origin influenza in Montana, please do the following:

1. ENCOURAGE CLINICIANS who identify cases of influenza-like illness (ILI) to submit respiratory specimens to the Montana Public Health Laboratory (MTPHL). At the current time, MTPHL is testing to identify infections caused by the recently identified strain of virus called Swine Influenza. The testing sequence for specimens is as follows:
 - a. Specimens are screened for Influenza A
 - b. Specimens that are positive for Influenza A are tested to determine if the virus is a seasonal strain
 - c. If the specimen is positive for Influenza A but is not a seasonal strain, the specimen will be forwarded to the CDC laboratory to determine if it is the Swine Influenza strain
1. NOTIFY the Communicable Disease Epidemiology program at 444-0273 about suspected or probable individual cases and/or clusters of influenza-like illness in your community.
2. EDUCATE THE PUBLIC about control measures for seasonal influenza:
 - o Persons with febrile respiratory illness should stay home to avoid spreading illness to others in their community.
 - o Cough or sneeze into your elbow or a tissue and properly dispose of used tissues.
 - o Wash your hands thoroughly with soap and warm water or use an alcohol-based hand sanitizer to get rid of most germs and avoid touching your eyes, nose and mouth.

- Stay healthy by eating a balanced diet, drinking plenty of water and getting adequate rest and exercise.

RECOMMENDATIONS FOR CLINICIANS

1. Continue to submit respiratory specimens to the Montana Public Health Laboratory for patients who have influenza-like illness (ILI) defined as follows: fever $\geq 100^{\circ}\text{F}$ / 37.8°C (oral or equivalent) AND cough and/or sore throat in the absence of a KNOWN cause other than influenza.
2. Continue to make rational decisions about the use of anti-viral medications for treatment of patients with ILI, in light of the fact that seasonal influenza [A(H1) and A(H3)] is still circulating in Montana. Influenza B is also reported to be circulating, however this will not be detected by the special surveillance testing currently done at MTPHL. Overuse of anti-viral medications for cases experiencing mild illness may diminish the supply of medication that could be important to have for cases experiencing more severe illness. Overuse could also lead to resistance.
 - a. Because Montana continues to see oseltamivir-resistant seasonal Influenza A (H1N1) viruses, clinicians may prefer to use either zanamivir or a combination of oseltamivir and rimantadine or amantadine to provide adequate empiric treatment or chemoprophylaxis for patients who might have seasonal influenza A (H1N1) infection.
 - b. Antiviral treatment should be considered for confirmed, probable or suspected cases of swine-origin influenza A (H1N1) virus infection. *Treatment of hospitalized patients and patients at higher risk for influenza complications should be prioritized.* Recommendations for use of antivirals for swine-origin influenza virus infection may change as data on antiviral effectiveness, clinical spectrum of illness, adverse events from antiviral use, and antiviral susceptibility data become available.
 - c. The swine-origin influenza virus is susceptible to both oseltamivir and zanamivir. It is resistant to amantadine and rimantadine. Interim guidance on antiviral treatment for swine-origin influenza A (H1N1) can be found at:
<http://www.cdc.gov/swineflu/recommendations.htm>
3. NOTIFY local public health officials regarding cases of ILI. The local health department can assist with case investigation and follow-up, if needed.

RESOURCES

Montana specific information about humans infected with swine-origin influenza
<http://www.dphhs.mt.gov/swineflu.shtml>

General information about swine-origin influenza
http://www.cdc.gov/swineflu/general_info.htm

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>

**This is an official
CDC Health Update**

Distributed via Health Alert Network
April 28, 2009 22:30 EST (10:30 PM EST)
CDCHAN-00285-09-04-28-UPD-N

**Interim Guidance—Children and Pregnant Women who may be Infected with Swine-Origin Influenza Virus:
Considerations for Clinicians**

Today CDC issued new interim guidance for clinicians on how to care for children and pregnant women who may be infected with a new influenza virus of swine origin that is spreading in the U.S. and internationally. Children and pregnant women are two groups of people who are at high risk of serious complications from seasonal influenza.

New Interim Clinical Guidance for the Treatment of Children

Little is currently known about how swine-origin influenza viruses (S-OIV) may affect children. However, we know from seasonal influenza and past pandemics that young children, especially those younger than 5 years of age and children who have high risk medical conditions, are at increased risk of influenza-related complications. Illnesses caused by influenza virus infection are difficult to distinguish from illnesses caused by other respiratory pathogens based on symptoms alone. Young children are less likely to have typical influenza symptoms (e.g., fever and cough) and infants may present to medical care with fever and lethargy, and may not have cough or other respiratory symptoms or signs.

The new interim guidance for clinicians on the prevention and treatment of swine influenza in young children is available at <http://www.cdc.gov/swineflu/childrentreatment.htm>

New Interim Clinical Guidance for the Treatment of Pregnant Women

Evidence that influenza can be more severe in pregnant women comes from observations during previous pandemics and from studies among pregnant women who had seasonal influenza. An excess of influenza-associated deaths among pregnant women were reported during the pandemics of 1918–1919 and 1957–1958. Adverse pregnancy outcomes have been reported following previous influenza pandemics, with increased rates of spontaneous abortion and preterm birth reported, especially among women with pneumonia. Case reports and several epidemiologic studies conducted during inter-pandemic periods also indicate that pregnancy increases the risk for influenza complications for the mother and might increase the risk for adverse perinatal outcomes or delivery complications.

The new interim guidance for clinicians for the treatment of influenza in pregnant women is available at http://www.cdc.gov/swineflu/clinician_pregnant.htm.

Background

Human infections with the newly identified S-OIV that is spreading among humans were first identified in April 2009 with

cases in the United States and Mexico. The epidemiology and clinical presentations of these infections are currently under investigation. There are insufficient data available at this point to determine who is at higher risk for complications of S-OIV infection. However because pregnant women and children are known to be at higher risk for complications during seasonal influenza complications and during prior pandemics, it is reasonable to assume that these groups of people may be at higher risk for complications from infection with this new virus.

Additional Information

For additional information about the current influenza outbreak, see:

<http://www.cdc.gov/swineflu/>

For additional information about CDC's investigation of the current H1N1 outbreak, see

<http://www.cdc.gov/swineflu/investigation.htm>

This information is also available by calling 1-800-CDC-INFO.

For more information about swine flu: <http://www.cdc.gov/swineflu>

Additional information is also available by calling 1-800-CDC-INFO (1-800-232-4636)

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