

CONTAGIOUS COMMENTS

Department of Epidemiology

WEDNESDAY, APRIL 29TH, 2009

FAQS about Swine Influenza for the Community Health Care Provider

The Department of Epidemiology

What is going on?

Mexico is having outbreaks of a new H1N1 influenza virus (swine influenza) that is causing a fever and cough illness and some deaths particularly in healthy adults. Officials in Mexico are instituting school closures and quarantines to limit the spread of the illness. In the United States, the CDC is investigating cases of febrile respiratory illness caused by the same swine influenza virus. To date, cases have been identified in the US and Canada. All U.S. and Canadian cases most cases have been mild. There has been one reported death in a young child in Texas. There have been no confirmed cases in Colorado as of today, April 29th, 2009.

President Obama has taken the first step to address this situation and has issued a Public Health Emergency order which allows states to activate their emergency plans and enables them to obtain supplies from the national stockpile and to issue quarantine and social isolation orders.

What's different about this swine influenza virus?

The exact genetic origin of the virus is uncertain at this time but we know it contains elements of the swine flu genome. There is potential for a worldwide epidemic or pandemic because: almost all humans have no natural immunity to this virus, they have not been exposed to this virus before and it appears to be spreading from human to human.

Will my seasonal influenza vaccine I got protect me?

Probably not, but it will help protect you against still circulating human influenza.

Is there a swine influenza vaccine available?

Not at this point. The CDC and vaccine manufacturers are preparing for this possibility but a vaccine would be months away from distribution to the population.

What are the symptoms of swine flu?

Symptoms of swine flu in people are similar to symptoms of regular seasonal influenza. Adults may have fever, cough, sore throat, body aches, headaches, chills and fatigue. Children may have similar symptoms but also can have diarrhea and vomiting. Some adults with swine flu also have had diarrhea and vomiting along with their other flu like symptoms. Complications of swine flu can include pneumonia, worsening of other chronic medical conditions and death.

Who's at risk for swine flu?

Humans with swine flu in the U.S. have not had contact with pigs. Eating pork is not a risk factor associated with swine influenza. Humans have developed swine flu after having been exposed while they were in Mexico or have had contact with someone who was ill who had visited Mexico.

Key considerations for possible swine flu include:

- Respiratory illness and a fever AND
- Travel within the 7 days preceding their illness to:
 - Mexico OR
 - Any additional locations that have been detected (this information is changing daily with the identification of new cases) OR
- Were in contact with persons with febrile respiratory illness who were in these locations.

What should we do if we suspect swine flu in a patient who has been to Mexico, or has been exposed to someone with symptoms that has been to Mexico or has been exposed to someone in an area with documented swine flu and has a fever and respiratory symptoms?

Patients with mild illness are advised to stay at home. Seriously ill patients who are coming into clinics/offices with fever and/or respiratory symptoms should wear a

mask and perform hand hygiene. If masks are not available have tissues available and instruct them to cover their cough. Patients who meet the criteria for suspected swine flu should be tested for influenza with a nasal wash. Staff performing the nasal wash should wear N95 masks (or a regular mask if an N-95 mask is not available) gloves and eye protection.

What kind of isolation should a patient with swine flu be placed in when the office doesn't have a negative pressure room?

Patients with suspected influenza-like illness should be placed in an exam room as soon as possible with the door kept closed. Have symptomatic patients and family members wear a mask while in the exam room. Staff should wear a gown, gloves, and mask followed by washing of hands upon removal of all their personal protective equipment (PPE) when leaving the room. CDC recommends an N-95 respirator mask for staff when caring for swine flu patients but many offices will not have this type of mask which requires annual fit-testing. Have your staff wear a regular mask instead. Masks work best when they are securely fitted over the nose and mouth. Also, for patients with a lot of cough or when staff perform a nasal wash or other cough inducing procedure they should also wear eye protection.

What if my office only has the rapid EIA test for influenza?

Rapid tests for influenza by EIA have a high false positive and false negative rate because the prevalence of influenza in the community is low. Test results should be interpreted with caution.

Please check www.cohan.state.co.us for CDPHE Laboratory Services Division Swine Flu Testing FAQs for assistance with processing laboratory samples with the State Health Laboratories for suspected cases.

What if people working in the office get sick with a fever and sore throat, URI, cough?

As always, persons with febrile respiratory illness, chills, and muscle aches should stay home from work or school to avoid spreading infections (including influenza and other respiratory illnesses) to others in their communities. In addition, frequent hand washing can lessen the spread of respiratory illness. They should contact their PCP if their symptoms worsen.

How do we treat swine influenza?

The swine influenza H1N1 viruses are resistant to amantadine and rimantadine as many of the seasonal H1N1 human viruses were during the now waning influenza season. The CDC recommends use of oseltamivir (Tamiflu) or zanamivir ([Table 1](#)) (Relenza) in standard doses for treatment. Oseltamivir use for children < 1 year old was recently approved by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA), and dosing for these children is age-based ([Table 2](#)). Reminder: no aspirin or aspirin contained product for children with influenza like symptoms.

Are we going to start Visitation Restrictions at The Children's Hospital?

As of today we will continue our standard visitation restrictions asking visitors not to visit if they are ill and screening children under the age of 12 with the Apple sticker program. As the situation changes we may need to enforce more strict and limited visitation.

Helpful Links for community providers that will be updated regularly:

www.cdc.gov/swineflu

(updated information from CDC, Information for the public and providers)

www.cdphe.state.co.us

(updated state information also links back to CDC)

www.cohan.state.co.us

<http://www.aap.org/advocacy/releases/may09swineflu.htm>

For additional questions please contact Infection Prevention and Control:

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Table 1. Swine influenza antiviral medication dosing recommendations.
 (Table extracted from [IDSA guidelines for seasonal influenza](#).)

Agent, group	Treatment		Chemoprophylaxis
Oseltamivir			
Adults	75-mg capsule twice per day for 5 days		75-mg capsule once per day
Children (age, 12 months or older), weight:	15 kg or less	60 mg per day divided into 2 doses	30 mg once per day
	15–23 kg	90 mg per day divided into 2 doses	30 mg once per day
	24–40 kg	120 mg per day divided into 2 doses	60 mg once per day
	>40 kg	150 mg per day divided into 2 doses	75 mg once per day
Zanamivir			
Adults	Two 5-mg inhalations (10 mg total) twice per day		Two 5-mg inhalations (10 mg total) once per day
Children	Two 5-mg inhalations (10 mg total) twice per day (age, 7 years or older)		Two 5-mg inhalations (10 mg total) once per day (age, 5 years or older)

Table 2. Dosing recommendations for antiviral treatment of children younger than 1 year using oseltamivir.

Age	Recommended treatment dose for 5 days
<3 months	12 mg twice daily
3-5 months	20 mg twice daily
6-11 months	25 mg twice daily



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