



Southwest District Health

920 Main St. • Caldwell, Idaho 83605-3700 • (208) 455-5442 • FAX (208) 455-5350

HEALTH ADVISORY #09-036

SWINE INFLUENZA HEALTH ALERT AND RECOMMENDATIONS FOR MEDICAL PROVIDERS

APRIL 24, 2009

As of April 24, 2009, six California residents and two Texas residents have been diagnosed with swine influenza A (H1N1) virus infection. There are no known links between these patients other than one father/daughter pair, no known common exposures and no known pig exposures. One person was hospitalized; all 8 have recovered from their illness, and none died. Although these illnesses were relatively mild, Mexico has reported more severe respiratory illness outbreaks, including lower respiratory disease and possibly deaths. Additionally, some U.S. cases have had vomiting and diarrhea. CDC is working to confirm these outbreaks, and has received viral specimens from Mexico which do appear on CDC's initial testing to be the same swine flu virus as the U.S. cases. The influenza virus isolates contain a unique combination of gene segments from both the major circulating swine strain and new genetic sequences from a Eurasian swine influenza strain. This new strain has not previously been reported in the U.S. or elsewhere. Information on antiviral drug sensitivity suggests this virus is susceptible to oseltamivir and zanamivir, but resistant to amantadine and rimantadine. There are no known swine influenza cases in Idaho at this time.

Swine flu viruses do not normally infect humans. However, sporadic human infections with swine influenza viruses do occur. Since 2005, 12 other human cases of swine flu have been detected in the United States; all patients recovered. Most commonly, these cases occur in persons with direct exposure to pigs (e.g., workers in the swine industry); human-to-human transmission of swine flu is rare. The current situation in California suggests that human-to-human transmission of this new strain might be occurring. Seasonal human influenza vaccine usually does not protect against swine influenza A (H1N1) viruses, which are very different in their antigens from human A (H1N1) viruses, and would not be expected to protect against this new strain.

The Idaho Division of Health and Public Health Districts currently recommend the following:

SURVEILLANCE FOR POSSIBLE SWINE INFLUENZA

- In the few cases reported so far in which rapid testing was done, rapid tests were positive for influenza A; however, it is not yet known if all cases would test positive with rapid testing.
- As resources permit, we ask that providers and emergency room clinicians consider collecting respiratory specimens from outpatients with influenza-like illness (ILI), including fever $\geq 37.8^{\circ}\text{C}$ (100°F) and a cough and/or sore throat, especially if there is a travel history to either San Diego or Imperial Counties in California, or Guadalupe County (San Antonio), Texas, or in Mexico in the 7 days preceding illness onset, or exposure to someone else ill who had such travel recently.
 - Specimen collection: Please collect up to 2 nasopharyngeal and throat swabs from each patient with ILI, placing the swabs in a standard container with 2-3 ml of viral transport media. If the patient is hospitalized with pneumonia, specimens from the lower respiratory tract (e.g., tracheal aspirate, bronchoalveolar lavage) should also be



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obtained. Specimens should ideally be collected within the first 24-72 hours of onset of symptoms and no later than 5 days after onset of symptoms.

- Specimen storage: The specimens should be kept refrigerated at 4°C and sent on cold packs if they can be received by a public health laboratory within five days of the collection date. If samples will be received by the laboratory in five or more days from collection, they should be frozen at -70 °C or below and shipped on dry ice.
- Specimens should be shipped as Biological substance, Category B specimens to: Idaho Bureau of Laboratories, Attn. Virology Laboratory, 2220 Old Penitentiary Road, Boise, ID 83712. Please direct any questions to the Idaho Bureau of Laboratories at: 208-334-2235. On weekends, contact State Communications at 1-800-632-8000 and ask that state laboratory staff be paged.

INFECTION CONTROL PRECAUTIONS

- Healthcare workers providing care for patients with ILI who are not known contacts of a laboratory-confirmed swine flu case should use droplet precautions in addition to standard precautions.
 - Standard precautions include hand hygiene and the use of eye protection if splashing or spraying of blood or body fluids is anticipated. Splashing or spraying of body fluids may be anticipated when collecting a nasopharyngeal or throat swab.
 - Droplet precautions include wearing a surgical or procedure mask for close contact.
- **There are no known swine flu cases in Idaho at this time.** However, healthcare workers should be aware that if they are providing care for a laboratory-confirmed swine flu case or an ill close contact of a laboratory-confirmed swine flu case they should:
 - Wear a fit-tested N95 respirator, disposable gloves, gown, and eye protection (face shield or goggles).
 - Before and after contact with the patient, clean hands thoroughly with soap and water or an alcohol-based hand gel.

REPORTING SUSPECT CASES

- Any suspected swine influenza case should be reported within one working day to your public health district or the Idaho Division of Health.
- Questions may also be directed to epidemiologists at your local public health district or the Idaho Division of Health, Office of Epidemiology and Food Protection.

The Idaho Division of Health and the local Public Health Districts will continue to keep you apprised of any changes in these recommendations, via the Health Alert Network, and will post recommendations to the Division of Health website at www.diseaseinfo.idaho.gov.

For additional information about this situation and swine influenza, please see: <http://www.cdc.gov/flu/swine/index.htm>.

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