



Nebraska Department of Health and Human Services



HEALTH ALERT NETWORK

Update



TO: Nebraska Healthcare Providers

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RE: 1) Request for Nasopharyngeal Influenza Specimens for Confirmatory Testing
2) Current Influenza Treatment Recommendations

DATE: January 22, 2009

Dear Nebraska Healthcare Providers:

The Nebraska DHHS influenza surveillance system has received reports of 87 positive rapid influenza tests since October 1, 2008. Of these, 74 were influenza A and 13 were influenza B viruses. To date, the Nebraska Public Health Laboratory (NPHL) has recovered influenza virus from eleven (11) of the specimens forwarded for analysis, of which, four (4) were influenza A H1, six (6) were influenza A H3, and one (1) was influenza B. The first H1 specimen found by NPHL was determined by CDC to be the same strain that is in the 2008-09 vaccine, A/BRISBANE/59/2007-LIKE(H1N1), and is resistant to oseltamivir (Tamiflu).

To enable a meaningful assessment of the relative distribution of influenza A H1 vs influenza A H3 vs influenza B, and to facilitate evidence-based treatment recommendations, through the end of January we are requesting Nebraska healthcare providers to collect nasopharyngeal samples (swab or wash) on any patient testing positive by rapid antigen test. We request this additional specimen through the end of January, 2009.

Please submit these specimens to the NPHL for confirmatory testing using the NPHL laboratory requisition and be paid for at public health expense. The form can be found at:
<http://www.hhs.state.ne.us/puh/epi/flu/docs/flunphltestrequisition.pdf>.

Based on CDC's determination that ~90% of influenza A H1 isolates are resistant to Oseltamivir (Tamiflu), current recommendations for treatment are:

- **If rapid flu test is (+) for type A: Zanamivir (Relenza), or combination of Oseltamivir (Tamiflu) and Rimantadine (Flumadine).**
- **If rapid flu test is (+) for type B: oseltamivir (Tamiflu) (or zanamivir [Relenza] as an alternative)**

We will reassess these recommendations based on data derived from testing and typing results from the NPHL combined with antiviral susceptibility data generated by the CDC.