

Labs and clinicians are asked to review the guidance below regarding how to proceed with diagnostic testing, patient care, and infection control of persons with possible influenza.

Clinical case-definition for influenza:

The public health clinical case definition for influenza is:

**Fever greater than or equal to 100 (37.8 C) PLUS
Either a cough or a sore throat without a known diagnosis.**

Persons who meet this case definition are candidates for influenza diagnostic testing and treatment.

Because children frequently develop febrile respiratory illness with cough and/or sore throat, the above clinical case definition will yield an excess of false-positives. Physicians who care for children need to be cautious in applying this case definition and especially in deciding whom to test.

The first probable case of H1N1 (Swine origin) influenza has been reported in Nebraska. The confirmation test is pending at the CDC. Additional cases are likely to be reported in the near future. The virus may spread quickly and a history of travel to Mexico, southern California or other areas known to have swine influenza **WILL NOT BE USEFUL** in identifying cases of swine flu.

Provisional recommendation for whom to test for influenza:

For patients with fever plus cough or sore throat:

- 1) Don't do a flu test if you have a known diagnosis of a non-influenza illness such as strep throat;
- 2) Do a rapid flu test if the patient has a positive travel history: if travel to Mexico or other high risk areas, or contact with ill persons with travel to high risk areas;
- 3) Do a rapid flu test if the illness is **moderate or severe** (This is a judgment call on the part of the health care provider; don't test persons with a **mild** ILI).

For patients with a rapid flu test (+) for influenza B, no further testing is indicated.

Any patient with a (+) rapid flu test for influenza A should have a nasopharyngeal specimen forwarded to the Nebraska Public Health Laboratory (NPHL) for PCR. Send the specimen on a cold pack with a COMPLETED NPHL requisition, available at our website: <http://www.dhhs.ne.gov/H1N1flu/>

For patients whose condition is strongly suspicious of influenza but whose rapid flu test is (-), the clinician must **contact the local health department** for permission prior to forwarding a quality nasopharyngeal specimen to the NPHL for PCR.

During this past flu season we have designated a very limited number of doctor's offices to conduct heightened influenza surveillance for public health (Influenza-like illness surveillance physicians). We request that these offices obtain a rapid influenza test on ALL patients with ILI, regardless of severity of illness. This applies ONLY to this limited number of designated offices. These offices are also asked to report their influenza surveillance numbers on a DAILY basis, using the system that has been operational throughout the current flu season.

Infection control/facemasks:

The health care community has to protect itself from getting infected in the course of providing care to persons with influenza. Ideally, fit-tested N95 face masks should be used. Whether the standard "surgical" face mask is useful is unclear. Symptomatic patients and their health care providers should consider using standard "surgical" face masks in the absence of fitted N95 face masks. N95 masks should not be used on patients.

Guidance for influenza testing:

For providers lacking in-office viral collection and transport materials, a limited number of viral specimen collection/transport materials will be sent to hospital-based laboratories where providers can refer patients or obtain collection kits.

Everyone collecting specimens for influenza testing needs to review how to properly collect a nasopharyngeal specimen. A brief training video is

available at the Nebraska Division of Public Health website:
<http://www.dhhs.ne.gov/H1N1flu/>

The currently available rapid influenza tests, viral cultures, and PCR tests are believed capable of detecting the swine flu variant, **provided a quality nasopharyngeal specimen is collected.**

Guidance for isolation:

Patients suspected of influenza need to be advised to MINIMIZE their contact with other people by staying home from work or school. Advise them to practice good hand-washing and cough “etiquette” (cough or sneeze into a sleeve or coat, not into the hand or the open air). Persons exposed to patients with influenza should be counseled about an informal, modified quarantine: they may develop influenza and should be prepared to immediately reduce their contact to other people.

Public health flu surveillance

This is a **provisional** plan and may be revised in the near future, as this problem unfolds. Because we believe seasonal influenza has all but disappeared, we are assuming that any influenza-like illness with a (+) influenza A lab test is swine influenza. We are asking providers (labs, physicians, etc) to make a fax or phone report of such cases to their LOCAL HEALTH DEPARTMENT (LHD) (see here for how to locate your LHD: <http://www.publichealthne.org/saccho.htm>). The LHD staff will obtain relevant information necessary for public health tracking.