Nebraska Department of Health and Human Services

HEALTH ALERT NETWORK
Update

TO: Nebraska Healthcare Providers & Laboratories

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RE: UPDATE ON PANDEMIC (H1N1) 2009 INFLUENZA: NOTE CHANGE IN TESTING POLICIES

DATE: August 3, 2009

The Nebraska Department of Health & Human Services Division of Public Health (NDHHS-DPH) continues to work closely with our local health department (LHD) partners in addressing the various issues raised by the pandemic (H1N1) 2009 flu virus (also known as novel H1N1 or S-OIV). This Health Alert Network Update provides updated information and guidance.

BACKGROUND:

Since mid-April when the new pandemic strain of H1N1 influenza A virus first appeared, the virus has spread rapidly around the world. During the early days and weeks following its recognition, public health officials carefully tracked and enumerated the number of persons infected with the virus, in an effort to better understand the virulence, transmissibility and spread of this novel agent. At this point, the virus has become widespread, both in Nebraska and around the world. While this is clearly a new mutant for which immunity is non-existent in persons under 60 years of age, the virus appears similar in many ways to the typical seasonal influenza that has circulated in the recent past in terms of infectivity, methods of transmission, and virulence or severity of infection.

HOW WE WILL TRACK THE VIRUS IN NEBRASKA

Because the virus has become so widespread, public health officials have adjusted the methods for tracking the spread and impact of this virus on the

population. We are no longer attempting to identify, count and report individual cases of influenza infection. Instead we will rely on data generated by physician offices formally participating in our influenza surveillance system, supplemented by weekly reports of laboratory testing for influenza from the 80 participating Nebraska laboratories, weekly reports from hospitals on the number of patients hospitalized with influenza, and reports of outbreaks in schools, nursing homes and other facilities around the state. These data sources will be utilized to track the spread of the virus and will be interpreted and submitted to CDC on a weekly basis as part of the 50-state reporting system that has been utilized during every influenza season for over 15 years.

REVISED RECOMMENDATIONS ON TESTING FOR THE VIRUS

Because pandemic H1N1 influenza A virus is currently widely disseminated and is the only influenza virus circulating around Nebraska, and because commercial laboratories are now offering diagnostic testing to confirm infection with this virus, we are modifying the recommendations for influenza diagnostic testing:

1) Persons suspected of influenza (fever greater than 100 plus cough or sore throat) can be diagnosed clinically: a laboratory test is not necessary when the treating physician has a strong suspicion that a patient's symptoms are caused by influenza.

2) When a health care provider feels that laboratory testing is indicated, perform a rapid influenza diagnostic kit test. Personnel performing this test need to be well-trained in **collecting** nasopharyngeal swabs or aspirate, and in **interpreting** the results of the test. Well-trained staff are critical in optimizing the sensitivity and specificity of the rapid flu test. A video demonstrating how to collect a nasopharyngeal swab is available at our website: http://www.dhhs.ne.gov/H1N1flu/clinicians.htm Be aware of the limits of this test: false-positive and false-negative tests can occur, and may be more common with the pandemic H1N1 strain than with the seasonal influenza strains that circulated this past flu season.

3) Hospitalized patients with suspected influenza should undergo a diagnostic workup using viral culture or PCR testing available through the hospital's in-house and reference laboratories. Commercial laboratory testing for influenza PCR (Quest/Focus Laboratories) and respiratory viral culture is currently available, and

should be utilized when indicated. **The nasopharyngeal specimen from all hospitalized patients with a (+) influenza test should be forwarded to the Nebraska Public Health Laboratory (NPHL). Any hospitalized patient for whom influenza diagnostic laboratory testing can not be obtained through their reference laboratory can be tested through NPHL.** Contact your local health department to arrange for this testing. For testing at NPHL, complete a requisition (http://www.dhhs.ne.gov/puh/epi/flu/docs/flunphltestrequisition.pdf); keep the specimen refrigerated and in viral transport media following collection; indicate on the requisition that the patient is hospitalized; do not delay in shipping to NPHL (contact NPHL client services for advice on expedited courier service 1-866-290-1406).

4) Public health surveillance will focus on testing specimens from our designated network of influenza surveillance offices and hospital-based laboratories to assess for any changes in influenza strains circulating in Nebraska, including the possible re-emergence of seasonal (i.e., non-pandemic) influenza strains. We will share these results with the medical practitioners on a regular basis. We will no longer perform influenza diagnostic testing at NPHL on specimens obtained outside of the network of ILI surveillance physician offices, except as described above.

5) Infection preventionists are asked to continue their weekly reports of persons hospitalized with influenza-like illness.

BRIEF SUMMARY OF KEY POINTS

● As of June 1, human cases of pandemic H1N1 influenza A infection, or H1N1, have been identified in all 50 states.

● Nationally, 99% of reported H1N1 cases are less than 65 years of age.

● To date, H1N1 illness in Nebraska and the United States continues to be similar to seasonal influenza, with the vast majority of diagnosed patients having mild illness.

● In Nebraska, we have seen a steady trickle of confirmed H1N1 cases, with occasional small outbreaks at summer camps for youth.

● Based on PCR testing at NPHL, pandemic H1N1 influenza A is the only influenza virus being identified in Nebraska at this time. Positive flu tests, including the rapid kit test, rapid DFA, viral culture or PCR can be assumed to be the pandemic H1N1 influenza A at this time and do not need to be confirmed as such. Local hospitals will continue to work with NPHL and their local health departments to provide sensitive and specific viral testing for hospitalized patients who are clinically suspected to have influenza like illnesses

● The Nebraska public health surveillance priority is to monitor for more severe illness due to novel influenza A (H1N1).

● Persons with uncomplicated influenza-like illness who are not at high risk for influenza complications do NOT need to be seen by a health care provider and do NOT need to be tested or treated with antiviral medicines for H1N1. It is neither necessary nor feasible to test for H1N1 in or to treat every person with influenza-like illness.

● Persons at high risk for influenza complications who are seen in the outpatient setting can be managed similar to "seasonal" influenza, either empirically or with the assistance of rapid influenza testing. However, the rapid flu tests appear to be prone to greater false positive and false negative results in patients with pandemic H1N1 compared to the seasonal flu viruses.

● H1N1 testing is now available through one or more commercial laboratories. Please check with your usual reference laboratory for this information.

● Currently, NPHL testing for pandemic H1N1 is not intended for diagnosis and clinical management.