

STATE OF COLORADO

Bill Ritter, Jr., Governor
James B. Martin, Executive Director

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S. Laboratory Services Division
Denver, Colorado 80246-1530 8100 Lowry Blvd.
Phone (303) 692-2000 Denver, Colorado 80230-6928
TDD Line (303) 691-7700 (303) 692-3090
Located in Glendale, Colorado

<http://www.cdphe.state.co.us>



Colorado Department
of Public Health
and Environment

HAN Alert - Health Alert Network Broadcast

MESSAGE ID: 04272009 11:50

FROM: CO-CDPHE

SUBJECT: HAN Alert – Swine Influenza – Updated Guidelines for Emergency Departments and Healthcare Providers

RECIPIENTS: Emergency Departments, ICPs, Local Public Health Agencies, Laboratories

RECIPIENT INSTRUCTIONS: Local Public Health Agencies please forward to healthcare providers in your jurisdiction

This message can also be found on www.cohan.state.co.us

HEALTH ALERT

Swine Influenza A (H1N1)

Updated Guidelines for Emergency Departments & Healthcare Providers

April 27, 2009

PLEASE NOTE: This is a rapidly evolving situation. This alert provides interim guidance which is likely to change in the upcoming days and weeks as more information becomes available.

Swine Influenza A (H1N1)

As of April 26, human cases of swine influenza A (H1N1) virus infection (or “swine flu”) have been identified in the United States from 5 states (CA, TX, NY, KS, OH). Human cases of swine flu also have been identified internationally. So far in the US, illness associated with reported swine flu cases has been mild, despite reports of more severe illness and deaths in Mexico.

No cases of swine flu have been confirmed in Colorado, although testing is pending on several suspect cases with recent travel to Mexico.

At this time, Colorado is prioritizing surveillance efforts on persons being admitted to the hospital with febrile, respiratory illness, in order to identify more severe illness associated with swine flu.

Reporting and Testing Guidelines

Persons with Severe, Febrile Respiratory Illness

- **HOSPITALS should test patients being admitted with febrile, respiratory illness for influenza A using a rapid test, direct fluorescent antibody (DFA), PCR, or shell vial culture.**

- Patients who test positive for influenza A should be reported to **CDPHE (303-692-2700 or after-hours: 303-370-9395)** or **local public health** and have specimens referred to the state lab for further testing.
- Preferred specimens for submission to the state lab include an aliquot of a nasal wash, or a nasopharyngeal swab that has not been used in rapid flu testing and has been placed in viral transport media. A throat swab (not used in rapid flu testing) is acceptable. Wood shaft swabs should not be submitted to the state lab.
- Refrigerate specimens until transport to the state lab.
- Personal protective measures should be taken by medical personnel obtaining specimens from patients being tested for influenza. See: <http://www.cdc.gov/swineflu/guidance/>

Persons with Milder Influenza-like Illness

- Persons with milder influenza-like illness (ILI), regardless of travel history, should be encouraged to stay at home until 24-48 hours after resolution of symptoms.
- Clinicians should consider whether evaluation and possible antiviral treatment is indicated in persons with milder influenza-like illness who are at high-risk for complications of seasonal influenza (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr57e717a1.htm>).
- Persons who remain at home should be instructed to wash their hands frequently, cough into a tissue or sleeve (not into bare hands), dispose of tissues in the trash, and stay home from work or school.
- Instructions should be given to seek medical care with worsening of symptoms.
- If persons with milder ILI present to a medical provider AND they have an appropriate travel history (i.e., Mexico or states/cities in the US with confirmed cases of swine flu), they can be screened for influenza with a rapid flu test (SEE ABOVE). If the rapid test is positive for influenza A, contact CDPHE or local public health to arrange for further testing at the state lab.

Infection Control (for hospitalized patients with suspected swine influenza)

- To prevent the transmission of respiratory infections, including swine influenza A (H1N1), in healthcare settings, Respiratory Hygiene/ Cough Etiquette should be emphasized at the first point of contact with a potentially infected person. See: <http://www.cdc.gov/flu/professionals/infectioncontrol/resphgiene.htm>
- For the latest CDC recommendations on infection control in healthcare facilities, see: <http://www.cdc.gov/swineflu/guidance/>

Antiviral Treatment

- Swine influenza viruses identified in this outbreak to date have been susceptible to both oseltamivir and zanamivir.
- **Hospitalized persons suspected to have seasonal or swine influenza infection should be empirically treated with zanamivir alone OR with a combination of oseltamivir and either rimantadine or amantadine.** Dosing is the same as recommended for treatment of seasonal influenza. See: <http://www.cdc.gov/flu/professionals/antivirals/dosage.htm>

More Information About Swine Influenza

- <http://www.cdphe.state.co.us/epr/H1N1.html>
- <http://www.cdc.gov/flu/swine/investigation.htm>