



Philadelphia Department of Public Health
Division of Disease Control

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Health Alert

Swine Flu: Public Health Reporting and Case Management Recommendations April 27, 2009

The Philadelphia Department of Public Health (PDPH) is working closely with the Pennsylvania Department of Health to identify and track suspected and confirmed cases of swine flu in Philadelphia. As of today, a total of 40 cases have been confirmed in the United States, with several cases confirmed in nearby states. No cases have been confirmed in Pennsylvania residents to date. To assist with case recognition and surveillance, PDPH provides the following recommendations. Additional guidance regarding clinical and public health management is also included in this alert. Additional information is available on the website for the Centers for Disease Control and Prevention (CDC) (www.cdc.gov/swineflu); the website for the Pennsylvania Department of Health (www.state.pa.us); or the PDPH website for healthcare professionals (<https://hip.phila.gov>).

Recommendations for Identification and Public Health Reporting of Cases

- Clinicians should consider the possibility of swine influenza virus infections in patients presenting with febrile respiratory illness (fever $>100^{\circ}$ F **and** cough or sore throat), particularly those persons:
 - Who have traveled to Mexico, where human cases of swine influenza A (H1N1) have been identified, or
 - Who have been in contact with ill persons from Mexico in the 7 days prior to their illness onset, or
 - Who have traveled to, or had contact with ill persons, in designated areas of the United States where community transmission of the swine flu strain has been recognized (e.g., San Diego and Imperial Counties, California; Guadalupe County, Texas; the St. Francis Preparatory High School in New York City)
- Screening of asymptomatic travelers to these areas is not recommended.
- Persons who have clinical symptoms **and** epidemiologic exposure that is suggestive of swine influenza should be tested for this infection. Respiratory specimens from the nasopharynx or throat should be collected with polyester or dacron-tipped swabs. (Do not use cotton-tipped swabs with wooden shafts.) These should be sent to a diagnostic laboratory that has the capacity to perform definitive testing for influenza by real-time PCR or viral culture. Specimens that test positive for influenza A will be forwarded to the Pennsylvania Department of Health Bureau of Laboratories for sub-typing. If testing for influenza is not available at your institution, DDC can arrange for transport of specimens from persons at high risk for swine flu who meet the above criteria.
- Institutions are encouraged to acquire rapid influenza testing capacity to allow for preliminary screening at points of care. A negative test does not rule out swine flu, but a positive test will allow for a rapid presumptive diagnosis, since seasonal influenza A strains are no longer circulating in abundance.
- PDPH Division of Disease Control (DDC) has developed a case report form for clinicians to report all suspected and confirmed cases of swine influenza. This form is being distributed with this alert and is also available on the PDPH website for healthcare professionals (<https://hip.phila.gov>). Clinical providers are requested to fax this form to 215-545-8362, or call DDC staff directly with the information requested on the form. During normal business hours, call 215-685-6740 or 215-685-6748. After normal business hours, call 215-686-1776 and ask to speak with the person on-call for the division. Report all suspect and confirmed cases of swine flu to the PDPH Division of Disease Control.
- The Epidemiological criteria for determining risk for swine flu will likely change as this epidemic evolves; PDPH will issue revised criteria as appropriate.

Infection Control Considerations

- Emergency Departments, medical clinics, outpatient medical offices should post signage in waiting and patient reception areas that alert patients with respiratory illness to self-identify to triage staff. Patients with respiratory illness should be provided with surgical masks (particularly if actively coughing or sneezing) to wear, especially when outside of a private room.
- Triage protocols should be in place to identify persons in outpatient settings who are at risk for swine influenza. These patients should be triaged expeditiously and placed in a single patient room with the door kept closed. If available, an airborne infection isolate room with negative pressure air handling can be used.
- In all healthcare settings, standard, droplet and contact precautions should be used and maintained for 7 days after symptom onset or resolution of symptoms.
- Per CDC guidance, personnel providing direct patient care for suspected or confirmed swine influenza cases should wear a fit-tested disposable N95 respirator when entering the patient room.
- CDC recommends that personnel engaged in aerosol generating activities for suspected or confirmed swine influenza cases should wear a fit-tested disposable N95 respirator. Some clinical experts recommend wearing respirators with greater protection for healthcare workers such as N100 respirators or powered air purifying respirators (PAPRs) when performing aerosol-generating activities or during close, sustained contact that occurs in procedures such as central line insertion.

Antiviral Medication Usage

- Empiric antiviral treatment is recommended for any ill person suspected to have swine influenza infection. Recommended duration of treatment is 5 days. (Note that clinically available antiviral medications have not been approved for use in pregnant women.)
- Laboratory testing on these swine influenza A (H1N1) viruses indicate that they are **susceptible** (sensitive) to **oseltamivir** and **zanamivir**.
- Antiviral chemoprophylaxis (pre-exposure or post-exposure) with either oseltamivir or zanamavir is recommended for the following individuals:
 - Household close contacts who are at high-risk for complications of influenza (persons with certain chronic medical conditions) who had close contact (face-to-face) with a confirmed or suspected case
 - School children who are at high-risk for complications of influenza (persons with certain chronic medical conditions) who had close contact (face-to-face) with a confirmed or suspected case.
 - Recent travelers to Mexico who are at high-risk for complications of influenza (persons with certain chronic medical conditions, elderly)
 - Healthcare workers or public health workers who had unprotected close contact with an ill confirmed case of swine influenza virus infection during the case's infectious period.
- Antiviral chemoprophylaxis (pre-exposure or post-exposure) with either oseltamivir or zanamavir can be considered for the following:
 - Any healthcare worker who is at high-risk for complications of influenza (persons with certain chronic medical conditions, elderly) who is working in an area with confirmed swine influenza cases, and who is caring for patients with acute febrile respiratory illnesses.
- Duration of antiviral chemoprophylaxis is 7 days after the last known exposure to an ill confirmed case of swine influenza infection. Antiviral dosing and schedules recommended for chemoprophylaxis of swine influenza A virus

infection are the same as those recommended for seasonal influenza:
<http://www.cdc.gov/flu/professionals/antivirals/dosatable.htm#table>

Public Health Management of Cases in the Community

- Persons who are suspected or confirmed to have swine influenza infection should be strongly encouraged to self-isolate in their home for 7 days after the onset of illness, or at least 24 hours after symptoms have resolved, whichever is longer.
- Persons who experience febrile respiratory illness and wish to seek medical care should contact their healthcare providers to report illness (by telephone or some other remote means) before seeking care at a clinic, physician's office or hospital.
- Persons in home isolation should be counseled regarding infection control within the home:
 - Ill persons and contacts should be instructed re: frequent hand washing with soap and water
 - Ill persons and contacts should be instructed re: the use of alcohol-based hand gels when soap and water are not available and hands are not visibly dirty
 - Ill persons should cover coughs and sneezes, and possibly wear a face mask when within 6 feet of others in the home.
 - Ill persons should try to confine themselves to a room separate from common areas of the house and use a separate bathroom if possible.
 - Ill persons should have only one caregiver to minimize exposure to household members. Caregivers should minimize the amount of time spent in close contact and consider wearing a face mask (surgical mask) or N95 respirator. These are available at most drugstores, hardware or medical supply stores.
 - Used tissues should be disposed in the trash; hands should be washed after touching used tissues and similar waste.
 - Wipe down high-touch surfaces (used by the ill persons) with a household disinfectant.
 - Linens, eating utensils and dishes should not be shared with the ill person.
- Close contacts to cases, particularly household contacts, are at high risk for acquiring infection. They should be advised of this risk. They should be advised to:
 - Remain home at the earliest sign of illness
 - Minimize contact in the community to the extent possible
 - Designate a single household family member as the ill person's caregiver to minimize interactions with asymptomatic persons.
 - Contact PDPH and/or their healthcare provider at the earliest onset of symptoms, to ensure that they receive treatment with antiviral medication.
- DDC is developing patient fact sheets for the general public regarding swine influenza infection that can be distributed to patients and their family members that provide information regarding infection control in the home setting. These will be forwarded to the healthcare community through the PDPH broadcast alert system and posted on <https://hip.phila.gov>.

SWINE (H1N1) INFLUENZA Case Report Form



Philadelphia Department of Public Health
Division of Disease Control
 Acute Communicable Disease Program
 500 South Broad Street, Philadelphia, PA 19146
 Telephone: 215-685-6740 Fax: 215-545-8362

Patient Identification

Report Date:		Patient Last Name:		Patient First Name:		Parent or Caretaker (if applicable):	
Street No.:		Street Name:		Apt #:	City:	ZIP code:	Home #:
Date of Birth:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown	Race:	Ethnicity:	Occupation:	Work #:	
						Cell #:	

Medical Information

Onset Date:	Hospitalized: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Admit Date:	Dischrg Date:	If YES, Hospital Name:
Chief Symptoms (Check all that apply):				Fatal (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Sore Throat	<input type="checkbox"/> Cough	<input type="checkbox"/> Runny Nose	<input type="checkbox"/> Fever _____° F/C	<input type="checkbox"/> Conjunctivitis
<input type="checkbox"/> Nasal Congestion	<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Headache	<input type="checkbox"/> Other Symptoms (Specify): _____	

Suspected Source of Infection

<input type="checkbox"/> Close Contact with Persons with Confirmed Swine (H1N1) Flu	<input type="checkbox"/> Close Contact with Symptomatic Traveler to Area of High-Risk Swine Flu Transmission*
<input type="checkbox"/> Travel Since March 15, 2009 to Areas of High-Risk Swine Flu Transmission* (if YES, answer table below):	
* per current CDC designation	

Where (State, County, Country):	Departure Date:	Return Date:	Travel Method (Car/Plane, Train, Bus):	Travel Info (Flight/Train #):

Laboratory Information (Attach copies if available)

Rapid Antigen Influenza Test Conducted?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Result (if known): <input type="checkbox"/> Flu A <input type="checkbox"/> Flu B <input type="checkbox"/> Negative <input type="checkbox"/> Flu A/B <input type="checkbox"/> Flu Unspecified
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SPECIMEN 1		Date Specimen Collected:
<input type="checkbox"/> NP Swab	<input type="checkbox"/> OP Swab	<input type="checkbox"/> Nasal Aspirate/Wash
<input type="checkbox"/> Other Type of Specimen (Specify): _____		_____

Name of Laboratory Where Specimen Sent for Influenza Testing: _____

Was Antiviral Treatment Prescribe to Patient: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Antiviral Drug Name: _____
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Reporter Information

Name of Person Reporting Case and Facility:	Reporter Type <input type="checkbox"/> ICP <input type="checkbox"/> ED <input type="checkbox"/> Other _____	Facility Phone:
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DO NOT WRITE IN AREA BELOW-FOR DEPARTMENT USE ONLY

Name (Person Receiving Report)	Method of Reporting: <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> PA-NEDSS <input type="checkbox"/> Fax <input type="checkbox"/> Active Surveillance <input type="checkbox"/> Other (Specify): _____	NEDSS ReportID: _____
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Case Disposition: <input type="checkbox"/> Screening Only-No Risk <input type="checkbox"/> Suspect-Risk Factors Identified	ACD Follow-Up: <input type="checkbox"/> Attempt 1 <input type="checkbox"/> Attempt 2	<input type="checkbox"/> Data Entry Date: _____ By: _____
Disposition By: _____	Date: _____	By: _____
		ID (auto)