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Health Update
**H1N1 Influenza A (Swine Origin) – Local Update and
Guidance for Case Recognition and Management**
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As of Tuesday, May 19, 2009 the Centers for Disease Control and Prevention (CDC) has reported a total of 5,469 confirmed cases of human swine influenza from 48 states in the United States. There have been six deaths reported as complications of H1N1 infection. Eight states are now reporting widespread influenza activity, similar to transmission levels at the height of the typical influenza season. This update provides information on local disease activity and guidance regarding recognition of cases in the community as well as select high-risk settings. Further information is available at <http://www.cdc.gov/h1n1flu>, <http://www.state.pa.us> and <https://hip.phila.gov>.

- To date, a total of 55 confirmed and probable cases of swine influenza A H1N1 have been reported in Pennsylvania, which is reporting local influenza activity statewide. Sixteen of those cases are residents of Philadelphia. Many of the recent cases report neither travel history nor contact to recognized cases of influenza, a sign that local community-wide transmission of this novel virus appears to be established across the United States and in our own area of the country. Currently in Pennsylvania, both seasonal influenza strains (H1N1 and H3N2) and novel H1N1 strains are circulating in nearly equal proportions.
- In Pennsylvania and Philadelphia, visits to sentinel physician practices and Emergency Departments for influenza-like illness (ILI) have not increased substantially, unlike other parts of the country (e.g., New York, New England, and south central and south western states) where ILI reports are as high as they had been during the winter months.
- Recommendations for screening should depend on the need to confirm the diagnosis of influenza, for either patient care and/or public health decisions. The Philadelphia Department of Public Health (PDPH) recommends testing the following individuals for influenza (using polyester or Dacron swabs to collect a nasopharyngeal specimen):
 - Severely ill or hospitalized patients
 - Patients with underlying medical conditions (e.g., pregnancy, immunosuppression) that place them at risk for complications of influenza.
 - Patients whose employment poses a risk for workplace transmission, or who reside or attend congregate situations that pose a risk to others (e.g., incarcerated persons, persons residing in dormitories or other group housing, persons attending childcare programs or schools)
 - Patients who are part of clusters or outbreaks of illness (e.g., facility associated)
 - Additional persons, at the discretion of healthcare professionals and public health officials for purposes of surveillance or other clinical indications
- Healthcare facilities and healthcare professionals should ensure that policies and procedures are in place regarding the recognition and management of illness in employees, especially those who have direct patient care responsibilities. No one with symptoms of influenza should be allowed to work, and persons with confirmed or probable infections should be excluded for a minimum of 7 days following symptom onset.

- While disease activity in the community remains limited, healthcare facilities may rely on staff to self-monitor and self-exclude from work, pending medical evaluation and symptom resolution.
 - In anticipation of more widespread community transmission in future months, healthcare facilities should develop plans to implement active screening and surveillance programs to detect illness in employees and ensure that they do not work in healthcare.
- All patients with diagnosed or presumed influenza due to novel H1N1 should be advised to isolate (remain home) for at least 7 days from symptom onset. This recommendation is especially critical for persons who work or attend settings that foster transmission such as schools, childcare programs, healthcare and other settings where there are opportunities for contact with many people, or people at risk for complications of influenza.
- Recommendations regarding closure of schools with cases of novel H1N1 influenza continue to evolve. Current guidance from CDC suggests that schools with cases should close if absenteeism interferes with educational programs. PDPH is working closely with school administrators and school nurses to monitor school communities for absences and for influenza-like illness, particularly following recognition of one or more cases of influenza among students or staff. If significant H1N1 influenza transmission appears to be occurring within a school, PDPH will work with school officials to take measures to control disease spread. In some circumstances, public health actions may include short-term closure of schools with student dismissal.
- CDC has issued interim guidance on antiviral recommendations for patients with confirmed or suspected swine influenza A (H1N1) virus and close contacts. These are available at <http://www.cdc.gov/h1n1flu/recommendations.htm>.
- CDC recommends treatment for confirmed, probable or suspected cases of swine-origin influenza A (H1N1) infection who are hospitalized, severely ill, and/or at risk for complications from influenza because of age or underlying medical conditions. Pregnant women may be especially vulnerable to influenza and should be treated empirically if they present with influenza-like illness.
 - Antiviral chemoprophylaxis has been recommended for persons in the following groups:
 - Household close contacts of a *confirmed or probable* case who are at high-risk for complications of influenza
 - Healthcare workers or public health workers who were not using appropriate personal protective equipment during close contact with an ill confirmed, probable, or suspect case of swine-origin influenza A (H1N1) virus, during the case's infectious period.
 - **Stockpiling of oseltamivir (Tamiflu) or zanamivir (Relenza) for personal or household usage at a later date is strongly discouraged.**

If you have any questions about this information, please contact DDC at 215-685-6740; after-hours contact 215-686-1776 and ask to speak with the person on-call for DDC. Please report all suspected, probable or confirmed cases of swine-origin influenza infection to DDC, either via telephone or fax at 215-545-8362.