



Philadelphia Department of Public Health
Division of Disease Control

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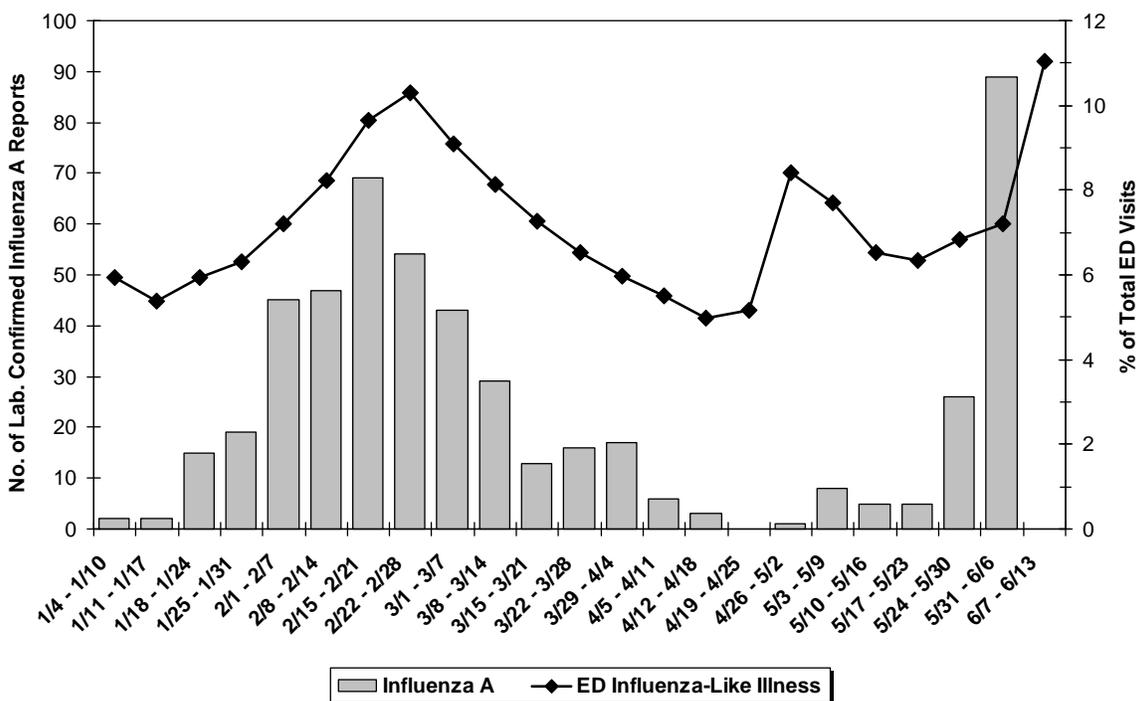
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Health Update

Increase in Local Transmission of H1N1 Influenza A (Swine Origin) and Updated Recommendations for Patient Testing and Reporting
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In the last week, cases of influenza A have increased dramatically across Philadelphia and one death was confirmed in a 26-year-old woman. At present, over 90% of influenza circulating in Pennsylvania is the novel H1N1 strain; there is very little seasonal influenza still circulating at this point. Emergency Department visits for influenza-like illness have also risen to levels normally seen in Philadelphia during the peak of seasonal flu transmission, particularly among children < 13 years of age, who now account for 70% of cases reported to PDPH (see figure).

PDPH Laboratory Surveillance of Influenza A and Emergency Department Surveillance of Influenza-Like Illness, 2009 Season



Recommendations for Identification and Clinical Management of Influenza

In light of this recent increase in community transmission of novel H1N1 influenza A, influenza-like illness is more likely to be due to influenza A, in the absence of another explanation for symptoms. The increase in cases among children 5-15 years of age has resulted in many school-based clusters or outbreaks of influenza. Secondary spread to household contacts is also common. PDPH recommends the following for the diagnosis and management of cases during this period of high-level transmission in the community:

- The diagnosis of influenza can be made clinically in children with symptoms of influenza-like illness (in the absence of another likely diagnosis) if they attend school or childcare programs with recognized outbreaks, or have siblings with influenza. Testing to confirm infection is not necessary in Philadelphia in these situations.

- **Testing** is recommended for the following persons with influenza symptoms:
 - Hospitalized or fatal cases
 - Pregnant women
 - Persons who reside or work in facilities or institutional settings with high potential for outbreaks, (e.g., group homes, shelters, correctional facilities, long term care facilities), to assure appropriate clinical and public health management. Testing of patients once there is recognized transmission in a facility is not necessary.
 - Persons in age groups that have had a low incidence of disease (infants < 1 year of age and persons > 65 years);
 - Persons in whom the diagnosis may be uncertain because of atypical symptoms.
- Empiric usage of antiviral medication should be considered for appropriate persons (<http://www.cdc.gov/h1n1flu/recommendations.htm>). Persons with chronic medical conditions who are close contacts to persons with influenza are also candidates for antiviral prophylaxis. Patients who are hospitalized with presumed or confirmed influenza should also be treated with antiviral medications. *Pharmacists who have difficulty locating Tamiflu® suspension can find directions for emergency compounding of suspension using capsules, at <http://www.tamiflu.com/hcp/dosing/extprep.aspx>.*
- All persons with influenza-like illness, even in the absence of a laboratory confirmation, should be advised to remain home, staying out of work, school or childcare programs for one week after the onset of symptoms. **This exclusion recommendation is particularly critical to limit transmission in school and childcare settings, and PDPH is advising school officials to enforce this exclusion period for all students with flu symptoms, unless their physician provides a note indicating an alternate diagnosis.** PDPH has developed guidance specifically for the control of influenza in schools. This document can be located at <https://hip.phila.gov>.
- Healthcare workers and others who are employed in healthcare facilities and have direct patient contact may transmit this infection to vulnerable individuals. During this period of high transmission in the community, facilities and agencies should implement active surveillance for influenza symptoms and exclude those who are ill for one week. Healthcare workers are at risk for both community and occupational exposures.

Surveillance for Influenza at PDPH

At this point in the epidemic, reports of individual cases of influenza who are neither hospitalized nor pregnant are no longer requested; cases of influenza in other persons are no longer being investigated. PDPH Division of Disease Control is now tracking aggregated laboratory data from viral diagnostic laboratories, and monitoring city-wide trends in influenza morbidity as demonstrated by visits for influenza-like illness in Emergency Departments and in sentinel practices. Isolates from hospitalized or fatal cases are priorities for sub-typing by the Pennsylvania Department of Health. Cases can be reported by telephone to 215-685-6748, or faxed to 215-545-8362. A case report form is available at <https://hip.phila.gov>.

PDPH requests that clinicians report the following:

- All hospitalized persons with influenza, or others with severe disease
- Pregnant women with suspected or confirmed influenza
- **Outbreaks** of influenza in a facility, school, program, or other setting that require special containment measures

These recommendations are likely to change as the epidemiology and transmission characteristics of this strain evolve. Screening and reporting recommendations will likely be revisited during the winter influenza season. Please contact the Division of Disease Control at 215-685-6740 if you have any questions about these recommendations.