



Philadelphia Department of Public Health
Division of Disease Control

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Health Update

Current Guidance for Diagnosis and Management of Novel H1N1 (Swine) Influenza A for Primary Care Practices and Community-based Providers

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Over the past week, community-wide transmission of H1N1 (swine) influenza has increased dramatically in Philadelphia. Patient visits to hospital Emergency Rooms and medical offices for symptoms of flu are significantly elevated for this time of the year. The majority of cases are occurring among school-aged children. Signs and symptoms of infection are usually mild-to-moderate in severity, similar to what is observed with typical seasonal influenza. Although hospitalizations and deaths have occurred from H1N1 influenza, most such cases have been in association with an underlying medical condition or other factor that placed them at increased risk of complications. Risk factors that increase the risk of having severe or complicated H1N1 influenza include: pregnancy, immunosuppression, and chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic disorder.

Diagnosis of H1N1 Influenza Cases in the Community

Currently, patients presenting with influenza-like-illness, defined as a fever of $\geq 100.4^{\circ}\text{F}$ and either sore throat or cough, can be presumed to have influenza due to the H1N1 strain. For routine management, these cases:

- do *not* need to be tested for influenza;
- should *not* be referred to a hospital for influenza testing or evaluation, unless warranted by their medical condition (e.g., severe illness, unstable, etc);
- do *not* need to be reported to the Philadelphia Department of Public Health.

Management of H1N1 Influenza Cases in the Community

Patients presenting with influenza-like-illness should be presumed to have H1N1 influenza and managed accordingly:

- treat with antiviral medication, e.g., oseltamivir, zanamivir, if the patient has a risk factor for developing complications from influenza (see above) or is moderate to severely ill;
- advise that the patient stay home for a minimum of 7 days after illness onset, including from work, school, or daycare;
- instruct patient on basic respiratory hygiene to limit spread of infection in the household;
- refer for acute medical evaluation and management if the patient is severely ill.

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.