Philadelphia Department of Public Health
Division of Disease Control

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Health Update

H1N1 Influenza A (Swine Origin) - Local Update

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Novel influenza A (H1N1) has been circulating in the United States since April 2009. The virus was first recognized in travelers to areas of high transmission (e.g., Mexico), but is now established here and is the cause of widespread illness across the United States, spreading from person to person. In some parts of the country (e.g., New England, Texas, Arizona, New York City, Chicago), there has been significant community-wide transmission with school outbreaks and some hospitalizations. This update provides information on disease activity locally, and offers guidance regarding for patient management in the community and select high-risk settings. Further information is available from the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/h1n1flu, and from Pennsylvania Department of Health at http://www.state.pa.us, and the Philadelphia Department of Public Health at https://hip.phila.gov.

Epidemiology of Influenza A (H1N1) in Philadelphia

- To date, a total of 70 confirmed and 11 probable cases of influenza A H1N1 have been reported in the city of Philadelphia. There are a total of 422 confirmed and probable cases in Pennsylvania. These numbers include cases associated with a large school-based outbreak in Berks County.

- Additional cases of influenza A infection have been identified across the region that have not yet been sub-typed, which are now likely to be H1N1 sub-type. Because many other people with influenza-like illness have not been tested, it is likely that there are hundreds more unrecognized cases. Transmission in Philadelphia appears to be increasing.

- Recent cases in Philadelphia are the result of local transmission, with no reported travel or exposures in the majority of cases. Nearly 70% of influenza A infections in Philadelphia in the last 2 weeks are among persons between the ages of 5 and 24 years, most of these are among school-age children.

- Several elementary schools in Philadelphia have reported cases and clusters of influenza A with an increase in influenza-like illness that is resulting in absenteeism. These outbreaks are believed to be due to influenza A H1N1, although testing is pending in some situations.

- Household transmission of H1N1 influenza A appears to be extremely common; the majority of households contacted by PDPH during the first few weeks of community-wide transmission here reported high attack rates among siblings and parents, especially in families with young children.

- Visits to city Emergency Departments and outpatient clinics participating in sentinel surveillance for influenza-like illness have not increased substantially at this point, suggesting that the overall burden of disease across the city is not elevated, and/or that many persons have illness that does not prompt seeking of medical care.

Guidance for Testing Persons with Influenza-like Illness

Recommendations for screening patients in Philadelphia continue to depend on the need to confirm the diagnosis of influenza, for either patient care and/or public health decisions. Although transmission is increasing in the city, the disease is not so prevalent at this point that any presentation of febrile respiratory illness can be assumed to be influenza.

The Philadelphia Department of Public Health (PDPH) recommends testing the following individuals for influenza:

- 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)
- 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

Please report individuals who are in any of these situations and who have laboratory evidence of influenza infection to the Division of Disease Control (see below). DDC has developed a reporting form that can be faxed to 215-545-8362 (available at https://hip.phila.gov).

Public Health Management of Persons with Suspected or Confirmed Influenza A H1N1

- 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.

- In the context of a school or facility-based outbreak, persons with influenza-like illness can be presumed to have influenza. They should be managed as persons with laboratory-confirmed infections. Children with respiratory illness who attend schools with influenza outbreaks should be excluded for 7 days, unless a physician provides an alternative explanation for illness. (Note: PDPH is developing specific guidance for control of influenza in schools, which will be available in the near future.)

- 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.

♦ 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). Clinicians should consider empiric therapy if access to diagnostic test results will be delayed.

  - 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 close contacts of a *confirmed or probable* case who are at high-risk for complications of influenza

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.