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Health Update

Swine Influenza A (H1N1) – Philadelphia and National Update

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As of Wednesday, April 29, 2009 the Centers for Disease Control and Prevention (CDC) has reported a total of 91 confirmed cases of human swine influenza in the United States. Ten states have confirmed cases; additional states are reporting probable cases that are still under investigation. One fatal case has been reported in a 23-month old infant who had been hospitalized in the state of Texas, following transfer from a Mexico hospital. This update provides information on local disease activity and recent guidance regarding case management, as issued by the CDC. Further information is available at http://www.cdc.gov/swineflu, http://www.state.pa.us and https://hip.phila.gov.

- Today, the Pennsylvania Department of Health will announce that the state has a probable case of human infection with swine influenza. The case is a 2-year-old child who was diagnosed with influenza A infection several weeks ago. The case resides in Philadelphia and is under investigation. It is classified as probable, because H1 and H3 antigens were not detected at the Pennsylvania Public Health Laboratory. Further sub-typing is pending at CDC.

- CDC has issued interim guidance for the clinical care of pregnant women and young children with swine-origin influenza virus (S-OIV) infection (details available at http://www.cdc.gov/swineflu/clinician_pregnant.htm):

    - Pregnant women with S-OIV infection may have more severe disease. Fetal distress associated with severe maternal illness can occur.

    - Pregnant women who meet current case-definitions for confirmed, probable, or suspected S-OIV infection should receive empiric antiviral treatment.

    - Pregnant women who are close contacts of persons with confirmed, probable, or suspected S-OIV infection should receive empiric antiviral chemoprophylaxis.

    - These recommendations are the same as used for others who are at higher risk of complications from influenza. Recommended duration of treatment with zanamivir or oseltamivir is five days, and for chemoprophylaxis is 10 days.

- CDC has issued interim guidance for the prevention and treatment of S-OIV influenza infection in young children (details available at http://www.cdc.gov/swineflu/childrentreatment.htm):

    - Little is known about how this strain of influenza may affect young children. However experience from previous pandemics and seasonal influenza suggests that young children, particularly those younger than 5 years of age and those with high-risk medical conditions, are at increased risk of influenza-related complications. They may also be less likely to have typical influenza-like symptoms; infants may present with fever and lethargy.

    - Antiviral treatment is recommended for children with confirmed or probable S-OIV infection; empiric treatment is also recommended for children with suspected infection. Treatment with zanamivir or oseltamivir should be started as soon as possible after the onset of symptoms.

- Children younger than 1 year of age are at high risk of influenza-related complications. CDC has suggested that in light of the higher rates of morbidity and mortality in this age group, infants may benefit from treatment using oseltamivir. While this drug is not licensed for use in children less than 1 year of age, the FDA recently approved its use in this age group under an Emergency Use Authorization (EUA). Dosing for children is age based.

- Either oseltamivir or zanamivir are recommended for children 1 year of age or older. Oseltamivir can be used for chemoprophylaxis under the EUA for children less than 1 year old. Chemoprophylaxis is not recommended for infants less than 3 months old unless the situation is judged to be critical.

- Aspirin or aspirin-containing products should not be administered to any confirmed or suspected case of S-OIV infection aged 18 years or younger because of the risk of Reye's syndrome.

- The Pennsylvania Department of Health issued an advisory regarding the collection of diagnostic specimens for the diagnosis of S-OIV.

    - All persons with influenza-like illness (ILI) should be tested for influenza virus, since the prevalence of seasonal influenza is believed to be low at this point in the year. This recommendation also includes individual with severe ILI, individuals that are a part of clusters of cases, and individuals that have travel history to areas of swine influenza transmission or contact with cases.

    - Recommended sources of specimens are:
        - Nasopharyngeal swab
        - Nasal swab together with a throat swab
        - Nasal swab alone (throat swab alone is not recommended)

    - Specimens should be tested first in a clinical laboratory that can perform rapid influenza tests. If they are negative for influenza A and B additional testing is not necessary unless the case is strongly considered to have influenza or compelling epidemiological reasons to test for S-OIV.

    - All specimens positive for influenza A should be forwarded for further evaluation to the Pennsylvania Department of Health Bureau of Laboratories.

The Division of Disease Control (DDC), Philadelphia Department of Public Health has heard of isolated instances where clinicians have not been able to access supplies of oseltamivir following patient prescription. Please report problems accessing medications or appropriate laboratory supplies to DDC at 215-685-6740. **DDC does not have supplies of these materials to distribute, however DDC will work with the Pennsylvania Department of Health to identify possible solutions to supply and materiel shortages.**

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 S-OIV infection to DDC, either via telephone or fax at 215-545-8362.