



Microbe Monthly

Communicable Disease Report

El Paso County Department
of Health & Environment

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Flu in Summer—Really?

The international outbreak of novel influenza A (H1N1) which began in March 2009 has led to an extremely unusual situation—that is, a summer flu season. Surveillance data from Colorado and the CDC shows that there is little to no presence of seasonal flu viruses and that the majority of influenza viruses currently being identified in the United States are novel H1N1 viruses. It is not possible at this time to predict whether novel H1N1

virus activity will persist through the fall, but health care providers should remain aware that patients with this infection may continue to present in your office throughout the summer.

From a national perspective, the severity of illness of patients with novel H1N1 infection continues to be generally mild. However, some areas such as New York City are experiencing numerous large outbreaks of disease, with higher numbers of hospitalizations and severe illness. In NYC, half of hospitalized persons have been under 18 years of age and the most common underlying risk factor has been asthma. Throughout the US, 99% of reported novel H1N1 cases are in persons under 65 years of age—a finding currently undergoing further study.

The Health Department is concerned about the potential for novel H1N1 outbreaks in El Paso County related to summer activities such as summer camps, conferences and other group activities where large groups of children and young adults congregate. Health care providers who provide clinical services to these groups should stress good infection control practices such as handwashing and staying home when ill. Any suspected outbreak of an acute febrile respiratory illness should be reported to the Health Department's Communicable Disease Program at 719-578-3220.

Another challenge for health care providers is the need to differentiate novel H1N1 infection from other febrile illnesses that commonly occur during summer months (for example, enteroviruses, tick and mosquito-borne illnesses). Patients with uncomplicated disease due to confirmed novel H1N1 infection have experienced fever, chills, headache, upper respiratory tract symptoms (cough, sore throat, rhinorrhea), myalgias, arthralgias, fatigue, vomiting, or diarrhea. A helpful clinical tip is that these patients do not report rash, as might be seen in the other diagnoses.

The Colorado Department of Health & Environment (CDPHE) updated their recommendations for novel H1N1 testing, which states:

- It is neither necessary nor feasible to test for H1N1 in every person with influenza-like illness.
- Persons with uncomplicated influenza-like illness who are not at high risk for complications (see box above) do not need to be seen by a health care provider or to be tested for H1N1.
- Persons at high risk for influenza complications who are seen in the outpatient setting can be managed similar to “seasonal” influenza, either empirically or based on specific influenza testing. Novel H1N1 testing is now available through one or more commercial laboratories.
- Testing performed by CDPHE laboratory is now focused on hospitalized persons <65 years old with severe febrile respiratory illness. Public health testing is not available for routine diagnosis and clinical management.

It's uncertain how the novel H1N1 virus will affect the upcoming 2009-10 influenza season, nor is it known whether the current circulating novel H1N1 virus will undergo genetic changes. The production of 2009-10 seasonal flu vaccine is well underway, and efforts to produce a vaccine for novel H1N1 have been initiated. We are awaiting a decision from CDC as to whether vaccine manufacturers will mass produce this new vaccine. The Health Department will update healthcare providers and the public when this information becomes available. Because the situation with novel H1N1 is dynamic, healthcare providers are encouraged to periodically review information either on our Web site, www.elpasocountyhealth.org, or CDC's Web site www.cdc.gov/h1n1flu/update.htm.

Groups at higher risk for flu complications include:

- ◆ Children less than 5 years old
- ◆ Persons aged 65 years or older
- ◆ Children and adolescents (less than 18 years) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye syndrome after influenza virus infection
- ◆ Pregnant women
- ◆ Adults and children who have chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic disorders
- ◆ Adults and children with immunosuppression (including that caused by medications or HIV)
- ◆ Residents of nursing homes and other chronic-care facilities

Use of antivirals for novel influenza A (H1N1)

The currently recommended antivirals for novel H1N1 treatment and prevention are oseltamivir and zanamivir. Recommendations may change as data on effectiveness, clinical spectrum of illness, adverse events and susceptibility become available.

Treatment: Clinical judgment is an important factor in treatment decisions. Many patients with novel H1N1 infection who are not in high-risk groups have had uncomplicated illnesses similar to typical seasonal influenza. For most of these patients, the benefits of antivirals may be modest. Treatment is recommended for: (1) hospitalized patients with confirmed, probable or suspected H1N1 influenza; (2) patients at higher risk for seasonal influenza complications (see box above). For others, providers should use clinical judgment to guide treatment decisions, and when evaluating children should be aware that the risk for severe complications from seasonal influenza among children under 5 years old is highest among children younger than age 2. Treatment is likely to be most beneficial if started within 48 hours of illness onset.

Chemoprophylaxis: The infectious period for H1N1 virus is currently defined as one day before until 7 days after onset of illness. If contact occurred with a case whose illness started more than 7 days before the contact, then chemoprophylaxis is not necessary. CDPHE recommends that antiviral chemoprophylaxis be considered for health care workers or public health workers who were not using appropriate personal protective equipment during close contact with an ill suspected or confirmed case during the case's infectious period. Duration of antiviral post-exposure chemoprophylaxis is for 10 days after the last known exposure to the case.