

---

*"To improve the health of our communities by identifying sustainable solutions to community health issues, developing partnerships for implementation of strategies, and demonstrating our success through measurement of outcomes."*

## Update to Idaho Physicians and Other Health Care Providers

### Swine-Origin Influenza Virus (S-OIV) Testing Guidelines and Treatment Recommendations

April 30, 2009

Swine-origin influenza virus (S-OIV) testing will now be **prioritized** by the Idaho Division of Health, Office of Epidemiology and Food Protection for samples based on the following criteria.

#### Criteria for testing prioritization:

1. **Clinical criteria:** an influenza-like illness (ILI)\* **AND**

2. **Epidemiologic criteria:**

- Onset of illness within 7 days of close contact with a person who is a confirmed case of S-OIV infection, OR
- Onset of illness within 7 days of travel to community either within the U.S. or internationally where there are one or more confirmed cases of S-OIV infection, OR
- Admission to the hospital with ILI

*\*ILI is defined as a fever and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza*

3. **Public Health Notification:** Persons with samples submitted for testing to the Idaho Division of Health laboratory **must** be reported to your Health District or Division of Health epidemiologists.

**Samples must be accompanied by a S-OIV submission form**, located at [www.swineflu.idaho.gov](http://www.swineflu.idaho.gov).

**Proper samples:** Nasopharyngeal samples represent the sample site of choice for influenza testing. Use viral transport media (e.g. containing, protein stabilizer, antibiotics to discourage bacterial and fungal growth, and buffer solution), and swabs with a synthetic tip (e.g., polyester or Dacron®). See <http://www.cdc.gov/swineflu/specimencollection.htm> for details on testing procedures.

#### **Updated Guidance for Treatment of Children and Pregnant Women**

Pregnancy should not be considered a contraindication to oseltamivir or zanamivir use. Pregnant women might be at higher risk for severe complications from swine influenza, and the benefits of treatment or chemoprophylaxis with zanamivir or oseltamivir likely outweigh the theoretical risks of antiviral use.

CDCs *Interim Guidance-Pregnant Women and Swine Influenza: Considerations for Clinicians* can be found at: [http://www.cdc.gov/swineflu/clinician\\_pregnant.htm](http://www.cdc.gov/swineflu/clinician_pregnant.htm)

Little is known about how S-OIV may affect children; the following document provides guidance on prophylaxis and treatment, including guidance for children <1 year of age.

CDCs *Interim Guidance for Clinicians on the Prevention and Treatment of Swine-origin Influenza virus Infection in Young Children* may be found at:  
<http://www.cdc.gov/swineflu/childrentreatment.htm>

####