

HEALTH ALERT NETWORK HEALTH DISTRICT 4

PUBLIC HEALTH ADVISORY

Please share with all clinical staff, laboratorians and infection control staff.

Novel Influenza A (H1N1): Reporting and Testing Guidelines

September 2, 2009

Novel and Seasonal Influenza Season

The novel, pandemic influenza A (H1N1) virus, first detected in Idaho in April 2009, has been circulating in Idaho throughout the summer. Soon seasonal influenza A and influenza B viruses will be co-circulating with the novel influenza A (H1N1) virus. Two influenza A (H3) seasonal influenza isolates were detected during the last week of August.

New Reporting Law effective September 01, 2009:

- 1) Laboratories must report each confirmed case of novel H1N1; and
- 2) Physicians and hospitals must report **hospitalized** probable or confirmed cases of novel H1N1.

Central District Health Department may investigate reported cases of novel influenza A in order to determine severity and recommend measures to prevent spread. Individuals with confirmed novel H1N1 influenza must be restricted from day care, school, or work for at least 24 hours after fever is resolved, without the use of fever-reducing medicine.

"In communities where novel H1N1 transmission is occurring, healthcare personnel who develop a febrile respiratory illness should be excluded from work for 7 days or until symptoms have resolved, whichever is longer." See CDC Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Novel Influenza A H1N1 Virus Infection in a Healthcare Setting.

http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm

Laboratory Testing

The Idaho Bureau of Laboratories (IBL) no longer provides confirmation testing for routine diagnosis of novel H1N1 influenza. **That being said, virologic surveillance is important to determine what virus strain(s) are circulating and what strains are causing severe illness.** IBL performs FDA- approved or Emergency Use Authorization- approved (EUA) testing to detect influenza A and B viruses, as well as influenza A sub-

types [AH1, AH3, AH5, and pandemic (H1N1)]. **IBL will test the following individual cases for evidence of novel influenza A (H1N1);**

A person with a fever AND cough, and/or a sore throat, AND:

- is hospitalized or severely ill, or
- works in a hospital setting, or
- is pregnant, regardless of hospitalization status, or
- part of an outbreak in a facility (e.g., day care, school, workplace, etc.).

Rapid Influenza Diagnostic tests (RIDTs) detect influenza A or influenza B antigens in 30 minutes or less. Overall sensitivities for the most frequently used RIDTs range from 40-69% as reported in the August 7th, 2009 MMWR

(http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5830a2.htm?s_cid=mm5830a2_e).

Therefore, a negative RIDT does not rule out an influenza infection in the presence of compelling clinical criteria. *It is important to note that none of the FDA approved RIDTs can distinguish between seasonal influenza A and novel influenza A and RIDTs cannot provide any information about antiviral drug susceptibility.*

Healthcare providers are encouraged to utilize commercial testing options. Quest Diagnostics (<http://www.questdiagnostics.com/2009H1N1/>) now offers an FDA-approved influenza A (H1N1) real-time RT-PCR confirmatory test under a EUA.

Specimen Types and Proper Collection Technique

Surveillance specimen collection kits complete with swabs, viral transport media, and IBL submission forms are available, free of charge, by contacting IBL at 208-334-2235 x 228. Laboratory information may also be found at www.statelab.idaho.gov.

To learn more about what is happening in Health District 4, please visit www.cdhd.idaho.gov and in Idaho, please visit www.flu.idaho.gov.

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