

**Texas Guidance for Clinicians:
Patients with Influenza-Like Illness
April 26, 2009**

This Guidance will be continually updated as situation evolves.

Update:

Texas has confirmed cases of swine flu. The original two confirmed cases of swine flu have recovered. Additionally, cases of novel swine flu have been identified in California, Kansas and in Mexico. The characterization of the virus in Mexico shows it is the same as the swine flu virus in the Texas cases. CDC epidemiologists have been deployed to Texas, Mexico, and California. Suspected cases are being investigated in other states.

Clinicians throughout Texas should enhance surveillance of patients who present with illness consistent with influenza disease and no alternate explanation for the illness. This is especially important since fewer cases of influenza are presenting at this time.

Unless there is evidence to the contrary, swine influenza should be highly suspected in persons with influenza-like illness.

Laboratory Testing Protocol for Persons with Influenza-Like Illness or Acute Respiratory Illness:

1. Perform influenza testing on **all** patients with **influenza-like illness** (ILI: fever >100° F **and** cough and/or sore throat)

2. Perform influenza testing on all patients with **acute respiratory illness** (ARI: recent onset of at least two of the following: rhinorrhea or nasal congestion, sore throat, cough (with or without fever or chills) **and**
 - a history of recent travel to Mexico (within 7 days) or
 - contact with a person who has been diagnosed with Influenza A.

Perform rapid flu testing, if available, for immediate decisions regarding communicability. However, rapid flu testing is not sufficiently sensitive to rule out influenza. Regardless of results of rapid flu testing, collect and submit specimen (see acceptable specimens below) for viral culture.

Submit all specimens to the Department of State Health Services or the appropriate public health department laboratory even if viral culture specimens are routinely submitted to another laboratory. Collection and submission instructions are below.

Specimen Collection Guidelines for Influenza Specimens

Respiratory Specimens

Acceptable specimens for influenza testing include a nasopharyngeal or throat swab, nasal wash, or nasal aspirates. Preferred specimen is a combination throat/nasal pharyngeal swab or oral pharyngeal swab or nasal wash. Other routine respiratory specimens, such as a bronchial wash, or sputum will be acceptable.

Samples should be collected within the first 4 days of illness. **Swabs used for specimen collection should have a Dacron tip and an aluminum or plastic shaft. Swabs with calcium alginate or cotton tips and wooden shafts are not recommended, as these have substances that can interfere with PCR procedure.** Specimens should be put into an approved biohazard bag and placed at 4°C immediately after collection.

Procedure	Influenza Types Detected	Acceptable Specimens	Transport
RT-PCR	A and B	Nasopharyngeal swab, throat swab, nasal wash, bronchial wash, nasal aspirate, sputum	Cold on Ice Packs –or– Frozen on Dry Ice. Submit same day as collection

Transport cold on ice packs or freeze at - 70° C and ship on dry ice. Although specimens are acceptable for culture within 4 days of collection, due to the current situation, please submit specimens the same day as collected.

When influenza A is detected in your clinic by rapid testing methods, please send an aliquot (1-2 ml) of the original suspension (not exposed to test kit reagents) in viral transport media or equal; or if an additional original specimen swab in viral transport media is available, that is preferable.

Go to http://www.dshs.state.tx.us/lab/MRS_forms.shtm to

- [Order forms for Laboratory mailing containers and supplies](#)

- [Test Request Form Samples and G-9 Form - Laboratory Services](#)
- [Obtaining Test Request Forms by email](#)

For additional assistance with specimen submission call:
(512) 458-7318 Toll Free: (888) 963-7111 ext. 7318.

Infection Control

Non-Hospitalized Patient

Recommended infection control for a **non-hospitalized patient** (ER, clinic or home):
Separation from others in single room if available until asymptomatic. If the ill person needs to move to another part of the house or clinic, he/she should wear a mask. The ill person should wash hands frequently and follow [respiratory hygiene practices](#). Also encourage ill person and family members to use alcohol hand sanitizer frequently when appropriate. Cups, utensils and other items used by the ill person should be thoroughly washed with soap and water or by a dishwasher before use by other persons.

Hospitalized Patient

Recommended Infection Control for a **hospitalized patient**:

- Standard, Droplet and Contact precautions for 7 days after illness onset or until symptoms have resolved.
- In addition, personnel should wear N95 respirators when entering the patient room.
- Use an airborne infection isolation room (AIIR) with negative pressure air handling, if available; otherwise use a single patient room with the door kept closed.
- For suctioning, bronchoscopy, or intubation, use a procedure room with negative pressure air handling.

Ill Individuals

Recommended PPE for personnel providing care to *ill individuals* in a clinic or non-hospital setting:

- Use surgical mask (N95 respirator preferred). Depending on symptoms and nature of procedures consider using disposable gowns, gloves and goggles.

Treatment

At this time, testing indicates swine H1N1 influenza is sensitive to Neuraminidase Inhibitors (oseltamivir [PO] or zanamivir [Inhaled]).

Aspirin or aspirin-containing products (e.g. bismuth subsalicylate – Pepto Bismol) should **not** be administered to any confirmed or suspected ill case of swine influenza A (H1N1) virus infection aged 18 years old and younger due to the risk of Reye syndrome. For relief of fever, other anti-pyretic medications are recommended such as acetaminophen or non steroidal anti-inflammatory drugs.

Antivirals

- Antiviral treatment for confirmed or suspected ill case of swine influenza virus infection may include either oseltamivir or zanamavir, with no preference given at this time.
- Initiate treatment as soon as possible after the onset of symptoms.
- Refer to CDC recommendations for dosing requirements and contraindications at: <http://www.cdc.gov/flu/swine/recommendations.htm>
- If patients report difficulty in obtaining antivirals, the physician should contact the regional or local health department. Contact information for local health departments is at: <http://www.dshs.state.tx.us/regions/lhds.shtm> and for regional health departments at: <http://www.dshs.state.tx.us/regions/default.shtm>.
- Information on individuals receiving antivirals due to suspicion of swine flu or contact with an infected individual should be entered into the Texas Immunization Registry, ImmTrac. This registry will be used to track antiviral medications given in this situation. The ImmTrac Disaster Information Retention Consent (DIR) form will be used to collect this information. The form is available in English and Spanish. The provider dispensing an antiviral prescription must ensure a form is completed for each individual. The form is available at: www.immtrac.com or by request from ImmTrac at 800-252-9152.
- Recommendations for use of antivirals may change as data on antiviral susceptibilities become available.

Chemoprophylaxis

- Antiviral chemoprophylaxis (pre-exposure or post-exposure) is recommended for close contacts of a confirmed or highly suspected case of swine influenza virus infection.
- Chemoprophylaxis is recommended for health care workers caring for patients ill with confirmed or highly suspected swine influenza.

Follow-up Monitoring of Exposed Close Contacts

Close contacts should be monitored daily for fever (temp ≥ 100.4 °F) and/or any respiratory symptoms up to 7 days following the last known exposure to an ill person who is a confirmed case of swine influenza virus infection.

Close contacts of an ill person who is a confirmed case of swine influenza virus infection should be educated about the signs and symptoms of swine influenza virus infection.

Close contacts should be advised to contact public health staff if fever or feverishness or any respiratory tract symptoms occur up to 7 days following the last known exposure to the ill case.

Further information on infection control and antiviral medications may be obtained from the document: *Interim Guidance on Infection Control and Antiviral Recommendations for Patients with Confirmed or Suspected Swine Influenza A Virus Infection* at:

<http://www.cdc.gov/flu/swine/recommendations.htm>

Definitions:

1. *Influenza-like illness*: Influenza-like illness, or ILI, is defined as fever >100°F AND cough and/or sore throat (in the absence of a known cause other than influenza).
2. *Acute respiratory illness* is defined as recent onset of at least two of the following: rhinorrhea or nasal congestion, sore throat, cough (with or without fever or chills).
3. A *suspected case* of SIV is defined as a person with an acute respiratory illness who was a close contact to a confirmed case of SIV infection while the case was ill, or is an acutely ill person (acute respiratory illness) with a recent history of contact with an animal with confirmed or suspected SIV infection.
4. *Close contact* is defined as: within about 6 feet of an ill person who is a confirmed case of swine influenza A virus infection.