



Seasonal and H1N1 Physician 2010 Flu Update

Epidemiology of Seasonal and H1N1 Flu

This year we are dealing with two different strains of flu: seasonal influenza and H1N1 (swine) flu. H1N1 flu, also known as “swine” flu, was first identified in April and has now reached “pandemic status”. It is anticipated that 30% - 50% of the population will be infected with H1N1 influenza by March 2010. It is estimated that 80-90% of the flu currently being seen is H1N1.

Symptoms of both seasonal flu and H1N1 include fever, coughing, sore throat, runny or stuffy nose, headaches, body aches and fatigue. H1N1 symptoms may be the same as seasonal flu but may also include nausea, vomiting and diarrhea.

The incubation period (time from exposure to feeling sick) for influenza is about 1-4 days (average 2 days) but viral shedding can occur the day before illness, up to 5-7 days after. The period when a person is most contagious is the greatest during the first 2-3 days of illness and appears to correlate with fever- the higher the fever the more contagious.

Whereas the elderly are the most at risk of complications with seasonal flu, pregnant women and children (especially 6 months and younger) are most at risk of having serious complications with H1N1.

Flu Prevention

Both strains of flu are transmitted in respiratory secretions from coughing and sneezing and can be transmitted by direct contact with contaminated surfaces. That includes desks, phones, computers, etc.

- **Get both seasonal and H1N1 flu vaccines if recommended. Unless otherwise advised, you should receive both vaccinations to protect you and our patients. This is the number one thing you can do to protect yourself from getting the flu.**
- Clean your hands frequently with soap and water or alcohol hand gel, especially when entering and before exiting a patient room.
- Avoid touching your eyes, nose, or mouth. Germs can be spread this way.
- Clean surfaces in your office(s) (exam rooms, waiting rooms, countertops) and your personal equipment (stethoscopes) frequently with an appropriate disinfectant, e.g. bleach wipes, Caviwipes. The flu virus can live on surfaces for 2-8 hours.
- Cover your mouth and nose with a tissue when you cough or sneeze or cough into your arm, not your hand. Throw the used tissue away immediately after use and disinfect your hands.

- Clean your hands every time you cough or sneeze into your hands and/or after blowing your nose.
- If you develop a fever and respiratory symptoms, if at all possible, avoid seeing patients until you are fever-free for 24 hours. (If you see high risk patients [OB, Pediatrics, immunocompromised] this time increases to 7 days from onset of symptoms.) If this is not an option, you should wear a surgical mask until the restriction period has passed.

Vaccinations

Hospitals and providers nationwide are experiencing shortages and delays of/with seasonal and H1N1 flu vaccine. You are encouraged to get your vaccines from any available source, e.g. pharmacies, community clinics.

If you ordered H1N1 vaccination for your office(s) from the Panflu.gov website, the Public Health Department is supposed to have information about the number of doses that will be shipped to you and the date. It is anticipated that hospitals/providers will only receive a portion of what they ordered, and will expected to re-order doses if additional doses are needed above the initial doses shipped.

Flu vaccine is recommended for the following high risk groups:

Seasonal Flu Vaccine	H1N1 Flu Vaccine
<ul style="list-style-type: none"> • Persons age \geq 50 years • Persons with chronic (long-term) health conditions, such as asthma, diabetes, kidney disease, blood disorders, or a weakened immune system • Persons with conditions that may affect breathing, such as brain injury, spinal cord injury, seizures, and nerve or muscle disorders • Persons who care for persons (or children 0-59 months old) at high risk for flu related complications • Women who will be pregnant during influenza season • Healthcare workers 	<p><u>Inactivated or Nasal</u></p> <ul style="list-style-type: none"> • Children ages 6 months – 24 years • Health care providers • Persons ages 24-64 with chronic health conditions • Persons caring for infants 6 months and younger <p><u>Inactivated Only</u></p> <ul style="list-style-type: none"> • Pregnant women • Immunocompromised persons

Generally speaking, two weeks after being vaccinated for flu, protection against flu develops. The protection lasts up to one year.

Testing Patients for Influenza

The rapid Influenza A antigen test performed in-house by the laboratory is only positive in, at the most, 70% of patients who actually have Influenza A. To determine if the patient has H1N1 infection, a PCR test (send-out) would be required to make that diagnosis.

Until recently, when a swine flu test was requested, 2 nasopharyngeal swabs were collected and the rapid Antigen test was performed. If the patient met criteria, the Public Health Department performed testing on the second swab which would be resulted in 3-10 days.

Recently we were notified that H1N1 testing by the Public Health Department Laboratory is no longer routinely available. For this reason and since having a definitive H1N1 identification in most cases does not change the patient's treatment course, the hospital will no longer be sending out specimens for swine flu testing unless the patient is hospitalized. For these cases, an ID/ED/Hospitalist physician may order the H1N1 test on patients with influenza-like illness. If the initial Rapid Influenza A test is negative, it will be sent out for H1N1 PCR testing which will be resulted in 24-48 hours. This is being done as a means of discontinuing isolation as quickly as possible if the patient tests are negative for Influenza A and H1N1. In a crisis demand for hospital beds, this process is critical to help make room for patients needing to be admitted.

(Note: Rapid Influenza A testing [non-H1N1 specific] is still available, performed by SACH laboratory.)

Managing Flu Patients Requiring Hospitalization

We are anticipating an overwhelming number of patients presenting with influenza-like illness, requesting treatment through our Emergency Department with several ill enough to require hospitalization. You are critical in helping us manage patients and protect our staff. Please help us by:

- Notifying the ED staff or nursing unit staff that you are admitting a patient with flu-like illness so that an appropriate mask can be placed on your patient upon entry into the hospital. Droplet Precautions will be initiated/maintained and N-95 masks worn by the staff when caring for patients in the ED or inpatient setting. Visitors are advised to wear surgical masks when visiting patients in Droplet Precautions.
(Note: N-95 masks provide the best protection for you because of the seal they provide, but fit-testing for size is important and should be repeated annually. If you would like to be fit-tested to wear an N-95 mask when caring for patients with flu-like symptoms, please make arrangements with the Employee Health Department or the Director of the area of the hospital you work in, e.g. Emergency Department, Med-Surg, etc.)
- Avoiding sending patients with flu-like illness to the Emergency Department for seasonal flu or H1N1 nasopharyngeal swabbing/testing unless the patient is critically ill and in need of emergency care. The majority of non-critical patients presenting to the Emergency Department with flu-like illness are treated and released.
- Consulting with an ID physician or ED physician to determine if flu testing is warranted (see Flu Testing section).
- Using alcohol hand gel upon entering and exiting the patient rooms.
- Making rounds as early in the day as possible to discharge patients and respond as quickly as possible to ED calls.
- Reserving Tamiflu treatment for patients at high risk of complications from H1N1 infection, e.g. pregnant women, children under 6 months, in accordance with CDC recommendations. Tamiflu treatment is not effective against seasonal flu this year.