



Rhode Island Department of Health

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www.health.ri.gov

Interim Health Advisory

Date: May 20, 2009
To: All Healthcare Providers
From: Director of Health, David R. Gifford, MD, MPH
Re: Information on Surveillance of H1N1 (Swine) Influenza in RI

Please note that going forward, provider advisories will be issued on Wednesdays.

Updated items are in bold text.

Please check web resources for most up to date guidelines at:
<http://www.health.ri.gov/pandemicflu/swineflu/provider.php> or <http://www.cdc.gov/h1n1flu/guidance/>

HEALTH is no longer testing in emergency departments and general ambulatory settings for routine Influenza-like Illness (ILI). We are no longer considering travel history as a criterion. Please treat based upon your clinical diagnosis and judgment. Treatment and prophylaxis guidelines can be viewed on HEALTH's website.

Health will continue to approve testing for:
Patients admitted to the hospital with an ILI. Please call 222-2577 OR 272-5952 for approval.

Reporting Clusters and Outbreaks in Group Residences, Nursing Homes or Assisted Living Facilities:

Report clusters and outbreaks immediately to HEALTH's Center for Epidemiology and Infectious Diseases at 401-222-2577(8:30am-4:30pm) or 401-272-5952 (4:30pm-8:30am). Directions for any specimen collection will be given at this time.

CDC-related Definitions

- **Cluster:** Three or more cases of acute febrile respiratory illness (AFRI) occurring within 48 to 72 hours, in residents who are in close proximity to each other (e.g., in the same area of the facility).
- **Outbreak:** A sudden increase of AFRI cases over the normal background rate or when any resident tests positive for influenza. One case of confirmed influenza by any testing method in a long-term care facility resident is an outbreak.

Influenza-like Illness is defined as fever, cough and/or sore throat in the absence of a KNOWN cause other than influenza. Though there is concern for H1N1 (swine) influenza, there are currently also many respiratory viral illnesses circulating, including Respiratory Syncytial Virus (RSV), Adenovirus and Parainfluenza 1, 2 and 3. For other inquiries, please contact the Swine Influenza Information Line at 222-8022.

Surveillance:

As of May 20^h at 3 p.m. we have: 8 confirmed positive, 2 confirmed negative, 1 probable. HEALTH has tested more than 200 patients for swine flu at this time of which 95% are not influenza A or H1N1 (swine) flu.

- Probable case definition: a case with an untypeable flu result by PCR testing at the State Lab.
- Confirmed case definition: a case with a positive H1N1 swine flu specific PCR test.

Providers, please advise patients:

1. If you or your child is ill (acute respiratory illness, especially including fever and respiratory symptoms beyond the individual's usual seasonal allergy symptoms if applicable), use measures to cover coughs in a public setting.
 - a. Methods of covering coughs can include a surgical mask or a scarf (or similar cloth that would decrease the spread of droplets with coughing).
 - b. Patients should avoid public settings, especially crowded areas as much as possible if they are ill.
2. If you or your child is ill (acute respiratory illness), the ill individual should not visit others (i.e. do not go to work, visit others at the hospital, or mass gatherings).
3. Patients should stay at home for 7 days or until symptoms have stopped for at least 24 hours—whichever is longer.
4. If you are NOT ill, you can continue or return to work.
5. If you have traveled to a community with one or more confirmed cases of H1N1 (swine) influenza, but you have no acute respiratory illness, you can continue working or return to work.
6. If you have mild influenza like illness, do not visit the doctor unless symptoms worsen.

Providers

1. Use clinical judgment to reserve treatment for ILI for moderate to severe cases. Mild ILI cases are encouraged to stay at home, with the exception of young children, pregnant women and immune suppressed.
2. Those who are considered at high-risk for complication of H1N1 Influenza by CDC include:
 - a. Children younger than 5 years old. The risk for severe complications from seasonal influenza is highest among children younger than 2 years.
 - b. Anyone age 65 or older.
 - c. Pregnant women
 - d. Those with chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus)
 - e. Immunosuppression, including that caused by medications or by HIV
 - f. Persons younger than 19 years of age who are receiving long-term aspirin therapy
 - g. Residents of nursing homes and other chronic care facilities
- 3. Specific advice for providers regarding the need for testing or treatment of H1N1 in pregnant women can be accessed by calling Women and Infants Hospital of Rhode Island (401-274-1100) and asking to have either the maternal fetal medicine physician of the obstetric medicine attending on call paged. This expert physician consultation will be able to advise regarding antiviral treatment and be able to facilitate influenza PCR testing.**
- 4. Please remember to review clinical guidance and advisories posted on HEALTH's website. Any guidance that is revised or updated will be date stamped for easier reference.**
- 5. Nationally, risk factors for hospitalization of patients with ILI are asthma, COPD, diabetes, immunosuppression, cardiovascular disease and pregnancy. Ninety percent of those who are hospitalized have one or more of these conditions.**
5. Please remember to mask patients who arrive at your office with question of Influenza-like illness.
6. Providers and healthcare staff with close, face-to-face patient encounters should wear a surgical mask or N-95 respirator mask, if available. Please see new interim guidance on masks on the HEALTH website: <http://www.health.ri.gov/pandemicflu/swineflu/provider.php>

7. Similar to usual indications, please make sure that pneumococcal vaccinations are updated appropriately.

Insurance Update

Neighborhood Health Plan of RI, Blue Cross/Blue Shield, and United Health Care health plans have been authorized to remove prior authorization requirement for oseltamivir (Tamiflu) and zanamivir (Relenza) antiviral medications. Patients can now fill these prescriptions without further authorization. In addition, Tufts does not require prior authorization for these prescriptions.