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**Novel H1N1 Influenza Virus
Health Alert Update**

Current situation

- Available data suggest that novel H1N1 influenza virus is behaving similarly to seasonal influenza viruses in terms of morbidity and mortality among those infected.
- CDPH is moving towards a surveillance model for novel H1N1 that is more similar to that for seasonal influenza.

Changes in recommendations

- Testing should be limited to individuals of clinical and epidemiologic significance (as described below).
- Testing and reporting recommendations are subject to change; at this time, it is likely that current testing/reporting recommendations will continue through the end of May.
- Investigations related to healthcare worker exposures (infected patient to healthcare workers or infected healthcare worker to patients/co-workers) may be conducted at the discretion of the local health jurisdiction.

Definition of influenza-like illness (ILI)

- Fever $\geq 37.8^{\circ}\text{C}$ ($>100^{\circ}\text{F}$) and a cough and/or sore throat.

Current patient testing recommendations

- Fatal cases with ILI.
- Hospitalized patients with ILI as per seasonal influenza; some local health jurisdictions may wish to prioritize testing to hospitalized patients with severe acute respiratory illness (SARI).
- Healthcare workers with ILI (those who directly interact with patients or the patient care environment).
- At the direction of local health jurisdictions as part of an investigation of selected ILI clusters or when testing results may impact public health interventions.
- Outpatient ILI will be evaluated solely through the existing California sentinel surveillance system established for seasonal influenza, with testing at CDPH VRDL.

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All specimens should continue to be routed through the local health jurisdiction and then to the appropriate Respiratory Laboratory Network (RLN) laboratory for processing. If indicated, the RLN laboratory will direct the specimen to CDPH VRDL.

CDPH VRDL will continue to support local health jurisdictions that do not have access to influenza PCR testing and local public health laboratories that need assistance.

Online CDPH form for Specimen Submittal

[CDPH Swine Flu Surveillance Specimen Submittal Form \(PDF\)](#)  - UPDATED May 6
Viral and Rickettsial Disease Laboratory

Please alert VRDL if you are sending specimens from patients in any of the above listed categories so testing can be prioritized (e-mail cynthia.jean@cdph.ca.gov and david.cottam@cdph.ca.gov)

CDPH interim antiviral guidance

- CDPH Interim Guidance on Antiviral Recommendations for Novel H1N1 Influenza were updated on May 8th and are available on the CDPH swine flu website at:
 - <http://ww2.cdph.ca.gov/HealthInfo/discond/Documents/CDPH-Updated-Interim-Guidance-on-Antivirals-for-H1N1-050809.pdf>
- Document from Glaxo Smith Klein (pharmaceutical company) describing administration of Relenza via a Nebulizer, available at:
ww2.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenzaHealthPros.aspx

Contacting CDPH with questions related to H1N1 epidemiology or surveillance

- Questions related to novel H1N1 epidemiology and surveillance from local health jurisdictions can continue to be directed to CDPH via email at:
swineflureport@cdph.ca.gov
- This mailbox will be monitored from 0800-1700, 6 days a week (Monday-Saturday).
- In addition to email, local health jurisdiction staff can call 916-275-9016 between 0800-1700 Monday – Friday.
- For urgent questions related to novel H1N1 case/contact investigation after hours on weekdays and on weekends, please call the Division of Communicable Disease Control (DCDC) duty officer (DOD) pager.

CDPH H1N1 influenza virus case reporting

- All local health jurisdictions should now be submitting a CDPH case report form for all probable and confirmed cases.

Forms can be submitted by email to: swineflureport@cdph.ca.gov or by fax at: 510-620-3949.

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Forms (and instructions) are available at:

<http://ww2.cdph.ca.gov/pubsforms/forms/Documents/Swine-Origin-Influenza-A-H1N1-Virus-Case-Report.doc>

Instructions:

<http://ww2.cdph.ca.gov/pubsforms/forms/Documents/H1N1GuidelinesforCRFandContactForm.pdf>

- Case report forms submitted by 10:00 am each day will be included in the daily count.
- CDPH staff will be responsible for entering these data and submitting data to CDC.
- If a case report form has been submitted on a probable case, which is later confirmed, there is no need to resubmit the form. Simply send an email to: swineflureport@cdph.ca.gov with the following subject line: CASE CONFIRMATION: (insert case id number here) for the case to be changed from probable to confirmed.

Updated contact investigation recommendations

The following case and contact investigation steps are recommended:

- Interview all confirmed cases of novel H1N1 using the CDPH case report form. Identify all household, child care, and intimate (saliva sharing) contacts and obtain NP swabs only on contacts with ILI who have a compelling reason to be tested (see testing recommendations above).
- Close contacts at high risk for influenza complications should be offered antiviral postexposure prophylaxis as per current CDPH recommendations.
- No active symptom monitoring of household contacts by the LHD is necessary.

Infection control update

- 3 updates to previous guidance documents were posted May 8 (updates aimed to harmonize nomenclature and definitions):
 - **Infection control recommendations in outpatient settings**, available at: <http://ww2.cdph.ca.gov/HealthInfo/discond/Documents/CDPH-AFL-Update-Infection-Control-H1N1-Influenza-Outpatient-Settings-50809.pdf>
 - **Infection control in long-term healthcare settings**, available at: <http://ww2.cdph.ca.gov/HealthInfo/discond/Documents/CDPH-AFL-Update-Infection-Control-H1N1-Influenza-Long-Term-Healthcare-Settings-50809.pdf>

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- **Infection control for hospitalized patients**, available at:
<http://ww2.cdph.ca.gov/HealthInfo/discond/Documents/CDPH-AFL-Update-Infection-Control-H1N1-Influenza-Hospitalized-Patients-50809.pdf>
- At this point, no further changes in infection control for healthcare settings are anticipated until CDC changes either: (1) the case definition of suspected cases (to eliminate rhinorrhea), which could happen at any time; or (2) the level of precautions for management of cases, which could happen in next 1-2 days. The Infection Control Unit has pre-prepared a notice of a change in infection control precautions for quick review and approval in the event that CDC does change its recommendations. That draft will be circulated for those interested.

Additional CDPH online documents for health professionals posted since last Health Alert

Infection Control

[CDPH Policies to Mitigate Spread of Novel Influenza A H1N1 Virus Infections in Temporary Emergency Shelters \(PDF\)](#)  - May 9