

NEW TESTING AND TREATMENT GUIDELINES FOR H1N1 (SWINE INFLUENZA) May 4, 2009

At present time, Galveston County does NOT have a confirmed or probable case of H1N1 Influenza (swine flu). However, multiple cases of H1N1 Influenza (swine flu) have been confirmed in the greater Houston area. Please review the attached New Testing and Treatment Guidelines for H1N1 (Swine Flu). As we learn more about the epidemiology of this disease, criteria for diagnosis and laboratory testing may be updated.

Houston Department of Health and Human Services Laboratory Network Response (LRN) Lab and Texas Department of State Health Services (DSHS) laboratory have been overwhelmed with the number of specimens received for confirmatory testing when many have been negative. The new guidelines will streamline testing to those at high-risk criteria, and the public health labs will prioritize samples for confirmatory testing based on the following criteria:

H1N1 Testing Priorities:

- Texas Counties with no confirmed cases or virus
- Hospitalized patients with Influenza Like Illness (ILI - fever > 100 F **and** cough and/or sore throat in the absence of any known cause other than influenza).
- Persons 18 years of age and younger with FEBRILE Influenza Like Illness.

The algorithm below should be followed by clinicians for testing and treatment of persons with symptoms that might represent infection with novel H1N1 Influenza (swine flu).

NOTE: Many clinics use rapid flu testing. If a rapid tests is positive for flu A, clinicians may submit a specimen to State/Houston LRN lab for H1N1 testing, especially if consistent with priorities above.

[Please note this algorithm does not apply to providers participating in the United States Outpatient Influenza-like Illness Surveillance Network (ILINet), who should continue collecting specimens as directed by ILINet.]

Healthcare providers are reminded that there is continually updated information and clinical guidance regarding H1N1 Influenza (swine flu) on the Centers for Disease Control & Prevention swine flu website at <http://www.cdc.gov/h1n1flu/>.

Healthcare providers should contact their local health department for coordination of epidemiological investigation and submission of specimens to the Houston Department of Health & Human Services laboratory, which serves as the Laboratory Response Network (LRN) laboratory for the greater Houston area or Texas Department of State Health Services (DSHS) Laboratory.

Contact information for:

NEIGHBORING AREA HEALTH DEPARTMENTS

Harris County Public Health and Environmental Services

Telephone: (713) 439-6000
Fax: (713) 439-6306
After Hours (713) 755-5000

Houston Department of Health and Human Services

Telephone: (713) 794-9181)- 24 hr #
Fax (713) 794-9182

Texas Department of State Health Services Health Service Region 6/5 South

Telephone: (713) 767-3000
Fax: (713) 767-3049
After hours: (800) 270-3128

Galveston County Health District

Telephone: (409) 938-2322
Fax: (409) 938-2399
After hours: (888) 241-0442

Montgomery County Health Department

Telephone: (936) 525-2800
Fax: (936) 539-9272
After hours: (800) 917-8906

Fort Bend County Health and Human Services

Telephone: (281) 342-6414
Fax: (281) 342-7371
After hours (281) 434-6494

Brazoria County Health Department

Telephone: (979) 864-1166
Fax: (979) 864-1501
After hours: (800) 511-1632

Dana Wiltz-Beckham, DVM

Chief Epidemiologist/Veterinary Consultant
Director of Diseases and Disaster Preparedness
Galveston County Health District

P.O. Box 939

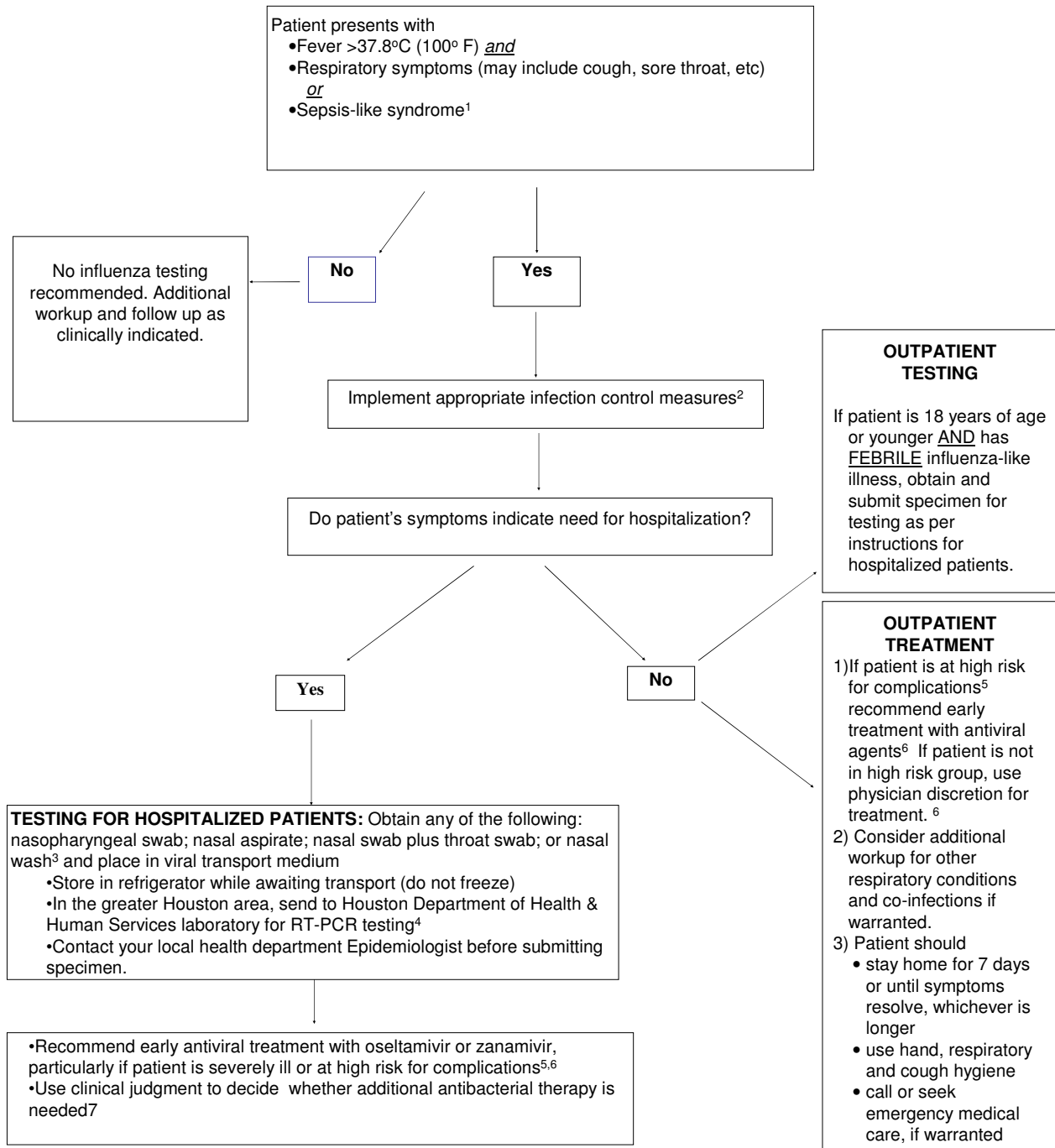
La Marque, TX 77568

Office: (409) 938-2322

Fax: (409) 938-2399

Email: dbeckham@gchd.org

**Interim algorithm for clinicians in the greater Houston area
to assist in decisions on testing and treatment for
H1N1 (swine flu) virus
May 3, 2009**



1. As with seasonal influenza, infants, adults ≥ 65 years-old, and persons with compromised immune systems may have atypical presentations.
 2. Information on infection control can be found at: http://www.cdc.gov/swineflu/guidelines_infection_control.htm
 3. Nasal washes require appropriate personal protective equipment. See: http://www.cdc.gov/swineflu/guidelines_infection_control.htm
 4. Real-time polymerase chain reaction (RT-PCR) is the preferred laboratory test for identifying H1N1 (swine flu) virus. Rapid antigen tests and immunofluorescence tests have unknown sensitivity and specificity to detect H1N1 (swine flu) virus. For more information, please see <http://www.cdc.gov/swineflu/specimencollection.htm>.
 5. Persons at high risk of complications: Children less than 5 years old; persons aged 50 years or older; children and adolescents (aged 6 months– 18 years) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye syndrome after influenza virus infection; pregnant women; adults and children who have chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic disorders; adults and children who have immunosuppression (including immunosuppression caused by medications or by HIV); and residents of nursing homes and other chronic-care facilities.
 6. Information on use of antiviral agents can be found at: <http://www.cdc.gov/swineflu/recommendations.htm>
 7. Interim guidance for clinicians is available at: <http://www.cdc.gov/swineflu/identifyingpatients.htm>

Please note: these algorithms do *not* apply to providers participating in the US Outpatient Influenza-like Illness Surveillance Network (ILINet). For guidance related to ILI Net see: <http://www.cdc.gov/h1n1flu/screening.htm>