

This Health Advisory is a follow up to the Texas Department of State Health Services news release sent on April 23, 2009.

**Texas Interim Guidance for Clinicians:  
Patients with Influenza-like Illness  
April 23, 2009**

On April 23, 2009, Texas received laboratory confirmation of a novel swine influenza A virus in two teenagers in Guadalupe County in central Texas. Additionally, 5 cases of novel swine flu have been identified in California. It is not known if the Texas and California cases are related. It is believed the California cases represent human-to-human transmission. There is an ongoing investigation into all cases.

Clinicians throughout Texas should enhance surveillance of patients with influenza-like illness (ILI)<sup>1</sup>. This is especially important since fewer cases of ILI are presenting at this time. Patients with ILI should either be given a rapid test to detect influenza A or take a viral sample for culture. All patients with positive influenza A by rapid test should have a viral sample taken for culture. If you need viral transport medium for culture or have questions, please contact Galveston County Health District (409.938.2322) or your local health department or health service region. Phone numbers can be found at <http://www.dshs.state.tx.us/regions/default.shtm>.

Clinicians should consider animal as well as seasonal influenza virus infections in their differential diagnosis of patients who have acute respiratory illness<sup>2</sup> and who have met any of the following criteria:

- 1) live in Bexar and/or Guadalupe and counties near or around them, or
- 2) have traveled to these counties or were in contact with ill persons from these counties in the 7 days preceding their illness onset, or
- 3) have had recent exposure to pigs.

Clinicians who suspect swine influenza<sup>3</sup> virus infections in a patient should obtain a respiratory specimen and contact Galveston County Health District (409.938.2322) to facilitate testing at the state public health laboratory.

The information below includes the interim guidance provided by the Centers for Disease Control and Prevention (CDC) on infection control, antiviral treatment and chemoprophylaxis, and monitoring of close contacts of cases of swine influenza virus infection. The guidance will be updated as needed.

### **Infection Control**

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, they 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 and other utensils used by the ill

person should be thoroughly washed with soap and water or by a dishwasher before use by other persons.

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.

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.

## **Antivirals**

At this time, RT-PCR testing indicates swine H1N1 influenza appears to be sensitive to Neuraminidase Inhibitors (oseltamivir [PO] or zanamivir [Inhaled]).

Treatment

- 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.
- Recommendations for use of antivirals may change as data on antiviral susceptibilities become available.
- Refer to CDC recommendations for dosing requirements at:

Chemoprophylaxis

- Antiviral chemoprophylaxis (pre-exposure or post-exposure) can be considered for close contacts<sup>4</sup> of a confirmed or highly suspected case of swine influenza virus infection.

## **Follow-up Monitoring of Exposed Close Contacts**

- Close contacts should be monitored daily for fever (temp  $\geq 38.0$  °C) 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:**

- <sup>1.</sup> 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).
- <sup>2.</sup> 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)
- <sup>3.</sup> 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.
- <sup>4.</sup> Close contact is defined as: within about 6 feet of an ill person who is a confirmed case of swine influenza A virus infection

For additional information on disease reporting, please contact Dr. Dana Beckham at [dbeckham@gchd.org](mailto:dbeckham@gchd.org) or 409.938.2322.

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Categories of Health Alert messages:

**Health Alert** conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory** provides important information for a specific incident or situation; may not require immediate action.

**Health Update** provides updated information regarding an incident or situation; unlikely to require immediate action.

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