

## Important Notice to HCA & HCG Clinicians regarding H1N1 (Swine) Influenza April 30, 2009

Additional confirmed cases of H1N1 (swine) influenza continue to be identified. For the latest information and recommendations, please check for updates at:

- CDC H1N1 (Swine) Influenza Site: <http://www.cdc.gov/swineflu>
- Arizona Department of Health Services (ADHS): <http://www.azdhs.gov>

HCA has made the following changes to our processes in our efforts to serve the needs of our members:

- HCA will reimburse for rapid testing in the office setting for Influenza A.
- HCA has temporarily removed the prior authorization requirement for the use of Tamiflu (oseltamivir) or Relenza (zanamivir) for treatment of members suspected of having H1N1 influenza. Effective 4/29/09, HCA will pay for a standard course of treatment with oseltamivir or zanamivir, without refills.

**\*\*\*Our goal is to ensure that members receive treatment when necessary. However, it is likely that some patients, out of fear, may request treatment when it is not clinically indicated. We encourage providers to use these treatments judiciously and to be mindful that stockpiles could become depleted and/or resistance could occur if antiviral treatment is given when it is not medically indicated.\*\*\***

### Testing for H1N1 Influenza

Only test patients who are severely ill, hospitalized or are at high risk for complications. Testing is not recommended for patients with mild to moderate illness. Clinicians should test patients for influenza who have severe, unexplained, febrile respiratory illness (e.g., pneumonia, acute respiratory distress syndrome, respiratory distress). Clinicians should consider testing patients with influenza-like illness (ILI), defined as fever [ $>100^{\circ}\text{F}$  ( $37.8^{\circ}\text{C}$ )] and cough and/or sore throat in the absence of a known cause, who meet one or more of the following criteria:

- Hospitalized patient
- Patients with underlying chronic conditions
- Pregnant patients
- Patients  $\geq 65$  years and  $< 2$  years of age
- Patients for whom test results would affect clinical decision-making

Clinician labs may conduct rapid test screening for influenza A. Send Influenza A positive specimens ONLY from patients who are SEVERELY ILL to the Arizona State Public Health Laboratory (ASPHL). It is NOT necessary to use BSL-2 safety precautions as previously reported to perform screening testing. However, standard droplet and contact precautions should be used (surgical mask, gown, gloves, and eye protection). All viral culturing must be performed using BSL-2 conditions.

If a patient with SEVERE illness tests positive for influenza A:

- Send the Nasopharyngeal swabs (polyester) or nasal wash specimen in a universal viral transport medium (e.g. Hanks medium) to the clinician's reference laboratory for forwarding to the ASPHL. **The clinician must fill out the ASPHL submission form in a separate (but attached) bag with the specimen, even if it is routed through a commercial lab.** The form may be found at: [www.azdhs.gov/lab/micro/submissionform3.pdf](http://www.azdhs.gov/lab/micro/submissionform3.pdf)
- If you do not have a usual laboratory, refrigerate the specimen and contact your local (county) health department to facilitate submitting specimens to the ASPHL. Contact information may be found at: [www.azdhs.gov/phs/oids/contacts.htm#L](http://www.azdhs.gov/phs/oids/contacts.htm#L)

### **Treatment and Prophylaxis of H1N1 Influenza**

For information on treatment and chemoprophylaxis, please refer to [www.cdc.gov/swineflu/recommendations.htm](http://www.cdc.gov/swineflu/recommendations.htm)

- **Prioritize antiviral treatment for the severely ill – there is not enough to treat individuals with mild illness.**
- The rates of seasonal H1 influenza have gone down, single treatment with zanamivir or oseltamivir will suffice to treat patients with confirmed swine flu or suspected swine flu who are severely ill.
- New guidelines are available on the CDC website for treatment of pregnant women and children for swine influenza at: [www.cdc.gov/swineflu/clinician\\_pregnant.htm](http://www.cdc.gov/swineflu/clinician_pregnant.htm)  
[www.cdc.gov/swineflu/childrentreatment.htm](http://www.cdc.gov/swineflu/childrentreatment.htm)

### **Importance of Education to Decrease the Spread of Influenza**

Please do not underestimate the importance of discussing general recommended hygiene practices to prevent the spread of influenza. Please remember to instruct patients with influenza-like illness to stay out of school or work for 7 days OR at least 24 hours after symptoms resolve.

### **Infection Control for Health Care Workers (HCWs)**

- HCWs should use droplet and contact precautions (including surgical mask, eye protection, gowns and gloves) when caring for patients with influenza-like illness.
- HCWs caring for patients with laboratory-confirmed swine influenza or ill contacts of lab-confirmed cases should use N95 masks, eye protection (face shield or goggles), and disposable gloves and gown.
- Swine flu patients and ill contacts of known swine flu patients should be placed in an airborne infection isolation room (AIIR), where possible, or a private room with the door closed.
- Ill patients should wear a surgical mask when outside the patient room, if possible.

See detailed interim infection control recommendations at the following link:

[http://www.cdc.gov/swineflu/guidelines\\_infection\\_control.htm](http://www.cdc.gov/swineflu/guidelines_infection_control.htm)