



CLINICAL INFORMATION

Seasonal Influenza and Pandemic Influenza A (H1N1)

With pandemic influenza A (H1N1) continuing to circulate across the country, there is great uncertainty about the extent and severity of illness during the upcoming flu season when multiple strains of influenza will be in circulation. Vaccine to protect against H1N1 is not expected to be available until later this fall.

The signs and symptoms of H1N1 and seasonal flu are similar, so a differential diagnosis is not possible based on clinical findings. Rapid influenza diagnostic tests have limitations in their ability to accurately detect and identify flu virus. Treatment decisions will be complicated by the fact that antiviral susceptibility differs depending on the flu strain.

This means information about flu strains circulating in our community will be critical. Year-round surveillance for influenza-like illness is conducted at Clinicas in Brawley and Calexico, as well as both hospitals. The information from this surveillance could help guide clinicians in treatment decisions.

The following guidance is provided by the Centers for Disease Control (CDC) and the California Department of Public Health to assist health-care providers with clinical decisions regarding influenza.

Clinical Findings

Patients with uncomplicated disease may have fever, chills, headache, upper respiratory tract symptoms (cough, sore throat, rhinorrhea, shortness of breath), myalgias, arthralgias, fatigue, vomiting, or diarrhea.

Groups at High Risk for Complications from Influenza

There is evidence to indicate that the high-risk groups for complications of pandemic influenza A (H1N1) virus infection are somewhat different than those identified for regular seasonal flu.

Pandemic H1N1 causes severe illness primarily in individuals less than 60 years of age.

Those at greater risk for *seasonal flu* tend to be the very young (under 5 years) or the elderly (over age 65).

Other groups at higher risk for complications from all strains of influenza include:

- children and adolescents (less than 18 years) who are receiving long-term aspirin therapy and who may be at risk for experiencing Reye syndrome after influenza virus infection,
- pregnant women,
- adults and children with chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic disorders,
- adults and children who are immune-suppressed (including immunosuppression caused by medications or by HIV).

Testing for Influenza Virus

Priority for testing includes individuals who require hospitalization or are at high risk for severe disease. To test for influenza virus, upper respiratory specimens such as a nasopharyngeal swab or aspirate, nasal swab plus a throat swab or nasal wash, or tracheal aspirate should be collected.

For more information please contact:
Imperial County Public Health Department
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El Departamento de Salud Pública del Condado de Imperial
Tel: (760) 482-4723 ♦ Fax: (760) 482-4738

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Use of Rapid Influenza Diagnostic Tests

Rapid influenza diagnostic tests have limitations. Some rapid tests do not distinguish between influenza A or B, and none of the rapid tests can distinguish between the different influenza strains. In addition, a negative rapid test result does not necessarily exclude influenza virus infection. For patients who test negative by rapid test, a diagnosis of influenza should be considered if they have influenza-like symptoms. Decisions regarding treatment and further testing among patients with negative results from rapid testing should be based upon clinician suspicion, underlying medical conditions, severity of illness, and risk for complications in those persons suspected of having influenza infection.

Treatment of Seasonal Influenza and Pandemic Influenza A (H1N1)

At this time, 98% of the circulating influenza viruses in the U.S. are pandemic influenza A (H1N1). According to current recommendations, treatment with oseltamivir or zanamivir should be started within 48 hours of illness onset if possible for:

- All hospitalized patients with confirmed, probable, or suspected pandemic influenza (H1N1).
- Patients who are at higher risk for influenza complications (see above).

If a patient is not in a high-risk group or is not hospitalized, antiviral medication is not generally recommended. Any suspected flu patient presenting with warning symptoms (e.g., dyspnea) or signs (e.g., tachypnea) for lower respiratory illness should promptly receive antiviral therapy. Health-care providers should use clinical judgment to guide treatment decisions, and when evaluating children should be aware that the risk for severe complications from seasonal influenza is highest among those under 2 years of age.

Pandemic influenza A (H1N1) virus is susceptible to both oseltamivir and zanamivir, but resistant to amantadine and rimantadine. Selective use of oseltamivir or zanamivir is recommended to reduce severe disease and mortality caused by H1N1 virus infection while delaying development of drug resistance.

As the flu season progresses and different viruses begin circulating, recommendations on antiviral use are expected to change. Information about the virus strains circulating, as well as updated treatment guidance, will be provided as soon as it is available.

Vaccines to Protect Against Seasonal Influenza and Pandemic Influenza H1N1

Vaccines to protect against the novel H1N1 influenza virus are expected to be ready for the public later this fall. Vaccination with both seasonal and H1N1 influenza vaccines is especially important for individuals of all ages at higher risk of serious influenza complications or people who live with or care for people at higher risk for serious complications. Priority groups for H1N1 vaccination include:

- pregnant women,
- people who live with or care for children younger than 6 months of age,
- persons between the ages of 6 months through 24 years of age,
- individuals between ages 25 and 64 years who are at higher risk because of chronic health disorders or compromised immune systems, and
- health-care and emergency medical services personnel.

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