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## Washtenaw County Pandemic Group Recommendations on 2009 Novel H1N1 Influenza A Testing and Treatment

The Washtenaw County Pandemic Group is an adhoc group of hospital, community medical and health department leaders who assembled under the auspices of the Washtenaw County Medical Society to address difficult issues regarding H1N1 planning, response and treatment. **The following are consensus guidelines but not intended to supersede the clinician's judgment for an individual patient.**

The following guidelines were changed from those previously posted on 9/25/2009. Changes are highlighted in yellow.

### Testing Guidelines

Rapid antigen tests for Influenza A & B (e.g., DFA, BinaxNOW, Directigen, QuickVue, Remel Flu) are not sensitive enough for novel H1N1 influenza A in order to be clinically useful. On the other hand, the detection of Influenza A & B, including novel pandemic H1N1, by reverse transcriptase polymerase chain reaction (RT-PCR) is very sensitive and specific. RT-PCR testing will be available this fall at both Warde Medical Laboratory (via St Joe's, Chelsea clinical labs) and the University of Michigan Hospitals and Health Center's (UMHHC) microbiology lab. The turn around time for the RT-PCR test is expected to be 24 hours.

Therefore, the Washtenaw County Pandemic Group recommends that:

- **The diagnosis of influenza in the outpatient setting (including 2009 pandemic H1N1 influenza A) should be on the basis of clinical judgment.**
- **Outpatients should not be tested for influenza with either DFA or RT-PCR unless they are being admitted or unless the diagnosis of influenza will inform decisions regarding clinical care, infection control, or management of close contacts.**
- **Rapid antigen tests are insufficiently sensitive and should not be relied upon to diagnose influenza infection.**
- **RT-PCR testing for 2009 pandemic H1N1 influenza A virus should be performed on hospitalized patients, outpatients who will be admitted to the hospital or patients who die of an acute illness in which influenza was suspected.**
- **Hospitals and healthcare centers should consider using RT-PCR testing to clear healthcare workers recovering from febrile illnesses before they may**

**return to work. If 2009 pandemic H1N1 Influenza A is ruled out, this could help return a health care employee to work prior to the CDC seven day stay at home rule for suspected or confirmed H1N1.**

### **Treatment Recommendations**

Persons with suspected 2009 pandemic H1N1 influenza A infection who present with an uncomplicated febrile illness typically do not require treatment unless they are at higher risk for influenza complications. The consensus of the Washtenaw County Pandemic Group is to discourage treatment with anti-viral drugs for influenza unless the patient meets the following criteria.

In concurrence with The Centers for Disease Control and Prevention (CDC) guidelines the Washtenaw County Pandemic Group recommends anti-viral treatment (Tamiflu<sup>®</sup> or Relenza<sup>®</sup>) for:

- **Persons presenting with suspected influenza and more severe symptoms such as evidence of lower respiratory tract infection or clinical deterioration should receive prompt empiric antiviral therapy, regardless of previous health or age.**
- **All hospitalized patients with confirmed, probable or suspected 2009 pandemic H1N1 influenza A infection.**
- **Patients who are at higher risk for seasonal influenza complications, including:**
  - **Children less than 2 years old**
  - **Persons 65 years or older**
  - **Pregnant women**
  - **Adults and children with chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), or metabolic disorders (including diabetes)**
  - **Adults and children who are immune-suppressed (including immune-suppression from medications or HIV)**
  - **Residents of nursing homes or other chronic care facilities**
  - **Persons less than 19 years who are receiving long-term aspirin therapy who therefore may be at increased risk for Reye syndrome after influenza infection**

In concurrence with The Centers for Disease Control and Prevention (CDC) guidelines The Washtenaw County Medical Society Pandemic Group recommends anti-viral chemoprophylaxis (Tamiflu<sup>®</sup> or Relenza<sup>®</sup>) for:

- **Persons who are at higher risk for complications of influenza and are a close contact of a person with confirmed, probable, or suspected 2009 H1N1 or seasonal influenza during that person's infectious period.**

- **Health care personnel, public health workers, or first responders who have had a recognized, unprotected close contact exposure to a person with confirmed, probable, or suspected 2009 H1N1 or seasonal influenza during that person's infectious period.**

Clinicians should not wait for lab results to initiate treatment. Antiviral treatment is most effective if started within 2-3 days of symptom onset. To reduce delays in treatment initiation, it is suggested that providers:

- Inform patients at higher risk of complications about the need for early treatment after onset of symptoms.
- Ensure rapid access to telephone consultation and clinical evaluation.
- Consider empiric treatment of patients at higher risk of influenza complications based upon telephone consultation if hospitalization is not indicated and if this will substantially reduce delay before treatment is initiated.

You will be alerted if public health authorities learn that the circulating flu viruses include Tamiflu<sup>®</sup> (oseltamavir)-resistant strains. If that becomes the case, the use of a second antiviral (e.g., rimantadine) is recommended with use of Tamiflu<sup>®</sup>.

For specific dosing recommendations please refer to the CDC guidelines at:  
<http://www.cdc.gov/h1n1flu/recommendations.htm>