

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

July 23, 2009

MEDICAL ADVISORY: Management of Patients with Influenza-like Illness

Dear Hawai'i Healthcare Provider,

Clinicians should NOT await or rely on laboratory testing results to begin clinical management of your patients presenting with influenza-like illness (ILI).¹ **Interim management of patients with ILI, regardless of influenza subtype, should generally only differ based on whether your patient requires hospitalization or is at high risk for complications.** Please refer to the updated management algorithm (July 2009 Revised Interim Clinician Guidance for Managing Influenza-like Illness) to help guide care of your patients.

Since the end of April, 2009, there have been at least 3 seasonal influenza-related (2 A(H3), 1 B) deaths and 3 novel influenza A(H1N1)-related deaths, of which the Hawai'i Department of Health (HDOH) has been apprised. Recent data presented in the HDOH Weekly Influenza Surveillance Report (http://hawaii.gov/health/family-child-health/contagious-disease/influenza/Flu_Glance.htm) suggest influenza activity in Hawai'i has increased and is elevated beyond normally expected, and *novel influenza A(H1N1) and seasonal influenza A(H3N2) are now the predominant circulating influenza viruses in Hawai'i.*

Currently, results from ongoing testing by the Centers for Disease Control and Prevention of novel influenza A(H1N1) virus isolates indicate that oseltamivir resistance remains rare. Therefore, interim recommendations² are judicious use of oseltamivir (Tamiflu[®]; or alternate zanamivir [Relenza[®]]) monotherapy for treatment of presumed influenza infection in patients considered at high risk for complications from influenza. HDOH is monitoring influenza antiviral susceptibility closely and will issue guidance as necessary.

Reserve antiviral therapy for patients who have ILI and these risk factors:

- Severely ill/hospitalized patients
- Children age < 5 years
- Adults age ≥ 65 years
- Pregnant women

¹ ILI case definition: fever ≥ 100°F (37.8°C) with cough and/or sore throat, and no other confirmed etiology.

² Refer to CDC website, <http://www.cdc.gov/h1n1flu/recommendations.htm>, for specific dosing recommendations.

- Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic (including diabetes mellitus) disorders
- Immunosuppression, including that caused by medications or HIV
- Persons who are age < 19 years and receiving long-term aspirin therapy
- Residents of nursing homes and other chronic care facilities

Providers should continue to notify HDOH at the time of the initial patient visit for severely ill/hospitalized patients or for workers in high risk occupations (e.g. health care workers) by calling the appropriate number listed below. *Providers should follow-up with their respective clinical commercial laboratory for laboratory test results, not HDOH.* As a reminder, *HDOH investigators will contact the treating clinician of record only for cases investigated*, which include those cases indicated by providers as fulfilling influenza testing prioritization criteria³ with the exception of high risk individuals; these will be flagged and investigated only if they also fulfill one of the other four criteria.

O‘ahu (Disease Investigation Branch) (808) 586-4586
Maui District Health Office (808) 984-8213
Kaua‘i District Health Office..... (808) 241-3563
Big Island District Health Office (Hilo) (808) 933-0912
Big Island District Health Office (Kona)..... (808) 322-4877

After hours on O‘ahu (808) 566-5049
After hours on neighbor islands..... 1(800) 360-2575 (toll free)

We appreciate the work of the medical community in the care of patients with influenza in Hawai‘i.

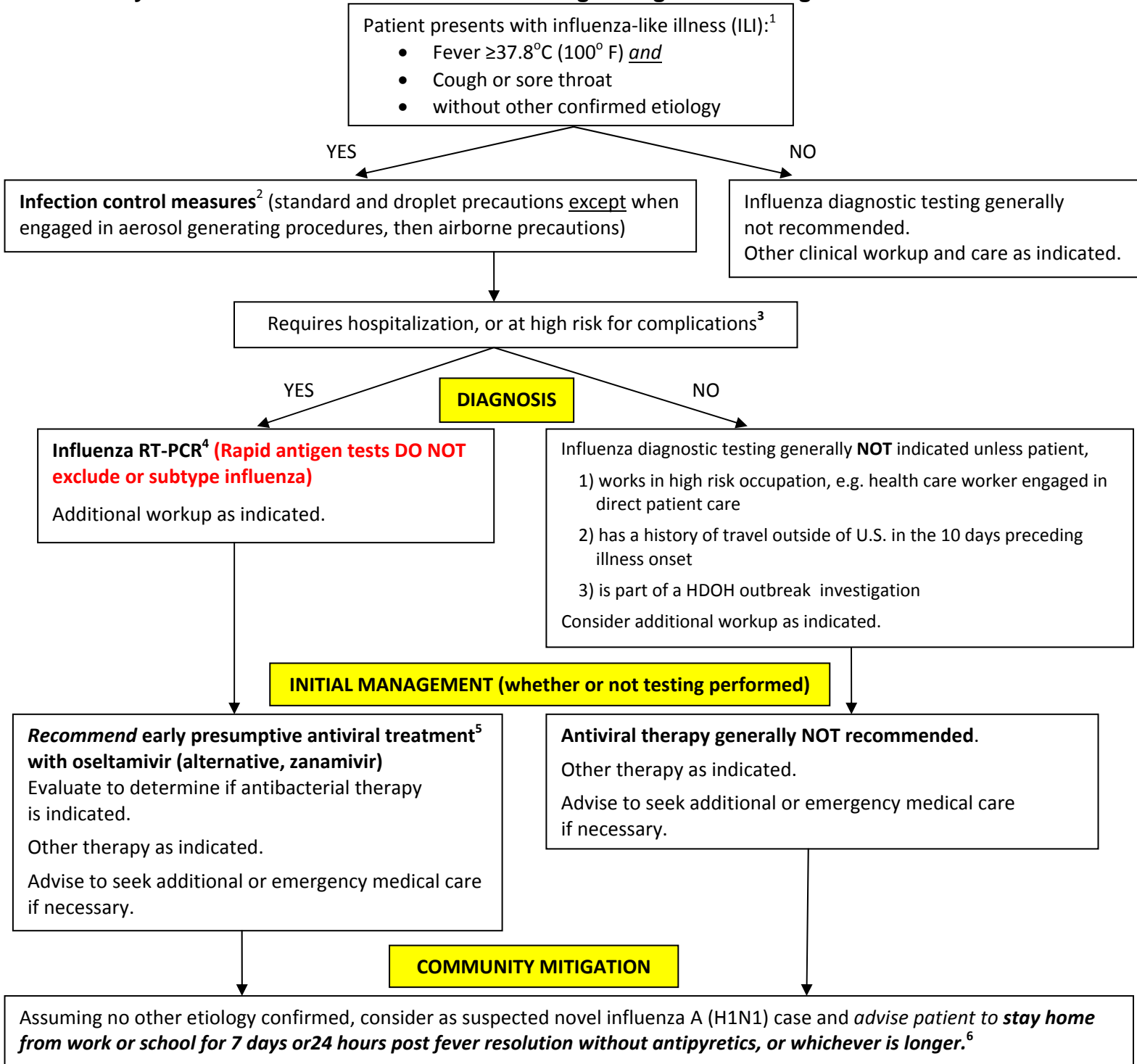
Sincerely,



Sarah Y. Park, MD, FAAP
State Epidemiologist

³ Current influenza testing prioritization includes persons who fulfill ILI definition and are in at least one of the following categories: severely ill and require hospitalization; are part of a HDOH disease outbreak investigation; work in high risk occupations, e.g. health care workers engaged in direct patient care; have history of travel outside the United States in the 10 days preceding illness onset; potentially at high risk for complications. Please refer to the June 29, 2009 Medical Advisory at http://hawaii.gov/health/about/pr/clinical_info.html for further details.

Hawai'i Department of Health
July 2009 Revised Interim Guidance for Diagnosing and Treating Influenza-like Illness



¹As with seasonal or regular influenza, infants, adults ≥65 years-old, and persons with compromised immune systems may have atypical presentations. Clinicians may want to consider influenza in the differential diagnosis of those presenting with fever and sepsis-like syndrome and/or acute respiratory distress syndrome.

²Refer to World Health Organization (WHO) Infection Prevention and Control in Healthcare guidance (http://www.who.int/csr/resources/publications/infection_control/en/index.html) for full recommendations.

³Includes those who are age < 5 or ≥ 65 years; have chronic pulmonary (e.g. asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic (including diabetes mellitus) disorders; are immunosuppressed, including secondary to medication or HIV; are pregnant; are age <19 years and on chronic aspirin therapy; or are residents of nursing homes and other chronic-care facilities.

⁴Appropriate specimens for influenza RT-PCR testing include: nasopharyngeal swab, nasal aspirate, nasal AND throat swab, nasal wash, bronchoalveolar lavage, tracheal aspirate.

⁵Refer to <http://www.cdc.gov/h1n1flu/recommendations.htm> for specific dosing recommendations.

⁶Update by the Centers for Disease Control and Prevention (CDC) anticipated; HDOH will apprise clinicians when available.