



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

June 2, 2009

**MEDICAL ADVISORY: Revised Prioritization for Influenza RT-PCR Testing
and Work/School Exclusions**

Dear Hawai'i Healthcare Provider,

The Hawai'i Department of Health (HDOH) has revised the previous (May 18th) recommended prioritization for influenza RT-PCR testing. Persons age 5–19 years are no longer routinely prioritized for testing unless they also fall into one of the other priority groups.

Prioritization for influenza RT-PCR testing includes persons who fulfill influenza-like illness (ILI) criteria (fever ≥ 100 °F [37.8 °C] AND cough or sore throat) and are in at least one of the following categories:

- Severely ill and require hospitalization
- Potentially at high risk for complications¹
- Exposed to confirmed or probable cases (as determined by HDOH) of novel influenza H1N1 in the 7 days before symptom onset
- Have history of out of state travel in the 7 days before symptom onset
- Work in high risk occupations, e.g. health care workers engaged in direct patient care

Given the diagnostic testing challenges facing clinicians and the fast approaching laboratory and investigatory capacity limits, the public health response now focuses on community mitigation, as reflected by the above prioritization meant to identify potentially severe cases and/or focal outbreaks in our community rather than individual cases and the measures recommended below.

For all patients who fulfill **influenza-like illness (ILI)** criteria of fever ≥ 100 °F [37.8 °C] AND cough or sore throat in the absence of another known cause, the following is advised:

- **Exclusion from work or school for 7 days or 24 hours post resolution of fever without antipyretic, or whichever is longer²**
- Frequent hand washing or use an alcohol-based hand sanitizing gel
- Covering their nose and mouth with a tissue when coughing or sneezing

¹ Includes those who are age <5 or >64 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.

² Duration applies regardless of antiviral treatment as there are little and conflicting data to support otherwise; time period may be shortened, however, if proven negative for influenza by RT-PCR or an etiology other than influenza is laboratory confirmed.

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Although influenza RT-PCR testing remains the only reliable and readily available diagnostic assay for identifying seasonal and novel influenza infections, clinicians should not await results to prioritize and empirically treat with appropriate antivirals those who are severely ill and/or at high risk for complications. Providers should notify HDOH at the time of the initial patient visit for severely ill/hospitalized patients or for workers in high risk occupations by calling the appropriate number listed below.

If you have questions about or need to report a suspect case that meets the above criteria, please contact HDOH at the numbers below:

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 partnership of the medical community in facilitating community mitigation of novel influenza A (H1N1) virus in Hawai‘i.

Sincerely,



Sarah Y. Park, MD, FAAP
State Epidemiologist