



Oregon

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Interim Guidance for Clinicians on Laboratory Testing and Use of Antiviral Medication for Treating Pandemic H1N1 Influenza

Main updates in this Guidance:

- Provides updated information on testing guidance for pandemic H1N1 at Oregon State Public Health Laboratory (OSPHL). OSPHL performs H1N1 testing for surveillance purposes only and will no longer be accepting outpatient specimens for clinical diagnosis.
- Sensitivity of rapid tests for H1N1 is sub-optimal and specificity is unknown. Clinicians should use clinical judgment and local surveillance data on the prevalence of circulating influenza viruses when interpreting rapid test results if these tests are performed.
- To ensure consistency and streamline processes for updating guidance, links have been provided to documents describing specimen collection methodology, recommendations for exclusion from school, daycare or work, and infection control precautions.
- The treatment algorithm has been simplified to reflect the strains of influenza currently circulating.

Laboratory Testing:

The Oregon State Public Health Laboratory (OSPHL) performs pandemic H1N1 testing for surveillance only and does not perform these tests for clinical decision-making purposes. The turn-around time for H1N1 testing at OSPHL is 72 hours after receipt of the specimen and therefore does not meet the time frame necessary for making clinical decisions. The Oregon Public Health Division asks that all hospitalized patients admitted for influenza-like illness (Fever $>37.8^{\circ}\text{C}$ (100°F) and respiratory symptoms (may include cough, sore throat, etc.) be tested through OSPHL for pandemic H1N1 for surveillance purposes. If OSPHL becomes overwhelmed with test requests, the number of specimens tested each week will be limited. Effective immediately, we will no longer accept specimens from outpatients, except those from established sentinel providers or facilities participating in special projects with the Public Health Division.

If the case meets the above testing criteria, please let your local health department know, and submit a specimen for pandemic H1N1 influenza testing to OSPHL. When collecting specimens on inpatients with a febrile respiratory illness, we recommend that two swabs be collected at the same time, one for the diagnostic test at the facility and another to be placed in transport media for submission to the state public health laboratory for surveillance purposes. If your facility does not perform viral culture/PCR in-house, it may be easiest to send both swabs to your regular laboratory and request that the second swab in transport media be sent to OSPHL.

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Please send a completed Virology-Immunology test request form with the specimen (available at <http://oregon.gov/DHS/ph/phl/docs/42.pdf>), mark the Virus Isolation box in the bottom left hand corner, and write “Rule out pandemic H1N1 – Hospitalized” on the line marked “Other” beneath it. Samples from hospitalized patients will be processed by OSPHL at NO COST. Information on acceptable specimen types, specimen collection procedures, ordering test kits, and test request forms can be found at: <http://www.oregon.gov/DHS/ph/phl/docs/swine-flu.pdf>

Preliminary test results for specimens will be available within 3 business days after receipt at OSPHL. Positive lab results will be reported to the submitting provider by OSPHL.

Sensitivity of rapid tests for H1N1 is reported to be 10-70% depending on the test. A negative result does *not* rule out H1N1 as the cause of illness, so clinicians should use clinical judgment and local surveillance data on the prevalence of circulating influenza viruses when interpreting rapid test results. As of the date this guidance was released, Quest Diagnostics is the only commercial laboratory that performs an FDA-approved test for pandemic H1N1 PCR subtyping. Other labs may soon add this service.

Current Public Health Division guidance regarding infection control precautions when caring for patients with confirmed or suspected pandemic H1N1 can be found at: <http://www.oregon.gov/DHS/ph/acd/flu/h1n1flu-provider-information.shtml>

Treatment:

Although guidelines may be subject to change, the Oregon Public Health Division currently recommends antiviral treatment for patients with suspected or confirmed pandemic H1N1 influenza A who are at high risk of complications or who have symptoms severe enough to require hospitalization. (See the algorithm on the following page.)

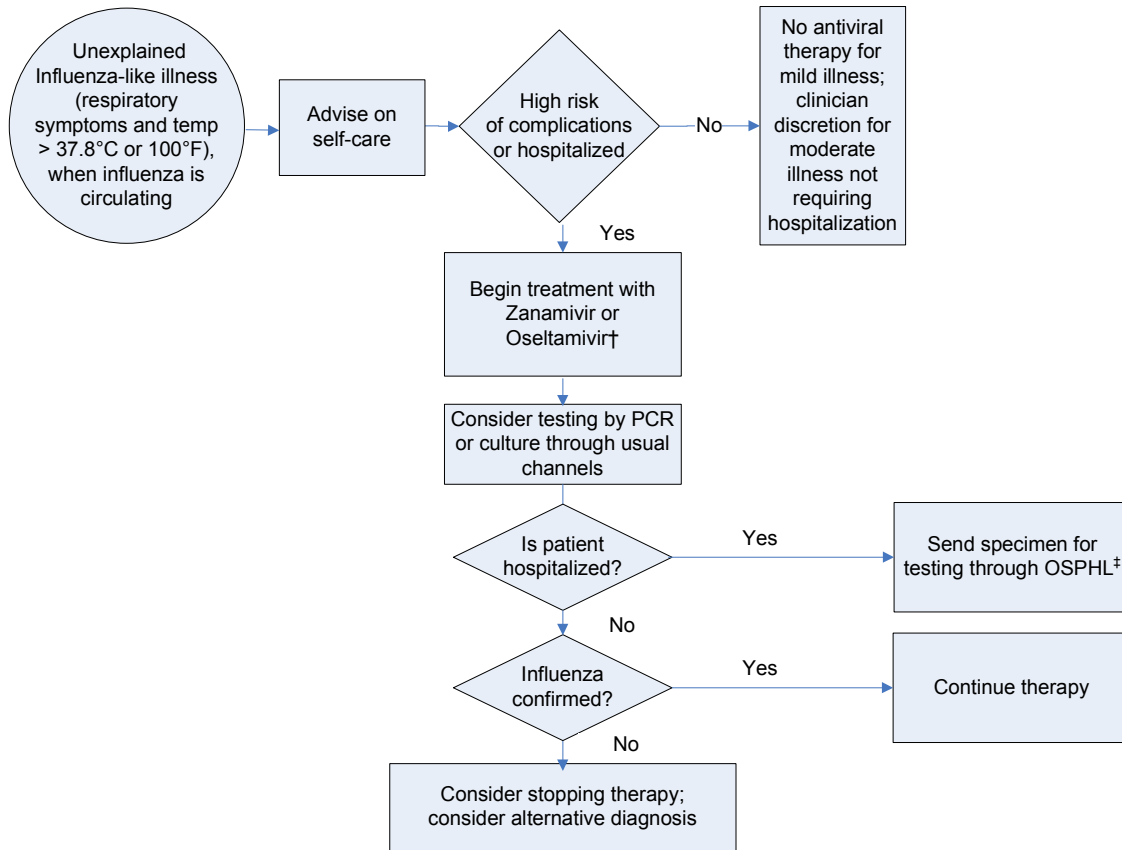
Patients who do not require hospitalization should be advised to use hand, respiratory and cough hygiene; and to call if symptoms worsen. Guidance on exclusion of persons ill with pandemic H1N1 from school, worksite, and other settings is available at: <http://www.cdc.gov/h1n1flu/guidance/exclusion.htm>

Prophylaxis:

Chemoprophylaxis with antivirals is recommended for persons at high risk of complications from influenza who have been in close contact with a person with confirmed or suspected pandemic H1N1 infection during the ill person’s infectious period. Given current evidence suggesting that pandemic H1N1 is similar in severity to seasonal influenza, prophylaxis of health care workers is recommended only if they have a condition putting them at high risk of complications. This differs somewhat from CDC’s May 6th guidance, which recommends prophylaxis for all 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 pandemic H1N1 influenza infection during that person’s infectious period.

Interim Guidelines for Influenza Testing and Treatment

Oregon Public Health Division
August 13, 2009*



“High Risk”: Persons at risk for severe complications from influenza

- all children aged 6 months--4 years (59 months);
- all persons aged ≥ 65 years;
- children and adolescents (aged 6 months--18 years) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye syndrome after influenza virus infection;
- women who are pregnant.
- adults and children who have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological, or metabolic disorders (including diabetes mellitus);
- adults and children who have immunosuppression (including immunosuppression caused by medications or by HIV);
- adults and children who have any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration; and
- residents of nursing homes and other chronic-care facilities.

* This updated guidance was developed in response to the following conditions prevailing on the date it was posted;

- Pandemic H1N1 Influenza A is circulating
- Seasonal Influenza is not circulating
- Pandemic H1N1 shows minimal evidence of resistance to neuraminidase inhibitors
- Antiviral medications are not in short supply

† Oseltamivir is preferred for treatment during pregnancy due to higher systemic absorption.

‡ Oregon State Public Health Laboratory