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ATTENTION

Public Health Update

The Westchester County Department of Health provides public health updates to members of the medical community on important issues affecting public health in Westchester

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Novel H1N1 Influenza FAQ's for Physicians & Medical Providers

PLEASE NOTE that this is a changing situation and the below may be revised at any time as additional information becomes available.

Who should be tested for flu in the office, emergency department, or hospital using commercially available test kits?

Individuals who require hospital admission and whose leading admitting diagnosis is influenza

Individuals who have influenza-like illness who are high risk for severe disease due to underlying medical conditions

There is no indication to perform flu testing on patients with alternative diagnoses. As with any test, the lower the probability or prevalence of a condition in a population being tested, the higher the likelihood of a false positive result.

Should a patient who tests (+) for Flu A in the office or emergency department be reported to the WCDH?

Only if the patient is being admitted and if the admitting diagnosis is influenza, or if the patient is part of a cluster of cases, particularly in congregate settings such as childcare facilities, group homes or residential facilities, homeless shelters, camps, or correctional facilities.

How should a positive Flu A test be interpreted?

This test/such results **CANNOT** be used to diagnose novel H1N1 (swine) flu or even indicate that an individual is likely to have novel H1N1 flu. A (+) Flu A test can only indicate that an individual is infected with type A flu virus. Type A flu typically accounts for 70-90% of the flu illnesses and circulating strains each season, and includes the usual seasonal flu, in addition to novel H1N1 flu.

How likely is an individual who tests (+) for flu A to have novel H1N1 flu?

Most of the flu A (+) individuals in Westchester County that have been tested for novel H1N1 flu, have tested **NEGATIVE** for novel H1N1 flu; most have either tested (+) for the H3 seasonal flu or completely negative for any type of flu virus. Thus the WCDH discourages physicians from advising patients testing (+) for flu A, that they are likely to have novel H1N1 (swine) flu.

How likely is a child or individual who tests (+) for flu A and appears to be part of a cluster to have novel H1N1 influenza?

WCDH has tested a number of individuals who have been identified as part of clusters, mostly in schools and pre-schools, or hospitalized with a flu-like illness. Most have tested NEGATIVE for novel H1N1 flu.

Does a (+) novel H1N1 test result affect the management of a patient?

NO. There is currently no evidence that the novel H1N1 (swine) flu is any more virulent than the routine seasonal flu. Individuals who are not hospitalized and who do not have underlying medical conditions that increase their risk for severe flu related complications generally do not require either testing or specific treatment. Individuals who require hospitalization or who are at increased risk for severe flu related complications should be tested and treated empirically, regardless of whether an individual is novel H1N1 (+); treatment should NOT await the results of novel H1N1 test results. Infection control measures are the same for all individuals with flu-like illness.

How long should I advise patients with flu-like illness to remain home, before returning to school or work?

Seven (7) days or 24 hours after complete symptom resolution, whichever is longer, regardless of whether any flu testing was done and regardless of the results of any flu testing. During this time, all such patients should be advised not to attend or visit any congregate settings such as child care, movies, social events, or participate in activities with groups of people – hanging out with friends, etc.

Should I notify a school of a child who tests Flu A (+) or novel H1N1 flu (+)?

This is **not necessary**. Recommendations for ALL schools, regardless of whether a student or staff is known to have a (+) flu A or (+) novel H1N1 test results include the early identification of sick students and staff, having all ill individuals with influenza-like illness stay home for ≥ 7 days or 24 hours after complete symptom resolution, whichever is longer, and good cough and hand hygiene practices. A (+) Flu A test or a (+) novel H1N1 result should NOT affect these recommendations.

Why isn't everyone with a flu-like illness being tested for novel H1N1 flu?

The testing capacity for novel H1N1 flu is limited and very expensive. As above, the results of such testing have limited or no impact on patient management, infection control, or recommendations for schools, workplaces, or other settings. The goals of H1N1 flu testing include determining if H1N1 infection causes more serious illness or outbreaks than the seasonal flu (thus the focus on testing patients who require hospitalization or those who are part of clusters), and to determine where the infection is occurring.

How widespread is H1N1 flu in Westchester County?

It should be assumed that novel H1N1 (swine) flu is circulating and causing illness in all municipalities and communities in Westchester County. Recommendations are based on this assumption. To date, there is no evidence that novel H1N1 (swine) flu is any more virulent than the seasonal flu. Only a few of the hospitalized patients in Westchester, who have been tested, have tested positive for novel H1N1 flu.