STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

August 12, 2009

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
NOVEL H1N1 INFLUENZA UPDATE FOR CLINICIANS

Dear Colleague:

This notice is to advise clinicians regarding issues of prevention, testing, treatment and vaccination surrounding the novel H1N1 influenza virus.

At this time, statewide surveillance reflects that novel H1N1 influenza cases and hospitalizations are trending down, although novel H1N1 continues to be identified in Maryland and throughout the U.S. To date, no widespread antiviral resistance has emerged, nor is there evidence of increased virulence. Updates on flu trends can be viewed on Maryland and national websites at: http://www.marylandfluwatch.org/ and http://www.cdc.gov/flu/weekly/, respectively.

PREVENTION

A. A useful toolkit (entitled "Stop the Spread! A Toolkit for Preventing the Spread of Germs in Clinics and Office Settings) that was developed by Montgomery County Health Department and Maryland DHMH Division of Infection Prevention and Control focuses on infection control measures clinics and office settings can take to prevent the spread of germs, including influenza. It includes office and clinic information, patient education materials, and an audio presentation on infection control measures. It is available in CD-ROM format and materials are customizable to your practice. The toolkit can be downloaded here:
www.montgomerycountymd.gov/hhstmpl.asp?url=/content/hhs/phs/APC/workforce.asp

B. Exclusion period for persons with influenza-like illness symptoms. CDC has released updated recommendations for the exclusion/isolation of persons with influenza-like illness (ILI).
Key points include:

1. CDC and DHMH now recommend that those with ILI stay home until at least 24 hours after fever resolution (without antipyretics).
2. The new recommendation applies to those in a community setting (camps, schools, businesses, etc), where most people are not at a higher risk for flu complications.

3. *This does not apply to healthcare settings.* The recommendation for healthcare settings recommends exclusion for 7 days after the start of symptoms or until all symptoms are gone, whichever is longer. This should apply to all healthcare settings, including hospitals and doctors' offices.

4. The guidance applies to all those with influenza or influenza-like illness, regardless of the prescription of antiviral medications.

TESTING

A. Maryland Novel H1N1 Testing Algorithm. DHMH has released the latest version of a novel H1N1 virus testing algorithm for Maryland clinicians. The State Lab is currently accepting testing specimens from hospitalized patients, those identified as part of a public health outbreak investigation, and among deceased patients. The most recent revision addresses acceptable specimens for submission, and can be viewed at:
http://dhmh.state.md.us/swineflu/pdf/Lab_testing_guidance_08-04-2009_ALL.pdf

B. CDC Report on Accuracy of Rapid Influenza Testing.
CDC has published a report analyzing national accuracy of rapid influenza testing, which can be viewed in its entirety at: http://www.cdc.gov/h1n1flu/guidance/rapid_testing.htm.

- In short, CDC notes that the ability of rapid influenza detection tests to detect an infection (sensitivity) ranges from 10 to 70%, i.e. such testing can miss from 30 to 90% of true positives. The decision to treat a patient for influenza infection should be made based on clinical assessment, presumptive diagnosis, and consideration of risk factors for serious complications (www.cdc.gov/h1n1flu). An algorithm for interpretation of rapid influenza tests is included on the CDC site. The experience in Maryland during extended flu season (H1N1 outbreak period starting April 2009) is that rapid antigen tests are about 80% accurate in detecting influenza infections when compared to compared to rapid reverse transcriptase-polymerase chain reaction (rt-PCR). The overall sensitivity of rapid influenza detection tests to detect novel influenza A (H1N1) was approximately 93%, overall specificity was approximately 70%. These data are consistent with CDC's recent study of accuracy of rapid influenza testing, released on August 6, 2009.

TREATMENT

CDC has posted clinical guidance for treatment and prophylaxis of pregnant women with suspected or confirmed novel H1N1 influenza at the following link:
http://www.cdc.gov/h1n1flu/clinician_pregnant.htm
Of note, healthy pregnant women have been noted to have a high risk of pregnancy complications, hospitalizations and deaths from H1N1 infection. Providers of pregnant women are urged to consider H1N1 in their differential diagnosis, and to initiate prompt antiviral treatment (and consider chemoprophylaxis among exposed pregnant women) even before testing results are available.

H1N1 VACCINE UPDATE

Efforts are underway to produce and distribute novel H1N1 vaccine. Vaccine efficacy and safety trials have also recently begun. The initial release of the vaccine is expected to occur in late September. It will be available in an inactivated formulation, in multidose vials and in single dose syringes, along with limited quantities of the live attenuated vaccine (inhaler sprayers). H1N1 vaccine will be available separate from the seasonal vaccine, and will require a booster dose. H1N1 vaccine

and supplies for administration (syringes, needles, sharps containers, alcohol swabs) will be provided free of charge to registered vaccine providers by DHMH.

CDC has released information on priority groups for vaccination, which include all persons 6 months to 24 years of age, household contacts of infants less than 6 months old, pregnant women, healthcare workers and the medically vulnerable 25-64 years of age.

Providers wishing to receive H1N1 vaccine will be asked to indicate their interest and estimated dose needs by pre-registering with DHMH. Information regarding this process and details regarding vaccine supply will be forwarded in a separate email. Information will also be posted on the DHMH website, www.dhmh.state.md.us.

H1N1 information updates will be communicated throughout the season by email through the Maryland Board of Physicians or DHMH.

MORE INFORMATION:
We recommend that providers periodically check the following websites for updated information and guidance on novel H1N1 influenza virus:

Maryland DHMH Website: http://www.dhmh.state.md.us/swineflu/

CDC Website: www.cdc.gov/h1n1flu/guidance/

If you have questions that are not addressed by these sites, please contact your local health department.

Sincerely,

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