



ROLL UP YOUR SLEEVE

Arm Yourself Against the Flu!

Frequently Asked Questions for Clinicians on Novel Influenza A/H1N1 (08/21/09)

1. How is this novel H1N1 strain of influenza different than previous years' seasonal influenza strains?

Novel influenza A/H1N1 is a new strain of influenza that had not circulated widely before May 2009. Although it is a new virus, data have not proven this virus to cause illness any more severe than recent seasonal influenza strains. The case fatality rate associated with novel H1N1 has not been higher than that caused by other seasonal influenza viruses. For more information on novel H1N1, visit CDC's Web site at: <http://www.cdc.gov/h1n1flu/>.

2. I have a patient with influenza-like-illness (ILI) who I would like to test for novel H1N1. Where can I send the specimen?

The Georgia Public Health Laboratory (GPHL) is conducting surveillance on all influenza strains this flu season. At this time GPHL is only accepting specimens from hospitalized patients with ILI to monitor for changes in the severity of illness, not to document every case of novel H1N1. For information on how to collect and ship a specimen from a hospitalized patient to GPHL, please visit:

http://health.state.ga.us/h1n1flu/doc/H1N1%20testing%20guidance_061509_final_web.doc. GPHL has validated one commercial lab, Quest Diagnostics, for novel H1N1 testing at this time. You may send specimens to commercial laboratories at your discretion.

3. How reliable are rapid influenza antigen tests?

Please visit CDC's Web site for the latest information on rapid antigen test sensitivity and specificity for seasonal and novel H1N1 at http://www.cdc.gov/h1n1flu/guidance/rapid_testing.htm, and this recent MMWR <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5830a2.htm>. A negative rapid antigen test does not rule out influenza in a patient with signs and symptoms compatible with influenza. Depending on the prevalence of other circulating flu viruses in the community, a positive influenza A rapid test may or may not represent novel H1N1 infection.

4. How is treatment different for novel H1N1 than treatment for other flu viruses?

CDC and the Georgia Division of Public Health do not recommend you treat a case of novel H1N1 differently than seasonal influenza. Treatment with antivirals is recommended for patients with ILI that are at high risk for complications due to infection with influenza. These high risk groups are outlined here: <http://cdc.gov/h1n1flu/recommendations.htm>. All patients with ILI should be counseled to remain out of school or work until they have been fever-free without the use of fever reducing medicines for at least 24 hours (<http://cdc.gov/h1n1flu/guidance/exclusion.htm>). In addition, CDC guidelines recommend that healthcare workers with ILI remain out of work for 7 days after symptom onset or until symptoms have resolved, whichever is longer (http://cdc.gov/h1n1flu/guidelines_infection_control.htm).



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5. Should I prescribe antivirals to family and friends of an H1N1 patient?

CDC and the Georgia Division of Public Health recommend antiviral prophylaxis ONLY for close contacts of the patient (e.g., household contacts, intimate contacts) who are at high risk for complications due to influenza. More information on chemoprophylaxis is available here:

<http://cdc.gov/h1n1flu/recommendations.htm>.

6. How can I protect myself and my employees from getting novel H1N1 at work?

Information on infection control in health care settings is available at

http://cdc.gov/h1n1flu/guidelines_infection_control.htm.

7. My practice would like to administer H1N1 vaccine. How do I sign up to receive vaccine?

Please call your Public Health District Office. For your Health District's phone number, please visit

<http://health.state.ga.us/regional/index.asp>. Information on the H1N1 vaccine is available at <http://www.cdc.gov/h1n1flu/vaccination/>.

8. I have seen several patients with ILI and am concerned that this may be an outbreak or cluster, who should I call?

Please call your District Epidemiologist if you believe you have detected an outbreak of any illness. District epidemiologists' contact information is available here:

<http://health.state.ga.us/h1n1flu/pdf/DistrictEpiContacts.pdf>.

9. How is Georgia doing surveillance on influenza if they won't accept any outpatient specimens?

H1N1 surveillance is now one component of Georgia's traditional influenza surveillance. Georgia has several surveillance mechanisms for outpatients with ILI, which have been functioning for many years during every influenza season. Information on Georgia's influenza surveillance is available here:

<http://www.health.state.ga.us/epi/flu/>. For novel H1N1, the surveillance goals for the 2009 influenza season are to monitor for changes in the severity of infections and populations-at-risk.

10. Seasonal influenza is not reportable; should I report cases of novel H1N1?

Yes, ONLY laboratory-confirmed (by RT-PCR at a validated laboratory) novel influenza is a notifiable disease under Georgia law (not rapid test positives). To view the most recent notifiable disease poster, go to <http://health.state.ga.us/pdfs/epi/notifiable/ND%20Reporting%20Poster.pdf>. All deaths due to influenza are also notifiable.

If you have further questions regarding novel influenza A/H1N1, please visit the Georgia Division of Public Health's Web site at <http://health.state.ga.us/> or the CDC's Web site at <http://www.cdc.gov/>.