

H1N1 Frequently Asked Questions (FAQ) for Health Care Providers July 23, 2009

Reporting

What patients/situations do I need to report to public health authorities?

You should report the following:

- Any patient who is **hospitalized** with influenza-like illness (ILI). ILI is defined as fever $\geq 100^{\circ}\text{F}$ **AND** cough and/or sore throat in the absence of another known cause).
- Cluster(s) of ILI. A cluster is defined as two or more individuals who have onset of ILI within 7 days of each other **AND** reside in the same household or are associated with the same institution, activity, or event (i.e., school, travel, or work).
- Any patient who has a positive influenza A (H1N1) Swine Flu RNA real-time RT-PCR test result reported by a commercial laboratory.

What public health authority should receive reports of the above situations?

The situations listed above should be reported to the local health department where the patient resides.

How should reports of the above situations be made?

The situations described above should be reported immediately by telephone to the local health department where the patient resides.

How do I find out which local health department to call?

A directory of local health departments can be found at:

<http://nj.gov/health/lh/directory/lhdselectcounty.shtml>. Local health departments can also be found in the blue pages of your phone book.

Do I need to report every patient who tests positive for influenza A to public health authorities?

No. Only patients who meet the criteria specified under “**What patients/situations do I need to report to public health authorities?**” should be reported to public health authorities.

FOR MORE DETAILS, PLEASE REFER TO THE SURVEILLANCE AND TESTING GUIDANCE DOCUMENT AVAILABLE AT:

http://www.nj.gov/health/er/h1n1/documents/st_flow_052909.pdf

Infection Control

What type of infection control precautions should be used during the care of a patient suspected of having H1N1?

Detailed infection control guidance for use in healthcare and home settings is available at: http://www.nj.gov/health/er/h1n1/documents/infection_control.pdf,

http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm, and
http://www.cdc.gov/h1n1flu/guidance_homecare.htm.

Treatment / Prophylaxis

Should I treat my patient with an antiviral agent (i.e., oseltamivir or zanamivir)?

People with suspected novel H1N1 influenza who present with an uncomplicated febrile illness typically do not require treatment unless they are at a higher risk for seasonal influenza complications. High-risk individuals include pregnant women, individuals with chronic pulmonary (including asthma), cardiovascular, renal, hepatic, hematological, or metabolic disorders and those individuals who are immunocompromised.

Should I prescribe antiviral prophylaxis to someone who has been exposed to a confirmed, probable or suspected case of H1N1 influenza?

Post exposure antiviral chemoprophylaxis with either oseltamivir or zanamivir can be considered for the following:

1. Close contacts of cases (confirmed, probable, or suspected) who are at high-risk for complications of influenza
2. Health care personnel, public health workers, or first responders who have had a recognized, unprotected close contact exposure to a person with novel (H1N1) influenza virus infection (confirmed, probable, or suspected) during that person's infectious period. Information on appropriate personal protective equipment is available at: [Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Swine Influenza A \(H1N1\) Virus Infection in a Healthcare Setting](#) and might be updated frequently as additional information on transmission becomes available.

More information regarding treatment and prophylaxis is available at
<http://www.cdc.gov/h1n1flu/recommendations.htm>.

Testing

When should I pursue diagnostic testing for influenza in general?

In general, diagnostic testing for influenza should be done when the results will affect clinical decision making.

When should I pursue confirmatory H1N1 testing for my patient who has symptoms consistent with influenza?

NJDHSS is focusing its testing efforts on hospitalized patients and ILI patients associated with clusters. So unless your patient meets the screening/testing criteria established by NJDHSS, you do not need to make arrangements for H1N1 confirmatory testing. Besides, the results of H1N1 testing should have little impact, if any, on the clinical management or public health response related to a case of influenza.

Can the State now perform confirmatory testing for H1N1?

Yes. The NJ Public Health and Environmental Laboratories (PHEL) can now perform confirmatory testing for H1N1, so the Department no longer has to send samples to the CDC for final testing.

How do I interpret the results of H1N1 testing performed on a patient who is receiving antiviral therapy?

The RT-PCR test used to detect the presence of novel influenza A (H1N1) detects genetic material (ie, RNA) associated with this virus and not necessarily live virus. A positive result obtained from a specimen collected from a patient who has been treated with an antiviral medication is likely to reflect that the patient is infected with the novel H1N1 virus. However, since the RT-PCR test is dependent upon the presence of sufficient quantities of viral RNA for detection, a negative result from a person who has been given an antiviral medication or has been tested several days after illness onset should be interpreted with this in mind.

Is NJDHSS confirming the results of H1N1 testing performed by commercial laboratories?

No. NJDHSS is only testing specimens obtained from patients who have been hospitalized or who are associated with clusters. If a patient tests positive for influenza A by a commercial lab AND they have been hospitalized or are part of a cluster, the local health department (or NJDHSS, if necessary) will contact the commercial laboratory to facilitate transport of the original specimen to our state lab (the NJ Public Health and Environmental Laboratories) for confirmatory H1N1 testing.

I do not have any rapid flu test kits. Should I send my patient to the emergency department for testing?

No. You should not refer the patient to the emergency department. Rapid tests may or may not identify H1N1 and the results do not change clinical management.

What do the positive results of a rapid influenza test mean?

A positive result from a rapid flu test may be interpreted in a variety of ways: the patient might have novel H1N1 virus infection, the patient might have seasonal influenza A virus infection **or** the patient might have a false positive test result.

Additional information about rapid antigen testing is available at:

http://www.cdc.gov/h1n1flu/guidance/rapid_testing.htm

Community Mitigation

When can my patient who is ill with ILI return to work or school?

A patient with ILI should stay home for at least 7 days from the onset of symptoms. If illness lasts longer than 7 days, they are to stay home until symptoms have resolved.

If my patient with ILI has a negative rapid test, do they still need to stay out of school/work?

Yes. You should instruct your patient to stay out of school/work for 7 days from the onset of symptoms regardless of the result. If illness lasts longer than 7 days, they are to stay home until symptoms have ended.

Can an individual with ILI return to work or school prior to 7 days if they have received therapy with oseltamivir or zanamivir?

The effect that antiviral therapy has on H1N1 viral shedding is currently unknown. Therefore, persons who receive antiviral therapy, even if they are no longer symptomatic, should stay home for at least 7 days from onset of symptoms. If illness lasts longer than 7 days, they are to stay home until symptoms have resolved.

More details regarding exclusion recommendations are available at <http://www.state.nj.us/health/er/h1n1/>.