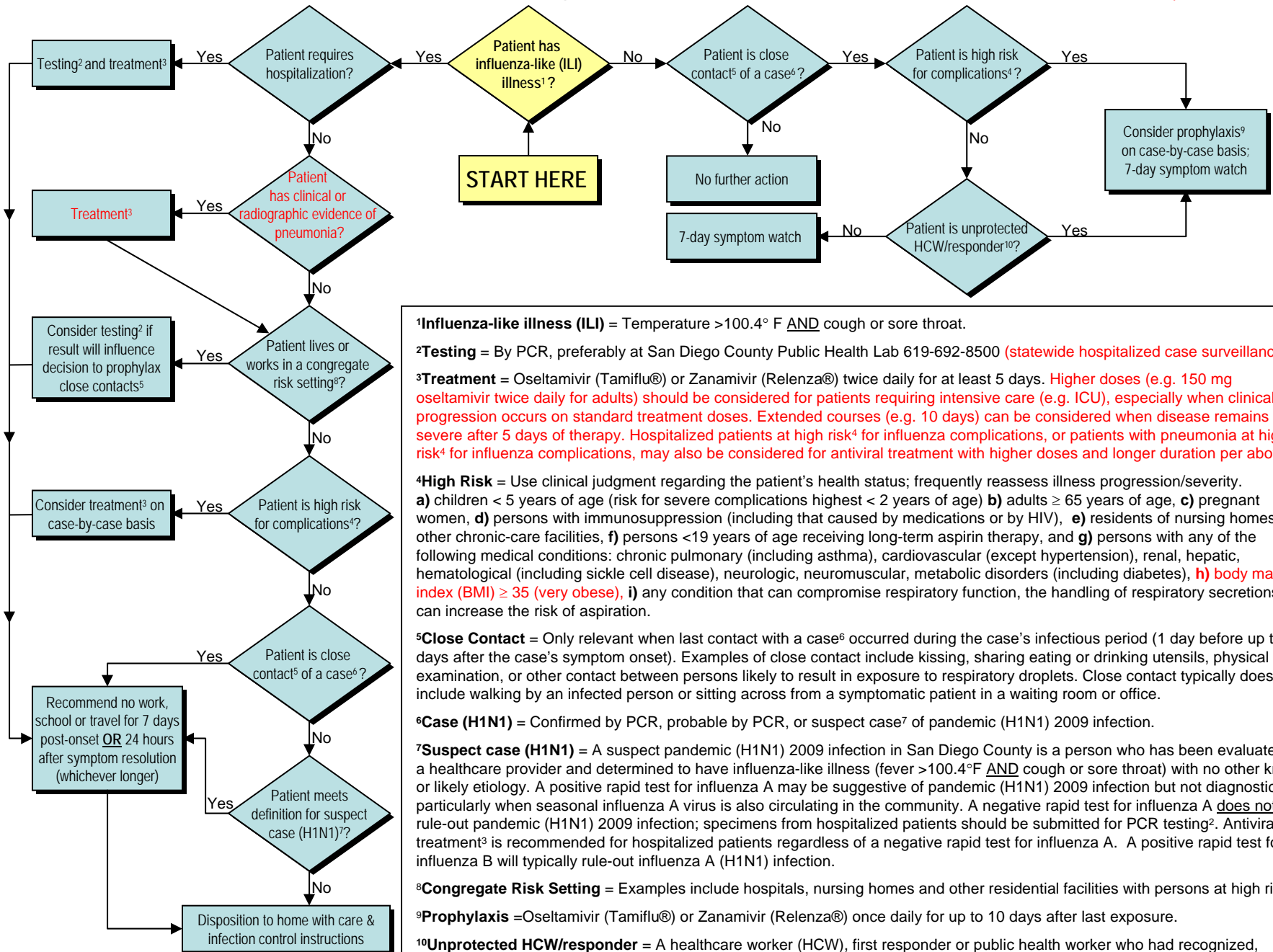


Interim Guidance on Screening for Pandemic (H1N1) 2009 as of July 30, 2009 Updates in red text



¹Influenza-like illness (ILI) = Temperature >100.4° F AND cough or sore throat.

²Testing = By PCR, preferably at San Diego County Public Health Lab 619-692-8500 (statewide hospitalized case surveillance).

³Treatment = Oseltamivir (Tamiflu®) or Zanamivir (Relenza®) twice daily for at least 5 days. Higher doses (e.g. 150 mg oseltamivir twice daily for adults) should be considered for patients requiring intensive care (e.g. ICU), especially when clinical progression occurs on standard treatment doses. Extended courses (e.g. 10 days) can be considered when disease remains severe after 5 days of therapy. Hospitalized patients at high risk⁴ for influenza complications, or patients with pneumonia at high risk⁴ for influenza complications, may also be considered for antiviral treatment with higher doses and longer duration per above.

⁴High Risk = Use clinical judgment regarding the patient's health status; frequently reassess illness progression/severity.
a) children < 5 years of age (risk for severe complications highest < 2 years of age) **b)** adults ≥ 65 years of age, **c)** pregnant women, **d)** persons with immunosuppression (including that caused by medications or by HIV), **e)** residents of nursing homes and other chronic-care facilities, **f)** persons <19 years of age receiving long-term aspirin therapy, and **g)** persons with any of the following medical conditions: chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, metabolic disorders (including diabetes), **h)** body mass index (BMI) ≥ 35 (very obese), **i)** any condition that can compromise respiratory function, the handling of respiratory secretions, or can increase the risk of aspiration.

⁵Close Contact = Only relevant when last contact with a case⁶ occurred during the case's infectious period (1 day before up to 7 days after the case's symptom onset). Examples of close contact include kissing, sharing eating or drinking utensils, physical examination, or other contact between persons likely to result in exposure to respiratory droplets. Close contact typically does not include walking by an infected person or sitting across from a symptomatic patient in a waiting room or office.

⁶Case (H1N1) = Confirmed by PCR, probable by PCR, or suspect case⁷ of pandemic (H1N1) 2009 infection.

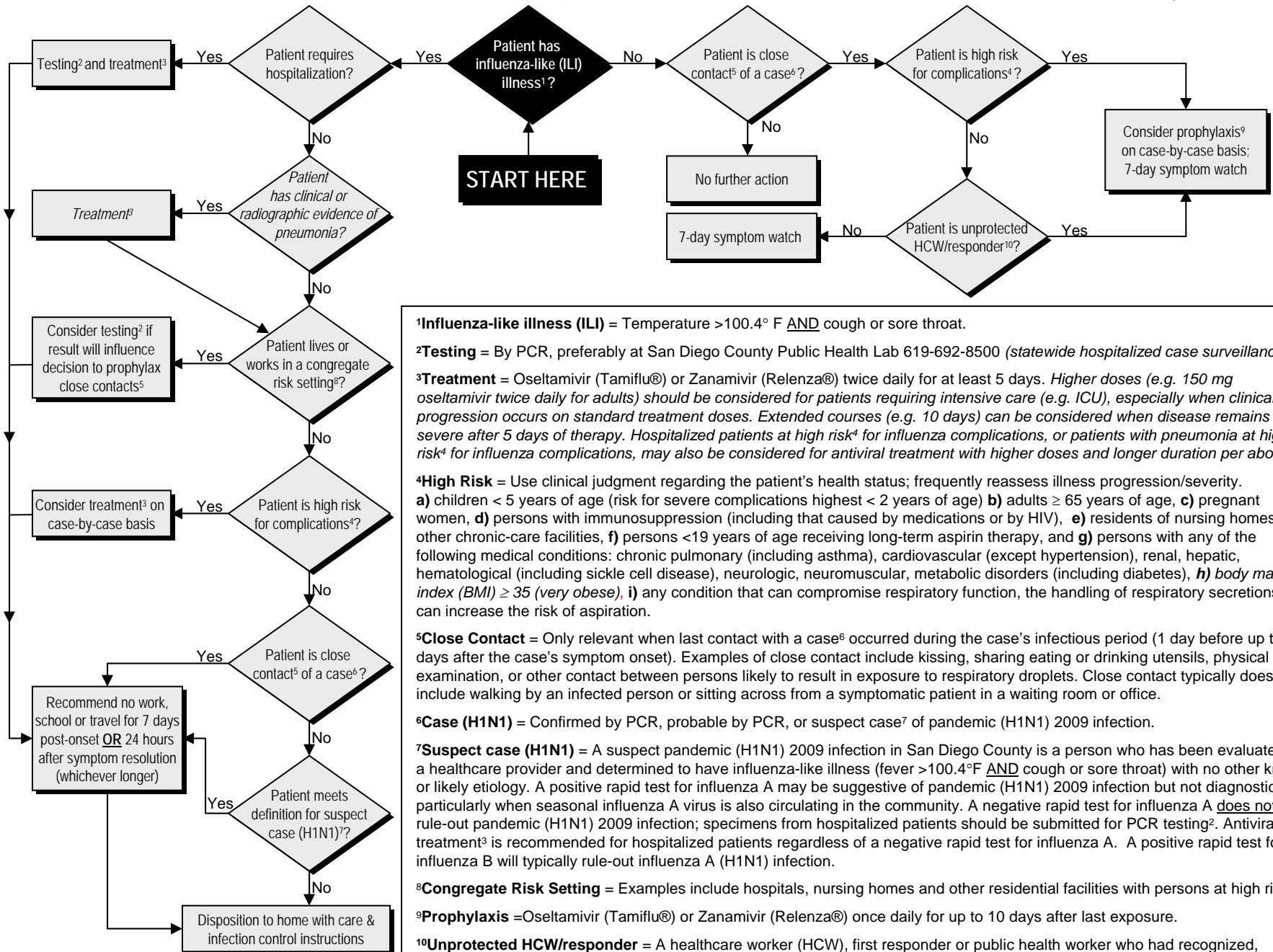
⁷Suspect case (H1N1) = A suspect pandemic (H1N1) 2009 infection in San Diego County is a person who has been evaluated by a healthcare provider and determined to have influenza-like illness (fever >100.4°F AND cough or sore throat) with no other known or likely etiology. A positive rapid test for influenza A may be suggestive of pandemic (H1N1) 2009 infection but not diagnostic, particularly when seasonal influenza A virus is also circulating in the community. A negative rapid test for influenza A does not rule-out pandemic (H1N1) 2009 infection; specimens from hospitalized patients should be submitted for PCR testing². Antiviral treatment³ is recommended for hospitalized patients regardless of a negative rapid test for influenza A. A positive rapid test for influenza B will typically rule-out influenza A (H1N1) infection.

⁸Congregate Risk Setting = Examples include hospitals, nursing homes and other residential facilities with persons at high risk⁴.

⁹Prophylaxis = Oseltamivir (Tamiflu®) or Zanamivir (Relenza®) once daily for up to 10 days after last exposure.

¹⁰Unprotected HCW/responder = A healthcare worker (HCW), first responder or public health worker who had recognized, unprotected close contact⁶ with a confirmed, probable or suspect case⁷ of pandemic (H1N1) 2009 infection.

Interim Guidance on Screening for Pandemic (H1N1) 2009 as of July 30, 2009 *Updates in italics*



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