

H1N1 Flu Health Advisory – 12 June 2009

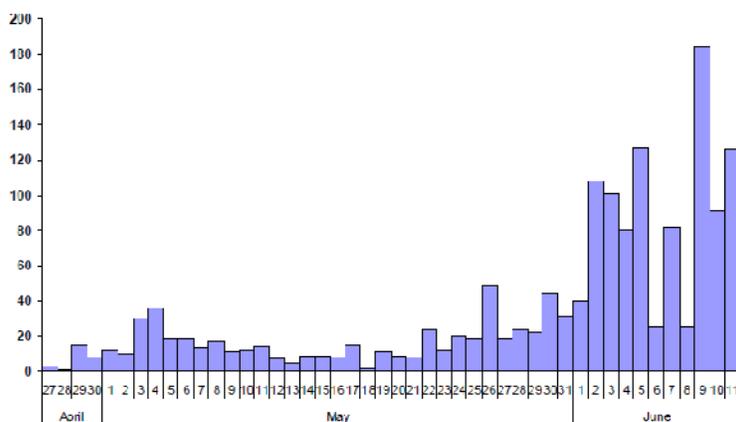
Update for ERM Medical Treatment Facilities

Influenza Pandemic: On 11 June 2009, the World Health Organization (WHO) raised the level of influenza pandemic alert to phase 6. This represents an official declaration of an influenza pandemic in response to the ongoing global spread of the novel influenza A (H1N1) virus. It does not indicate a change in severity of the virus. At this early stage, the pandemic can be characterized globally as being moderate in severity.

Situation: The outbreak of novel influenza A (H1N1) has continued to expand in the United States and internationally. By 3 June, all 50 states, the District of Columbia and Puerto Rico were reporting cases of novel H1N1 infection. As of 5 June, the US had 13,217 confirmed and probable cases with 27 reported deaths. Internationally, 74 countries have officially reported 29,669 cases with 145 deaths (including US and Mexico). Within DoD there have been almost 700 cases among military beneficiaries. An updated list of US reported cases is available at www.cdc.gov/H1N1flu. International status is available from the World Health Organization at www.who.int/csr/disease/swineflu/en/index.html or the European Centre for Disease Prevention and Control at <http://ecdc.europa.eu>.

Increasing Activity in Europe: The first cases of H1N1 among military personnel in Europe were confirmed on 4 June 2009 at Landstuhl Regional Medical Center. Six cases were identified among a small group with no evidence of secondary cases to date. The precise source of infection remains undetermined as these cases did not have recent travel outside of Europe or known H1N1 contacts. The figure below shows the distribution of confirmed cases in Europe by reporting date. There has been a significant increase in the reporting of confirmed cases in June, most likely representing a combination of increased testing and increasing influenza activity. Military treatment facilities should anticipate seeing cases presenting to their clinics over the next several weeks.

Distribution of confirmed cases of influenza A (H1N1)v infection by date of reporting, EU and EFTA countries, 27 April to 11 June 2009



Clinical Findings: The symptoms of novel H1N1 flu have been similar to the symptoms of seasonal flu in humans. Novel H1N1 infection is reported to cause a wide range of symptoms, including fever, cough, sore throat, body aches, headache, chills and fatigue. In addition, a significant number of people also have reported nausea, vomiting or diarrhea. Although most cases in the US and Europe have been characterized as mild, severe illness (pneumonia and respiratory failure) has been reported. Like seasonal flu, novel H1N1 flu may cause a worsening of underlying chronic medical conditions. According to the US experience, this new virus is disproportionately affecting younger people (ages 5 to 24), but there are still lots of infections and hospitalizations in older persons. Approximately 70% of the hospitalized patients have had an underlying condition – respiratory illnesses like asthma or chronic obstructive pulmonary disease, diabetes, immune deficiencies, etc.

Clinical Guidelines: Clinics should continue to refer to the ERMC Provider Tool dated 5 May 09 and Algorithm for Testing and Treatment for guidance on the evaluation, testing and treatment of suspected cases of H1N1. This will be updated as the local clinical and epidemiological picture evolves. Additional guidance for clinicians and for the management of specific patients (cardiovascular disease, HIV infection, children, and pregnant women) is available at www.cdc.gov/h1n1flu/guidance/. At this time, most people who have become ill with novel H1N1 in the United States have recovered without requiring medical treatment and have experienced typical flu symptoms. The priority use for influenza antiviral drugs during this outbreak is to treat severe influenza illness (including those who are hospitalized) or sick persons who are considered at high risk of influenza-related complications. Consult with ERMC Infectious Disease Consultant at 486-8100/+49-1622341910 for further clinical or treatment guidance.

Case Definitions for Novel Influenza A (H1N1) Virus Infection: The CDC published the following revised case definitions for H1N1 influenza on 1 June 2009 primarily for the purpose of public health investigations. These may change as the pandemic progresses.

1. **Confirmed case** - Defined as a person with an influenza-like illness with laboratory confirmed novel influenza A (H1N1) virus infection by one or more of the following tests: real-time RT-PCR or viral culture.
2. **Probable case** - Defined as a person with an influenza-like-illness who is positive for influenza A, but negative for human H1 and H3 by influenza RT_PCR.
3. **Suspected case** - Defined as a person who does not meet the confirmed or probable case definition, and is not novel H1N1 test negative, and is/has one of the following:
 - a previously healthy person < 65 years hospitalized for ILI
 - ILI and resides in a location (state) without confirmed cases, but has traveled to a state or country where there are one or more confirmed or probable cases
 - ILI and has an epidemiologic link in the past 7 days to a confirmed case or probable case

[Influenza-like-illness (ILI): Fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza.]

Public Health Considerations: Communities should be prepared to react when influenza activity increases in their area. Individuals should follow general precautionary measures to reduce the spread of influenza. Novel influenza A (H1N1) flu appears to spread in the same way that regular seasonal influenza viruses spread; mainly through the coughs and sneezes of people who are sick with the virus. The primary means to reduce spread of influenza focuses on early identification of ill persons, staying home when sick, not traveling when ill, good cough etiquette and frequent hand washing. All clinics should continue reporting suspected/probable cases to their local Preventive Medicine/Public Health officers and request assistance with public health management. New Clinical and Public Health Guidelines for the Military Health System on H1N1 Influenza A Virus were released on 3 June 2009 and are available on the DoD PI Watchboard at <http://fhp.osd.mil/aiWatchboard>.

Updates will be released as situation changes and new guidance is available.

The US Army Center for Health Promotion and Preventive Medicine-Europe (CHPPM-Europe) is a local resource at <http://www.chppmeur.healthcare.hqusareur.army.mil/Default.aspx>.

Point of contact: ERMC Public Health Emergency Officer/LRMC Department of Preventive Medicine, DSN 486-6199/8404, Civilian 06371-86-6199/8404, Mobile 0162-273-0123.