

STATE OF COLORADO

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Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department
of Public Health
and Environment

MESSAGE ID: 09/17/2009 12:30
FROM: CO-CDPHE
SUBJECT: HAN Update – Testing and Antiviral Recommendations for 2009 H1N1 Influenza
HAN Alert - Health Alert Network Broadcast
RECIPIENTS: Local Public Health Agencies, Hospitals, CO Medical Society, CO Academy Family Physicians
RECIPIENT INSTRUCTIONS: Local Public Health Agencies please forward to healthcare providers
This message can also be found on www.cohan.state.co.us

HEALTH UPDATE

Testing and Antiviral Recommendations for 2009 H1N1 Influenza Guidance for Healthcare Providers

September 17, 2009

KEY POINTS:

TESTING

- It is NOT necessary or feasible to test every person with influenza-like illness (ILI) for H1N1.
- Persons with uncomplicated ILI who are not at high risk for complications do NOT need to be seen by a health care provider and do NOT need to be tested for H1N1.
- H1N1 testing (by PCR) is now available through several commercial laboratories.
- State laboratory testing for H1N1 is NOT available for diagnosis and clinical management.
- To date, nearly all influenza specimens subtyped by the state laboratory have been 2009 H1N1.

ANTIVIRAL USE

- **TREATMENT with oseltamivir or zanamivir is recommended for all persons with suspected or confirmed influenza requiring hospitalization; such treatment should be initiated as early as possible and should not wait for laboratory confirmation.**
- **TREATMENT with oseltamivir or zanamivir generally is recommended for persons with suspected or confirmed influenza who are not hospitalized but who are at higher risk for complications (see page 2).**
- **CDC and CDPHE recommend careful and limited use of antiviral medications for prophylaxis to reduce the possibilities of the development and spread of antiviral resistant influenza viruses.**
- **Antiviral PROPHYLAXIS can be considered for: 1) persons at higher risk for influenza-related complications who have had close contact with someone likely to have influenza during that person's infectious period; and 2) health care personnel, public health workers, or first responders who have had a recognized unprotected close contact exposure to a person with suspected or confirmed influenza during that person's infectious period.**
- **PROPHYLAXIS is NOT recommended if more than 48 hours have elapsed since the last contact with an infectious person.**

Persons at Higher Risk for Complications from Influenza

- Children younger than 2 years old (who are at highest risk for hospitalization).
NOTE: Currently, there are insufficient data to support whether there is higher risk for complications in children aged 2-5 years. Routine antiviral treatment of healthy children aged 2-5 years with suspected or confirmed H1N1 is generally not recommended; however, clinical judgment should be used to guide selective treatment in this age group.
- Adults 65 years of age or older*
- Pregnant women
- Persons with the following conditions:
 - Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes);
 - Immunosuppression, including that caused by medications or by HIV;
 - Persons younger than 19 years of age who are receiving long-term aspirin therapy

* NOTE: People 65 and older are at lower risk of infection from 2009 H1N1 compared to younger age groups. However, as with seasonal influenza, people 65 or older who develop 2009 H1N1 influenza infection are at increased risk of influenza-related complications compared to younger adults.

Antiviral Use – Additional Recommendations

- Clinical judgment is an important factor in antiviral treatment decisions
- Persons who are NOT at higher risk for complications or do not have severe influenza requiring hospitalization generally do NOT require antiviral medications for treatment or prophylaxis.
- Antivirals should NOT be used for post-exposure prophylaxis in healthy children or adults based on potential exposures in the community, school, camp or other settings.
- Antivirals should NOT be used for continuous prophylaxis of persons, including persons at higher risk for complications.
- Early treatment with antivirals (i.e., waiting until early signs and symptoms of influenza develop) is an alternative to prophylaxis after a suspected exposure for some persons, based on clinical judgement of the health care provider.
- For this guidance, the "infectious period" for influenza is defined as one day before until 24 hours after fever ends.
- For this guidance, "close contact" is defined as having cared for or lived with a person who is suspected or confirmed to have influenza, or having been in a setting where there was a high likelihood of contact with respiratory droplets and/or body fluids of such a person.

For Questions

For questions, please contact your local health department, or CDPHE (303-692-2700 or after-hours: 303-370-9395).

More Information About Novel Influenza A (H1N1)

- CDPHE website: <http://www.cdphe.state.co.us/epr/H1N1.html>
- CDC website: <http://www.cdc.gov/h1n1flu/index.htm>