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ATTENTION

Public Health Update

The Westchester County Department of Health provides public health updates to members of the medical community on important issues affecting public health in Westchester

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2009 H1N1 Influenza FAQ's for Physicians & Medical Providers

PLEASE NOTE that this is a changing situation and the below may be revised at any time as additional information becomes available.

For more details, please refer to the 9/18/09 NYSDOH Health Advisory, posted at www.westchestergov.com/health.

How do I get the 2009 H1N1 flu vaccine?

Please visit the Professional's Corner along the left side of the Westchester County DOH website or directly to <https://hcsteamwork1.health.state.ny.us.pub> to pre-register with the New York State DOH to receive free vaccine. The vaccine is expected to be available in October. Although the federal government is providing the vaccine and supplies to administer the vaccine free of charge, providers may charge for vaccine administration. Please call 1-800-808-1987 for additional information.

Who should receive the 2009 H1N1 flu vaccine?

- Pregnant women
- Household contacts and caregivers for children <6 months old
- Individuals 6 months through 24 years old
- Individuals 25 through 64 years old with medical conditions that increase their risk for complications from the flu
- Healthcare and emergency medical services personnel

How safe is the 2009 H1N1 flu vaccine?

The only difference between the 2009 H1N1 flu vaccine and the seasonal flu vaccine is the strain of flu in the vaccine. The 2009 H1N1 vaccine is being produced using the same procedures, by the same manufacturers, will be available in the same formulations, and is expected to have the same safety profile as the flu vaccines that you have been administering to your patients for years. The vaccine is FDA approved and there is thus nothing "experimental" about the 2009 H1N1 vaccine.

Will Westchester County hold any mass flu vaccination clinics?

2009 H1N1 flu is expected to be the dominant circulating strain of flu and to cause illness similar to the seasonal flu this fall. Thus physicians are strongly encouraged to provide flu vaccines in their

usual manner to their patients. At this time, Westchester County does not plan any mass vaccination clinics. Individual schools or other entities may independently hold vaccination clinics.

What should I or my office advise patients with flu-like illness?

Patients should be instructed to **call your office first** for any questions. Physicians are being requested to help prevent flu transmission in medical offices and hospitals by **limiting patient visits to your offices and emergency rooms to patients who are medically necessary to examine or medically require emergency department care.**

Who should be tested for 2009 H1N1 flu?

The testing capacity specifically for 2009 H1N1 flu is limited and expensive and is **not indicated** for most patients because the results have limited or no impact on patient management, infection control, or recommendations for schools, workplaces or other settings. Please resume standard practices for routine rapid flu testing that were in use prior to the spring of 2009. The sensitivity for rapid flu testing is highly variable and not good (10-70%) for 2009 H1N1 and seasonal flu. **Decisions for treatment with specific antiviral agents or infection control measures should be made based on clinical findings and not rapid flu or other flu testing results.**

Should a patient that tests (+) for flu A or 2009 H1N1 be reported to the WCDH?

No. This is no longer required if a patient is not hospitalized. Hospitals are required to report hospitalized patients that test positive for the flu, electronically to a New York State system as they were doing prior to the spring of 2009.

What should be reported to the Westchester County DOH?

Deaths among adult and pediatric patients, involving an **unexplained** acute respiratory febrile illness, or who are suspected or confirmed to have 2009 H1N1 flu, and pediatric deaths due to any type of flu.

Community outbreaks, especially from congregate residential, correctional, or child care facilities or that are unusual.

Should I notify a school, work place or other setting of a patient who tests Flu A (+) or 2009 H1N1 flu (+)?

This is **not necessary**. Recommendations for ALL schools and other settings, regardless of whether a student or other individual is known to have (+) flu test results, include the early identification of sick students and other individuals, having all ill individuals with ILI stay home for 24 hours after fever resolution without antipyretics, and continue good cough and hand hygiene practices.

How long should I advise patients with ILI to remain home, before returning to school or work?

24 hours after fever resolution without antipyretics with improving symptoms, regardless of whether flu testing was done and regardless of the results. During this time, all such patients should be advised not to attend or visit any congregate settings such as child care, movies, social events, or participate in activities with groups of people – hanging out with friends, etc.

Who should receive antiviral medications?

Most patients with influenza will recover without complications and without antiviral treatment. Individuals who do not require hospitalization or are not at increased risk for flu-related complications generally do not require antiviral medications. Treatment with antiviral agents is only recommended for hospitalized patients with suspected influenza (both seasonal and 2009

H1N1), and outpatients with ILI at high risk for influenza-related complications, such as those <5 years or \geq 65 years old, pregnant, or with chronic medical conditions (see www.cdc.gov/h1n1flu/antiviral.htm for details).

Who should receive chemoprophylaxis for influenza?

Chemoprophylaxis should not be used for healthy children or adults. It is only indicated in limited settings, such as flu outbreaks in healthcare settings and following consultation with local or state public health authorities. Physicians are advised to educate patients at increased risk for flu-related complications on early flu signs and symptoms, and to call immediately if such illness develops, for evaluation and early treatment. Inappropriate use of antiviral medications for chemoprophylaxis can contribute to increased antiviral resistance and has been reported.

How is 2009 H1N1 flu activity being monitored?

In contrast to most clinical laboratory testing, specific laboratory testing for 2009 H1N1 is being done to monitor for changes in disease severity, unusual presentations or the development of resistance to antiviral medications in a population. Specific laboratory testing for 2009 H1N1 is thus only needed and planned from a small sample of hospitals throughout New York State. Routine surveillance systems for flu activity, which have been in place for years, and are the basis for reports that are posted to the CDC or NYSDOH websites, or published in the MMWR, will be used to monitor mild and most 2009 H1N1 disease. This includes a network of participating physicians, laboratories, and hospitals that provide patient and testing data on a weekly basis.