



West Texas Influenza Center

WTIC Swine Flu – Recommendations for public

- 1) If you have symptoms of the flu (fever, cough, sore throat) do not go to work or school. Instead, rest and contact your doctor.
- 2) Cover your mouth and nose with the crook of your elbow when coughing or sneezing.
- 3) Wash hands frequently.
- 4) Avoid contact with sick individuals if possible.

WTIC Swine Flu – Recommendations for Health Care Providers

Although we have no reported Swine Flu cases in the Texas Panhandle, it is reasonable to include Swine Flu on the differential for patients presenting with febrile respiratory illness. The rate of seasonal influenza (human influenza) has decreased dramatically in the northern Texas Panhandle over the past several weeks. Patients who test positive for influenza A using a rapid bedside diagnostic test are, therefore, suspicious for swine flu. Please contact your local health department regarding patients suspected of infection with swine flu.

PRESENTATION

Swine flu appears to present with symptoms similar to seasonal influenza. Cases may range from a mild respiratory illness to fulminant disease. All documented cases in the U.S. as of Saturday, April 25, 2009 have been mild with full recovery of the patient. Just as with seasonal influenza there is likely risk of secondary bacterial infections or exacerbations of chronic comorbidities.

HEALTHCARE ISOLATION

At the current time, the CDC is recommending droplet, contact and respiratory precautions for patients suspected of harboring swine flu. Early triage and cohorting of respiratory illness in the emergency room setting would theoretically decrease transmission rates. Hospitalized patients should ideally be placed in a single bed room with negative pressure flow and high rate air exchange if available. If single rooms are unavailable, cohorting proven cases appears reasonable. Healthcare providers to these patients should wear fitted N-95 masks, gowns and gloves when interacting closely with these patients. In seasonal influenza, the rate of viral shedding decreases significantly after 5 days, although children may shed the virus for more than a week. As always, frequent hand washing with soap and water or an alcohol based hand hygiene system is the cornerstone of nosocomial infection prevention.

TREATMENT

Confirmed cases of swine flu in California appear to be susceptible to oseltamivir and zanamivir. The virus appears to be resistant to the adamantanes (amantadine and rimantadine). Treatment with oseltamivir or Zanamivir within the first 48 hours of illness may decrease the duration and severity of symptoms, and theoretically would decrease the risk of subsequent disease transmission.

As with all influenza, the risk of secondary bacterial infection is high. Clinicians should watch for signs of sudden exacerbation of illness, bimodal disease course, or unexpectedly severe disease as these may be signs of secondary bacterial infection. Given increasing rates of community acquired MRSA colonization and infection over the past decade, MRSA coverage in individuals suspected of secondary bacterial infection should be considered.