METHODIST PHYSICIANS CLINIC

5-06-09

Methodist Physicians Clinic
Patient Management for H1N1 (Swine-Origin Influenza Virus [S-OIV])

Patient presents with influenza-like illness: Fever ≥ 100°F (≥ 37.8°C) plus cough or sore throat without known diagnosis

- Place mask on patient as they enter the clinic
- Have alcohol hand sanitizer available for patient hand hygiene
- Healthcare workers wear gloves and mask during direct patient contact (eye protection per Standard Precautions)

Test for influenza

No

- Non-influenza illness (e.g. Strep throat)
- Mild influenza-like illness (ILI) with no travel history or exposure

Yes

Influenza test indicated for patients with:

- Moderate or severe influenza-like illness (ILI)
- Mild ILI and a strong travel history or exposure to persons at high risk for Swine Flu (H1N1)

- Complete Special Influenza Microbiology Requisition
- Call the DCHD (444-7214) to inform them that patient meets case definition and is being sent to Methodist Hospital for testing.
- If testing approved, note on requisition form, "Approved by (name of DCHD staff person who approved testing)."
- Call Methodist Hospital Pathology (354-4540) to inform that patient coming for testing.
- Fax Special Influenza Microbiology Requisition to Methodist Pathology Center (354-6149).
- **Give patient directions to Methodist 1st floor North Tower Access Registration Desk (North Tower lobby) Mon. – Fri. 5:30 a.m. – 9:00 p.m., Sat. – Sun. 7:00 a.m. – 4:00 p.m. Other hours send patient to Emergency Room Registration Desk.**
- Send requisition form with patient. Patient to give form to therapist who collects specimen.
- Instruct patient to wear mask while in the hospital.

Instruct patient to:

- Minimize contact with other people
- Practice good hand hygiene
- Practice cough etiquette (cough or sneeze into a tissue, sleeve or coat, not into the hand or the open air)
- Stay home when ill.

For Up to Date information:
http://www.cdc.gov/swineflu/
Current recommendations: select "What's New"

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H1N1 (Swine-Origin Influenza Virus [S-OIV]) Treatment
See for details: http://www.cdc.gov/swineflu/

Swine-origin influenza antiviral medication dosing recommendations.
Table extracted from IDSA Guidelines for Seasonal Influenza

Agent, group		Treatment	Chemoprophylaxis
Oseltamivir			
Adults		75 – mg capsule twice per day for 5 days	75 – mg capsule once per day for 10 days
Children (age, 12 months or older), weight:	15 kg or less	60 mg per day divided into 2 doses	30 mg once per day
	15 – 23 kg	90 mg per day divided into 2 doses	45 mg once per day
	24 – 40 kg	120 mg per day divided into 2 doses	60 mg once per day
	> 40 kg	150 mg per day divided into 2 doses	75 mg once per day
Age < 3 months		12 mg twice daily	Not recommended unless situation judged critical due to limited data on use in this age group
Age 3 – 5 months		20 mg twice daily	20 mg once daily
Age 6 – 11 months		25 mg twice daily	25 mg once daily
Zanamivir			
Adults		Two 5 – mg inhalations (10 mg total) twice per day	Two 5 – mg inhalations (10 mg total) once per day
Children		Two 5 – mg inhalations (10 mg total) twice per day (age, 7 years or older)	Two 5 – mg inhalations (10 mg total) once per day (age, 5 years or older)

Complications
There is insufficient information to date about clinical complications of this variant of swine-origin influenza A (H1N1) virus infection.
Among persons infected with previous variants of swine influenza virus, clinical syndromes have ranged from mild respiratory illness, to lower respiratory tract illness, dehydration, or pneumonia. Deaths caused by previous variants of swine influenza have occasionally occurred. Although data on the spectrum of illness is not yet available for this new variant of swine-origin influenza A(H1N1), clinicians should expect complications to be similar to seasonal influenza: exacerbation of underlying chronic medical conditions, upper respiratory tract disease (sinusitis, otitis media, croup) lower respiratory tract disease (pneumonia, bronchiolitis, status asthmaticus), cardiac (myocarditis, pericarditis), musculoskeletal (myositis, rhabdomyolysis), neurologic (acute and post-infectious encephalopathy, encephalitis, febrile seizures, status epilepticus), toxic shock syndrome, and secondary bacterial pneumonia with or without sepsis.

Groups at high risk for complications
At this time, the same age and risk groups who are at higher risk for seasonal influenza complications should also be considered at higher risk for swine-origin influenza complications.

Groups at higher risk for seasonal influenza complications include:

- Children less than 5 years old;
- Persons aged 50 years or older;
- Children and adolescents (aged 6 months – 18 years) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye syndrome after influenza virus infection;
- Pregnant women;
- Adults and children who have chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic disorders;
- Adults and children who have immunosuppression (including immunosuppression caused by medications or by HIV);
- Residents of nursing homes and other chronic-care facilities

Methodist Hospital
Infection Prevention and Control