



Grant County Health District – Always Working for a Healthier and Safer Grant County

Ephrata Office County Courthouse
PO Box 37, Ephrata, WA 98823
509-754-6060

Moses Lake Office
1038 West Ivy Suite 1, Moses Lake WA 98837
509-766-7960

FOR IMMEDIATE RELEASE 04/26/2009 TO: Emergency Rooms in Grant County Walk-in Clinics in Grant County Healthcare Provider Offices in Grant County EMS Providers in Grant County Healthcare Emergencies Alliance	FOR INFORMATION CONTACT: Alexander Brzezny, MD, MPH, Grant County Health Officer Peggy Grigg, RN, BSN, Director of Personal Health Services/Administrator 509-754-6060 x26
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SWINE FLU ADVISORY #2 For distribution to **ALL** healthcare professionals in your practice or facility.

ACTION REQUESTED:

1. Consider the possibility of swine flu in persons with influenza-like illness (ILI) and:
 - A. Recent travel to affected areas in Texas, California, Kansas, Mexico or other affected areas (www.cdc.gov/swineflu/investigation.htm), OR
 - B. Who have been in contact with ill persons from these areas in the 7 days before illness onset, OR
 - C. Influenza-like-illness with pneumonia rapidly progressing to respiratory failure.

Influenza-like illness (ILI) is defined as:

- Fever $\geq 100^{\circ}$ F or 37.8° C [oral or equivalent] AND
- Cough AND/OR
- Sore Throat
[in the absence of a known cause other than influenza].

2. When evaluating a patient with ILI, if swine flu is suspected (based on travel, contact with ill travelers, or clinical picture, as above), obtain 2 respiratory (nasopharyngeal) swabs, one for rapid flu testing and one for swine flu testing:

- Use airborne infection control precautions for specimen collection.
- Complete rapid flu testing with the first swab.
- Place the second respiratory (nasopharyngeal viral) swab in a refrigerator (not freezer).
- Call the Grant County Health District (see item 3, below).

If your facility does not have the capability to do rapid flu testing, collection of only one nasopharyngeal viral swab is necessary; refrigerate it and call the Grant County Health District (see item 3, below).

3. Report suspected cases of swine flu to Public Health immediately at 509-766-7960, or 509-398-2083 (after hours) to facilitate:

- A) laboratory confirmation of the diagnosis via Washington State Department of Health, and**
- B) prompt investigation and of cases and identification of other persons at risk for illness.**

4. Take appropriate infection control precautions including airborne precautions for *hospitalized* patients

(link to CDC recommendations below).

5. All healthcare facilities should review respiratory hygiene measures in outpatient areas:

- As done during influenza season, recommend wearing a (surgical) facemask to all individuals with flu-like illness;
- Staff providing direct patient services to suspect cases of swine flu or unknown ILI should also wear N-95 facemasks;
- As always, persons with a respiratory illness with fever should stay home from work or school to avoid spreading influenza and other respiratory illnesses, to others in their communities.
- Avoid close contact (less than 6 feet) whenever possible.
- Hand Hygiene in Healthcare Settings.
 - The use of gloves does not eliminate the need for hand hygiene. Likewise, the use of hand hygiene does not eliminate the need for gloves. Gloves reduce hand contamination by 70 percent to 80 percent, prevent cross-contamination and protect patients and health care personnel from infection. Handrubs should be used before and after each patient just as gloves should be changed before and after each patient.
 - When using an alcohol-based handrub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Note that the volume needed to reduce the number of bacteria on hands varies by product.
 - Alcohol-based handrubs significantly reduce the number of microorganisms on skin, are fast acting and cause less skin irritation.
 - Healthcare worker hand hygiene web based training
www.cdc.gov/handhygiene/training/interactiveEducation

REVIEW CURRENT INFORMATION

Regularly review periodically updated CDC guidance and new information

www.cdc.gov/swineflu/ and more specifically on www.cdc.gov/swineflu/investigation.htm#guidancedocs

INTERNAL PLANNING

Public Health suggests this is a good opportunity to review your pandemic influenza response plans.

Background:

U.S. Human Cases of Swine Flu Infection	
State	# of laboratory confirmed cases
California	7 cases
Kansas	2 cases
New York City	8 cases
Ohio	1 case
Texas	2 cases
TOTAL COUNT	20 cases
International Human Cases of Swine Flu Infection	
See: World Health Organization	

As of April 26, 2009 9:00 AM ET

An investigation into these cases is ongoing and more confirmed cases are more than likely.

The cases have no known contact with swine or links to one another (except one father-daughter pair) and at least in two cases history of travel to Mexico suggesting that human to human spread is occurring.

All patients had uncomplicated illness and have recovered. **Two viruses tested to-date are resistant to adamantines and sensitive to neuraminidase inhibitors (oseltamivir and zanamivir).** Influenza vaccine does not provide reliable protection against this swine flu virus.

Additional information regarding the potential for swine flu in Mexico will be provided as soon as it is available.

Swine influenza viruses (SIV) can cause uncomplicated influenza-like illness (fever, cough or sore throat), mild respiratory illness (nasal congestion, rhinorrhea) without fever and occasional severe disease. Other symptoms reported with SIV infection include vomiting, diarrhea, myalgia, headache, chills, fatigue, and dyspnea. Persons with SIV infection should be considered potentially contagious 1 day prior and for up to 7 days following illness onset or until symptoms have resolved. Children, especially younger children, might potentially be contagious for longer periods. The duration of infectiousness might vary by SIV strain.

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