

ODH Guidance Algorithm for Testing of Influenza A H1N1 Virus

Effective August 5, 2009

(Adapted from CDC Recommendations – Guidance Subject to Change)

Ohio testing goals: Identify severe cases and clusters of H1N1

Individual presents with: • Influenza-like illness (ILI) (fever, cough or sore throat ¹)

Yes

No

Implement appropriate infection control measures ²

No influenza testing recommended.
Additional workup and follow-up
as clinically indicated.

or

- Individual is being admitted with ILI or is currently hospitalized with ILI ⁵
- Individual is part of a cluster of ILI cases investigated by a local health district and ODH

Yes

No

Obtain any of the following: nasopharyngeal swab (*preferred*); nasal aspirate; nasal swab plus throat swab; or nasal wash ³.

- Hospitalized patients with ILI should be tested ⁶
- Place swab or material in viral transport media
- Store in refrigerator while awaiting transport (do not freeze)
- Notify local health department of a hospitalized case or cluster of cases
- Local health department approves hospitalized case to be sent to ODHL (**write “Hospitalized” on ODHL lab slip**)
- Local health department calls ODH Immunization to approve cluster testing
- Local health department enters case as influenza-associated hospitalization case in Ohio Disease Reporting System (ODRS) **or** as part of a suspect outbreak in ODRS
- Send to ODHL for testing ⁴

Consider additional workup for other respiratory conditions and co-infections if warranted.

Individual should:

- Stay home until symptoms resolve
- Use hand, respiratory and cough hygiene
- Call or seek emergency medical care if warranted

- Recommend early antiviral treatment with oseltamivir or zanamivir if severely ill or at high risk for complications ⁵
- Use clinical judgment to decide whether additional therapy is needed ⁶
- Follow CDC treatment guidance based on severity of illness ⁶

1. Reports of confirmed novel influenza A H1N1 symptoms have included: fever, cough, sore throat, watery eyes, vomiting, body aches. As with seasonal influenza, infants, adults ≥65 years of age and persons with compromised immune systems may have atypical presentations.

2. Information on caring for patients can be found at: <http://www.cdc.gov/h1n1flu/guidance>.

3. Nasal washes require appropriate personal protective equipment. See: <http://www.cdc.gov/h1n1flu/guidance>.

4. Real-time polymerase chain reaction (RT-PCR) is the preferred laboratory test for identifying H1N1 (swine flu) virus. Rapid antigen tests and immunofluorescence tests have unknown sensitivity and specificity to detect H1N1 virus. For more information see: http://www.cdc.gov/h1n1flu/guidance/rapid_testing.htm.

5. Interim guidance for antiviral use can be found at: <http://www.cdc.gov/h1n1flu/recommendations.htm>.

6. Interim guidance for clinicians is available at: <http://www.cdc.gov/h1n1flu/guidance>.

Note: Enhanced outpatient ILI surveillance will be conducted via routine laboratory submissions from providers participating in the US Outpatient Influenza-like Illness Surveillance Network (ILINet).

Last updated by ODH on 8/5/09.