



Dutchess County Department of Health Public Health Advisory*

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NYSDOH Guidance for Seasonal and H1N1 Influenza

Date: September 21, 2009

Please Distribute to Healthcare Providers, Emergency Medicine, Pediatrics, Primary Care, Infectious Diseases, Internal Medicine, Family Medicine, Laboratory Medicine, Pulmonary Medicine, Critical Care, and Infection Control staff.

- **New York State DOH distributed an advisory on Friday, September 18, 2009 (19 pages) regarding Clinical Guidance for the upcoming 2009-2010 influenza season and the ongoing pandemic of novel influenza A (H1N1) virus.**
- **Dutchess County Department of Health advises health care providers to review the NYSDOH advisory for guidance updates. This DCDOH communication only refers to sections of the NYSDOH advisory and is meant to advise providers of NYSDOH's advisory. NYSDOH's Advisory should be reviewed in its entirety by providers.**

The major changes from previous advisories on novel H1N1 influenza include:

- An increased emphasis on the need for providers to be aware of regional and state influenza surveillance data which will impact clinical management decisions.
- Revised physician reporting criteria that focus on patient deaths suspected to be related to influenza.
- The availability of commercial laboratory testing for novel H1N1 influenza. Thus, the NYSDOH Wadsworth Center will no longer offer clinical diagnostic testing for novel H1N1 influenza for individual hospitalized patients.
- Additional information about rapid influenza diagnostic tests and their low sensitivity in detecting novel H1N1 and seasonal influenza viruses.
- Additional guidance for healthcare providers about promoting early treatment of influenza, including possible strategies to reduce the amount of time between illness onset in high-risk patients and treatment (e.g., educating high-risk patients about the importance of early treatment; ensuring rapid access to telephone consultation and clinical evaluation).

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***Health Alert**- conveys the highest level of importance; warrants immediate action or attention; **Health Advisory**- provides important information for a specific incident or situation; may not require immediate action; **Health Update**- provides updated information regarding an incident or situation; unlikely to require immediate action.

Dutchess County Department of Health

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- An alternative to chemoprophylaxis has been added. Healthcare providers may choose to counsel exposed people at higher risk of influenza complications about the signs and symptoms of influenza and advise them to immediately contact their healthcare provider if signs or symptoms develop.
- Inclusion of information on the antiviral drug sensitivities of influenza strains expected to circulate during the 2009-2010 influenza season, and recommendations for the selection of antiviral treatment and prophylaxis using influenza surveillance data.
- Change in the recommendation for how long a person with ILI should remain at home. Ill persons should remain home until at least 24 hours after they are free of fever (100° F [37.8°C]), or signs of a fever without the use of fever-reducing medications. (This is a change from the previous recommendation that ill persons stay home for 7 days after illness onset or until 24 hours after the resolution of symptoms, whichever was longer.)

The recommendations in this advisory are consistent with CDC guidance with the following exceptions:

- The NYSDOH and CDC both recommend that healthcare personnel performing aerosol-generating procedures on patients with an acute febrile respiratory illness should wear a fit-tested N-95 respirator and eye protection. For all other times when in close contact with a patient with suspected or confirmed novel H1N1 influenza, the NYSDOH recommends healthcare personnel follow Droplet precautions by wearing a surgical facemask, while the CDC recommends that healthcare personnel wear a fit-tested N-95 respirator.
- The NYSDOH recommends that healthcare personnel with febrile respiratory illness, including confirmed or suspected novel H1N1 infection, should not return to work until symptomatic improvement and at least 24 hours after fever resolves off antipyretic medications. In contrast, the CDC recommends that healthcare personnel with confirmed or suspected novel H1N1 infection be excluded from work for 7 days from symptom onset or until the resolution of symptoms, whichever is longer.