



April 30, 2009

## ***Swine Flu Virus – Take Steps to Protect Patients***

Dear Provider,

A variant and virulent strain of swine influenza virus was recently detected in Mexico City. According to the Centers for Disease Control and Prevention (CDC), as of April 30, 2009, there have been 109 confirmed cases and one death in the United States.

The CDC advised that more confirmed cases are expected as awareness of the virus spreads. While the fact that the U.S. is near the end of the 2008-09 flu season might mitigate the number of severe cases, some can be expected.

The CDC stresses the need to reinforce the need for good infection-control procedures (covering coughs, washing hands frequently, not going to work or school while sick and seeing a doctor when symptoms persist or get worse) to slow transmission.

### **What Should Health Care Providers Know?**

The CDC has published guidance related to this disease that you can use to inform and help treat patients. Please refer to the important information below:

#### **Detecting Swine Flu**

A confirmed case of swine influenza A (H1N1) virus infection is defined as a person with an acute respiratory illness with laboratory-confirmed swine influenza A (H1N1) virus infection at CDC by one or more of the following tests:

1. Real-time RT-PCR
2. Viral culture

A suspected case of swine influenza A (H1N1) virus infection is defined as:

1. A person with **acute respiratory illness** who was a **close contact** to a confirmed case of swine influenza A (H1N1) virus infection during the case's infectious period, OR
2. A person with an **acute respiratory illness** who traveled to or resides in an area where there are confirmed cases of swine influenza A (H1N1) virus infection

**Close contact** – Within about 6 feet of an ill person

**Acute respiratory illness** – Recent onset of at least two of the following: rhinorrhea or nasal congestion, sore throat, cough (with or without fever or feverishness)

**The infectious period for a confirmed case of swine influenza A (H1N1) virus infection is defined as one day prior to the patient's illness onset to seven days after onset.**

#### **Special Considerations for Children**

Aspirin or aspirin-containing products (e.g. bismuth subsalicylate – Pepto Bismol) should not be administered to anyone 18 years old and younger confirmed or suspected to be ill with swine influenza A (H1N1) virus infection because of the risk of Reye syndrome.

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### **Antiviral Resistance**

This swine influenza A (H1N1) virus is sensitive (susceptible) to the neuraminidase inhibitor antiviral medications zanamivir and oseltamivir. It is resistant to the adamantane antiviral medications amantadine and rimantadine.

### **Antiviral Treatment**

**For Suspected Cases** – Antiviral treatment with either zanamivir alone or with a combination of oseltamivir and either amantadine or rimantadine should be initiated as soon as possible after the onset of symptoms. Recommended duration of treatment is five days. Antiviral doses and schedules recommended for treatment of swine influenza A (H1N1) virus infection are the same as those recommended for seasonal influenza and are available at:

<http://www.cdc.gov/flu/professionals/antivirals/dosagetable.htm#table>

Areas with seasonal influenza activity, especially those with circulation of oseltamivir-resistant human A (H1N1) viruses, might prefer to use either zanamivir or a combination of oseltamivir and rimantadine or amantadine to provide adequate empiric treatment or chemoprophylaxis for patients who might have human influenza A (H1N1) infection.

**For Confirmed Cases** – Either oseltamivir or zanamivir may be administered. Recommended duration of treatment is five days.

**For Pregnant Women** – Oseltamivir, zanamivir, amantadine and rimantadine are all "Pregnancy Category C" medications. Because of the unknown effects of influenza antiviral drugs on pregnant women and their fetuses, these four drugs should be used during pregnancy only if the potential benefit justifies the potential risk to the embryo or fetus; the manufacturers' package inserts should be consulted.

**Antiviral Chemoprophylaxis** – Either oseltamivir or zanamivir are recommended. Duration of antiviral chemoprophylaxis is 10 days after the last known exposure to an ill confirmed case of swine influenza A (H1N1) virus infection.

For further information, including a podcast and documented guidance relating to the virus, visit <http://www.cdc.gov/swineflu/>.

You may also call the Department of Health at 1-808-586-4586 (Oahu – Disease Investigation Branch); Maui – 1-808-984-8213; Kauai – 1-808-241-3563; Hilo – 1-808-933-0912; Kona – 1-808-322-4877. After hours: Oahu – 1-808-566-5049; Other islands – 1-808-360-2575 (toll-free for all islands).

World Health Organization updates are available in English and Spanish at <http://www.who.int/csr/disease/swineflu/en/index.html>.

If you have additional questions or concerns, please contact Provider Services at (888) 846-4262 for Medicaid or (888) 505-1201 for Medicare.

Thank you for your cooperation and for caring for our 'Ohana Health Plan members.

Sincerely,

A handwritten signature in black ink, appearing to read "W. Kerr", written over a white background.

William L. Kerr, MD  
SVP and Chief Medical Officer  
WellCare Health Plans, Inc.

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