

CDC GUIDANCE & DEFINITIONS for Seasonal Flu and Novel H1N1

Confirmed Case	Probable Case	Suspected Case
Diagnosis of: an acute febrile respiratory illness	Diagnosis of: an acute febrile respiratory illness	Diagnosis of: an acute febrile respiratory illness with:
LAB: confirmed novel H1N1 influenza by CDC: - real-time RT-PCR - viral culture	LAB: - pos flu A but neg for H1&H3 by RT-PCR OR - pos flu A by rapid flu test or IFA AND must meet criteria for suspected case	ONSET: - within 7 days close contact person with confirmed novel H1N1 OR - within 7 days travel to community in US or country with 1 or more confirmed H1N1 cases OR - resides in community with 1 or more H1N1 cases

Infectious period: 1 day prior to the case's illness onset to 7 days after onset.

Close contact: within about 6 feet of an ill person who is a confirmed or suspected case of seasonal or novel H1N1 virus infection during the case's infectious period.

Acute respiratory illness or sepsis like syndrome: recent onset of at least 2 of the following: rhinorrhea or nasal congestion, sore throat, cough (with or w/o fever), severe headache, hypotension

High-risk groups: A person who is at high-risk for complications is defined as the same for seasonal influenza; A person who requires hospitalization; A person at high-risk for severe disease.

Special Considerations for Children: Aspirin or aspirin-containing products should not be administered to any confirmed or suspected ill case of seasonal or novel H1N1 virus infection aged 18 years old and younger due to the risk of Reye syndrome. For relief of fever, other anti-pyretic medications are recommended such as acetaminophen or non steroidal anti-inflammatory drugs. <http://www.cdc.gov/h1n1flu/childrentreatment.htm>

LABORATORY TESTING PROTOCOL

1. Perform influenza testing on **all** patients with **influenza-like illness**
 2. Perform influenza testing on all patients with **acute respiratory illness**
- AND**

- a history of recent travel to Mexico (within 7 days) or
- contact with a person who has been diagnosed w/Influenza A.

RECOMMENDED TESTS

Rapid antigen or other laboratory test	Predominant virus(es) in community	Preferred medication(s)	Alternative (combination antiviral treatment)
Not done or negative, but clinical suspicion for influenza	H1N1 or unknown	Zanamivir	Oseltamivir + Rimantadine*
Not done or negative, but clinical suspicion for influenza	H3N2 or B	Oseltamivir or Zanamivir	None
Positive A	H1N1 or unknown	Zanamivir	Oseltamivir + Rimantadine*
Positive A	H3N2 or B	Oseltamivir or Zanamivir	None
Positive B	Any	Oseltamivir or Zanamivir	None
Positive A+B**	H1N1 or unknown	Zanamivir	Oseltamivir + Rimantadine*
Positive A+B**	H3N2 or B	Oseltamivir or Zanamivir	None

TESTING METHOD: Upper Respiratory Specimen

Following should be collected as soon as possible after illness onset:

- nasopharyngeal swab/aspirate or nasal wash/aspirate. OR
 - a combined nasal swab with an oropharyngeal swab is acceptable
- For patients who are intubated
- an endotracheal aspirate should also be collected

Storage Specimens should be placed into sterile viral transport media (VTM) and immediately placed on ice or cold packs or at 4°C (refrigerator) for transport to the lab preferably no longer than 1 week.

Swabs: Ideal - swabs with synthetic tip & an aluminum or plastic shaft. **Not Recommended** - swabs with cotton tips and wood shafts

Not Accepted - swabs made of calcium alginate

Shipping: Clinical specimens should be shipped on dry ice in appropriate packaging. All specimens should be labeled clearly and include information required

INFLUENZA ANTIVIRAL MEDICATIONS FOR USE IN CHILDREN AGE 1 YEAR AND OLDER

Antiviral agent		Age group (yrs)			
		1-6	7-9	10-12	13-18
Zanamivir*	Treatment, influenza A & B	N/A†	10 mg (2 inhalation) twice daily	10 mg (2 inhalation) twice daily	10 mg (2 inhalation) twice daily
	Chemoprophylaxis, influenza A & B	Ages 1-4 N/A	Ages 5-9 10 mg (2 inhalation) once daily	10 mg (2 inhalation) once daily	10 mg (2 inhalation) once daily
Oseltamivir	Treatment†, influenza A & B	Dose varies by weight¶	Dose varies by weight¶	Dose varies by weight¶	75 mg twice daily
	Chemoprophylaxis influenza A & B	Dose varies by weight¶	Dose varies by weight¶	Dose varies by weight¶	75 mg/day
Duration of Treatment	Treatment	Recommended duration for antiviral treatment is 5 days.			
	Chemoprophylaxis	Recommended duration is 10 days after the last known exposure.			

Oseltamivir (Tamiflu) Dosing (60 mg / 5mL)		
Treatment	<3 mo	12 mg PO bid x 5 d
	3-5 mo	20 mg PO bid x 5 d
	6-11 mo	25 mg PO bid x 5 d
	>1 yr; <15 kg	30 mg PO bid x 5 d
	> 1 yr; 15-23 kg	45 mg PO bid x 5 d
	23-40 kg	60 mg PO bid x 5 d
	> 40 kg	75 mg PO bid x 5 d
Chemoprophylaxis	< 3 mo	Not recommended unless situation judged critical
	3-5 mo	20 mg PO q day x 10 d
	6-11 mo	25 mg PO q day x 10 d
	> 1 yr; < 15 kg	30 mg PO q day x 10 d
	> 1 yr; 15-23 kg	45 mg PO q day x 10 d
	23-40 kg	60 mg PO q day x 10 d
	> 40 kg	75 mg PO q day x 10 d

Adapted from <http://www.cdc.gov/swineflu/childrentreatment.htm>