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Page 1 of 1

Clinician Update: Novel H1N1 Influenza Status

Influenza surveillance indicates that hospitals continue to experience increased influenza like illness activities in emergency departments and some intensive care units. Therefore the following information should assist with patient management.

Test Early
Treat Early

Rapid influenza testing has limitations*

Testing

Clinicians desiring testing of a severely ill adult and/or child (such as those in ICU's), unusual cases, unclear cases, or outbreaks, should have specimens sent directly to the Michigan Department of Community Health, Bureau of Laboratory for PCR testing.

The clinician will not be required to "get approval" from the Local Health Department; however, physicians may need the assistance of local health departments in submitting the specimens for testing as is often the case with seasonal flu.

Treatment

Clinical judgment should always dictate initiation of treatment pending confirmatory laboratory testing.

Early antiviral treatment is recommended for those with at risk conditions, those presenting with severe illness or based on clinical judgment.

Rapid Tests

Rapid tests are not a good "rule-out"; a negative rapid test does NOT mean the patient is negative for Novel Influenza A H1N1 Virus.

CDC Website

Continue to monitor the Centers for Disease Control and Prevention for up to date guidelines and reference materials - <http://www.cdc.gov/h1n1flu/clinicians/>

*Laboratory testing information is available at <http://www.cdc.gov/h1n1flu/lab/>

Questions should be directed to the Michigan Department of Community Health, Bureau of Epidemiology at 517-335-8165 or swineflu@michigan.gov

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