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## INTERNATIONAL OUTBREAK OF SWINE FLU

### Information for Clinicians

Human cases of swine influenza have been reported in the United States, Mexico and many other countries during the past week. This new virus is a hybrid, with genetic elements of swine influenza, avian influenza, and human influenza. The CDC and World Health Organization have determined that sustained human-to-human transmission is occurring and that the virus is capable of causing community-level outbreaks. The Department of Health and Human Services issued a nationwide public health emergency declaration in response to the human infections, which allows release to states of a strategic national stockpile of antiviral agents, should they be needed. The Food and Drug Administration has issued an Emergency Use Authorization which broadens approved indications for use of antiviral agents, including use in infants (<http://www.cdc.gov/swineflu/recommendations.htm>). Physicians may wish to become familiar with these new criteria for antiviral use. See dosing recommendations below:

**Table 1. Swine influenza antiviral medication dosing recommendations**  
 (Table extracted from [IDSA guidelines for seasonal influenza](#))

Agent, group		Treatment	Chemoprophylaxis
<b>Oseltamivir</b>			
Adults		75-mg capsule twice per day for 5 days	75-mg capsule once per day
Children (age, 12 months or older), weight:	15 kg or less	60 mg per day divided into 2 doses	30 mg once per day
	15–23 kg	90 mg per day divided into 2 doses	30 mg once per day
	24–40 kg	120 mg per day divided into 2 doses	60 mg once per day
	>40 kg	150 mg per day divided into 2 doses	75 mg once per day
<b>Zanamivir</b>			
Adults		Two 5-mg inhalations (10 mg total) twice per day	Two 5-mg inhalations (10 mg total) once per day
Children		Two 5-mg inhalations (10 mg total) twice per day (age, 7 years or older)	Two 5-mg inhalations (10 mg total) once per day (age, 5 years or older)

Table 2. Dosing recommendations for antiviral treatment of children younger than 1 year using oseltamivir.

Age	Recommended treatment dose for 5 days
<3 months	12 mg twice daily
3-5 months	20 mg twice daily
6-11 months	25 mg twice daily

Table 3. Dosing recommendations for antiviral chemoprophylaxis of children younger than 1 year using oseltamivir.

Age	Recommended prophylaxis dose for 10 days
<3 months	Not recommended unless situation judged critical due to limited data on use in this age group
3-5 months	20 mg once daily
6-11 months	25 mg once daily

So far in the U.S., over 100 cases of swine influenza have been confirmed from multiple states, resulting in several hospitalizations and one death. Most cases have been mild and have recovered without antiviral therapy. However, reports from Mexico indicate that severe disease and deaths can result from this virus. As of today, one case has been confirmed in Georgia, in an out of state resident hospitalized in Georgia. It is likely that cases will be found in Georgia. Concurrently, there is also considerable respiratory disease activity in Georgia that is not influenza and continued low-level circulation of seasonal human influenza virus strains, resulting in potential for diagnostic uncertainty.

Confirmatory testing of swine influenza is available only at the Georgia Public Health Laboratory at this time, but will not be feasible or practical in all cases. Given available testing resources, criteria for testing in Georgia will prioritize specimens that can benefit the public health, by defining the severity and distribution of the outbreak, or by defining measures to mitigate the impact of the epidemic. Current testing criteria are listed in the **Human Novel Influenza A Screening Form** (see page 4 of this document) and may change as the epidemic continues. Criteria now include patients with an influenza-like illness (fever with either cough or sore throat), AND onset within 7 days of a likely exposure to swine influenza (close contact with a confirmed case or travel to a community with confirmed disease), unless the patient is part of a community cluster, is hospitalized or severely ill. **All testing must be approved by a Public Health epidemiologist.** Testing criteria, contact information,

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and guidance for specimen collection and shipping are available at <http://health.state.ga.us/swineflu/>

If the patient meets the testing criteria, clinicians may obtain a respiratory swab and place it in a refrigerator (not a freezer) and contact their District Health Office or the Georgia Division of Public Health to discuss the case. However, patients who are experiencing mild illness should be encouraged to stay home and not seek testing.

Although vaccine development has already begun, there is no vaccine to protect humans against this new strain of swine flu. For this reason, measures that can reduce transmission, including hand hygiene, respiratory etiquette, avoiding crowds, and staying home while sick, are more essential than ever.

Given the rapid evolution of this outbreak over the past week, the Georgia Division of Public Health encourages clinicians to visit the State Public Health and CDC websites for updates and guidance over the coming weeks:

<http://health.state.ga.us/swineflu/>

<http://www.cdc.gov/swineflu/>

*For questions or concerns regarding this document, please contact the Georgia Division of Public Health, Acute Disease Epidemiology Section at (404) 657-2588.*