



COMMONWEALTH of VIRGINIA

Karen Remley, MD, MBA, FAAP
State Health Commissioner

Department of Health

P O BOX 2448
RICHMOND, VA 23218

TTY 7-1-1 OR
1-800-828-1120

May 11, 2009

Dear Colleague:

Thank you for your continued efforts to provide the most up-to-date care and guidance for your patients regarding the novel influenza A (H1N1) virus. I am writing to update you on our latest testing recommendations, what we have found in our laboratory results to date, and what those results mean relative to treatment considerations.

The purpose of testing for this new virus was to alert us that the virus was present in Virginia, to track the overall pattern of influenza viruses here, and identify any changes in severity. The goal of testing through the state laboratory is not primarily the clinical diagnosis of individual patients, especially given that clinical treatment and management decisions must be made well before the laboratory results are available. The Virginia Department of Health is now asking for your assistance to focus testing efforts on patients with fever (100° F or greater) and acute onset of respiratory infection symptoms (cough, sore throat or rhinorrhea) or with sepsis-like syndrome who (1) require hospitalization, or (2) appear to be associated with a cluster of respiratory illness in a group setting (i.e. two or more cases in a nursing home, daycare, or similar settings). Your district director can discuss with you indications for and authorization of testing outside these guidelines if warranted (<http://www.vdh.virginia.gov/lhd/> for district director contact information).

Sentinel providers who are part of our regular influenza surveillance network in Virginia are collecting specimens from patients with influenza-like illness who are at high risk for complications. This testing approach will help us monitor for changes in severity and changes in circulating influenza viruses.

Even though you have been screening your patients and have limited testing to those with fever and acute respiratory symptoms, to date over 70% of specimens tested at the state laboratory have tested negative for influenza. In addition to the new virus circulating in Virginia, the state public health laboratory continues to identify the presence of seasonal influenza strains, including influenza B, influenza A (H3N2) and seasonal influenza A (H1N1).

These testing results have implications for antiviral treatment. The challenge is that influenza A (H1N1) that was circulating during the 2008-09 flu season demonstrated oseltamivir (Tamiflu®)-resistance while thus far the novel influenza A (H1N1) virus is sensitive to oseltamivir (Tamiflu®) and zanamivir (Relenza®), but is resistant to the adamantane antiviral medications,

amantadine and rimantadine. With both seasonal influenza and the novel virus circulating, it is recommended that clinicians use either zanamivir or a combination of oseltamivir plus rimantadine or amantadine to provide adequate empiric treatment or chemoprophylaxis for patients that meet the CDC guidelines for treatment. Further detail about treatment and prophylaxis recommendations may be found at <http://www.cdc.gov/h1n1flu/recommendations.htm> and will be updated as more information becomes available. Your district health director is also available to discuss treatment decisions with you.

Further, because of concerns about the overuse of antivirals resulting in additional resistance, we are encouraging the prioritization of antiviral medications for use in the following circumstances:

- To treat hospitalized patients with confirmed, probable, or suspected novel influenza (H1N1). Experience in the US thus far, including Virginia, is that most cases of novel influenza A (H1N1) virus infection have not been severe enough to require hospitalization and are comparable in severity to seasonal influenza; or
- To treat those at higher risk for seasonal flu complication which include:
 - Children younger than 5 years old.
 - Adults 65 years of age and older.
 - Persons with the following conditions:
 - Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus);
 - Immunosuppression, including that caused by medications or by HIV;
 - Pregnant women;
 - Persons younger than 19 years of age who are receiving long-term aspirin therapy;
 - Residents of nursing homes and other chronic-care facilities.
- Or to prevent illness among close contacts of cases who are at higher risk for complications and healthcare workers who have had a recognized, unprotected, close contact exposure to a person with novel influenza A (H1N1) during that person's infectious period.

We encourage you to monitor the CDC website (<http://www.cdc.gov/h1n1flu/>) for the most current recommendations and to continue to remind your patients about how they can reduce the spread of influenza by following the recommendations below:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Avoid touching your eyes, nose or mouth.
- Try to avoid close contact with sick people.

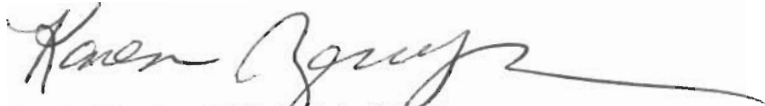
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- If you are sick with a flu-like illness, stay home for 7 days after your symptoms begin or until you have been symptom-free for 24 hours, whichever is longer. Keep away from other household members as much as possible.

The Virginia Department of Health will continue to provide important information when indicated. Please contact your local health department (<http://www.vdh.virginia.gov/lhd/>) or call 1-866-531-3068 if you have any questions or concerns. The local health director can help address any specific clinical questions that may arise.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen Remley", with a long horizontal flourish extending to the right.

Karen Remley, MD, MBA, FAAP
State Health Commissioner