

Swine Influenza A (H1N1) Update: New Interim Recommendations and Guidance for Health Directors about Strategic National Stockpile Materiel

Situation Update:

As part of an ongoing investigation into an outbreak of swine influenza A (H1N1) in the United States and Mexico, CDC today announced confirmation of an additional 13 human cases of infection with swine flu in the U.S, bringing the total number of cases to 21 so far. At this time, cases of swine influenza have been confirmed in California, Kansas, New York City, Ohio and Texas. Based on the rapid spread of the virus thus far, public health officials believe that more cases will be identified over the next several weeks. Case counts are updated daily and available at <http://www.cdc.gov/swineflu/investigation.htm>.

CDC has activated its Emergency Operations Center to coordinate the agency's response to this emerging health threat and today the Acting Secretary of the U.S. Department of Health and Human Services declared a public health emergency in the United States. CDC's goals during this public health emergency are to reduce transmission and illness severity, and provide information to assist health care providers, public health officials and the public in addressing the challenges posed by this newly identified influenza virus. To this end, CDC has issued a number of guidance documents in the past 24 hours. In addition, CDC's Division of the Strategic National Stockpile (SNS) is releasing one-quarter of its antiviral drugs, personal protective equipment, and respiratory protection devices to help states respond to the outbreak. This Health Alert Network update is intended to alert recipients to newly available guidance and provide information regarding the deployment of the SNS.

In addition, clinicians should consider swine influenza infection in the differential diagnosis of patients with acute febrile respiratory illness who have either been in contact with persons with confirmed swine flu, or who were in one of the five U.S. states that have reported swine flu cases or in Mexico during the 7 days preceding their illness onset.

Patients who meet these criteria should be tested for influenza A, and specimens positive for influenza A should be sent to public health laboratories for further characterization. Clinicians who suspect that a patient has a swine influenza virus infection should obtain a nasopharyngeal swab from the patient, place the swab in a viral transport medium, refrigerate the specimen, and then contact their state or local health department to facilitate transport and timely diagnosis at a state public health laboratory. CDC requests that state public health laboratories promptly send all influenza A specimens that cannot be subtyped to the CDC, Influenza Division, Virus Surveillance and Diagnostics Branch Laboratory.

This is a rapidly evolving situation and guidance should be considered interim and will be updated frequently.

Newly Available Guidance:

New guidance is available at <http://www.cdc.gov/swineflu/recommendations>, including:

- [Interim Guidance on Antiviral Recommendations for Patients with Confirmed or Suspected Swine Influenza A \(H1N1\) Virus Infection and Close Contacts](#)
- [Interim Guidance for Swine influenza A \(H1N1\): Taking Care of a Sick Person in Your Home](#)
- [Interim Recommendations for Facemask and Respirator Use in Certain Community Settings Where Swine Influenza A \(H1N1\) Virus Transmission Has Been Detected](#)
- [Swine Influenza A \(H1N1\) Virus Biosafety Guidelines for Laboratory Workers](#)
- [Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Swine Influenza A \(H1N1\) Virus Infection in a Healthcare Setting](#)
- [Interim Guidance on Case Definitions to be Used For Investigations of Swine Influenza A \(H1N1\) Cases](#)

Strategic National Stockpile Guidance:

Health directors should be aware that the CDC Division of Strategic National Stockpile (DSNS) has been given the authority from HHS and CDC leadership to initiate shipment of materiel for the swine flu influenza outbreak. At this point, DSNS has been given permission to release 25 percent of states and localities allocation of SNS held antiviral drugs, personal protective equipment, and respiratory protection devices.

Realizing the significant quantity of materiel, CDC Strategic National Stockpile personnel will be working with state and local health department staff to ensure that CDC provides you with as much flexibility as possible as we prepare to ship the first 25 percent of your allocated materiel. SNS staff are currently in the process of contacting state and local Preparedness Directors and SNS Coordinators to facilitate the receipt of SNS allocated materiel.

Please be advised that once this materiel leaves federal control, it becomes a state responsibility to maintain, store, secure, and deploy. If the materiel should go unused, states should be prepared for long term storage.

For more information about swine flu: <http://www.cdc.gov/swineflu>