



THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg
Mayor

Thomas R. Frieden, M.D., M.P.H.
Commissioner

nyc.gov/health

2009 New York City Department of Health and Mental Hygiene (NYC DOHMH) Health Alert #10: Swine Influenza

- Swine influenza A (H1N1) has been diagnosed in patients in California, Texas, and Mexico.
- Cases were first identified when specimens were determined to be positive for influenza A but could not be subtyped. Subsequent subtyping at CDC determined that patients were infected with swine influenza A (H1N1).
- DOHMH requests that providers test certain patients for influenza A, and that providers contact DOHMH when influenza A testing is positive so that further testing for the possibility of swine influenza may occur at the Public Health Laboratory.
- Additional information on the outbreaks in the US and Mexico, as well as further clinical guidance will be provided as it becomes available.

Please distribute to staff in the Departments of Critical Care, Emergency Medicine, Family Practice, Geriatrics, Internal Medicine, Infectious Disease, Infection Control, Pediatrics, Neonatal Units, Nurseries, Pulmonary Medicine and Laboratory Medicine

April 24, 2009

Dear Colleagues,

As of April 24, 2009, six California residents and two Texas residents have been diagnosed with swine influenza A (H1N1) virus infection. All of these patients have recovered. There are no known common exposures and no known pig exposure; the current pattern in California and Texas suggested human-to-human transmission has occurred. In addition, Mexico confirmed today that febrile respiratory illness in central Mexico and Mexico City have been confirmed as swine influenza. These cases included some deaths, but more detailed data about the clinical and epidemiologic findings in Mexico are not yet available.

The viruses from the initial seven U.S. cases are closely related genetically and contain a unique combination of gene segments that have not previously been reported in the United States or elsewhere; genetic typing of the 8th case is pending. The viruses are susceptible to oseltamivir and zanamivir, but resistant to amantadine and rimantadine. Seasonal human influenza vaccine usually does not protect against swine influenza A H1N1 viruses, which are very different in their antigens from human H1N1 viruses.

No cases of swine influenza have been detected in NYC. However, because of concern about likely human-to-human transmission of swine influenza in California, Texas, and Mexico, enhanced citywide influenza surveillance is necessary to identify cases that may occur in NYC. **DOHMH requests that providers seeing patients in the following categories test for influenza A using a nasopharyngeal swab and a commercially available rapid test, PCR or immunofluorescence test (e.g., DFA or IFA):**

- (1) hospitalized patients with severe febrile respiratory illness of unknown etiology, or
- (2) outpatients with influenza-like illness (ILI) who have traveled to California, Texas, or Mexico within the past 7 days

Categories of urgency levels for NYC DOHMH Broadcast Notification System:

Health Alert: conveys the highest level of importance; warrants immediate action or attention

Health Advisory: provides important information for a specific incident or situation; may not require immediate action

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action

If testing for influenza is positive for influenza A, please contact DOHMH to arrange transport of specimens to the Public Health Laboratory for subtyping, with possible further testing to occur at CDC, as warranted..

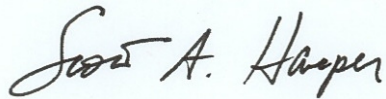
To report suspected cases of swine influenza and arrange for specimen testing, please call the following:

- **During regular business hours, call 212-788-9830 and request the Doctor of the Week**
- **At all other times, call the Poison Control Center at 212-764-7667 and request to speak with the Doctor on Call.**

The DOHMH will provide more detailed guidance on the clinical management, including infection control precautions and management of contacts, for cases that are highly suspected or confirmed to be due to swine influenza A. Additional alerts will be provided as more information becomes available on the outbreaks overseas.

As always, we appreciate the cooperation of the medical community in New York City and will update you with further information when it becomes available.

Sincerely,



Scott A. Harper, MD, MPH, MSc
Medical Epidemiologist
Zoonotic, Influenza, & Vectorborne Diseases Unit
Bureau of Communicable Disease



Annie Fine, MD
Medical Director
Zoonotic, Influenza, & Vectorborne Diseases Unit
Bureau of Communicable Disease