



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street · Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Community Health Administration
Peter Sybinsky, Ph.D., Director
Rich Stringer, Deputy Director

MEMORANDUM

DATE: June 11, 2009 **HO Memo #09-048**

TO: Health Officers
Communicable Disease Directors
Communicable Disease Staff
Environmental Health Directors
Nursing Directors

FROM: Alvina Chu, MHS, Chief
Division of Outbreak Investigation

THROUGH: Lucy Wilson, ScM, MD, Chief
Center for Clinical Epidemiology

RE: **Clarification of reporting for cases of novel H1N1 influenza**

The purpose of this communication is to clarify reporting for novel H1N1 influenza and to provide an updated testing and follow up scheme.

▪ **Influenza A (H1N1) (formerly 'swine flu') Case Report Form**

It is no longer necessary to submit to DHMH individual swine influenza case report forms for all **suspect** cases. Please submit the updated EDCP Case Report Form for **confirmed cases only**. The updated 2-page case report form is attached here and will be posted to the EDCP website: http://www.edcp.org/html/case_reports.cfm

It is no longer necessary to submit these detailed addendums:

CDC Addendums:

- **Influenza Healthcare Worker Case Report Addendum**
- **Influenza Case Report: Addendum for Pregnant Women**
- **Novel Influenza A: Clinical Description of Hospitalized Cases**

As previously mentioned, from Monday, June 8, 2009 on, we request NEDSS rather than MERSS be used for surveillance of confirmed cases of novel H1N1. EDCP will transfer all previously reported (prior to June 8) confirmed cases of novel H1N1 entered in MERSS to NEDSS.

Testing through the next several months will focus on determining characteristics of the virus (virologic surveillance) such as antiviral resistance, and circulating subtypes; monitoring flu activity (through the Sentinel Provider Network, or ILINet); and identifying the etiology of influenza-like illness (ILI) clusters/outbreaks.

Health care providers should be made aware that treatment or clinical management of patients presenting with ILI should not be dependent upon results for novel (swine) H1N1 testing, but rather on clinical evaluation of influenza-like symptoms. Current guidance for the use of antiviral agents for treatment and chemoprophylaxis of suspect, probable or confirmed novel influenza (H1N1) virus from the Centers for Disease Control and Prevention (CDC) can be found at the CDC website: <http://www.cdc.gov/h1n1flu/recommendations.htm>

Attached is a graph representing the updated testing and follow up scheme. Health care providers participating in the Sentinel Provider Network (ILINet) have been asked to continue influenza surveillance throughout the summer, that is, for all ILI visits presenting to their practice, to collect and send the specimen to the DHMH Lab for influenza testing. DHMH has also made sentinel clinical laboratories aware that we have extended the existing influenza surveillance period beyond its original end date of May 20, 2009, until further notice. As a result, we have requested that sentinel laboratories continue to submit all Influenza A virus positive original specimens or isolates by rapid antigen test, PCR, and virus culture to the DHMH Laboratories Administration for confirmation and further characterization.

To our knowledge, only two commercial clinical laboratories, Quest and LabCorp, have developed the capability to conduct PCR tests for novel H1N1 virus. These labs have been made aware of the expectation that they comply with Code of Maryland Regulations 10.06.01 "Communicable Diseases and Related Conditions of Public Health Importance" available at <http://www.dsd.state.md.us/comar/>. These regulations include "Influenza: novel influenza A virus infection" (Table 1: Reportable Diseases and Conditions at <http://www.dsd.state.md.us/>) and require that the laboratory:

- 1.) Report evidence of novel H1N1 cases to the:
 - a. Local health department in the jurisdiction in which the laboratory is located, or;
 - b. State health department (Maryland Department of Health and Mental Hygiene) if the laboratory is located outside Maryland; and
- 2.) Submit clinical material (≥ 0.5 ml of viral transport medium) containing
 - a. evidence of novel H1N1 to the Department's public health laboratory within one working day of a positive laboratory finding.

We expect that reporting of novel H1N1 infections will continue through routine mechanisms as they do for all other conditions which are immediately notifiable.

Thank you for all of your efforts throughout the H1N1 response.

Attachments:

DHMH Influenza Testing and Follow-up Scheme
DHMH Novel H1N1 Influenza Case Report Form (v. 06-10-2009)

cc:	S. Adams	K. Black	D. Blythe	M. Carlos
	J. Colmers	S. Das	J. DeBoy	T. Elkin
	J. Krick	C. Mitchell	R. Myers	D. Paulson
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