**SWINE ORIGIN INFLUENZA VIRUS (SOIV)**

**TRANSMISSION**

**Source:**
Humans mostly
Respiratory tract secretions

**Transmission:**
--Large droplets:
--Airborne: limited to few feet
--Direct contact: with nasal or throat secretion.
--Fomites: Article freshly soiled with nasal or throat secretion.

**Attack rate**
HH= 25%, moderate

**Incubation Period**
2-5 (1-7) days

**Respiratory Tract Infection**
1 wk
fever, cough, sore throat, body aches, headache, chills and fatigue.

**Communicability:**
-1 day to End of Symptoms +1 day

**Exclusions:**
--Longest of onset to end of S x + 1day or 7 days,
--Exposed : Watch for Sx, then exclude as above
--If contact with high risk (Exp + 1 to +7)

**Complications:**
- Viral or bacterial pneumonia
- Aggravation of chronic pulmonary, cardiac, renal, hepatic, hematologic or metabolic disorder

**High risk of severe illness and complications:**
- aged 6 months–4 years;
- chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological or metabolic disorders (including diabetes);
- immunosuppressed (immunosuppression caused by meds or by HIV)
- any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that compromise respiratory function or handling of respiratory secretions or that increase aspiration risk
- long-term aspirin therapy
- residents of chronic-care facilities;
- individuals 65 and older

**Rapid Test** is useful to identify influenza (90% of SOIV are positive on rapid test.
**Confirmation of SOIV by PCR not useful for clinical, therapeutic or preventive decisions**
**ONLY FOR EPIDEMIOLOGIC PURPOSES**
Test results come too late to be of use for case or contact management

**DIAGNOSIS**

Clinical criteria: influenza-like illness =
- fever ≥ 37.8°C [100°F] & (cough or sore throat) or acute respiratory illness = recent onset of at least 2 of: rhinorrhea or nasal congestion, sore throat, cough, fever or feverishness
Hospitalization for acute lower respiratory tract infection and no other cause for this infection

**TREATMENT, PROPHYLAXIS**

**Prophylaxis:** Only contacts that are at high risk of severe illness and complications.
**Treatment:**
- Severe disease
- High risk of severe illness and complications.

**PREVENTION OF TRANSMISSION: INFECTION CONTROL**

**Respiratory hygiene**
-- Cover cough, sneeze
-- Use tissues, dispose safely
-- Wear mask
-- Spatial separation 3 ft

**Early triage to institute Respiratory hygiene**

**Modified Droplet**
Personal respirator /N95 instead of surgical mask

**Aerosol producing procedures:**
-- Bronchoscopy
-- intubation
-- nebulization
-- suction

**High risk of airborne transmission:**
Personal Resp N95
Neg pressure room ≥ 12 air exchange

**Usually Modified Droplet & Contact Precautions**

**Do**
- Use hand sanitizers between each patient contact
- Wear gloves when touching patient and patient area
- Wear mask when closer than 3 ft from patient
- Know what is “clean”, what is "contaminated "and keep them apart

**Do not**
- Touch eyes, nose or mouth with contaminated hands ( gloved or ungloved).
- Make adjustments to the PPE before patient care or removal. Careful placement of PPE before patient contact will help avoid the need to and risk self-contamination during use.
- Touch contaminated environmental surfaces that are not directly related to patient care (e.g., door knobs, light switches)
- Touch pen, glasses and other personal items during patient care

**Restrict hospitalization**
Hospital is NOT
- for quarantine
- for diagnostics
Hospitals provide care for acutely ill

**http://www.infectiousdisease.dhh.louisiana.gov**
(800)256-2748