

# State of Montana

# DPHHS HAN ADVISORY

Friday, August 07, 2009

Forwarding Instructions: **FORWARD** to your local HAN contacts

## **DPHHS Information / Recommendations:**

The CDC recommendation for how long a person with ILI should remain away from others has been adjusted. DPHHS concurs with this guidance and encourages local health departments to share this information with health care providers and use this information for public education purposes. The CDC HAN is attached.

For more complete information on the CDC recommendation visit [http://www.cdc.gov/h1n1flu/guidance\\_homecare.htm](http://www.cdc.gov/h1n1flu/guidance_homecare.htm)

Current Montana cases of the novel H1N1 virus infections:

- Cases reported is 147
- 11 of these cases resulted in hospitalization
- 1 death (adult with underlying medical conditions)
- Approximately one-third of the 147 cases are children under the age of 13

## **DPHHS Subject Matter Expert (SME) Contact:**

CDCP Communicable Disease Epidemiology Program 406.444.0274

## **Distributed by the Department of Public Health and Human Services Health Alert Network (HAN) System**

DPHHS Health Alert Hotline: 1-800-701-5769

DPHHS HAN Website: [www.han.mt.gov](http://www.han.mt.gov)

You have received this message based upon the information contained within our emergency notification data base. If you have a different e-mail or fax address that you would like us to use please notify us as soon as possible by e-mail at [hhshan@mt.gov](mailto:hhshan@mt.gov).

The goal of Montana's Health Alert Network is to transmit information to local public health authorities as quickly as possible, and assign a suitable priority to the message. For questions or comments about Montana's HAN system you may contact the DPHHS HAN Coordinator, Gerry Wheat at [gwheat@mt.gov](mailto:gwheat@mt.gov).

## **Categories of Health Alert Messages:**

**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.

**This is an official**  
**CDC Health Advisory**

\* Please acknowledge receipt of this HAN by following the link at the bottom of the advisory.

Distributed via Health Alert Network  
August 6, 2009, 19:00 ET (7:00 PM ET)  
CDCHAN-00297-09-08-06-ADV-N

**CDC Updates Recommendations for the Amount of Time Persons with  
Influenza-Like Illness should be Away from Others**

On August 5, 2009, CDC changed its recommendation related to the amount of time people with influenza-like illness should stay away from others (the exclusion period). New guidance indicates that people with influenza-like illness should stay home for at least 24 hours after their fever is gone (without the use of fever-reducing medicine). A fever is defined as having a temperature of 100° Fahrenheit or 37.8° Celsius or greater.

This is a change from the previous recommendation that ill persons stay home for 7 days after illness onset or until 24 hours after the resolution of symptoms, whichever was longer.

The new recommendation applies to camps, schools, businesses, mass gatherings, and other community settings where the majority of people are not at increased risk for influenza complications. CDC recommends this exclusion period regardless of whether or not antiviral medications are used. This guidance does not apply to health care settings where the exclusion period continues to be for 7 days from symptom onset or until 24 hours after the resolution of symptoms, whichever is longer. (See [http://www.cdc.gov/h1n1flu/guidelines\\_infection\\_control.htm](http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm) for guidance on infection control in health care settings.)

Decisions about extending the exclusion period should be made at the community level, in conjunction with local and state health officials. More stringent guidelines and longer periods of exclusion – for example, until complete resolution of all symptoms – may be considered for people returning to a setting where high numbers of high-risk people may be exposed.

This exclusion period guidance for the community setting is based on epidemiologic data about the overall risk of severe illness and death. The new recommendation attempts to balance the risks of acquiring illness from influenza and the potential benefits of decreasing transmission through the exclusion of ill persons with the goal of minimizing social disruption. This guidance will continue to be updated as more information becomes available.

To read the complete revised guidance see: <http://www.cdc.gov/h1n1flu/guidance/exclusion.htm>

This change in our recommendation has affected content on a number of other pages, including the following:

Visit [http://www.cdc.gov/h1n1flu/guidance\\_homecare.htm](http://www.cdc.gov/h1n1flu/guidance_homecare.htm) for more information on caring for sick persons in the home.

Visit <http://www.cdc.gov/h1n1flu/qa.htm> questions and answers about H1N1 influenza.  
For more general information on H1N1, go to <http://www.cdc.gov/h1n1flu/>.

A copy of the formatted HAN is attached in PDF form.

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##This Message was distributed to State and Local Health Officers, Public Information Officers, Epidemiologists and HAN Coordinators as well as Clinician organizations##

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You have received this message based upon the information contained within our emergency notification data base. If you have a different or additional e-mail or fax address that you would like us to use please contact your State-based Health Alert Network program at your State or local health department.  
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Please acknowledge receipt of this email by clicking here: [Acknowledge Receipt](#)



## H1N1 Flu

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# CDC Recommendations for the Amount of Time Persons with Influenza-Like Illness Should be Away from Others

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August 5, 2009

**CDC recommends that people with influenza-like illness remain at home until at least 24 hours after they are free of fever (100° F [37.8°C]), or signs of a fever without the use of fever-reducing medications.**

This is a change from the previous recommendation that ill persons stay home for 7 days after illness onset or until 24 hours after the resolution of symptoms, whichever was longer. The new recommendation applies to camps, schools, businesses, mass gatherings, and other community settings where the majority of people are not at increased risk for influenza complications. This guidance does not apply to health care settings where the exclusion period should be continued for 7 days from symptom onset or until the resolution of symptoms, whichever is longer; see [http://www.cdc.gov/h1n1flu/guidelines\\_infection\\_control.htm](http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm) for updates about the health care setting. This revision for the community setting is based on epidemiologic data about the overall risk of severe illness and death and attempts to balance the risks of severe illness from influenza and the potential benefits of decreasing transmission through the exclusion of ill persons with the goal of minimizing social disruption. This guidance will continue to be updated as more information becomes available.

**Decisions about extending the exclusion period should be made at the community level, in conjunction with local and state health officials.** More stringent guidelines and longer periods of exclusion – for example, until complete resolution of all symptoms – may be considered for people returning to a setting where high numbers of high-risk people may be exposed, such as a camp for children with asthma or a child care facility for children younger than 5 years old. High-risk groups for influenza complications include: children younger than 5 years old; persons aged 65 years or older; children and adolescents (younger than 18 years) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye syndrome after influenza virus infection; pregnant women; adults and children who have asthma, other chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic disorders such as diabetes; adults and children who have immunosuppression (including immunosuppression caused by medications or by HIV); and residents of nursing homes and other chronic-care facilities.

Epidemiologic data collected during spring 2009 found that most people with the 2009 H1N1 influenza virus who were not hospitalized had a fever that lasted 2 to 4 days; this would require an exclusion period of **3 to 5 days** in most cases. Those with more severe illness are likely to have a fever for longer periods of time. Although fever is a component of the case definition of influenza-like illness, the epidemiologic data collected during spring 2009 found that a minority of patients infected with the 2009 H1N1 influenza virus with respiratory symptoms did not have a fever.

Sick individuals should **stay at home until the end of the exclusion period**, to the extent possible, except when necessary to seek required medical care. Sick individuals should avoid contact with others. Keeping people with a fever at home may reduce the number of people who get infected, since elevated temperature is associated with increased shedding of influenza virus. **CDC recommends this exclusion period regardless of whether or not antiviral medications are used.** People on antiviral treatment may shed influenza viruses that are resistant to antiviral medications.

Many people with influenza illness will continue shedding influenza virus 24 hours after their fevers go away, but at lower levels than during their fever. Shedding of influenza virus, as detected by RT-PCR, can be detected for 10 days or more in some cases. Therefore, when people who have had influenza-like illness return to work, school, or other community settings they should **continue to practice good respiratory etiquette and hand hygiene and avoid close contact with people they know to be at increased risk of influenza-related complications.** Because some people may shed influenza virus before they feel ill, and because some people with influenza will not have a fever, it is important that all people **cover their cough and wash hands often.** To lessen the chance of spreading influenza viruses that are resistant to antiviral medications, adherence to good respiratory etiquette and hand hygiene is as important for people taking antiviral medications as it is for others.

Fever-reducing medications, that is, medications containing acetaminophen or ibuprofen, are appropriate for use in individuals with

influenza-like illness. Aspirin (acetylsalicylic acid) should not be given to children or teenagers who have influenza; this can cause a rare but serious illness called Reye's syndrome. The determination of readiness to return to school, businesses, or other community settings should be made when at least 24 hours have passed since the ill person's temperature first remained normal without the use of these medications.

Visit: [http://www.cdc.gov/h1n1flu/guidance\\_homecare.htm](http://www.cdc.gov/h1n1flu/guidance_homecare.htm) for more information on caring for sick persons in the home.

- Links to non-federal organizations are provided solely as a service to our users. These links do not constitute an endorsement of these organizations or their programs by CDC or the federal government, and none should be inferred. CDC is not responsible for the content of the individual organization Web pages found at these links.

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Content source: [Centers for Disease Control and Prevention](#)

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800-CDC-INFO (800-232-4636) TTY: (888) 232-6348, 24 Hours/Every Day - [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)

