

Clinical Guidelines
PHASES 1/2 – SITUATION A
Novel (new) influenza virus in birds or other animals overseas
RESPONSE ACTION - WATCH

Note on Clinical Guidelines section: Since most of the referenced documents are quite long, frequently revised, and are available online, they are not attached to this plan. However, a list of appendices and URLs is provided. As pandemic influenza preparedness evolves or once a pandemic is underway, relevant components of the Clinical Guidelines section of this plan will be revised on an as-needed basis. The NJ Department of Health and Senior Services' (NJDHSS) Communicable Disease Service (CDS) will send updates to healthcare providers (HCPs) with revised/new tasks highlighted in **bold**.

Action Item 1: Prevent influenza and its associated complications

NJDHSS Vaccine-Preventable Disease Program (VPDP) staff advise all health-care workers to be vaccinated against influenza annually.

VPDP staff advise HCPs to administer seasonal influenza vaccine to target groups according to the most recent recommendations made by the Advisory Committee on Immunization Practice (ACIP) regarding the prevention and control of influenza. Refer to MMWR - "Prevention and Control of Influenza" (Appendix 1) available at <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>.

CDS staff advise that, in addition to the groups for which annual influenza vaccination is recommended, HCPs should administer influenza vaccine to any person who wishes to reduce the likelihood of becoming ill with influenza or transmitting influenza to others should they become infected (the vaccine can be administered to children aged >6 months), depending on vaccine availability. Persons who provide essential community services should be considered for vaccination to minimize disruption of essential activities during influenza outbreaks. Students or other persons in institutional settings (e.g., those who reside in dormitories) should be encouraged to receive vaccine to minimize the disruption of routine activities during epidemics.

CDS staff advise HCPs to administer pneumococcal vaccines to target groups according to the most recent recommendations made by ACIP. Refer to MMWR - "Prevention of Pneumococcal Disease" (Appendix 2) and MMWR – "Preventing Pneumococcal Disease Among Infants and Young Children" (Appendix 3). Both are available at <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>.

CDS staff advise HCPs to consider use of antiviral chemoprophylaxis against influenza for individuals belonging to select groups (e.g., individuals at high risk for influenza-associated complications who have not been vaccinated against seasonal influenza, persons who care for high-risk individuals) and to control outbreaks in institutions. Refer to the most recent ACIP recommendations re: the antiviral regimens that should be used for prophylaxis, MMWR - "Prevention and Control of Influenza" (Appendix 1) available at <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>.

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- 1.6 CDS staff advise HCPs that depending on antiviral availability, chemoprophylaxis may also be offered to unvaccinated persons (e.g., household contacts of an influenza patient) who wish to avoid influenza illness. HCPs and patients should make this decision on an individual basis. Refer to the most recent ACIP recommendations re: the antiviral regimens that should be used for prophylaxis, MMWR - “Prevention and Control of Influenza” (Appendix 1) available at <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. For guidance regarding the use of antiviral drugs as chemoprophylaxis against avian influenza A (H5N1) infection, specifically, refer to the World Health Organization’s (WHO) “WHO Rapid Advice Guidelines” (Appendix 4) (Lancet Infect Dis 2007; 7:21-31). A summary of this guidance appears in Appendix 4A.
- 1.7 CDS staff advise HCPs to consult their local or state health department re: decisions to provide prophylaxis to close contacts (e.g., household members, schoolmates, coworkers, healthcare providers, and fellow passengers if the patient has been traveling) of a suspect novel influenza patient.
- 1.8 CDS clinical staff provide consultation to the Health Care Planning staff regarding items to include in the Strategic State Stockpile (SSS).

Action Item 2: Detect cases of novel influenza and immediately report them to appropriate public health authorities, along with other information of public health importance related to novel influenza

- 2.1 CDS staff advise HCPs to review/familiarize themselves with the clinical presentation and complications associated with seasonal influenza, H5N1 influenza, and previous pandemic influenza viruses. Refer to “Clinical Presentation and Complications of Seasonal Influenza” (Appendix 5) and “Clinical Presentation and Complications of Illnesses Associated with Avian Influenza A (H5N1) and Previous Pandemic Influenza Viruses” (Appendix 6), available at <http://www.hhs.gov/pandemicflu/plan/sup5.html> (U.S. Department of Health and Human Services [HHS] Plan Appendices 1 and 2, respectively).
- 2.2 CDS staff advise HCPs to consider novel influenza infection in the differential diagnosis of persons who are: hospitalized patients with severe influenza-like illness (ILI), including pneumonia, who have a travel¹ or occupational² risk **OR** non-hospitalized patients with ILI and with strong epidemiologic suspicion of novel influenza virus exposure (e.g., direct contact with ill poultry in an affected area, or close contact with a known or suspected human case of novel influenza.).

NOTE: There might be certain persons (i.e., those with high-risk exposures [e.g., a poultry worker from an affected area] or those with atypical symptoms [young children, elderly patients]) in whom novel influenza infection should still be considered even when clinical criteria are not met, as described in “Special Situations and Exceptions to the Clinical Criteria” (Appendix 7) available at <http://www.hhs.gov/pandemicflu/plan/sup5.html> (HHS Plan Box 3).

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¹Persons have a travel risk if they have: 1) recently visited or lived in an area affected by highly pathogenic avian influenza A outbreaks in domestic poultry or where a human case of novel influenza has been confirmed, and either 2) had direct contact with poultry, or 3) had close contact with a person with confirmed or suspected novel influenza. Updated listings of areas affected by avian influenza A (H5N1) and other current/recent novel strains are provided on the websites of the OIE (http://www.oie.int/eng/en_index.htm), WHO (www.who.int/en/), and CDC (www.cdc.gov/flu/). Direct contact with poultry is defined as: 1) touching birds (well-appearing, sick, or dead), or 2) touching poultry feces or surfaces contaminated with feces, or 3) consuming uncooked poultry products (including blood) in an affected area. Close contact with a person from an infected area with confirmed or suspected novel influenza is defined as being within 3 feet (1 meter) of that person during their illness.

²Persons at occupational risk for infection with a novel strain of influenza include persons who work on farms or live poultry markets or who process or handle poultry infected with known or suspected avian influenza viruses, workers in laboratories that contain live animal or novel influenza viruses, and healthcare workers in direct contact with a suspected or confirmed novel influenza case.

- 2.3 CDS staff advise HCPs to evaluate patients with ILI according to guidance published in “Clinical Evaluation of Patients with Influenza-like Illness during the Interpandemic and Pandemic Alert Periods” (Appendix 10), available at <http://www.hhs.gov/pandemicflu/plan/sup5.html> (HHS Plan Box 2).
- 2.4 CDS staff advise HCPs to obtain clinical specimens for novel influenza A testing according to the guidance provided in the NJDHSS protocol for “Surveillance and Testing for Influenza A (H5N1) in Humans” (Appendix 8). This guidance is located in the Surveillance section of this plan (Appendix 9, Attachment A) and available at http://www.state.nj.us/health/flu/documents/testing_avianflu_a.pdf.
- 2.5 CDS staff advise HCPs to designate one point of contact (e.g., her/himself or an infection control professional) to update public health authorities on the patient’s clinical status, including, but not limited to, response to therapy.
- 2.6 CDS staff advise HCPs to be prepared to assist public health officials with the identification of potentially exposed contacts of the suspected novel influenza case-patient (especially healthcare workers). They should understand:
- they are obligated to do so according to New Jersey Administrative Code 8:57, and
 - the Health Insurance Portability and Accountability Act (HIPAA) rules prohibiting the release of protected health information do not apply when such information is requested as part of public health surveillance, investigations, and interventions.
- 2.7 CDS staff advise HCPs to report adverse reactions to antiviral therapy used in the treatment of a suspect case of novel influenza through MedWatch (Information about reporting through this system is available at <http://www.fda.gov/medwatch/>.)

Clinical Guidelines
PHASES 1/2 – SITUATION A
Novel (new) influenza virus in birds or other animals overseas
RESPONSE ACTION - WATCH

Action Item 3: Manage case-patients suspected of being infected with novel influenza appropriately

- 3.1 CDS staff advise HCPs suspecting novel influenza infection to immediately implement infection control precautions according to situation-specific guidance in the Infection Control section of this plan, “Infection Control Guidelines for Healthcare Entities” (Appendix 1).
- 3.2 CDS staff advise HCPs to evaluate and treat suspect case-patients for whom an alternate diagnosis is not immediately apparent) according to the algorithm, “Case Detection and Clinical Management during the Interpandemic and Pandemic Alert Periods” (Appendix 11), available at <http://www.hhs.gov/pandemicflu/plan/sup5.html> (HHS Plan Figure 1).
- 3.3 CDS staff advise HCPs to treat **adult** patients in whom community-acquired pneumonia (CAP) is suspected according to “Guidelines on the Management of Community-Acquired Pneumonia in Adults” (Appendix 12) developed by the Infectious Diseases Society of America and the American Thoracic Society (available at <http://www.journals.uchicago.edu/doi/pdf/10.1086/511159>).
- 3.4 CDS staff advise HCPs to treat **pediatric** patients in whom CAP is suspected according to “Guidelines for the Management of Community Acquired Pneumonia in Childhood” (Appendix 13) developed by the British Thoracic Society, available at <http://www.brit-thoracic.org.uk/Portals/0/Clinical%20Information/Pneumonia/Guidelines/paediatriccap.pdf>.
- 3.5 CDS staff advise HCPs to base decisions regarding site of care (i.e., inpatient versus outpatient) on the following factors:
 - the patient’s clinical status
 - whether adequate precautions can be taken at home to prevent the potential spread of infection, and
 - the availability of personnel and hospital resources.

Objective measures to determine which patients can be safely treated as outpatients are listed below:

- **Adults:** “Pneumonia PORT Severity Index (PSI) Calculation” (Appendix 14) and the accompanying “Pneumonia Severity Index Risk Classification” (Appendix 15), both available at <http://www.hhs.gov/pandemicflu/plan/sup5.html> (HHS Plan Tables 1 and 2, respectively); and the “CURB-65 Scoring System” (Appendix 16) and the “Recommended Site of Care” (Appendix 17), both available at <http://www.hhs.gov/pandemicflu/plan/sup5.html> (HHS Plan Tables 3 and 4, respectively).

Clinical Guidelines
PHASES 1/2 – SITUATION A
Novel (new) influenza virus in birds or other animals overseas
RESPONSE ACTION - WATCH

- **Children:** Current guidelines provide indicators for hospitalization of children with CAP. For infants, the indications include temperature >38.5 C, respiratory rate (RR) >70 breaths per minute, chest retractions (indrawing), nasal flaring, hypoxia, cyanosis, intermittent apnea, grunting, and poor feeding. Indications for hospitalization among older children include temperature >38.5 C, RR >50, chest retractions, nasal flaring, hypoxia, cyanosis, grunting, and signs of dehydration.
- 3.6 CDS staff advise HCPs to educate suspect patients considered stable enough to be managed at home AND their household contacts about infection control precautions that should be taken in the home. See “Home Care Infection Control Guidance for Pandemic Influenza Patients and Household Members” (Appendix 18) available at <http://www.hhs.gov/pandemicflu/plan/sup5.html> (HHS Plan Box 4).
- 3.7 CDS staff advise HCPs managing patients for whom there is reasonable suspicion of influenza infection, to start patients on antiviral treatment as soon as possible, within 48 hours of symptom onset, even if laboratory results are not available.
- Regimens currently recommended for **seasonal influenza**: MMWR - “Prevention and Control of Influenza” (Appendix 1) available at <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm> should be used as it is likely that a case of influenza illness during this phase/situation is more likely to represent seasonal influenza.
 - For guidance regarding antiviral treatment of **influenza A (H5N1)** infection, specifically, refer to the “WHO Rapid Advice Guidelines” (Appendix 4) (Lancet Infect Dis 2007; 7:21-31). A summary of this guidance appears in Appendix 4A.
- 3.8 CDS staff advise HCPs to continue a full course of antiviral treatment in patients confirmed to have an infection with a novel influenza virus.
- 3.9 CDS staff advise HCPs that patients who test positive for seasonal human influenza should be managed using standard and droplet precautions following the guidance in the Infection Control section of this plan, “Infection Control Guidelines for Healthcare Entities” (Appendix 1).
- 3.10 CDS staff advise HCPs that when clinical and epidemiologic suspicion remains high for novel influenza, even patients who test negative for novel influenza (given the possibility of false-negative test results) are to be continued on antiviral treatment and isolation precautions, especially if an alternate diagnosis cannot be established. However, when influenza tests are negative and an alternate diagnosis is established, isolation precautions and antiviral drug therapy for novel influenza may be discontinued based on clinical assessment.

Clinical Guidelines
PHASES 1/2 – SITUATIONS B and/or C
Novel (new) influenza virus in birds or other animals in North America and/or NJ
RESPONSE ACTION – WATCH

Action Item 1: Continue activities from Phases 1/2 A

PHASE 3 – SITUATIONS A, B, and/or C
Human case of novel (new) influenza virus (no human spread) overseas,
in North America, and/or NJ
PHASE 3 – SITUATIONS D and/or E
First case of human to human spread of novel (new) influenza overseas and/or in North America
RESPONSE ACTION - ALERT

Action Item 1: Continue activities from Phases 1/2 A

NOTE: As pandemic influenza preparedness evolves or once a pandemic is underway, relevant components of the Clinical Guidelines section of this plan will be revised on an as-needed basis. CDS will send updates to HCPs with revised/new tasks highlighted in **bold**.

Clinical Guidelines
PHASE 3 – SITUATION F
First case of human to human spread of novel (new) influenza in NJ
RESPONSE ACTION - RESPONSE

Action Item 1: Remind HCPs about protocols for identification, reporting, treatment, and infection control

- 1.1 CDS staff, via LINCS, update HCPs about the status of the novel virus and remind them of the protocols to follow.

Clinical Guidelines
PHASE 4 – SITUATIONS A and/or B
Clusters of cases of human spread overseas and/or in North America
RESPONSE ACTION - RESPONSE

Action Item 1: Continue all tasks as described above except Phases 1/2, Action Item 1, Tasks 1.5 – 1.7, which are revised below

- 1.5 CDS staff advise HCPs to consider limiting (if supplies are low) the use of antiviral chemoprophylaxis against influenza for individuals belonging to select groups (e.g., individuals at high risk for influenza-associated complications who have not been vaccinated against seasonal influenza, persons who care for high-risk individuals) and to control outbreaks in institutions. Refer to the most recent ACIP recommendations re: the antiviral regimens that should be used for prophylaxis, *Morbidity and Mortality Weekly Report* (MMWR) - “Prevention and Control of Influenza” (Appendix 1) available at <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>.

Clinical Guidelines
PHASE 4 – SITUATIONS A and/or B
Clusters of cases of human spread overseas and/or in North America
RESPONSE ACTION - RESPONSE

CDS staff advise HCPs regarding decisions consult guidance developed by public health agencies re: decisions to provide prophylaxis to close contacts (e.g., household members, schoolmates, coworkers, healthcare providers, and fellow passengers if the patient has been traveling) of a suspect novel influenza patient. For guidance regarding chemoprophylaxis against influenza A (H5NI) infection, specifically, refer to the “WHO Rapid Advice Guidelines” (Appendix 4) (Lancet Infect Dis 2007; 7:21-31). A summary of this guidance appears in Appendix 4A.

Through the chain of command, the NJDHSS Commissioner advises the NJ Office of Homeland Security and Preparedness (NJOHSP) to consider limiting (if supplies are low) the use of antiviral chemoprophylaxis in individuals identified by public health officials as being associated with small clusters of infection with novel strains of influenza (e.g., as might occur on a military base), as a community-based containment measure.

Clinical Guidelines
PHASE 4 – SITUATION C
Clusters of cases of human spread in New Jersey
RESPONSE ACTION - RESPONSE

Action Item 1: Continue all tasks as described above except Phases 1/2, Action Item 2, Task 2.5, which is revised below, and add Task 2.9

- 2.5 CDS staff advise HCPs to obtain clinical specimens for novel influenza A testing according to the situation-specific guidance in “Surveillance and Testing for Influenza A (H5N1) in Humans – Pandemic Alert Period - Protocol for Health Care Providers and Local Health Departments” (Appendix 8). The protocol is in the Surveillance section of this plan (Appendix 9, Attachment A) and available at http://www.state.nj.us/health/flu/documents/testing_avianflu_a.pdf.
- 2.9 CDS staff advise HCPs (or their designee[s]) to update public health authorities regarding clinical outcomes of patients related, but not limited, to response to therapy, and vaccine failure, according to the situation-specific protocol(s) in the Surveillance section of this plan, “Epidemiologic Studies” (Appendix 8)

Clinical Guidelines
PHASE 5 – SITUATIONS A and/or B
Widespread cases of human to human spread of novel (new) influenza virus overseas
and/or in North America
RESPONSE ACTION - RESPONSE

Action Item 1: Continue all tasks as described above and add task 9 to Phase 1/2, Action Item 1

- 1.9 CDS staff advise HCPs to vaccinate persons in priority groups, in accordance with the latest recommendations if a vaccine against novel influenza becomes available.

Note: Action Item 3, Task 3.7 (antiviral treatment) may be revised as new information is obtained about the pandemic strain.

Clinical Guidelines
PHASE 5 – SITUATION C
Widespread cases of human to human spread of novel (new) influenza virus in NJ
RESPONSE ACTION - RESPONSE

Action Item 1: Prevent influenza and its associated complications

- 1.1 CDS staff advise HCPs to vaccinate persons in priority groups, in accordance with the latest recommendations if a vaccine against novel influenza becomes available.
- 1.2 CDS staff advise HCPs to administer seasonal influenza vaccine to target groups according to the most recent recommendations made by the ACIP regarding the prevention and control of influenza, if seasonal influenza strains are still circulating in New Jersey or surrounding states and if seasonal flu vaccine is available.
- 1.3 CDS staff advise HCPs to administer pneumococcal vaccine to target groups according to the most recent recommendations made by ACIP if vaccine is available.
- 1.4 CDS staff may advise HCPs to reserve use of antiviral agents(s) for treatment purposes only (and not prophylaxis).

Action Item 2: Detect cases of novel influenza and immediately report them to appropriate public health authorities, along with other information of public health importance related to novel influenza

- 2.1 CDS staff advise HCPs to consider novel influenza infection in the differential diagnosis of persons who are: hospitalized patients with severe ILI, including pneumonia OR non-hospitalized patients with ILI.
- 2.2 CDS staff advise HCPs to evaluate patients with ILI according to guidance published in “Case Detection and Clinical Management during the Pandemic Period” (Appendix 19) available at <http://www.hhs.gov/pandemicflu/plan/sup5.html> (Figure 2).

Clinical Guidelines
PHASE 5 – SITUATION C
Widespread cases of human to human spread of novel (new) influenza virus in NJ
RESPONSE ACTION – RESPONSE

- 2.3 CDS staff advise HCPs to obtain clinical specimens for general evaluation, as clinically indicated in “Case Detection and Clinical Management during the Pandemic Period” (Appendix 19) available at <http://www.hhs.gov/pandemicflu/plan/sup5.html> (Figure 2). At the beginning or end of a pandemic outbreak in a community, influenza testing might aid in diagnosis and cohorting decisions, but may be optional in the setting of high local prevalence.
- 2.4 CDS staff advise HCPs to assist public health officials with the identification of potentially exposed contacts of the suspected novel influenza case-patient (especially healthcare workers). They should understand:
- they are obligated to do so according to New Jersey Administrative Code 8:57, and
 - HIPAA rules prohibiting the release of protected health information do not apply when such information is requested as part of public health surveillance, investigations, and interventions.
- 2.5 CDS staff advise HCPs to report adverse reactions to antiviral therapy used in the treatment of a suspect case of novel influenza through MedWatch. (Information about reporting through this system is available at <http://www.fda.gov/medwatch/>.)
- 2.6 CDS staff advise HCPs that adverse reactions related to vaccination should be reported to public health authorities through mechanisms set up to receive such reports (e.g., the Vaccine Adverse Events Reporting System), available at <http://vaers.hhs.gov/>.

Action Item 3: Manage case-patients suspected of being infected with novel influenza appropriately

- 3.1 CDS staff advise HCPs who suspect novel influenza infection to immediately implement infection control precautions according to situation-specific guidance in the Infection Control section of this plan, “Infection Control Guidelines for Healthcare Entities” (Appendix 1).
- 3.2 CDS staff advise HCPs to evaluate and manage patients with ILI according to guidance published in “Case Detection and Clinical Management during the Pandemic Period” (Appendix 19), available at <http://www.hhs.gov/pandemicflu/plan/sup5.html> (Figure 2).
- 3.3 CDS staff advise HCPs to maintain suspicion for human infection with other respiratory pathogens. When clinically indicated, HCPs should evaluate and treat suspect case-patients based on guidelines for the management of CAP based on the following guidance:
- **Adults:** “Guidelines on the Management of Community-Acquired Pneumonia in Adults” (Appendix 12) developed by the Infectious Diseases Society of America and the American Thoracic Society (available at <http://www.journals.uchicago.edu/doi/pdf/10.1086/511159>).

Clinical Guidelines
PHASE 5 – SITUATION C
Widespread cases of human to human spread of novel (new) influenza virus in NJ
RESPONSE ACTION – RESPONSE

- **Children:** “Guidelines for the Management of Community Acquired Pneumonia in Childhood” (Appendix 13) developed by the British Thoracic Society, available at <http://www.brit-thoracic.org.uk/Portals/0/Clinical%20Information/Pneumonia/Guidelines/paediatriccap.pdf>

3.4 CDS staff advise HCPs to base decisions regarding site of care (i.e., inpatient versus outpatient) on the following factors:

- the patient’s clinical status
- whether adequate precautions can be taken at home to prevent the potential spread of infection, and
- the availability of personnel and hospital resources.

Objective measures to determine which patients can be safely treated as outpatients are listed below:

- **Adults:** “Pneumonia PORT Severity Index (PSI) Calculation” (Appendix 14) and the accompanying “Pneumonia Severity Index Risk Classification” (Appendix 15), both available at <http://www.hhs.gov/pandemicflu/plan/sup5.html> (HHS Plan Tables 1 and 2, respectively); and the “CURB-65 Scoring System” (Appendix 16) and the “Recommended Site of Care” (Appendix 17), both available at <http://www.hhs.gov/pandemicflu/plan/sup5.html> (HHS Plan Tables 3 and 4, respectively).
- **Children:** Current guidelines provide indicators for hospitalization of children with CAP. For infants, the indications include temperature >38.5 C, respiratory rate (RR) >70 breaths per minute, chest retractions (indrawing), nasal flaring, hypoxia, cyanosis, intermittent apnea, grunting, and poor feeding. Indications for hospitalization among older children include temperature >38.5 C, RR >50, chest retractions, nasal flaring, hypoxia, cyanosis, grunting, and signs of dehydration.

3.5 CDS staff advise HCPs to educate suspect patients considered stable enough to be managed at home AND their household contacts about infection control precautions that should be taken in the home. See “Home Care Infection Control Guidance for Pandemic Influenza Patients and Household Members” (Appendix 18) available at <http://www.hhs.gov/pandemicflu/plan/sup5.html> (HHS Plan Box 4).

3.6 CDS staff advise HCPs managing patients for whom there is reasonable suspicion of influenza infection, to start patients on antiviral treatment as soon as possible, within 48 hours of symptom onset, even if laboratory results are not available. Regimens used should be based on the latest recommendations and whether seasonal or novel influenza is suspected.

Clinical Guidelines
PHASE 5 – SITUATION C
Widespread cases of human to human spread of novel (new) influenza virus in NJ
RESPONSE ACTION – RESPONSE

- 3.7 When influenza tests are negative and an alternate diagnosis is established, infection control precautions may be modified accordingly and antiviral drug therapy for novel influenza may be discontinued based on clinician assessment, particularly in the absence of a strong epidemiologic link, if the alternate diagnosis is made using a test with a high positive-predictive value (e.g., blood culture, viral culture, polymerase chain reaction, *Legionella* urinary antigen, pleural fluid culture), and if the clinical manifestations are explained by the alternate diagnosis.
- 3.8 CDS staff advise HCPs to provide treatment guidance for home care of patients and, when indicated, information on how patients and their close contacts should obtain therapies for influenza. See the Community Disease Control section of this plan, “Home Patient Self-Care Instructions” (Appendix 2, Attachment G), and “How to Obtain Antivirals” (Appendix 2, Attachment F).

Clinical Guidelines
PHASE 6
Increased and sustained transmission in the general population
RESPONSE ACTION – RESPONSE

Action Item 1: CDS continues activities in Phase 5C, resources permitting

Clinical Guidelines
BETWEEN WAVES
RESPONSE ACTION – ALERT

Action Item 1: Review Clinical Guidelines section of this plan and update as appropriate