

Urgent Care Centers Prepare for Worst Case Swine Flu Scenario

The following is an excerpt from *Preparing for Influenza Pandemic in the Urgent Care Center*, by Gary Klein, MD, MPH, MBA, CHS-V, FAADM, published in the October issue of *JUCM, The Journal of Urgent Care Medicine*. Dr. Klein is president of the American Academy of Disaster Medicine and an attending urgent and emergency care physician in the Department of Defense's Military Health System, as well as a member of *JUCM's* Advisory Board. He is also the past Chief Medical Information Officer for Homeland Security.

We urge our clinicians to consider Tamiflu for Influenza B and H1N1, and Amantadine for Influenza A.....whenever there is a high probability of infection with any of these viruses. Tamiflu is not a drug of choice for upper respiratory infections not associated with influenza.

We hope that you find this article both interesting and informative.

Introduction

The mainstream media have certainly accomplished the mission of alerting the public to the dangers of H1N1 flu—perhaps to the point that many are tempted to dismiss their dire predictions as “hype.” Here are the facts: As of September 4, 2009, the Centers for Disease Control and Prevention reports there are 9,079 patients hospitalized with H1N1; 593 deaths have been attributed.

In the very near future—if not today, even—the urgent care physician will be faced with many patients who present with influenza-like symptoms or concerns that they have “the flu.”

As is the case with other urgent care concerns, appropriate and timely diagnosis will depend on history of present illness, history of recent travel, history of close family members' illnesses, and a thorough physical examination. The use of the latest rapid urgent care tests is also important, but these tests should be used to support one's clinical judgment, not as a substitute for the exam.

Urgent care physicians have to rely on their clinical acumen when diagnosing influenza because of the variety of signs and symptoms that are presented. These signs and symptoms can be caused by a variety of bacteria, cold viruses, and influenza viruses (**Table 1**).

Epidemiology

Influenza is classified as an acute respiratory illness caused by influenza A or B viruses, which occurs in outbreaks throughout the world to varying degrees each year. This epidemiologic pattern reflects the rapidly changing nature of the antigenic properties of the influenza viruses; spread of the viruses depends upon the susceptibility of the population at large.

(To read the article in its entirety, visit www.jucm.com.)

Table 1. Comparison of Influenza and the Common Cold

Symptoms	Influenza	Common cold
Onset	Sudden and abrupt	Gradual
Fever	High (upwards of 101°F to 104°F)	Usually not present or very mild elevation of 1°
Myalgia	Common	Not common
Anorexia	Common	Not common
Headache	Common	Mild if at all present
Malaise	Common	Mild if at all present
Sore throat	Mild	Very common
Sinus symptoms	Mild	Very common