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Public Health Influenza Advisory

January 14, 2014

The County of Riverside Department of Public Health (DOPH) provides this guidance based on current information. Updated guidance will be issued as new information becomes available.

SITUATION UPDATE

- Several states have reported severe infection associated with pH1N1 virus infection. The CDC Health Alert Network described critically ill young and middle-aged adults infected with influenza, with complications of severe pneumonia requiring hospitalization, intensive care unit (ICU) admission, need for mechanical ventilation, extra corporeal membrane oxygenation (ECMO) and death.

The California Department of Public Health has reported an increase in influenza activity. The predominant strain circulating appears to be 2009 H1N1. As of last week, there have been seven deaths in California. No cases of novel influenza have been detected in California to date.

Locally, in Riverside County, 14 severe influenza cases, with one fatality, have been reported as of January 14, 2014. Syndromic surveillance for the week ending January 4, 2014 shows that levels of ILI-related activity at emergency departments were slightly above expected levels normally seen during this time of year.

- Vaccination and good infection control remain the best prevention strategies. This year's vaccine contains antigens from:
 - A/California/7/2009 (H1N1)pdm09-like virus;
 - A(H3N2) virus antigenically like the cell-propagated prototype virus A/Victoria/361/2011;
 - B/Massachusetts/2/2012-like (B/Yamagata lineage) virus.

ACTIONS REQUESTED OF ALL CLINICIANS

- Report laboratory-confirmed** cases of seasonal influenza that meet the specified criteria and outbreaks of undiagnosed ILI* in residents of large groups or institutional settings to County of Riverside Disease Control by fax (951) 358-5102.
- Treat patients with suspected or confirmed influenza who are hospitalized for severe illness or who are at higher risk for influenza-related complications with oseltamivir or zanamivir. Treat early and empirically, without relying on lab test results. Influenza Antiviral Medication Summary for clinicians is located at <http://www.cdc.gov/flu/antivirals/index.htm> . Advise persons with ILI* to stay at home until 24 hours after fever resolves, except patients that require medical evaluation and care.

- Review guidance on novel influenza virus if H5N1 or H7N9 are suspected. Guidance is located at: http://cdph.ca.gov/programs/cder/Documents/CDPH_Influenza_H5N1_H7N9_Quicksheet_12_2013.pdf
- Encourage and facilitate influenza vaccination for all persons 6 months of age and older. An **algorithm** to determine which children younger than age 9 years need two doses of vaccine is available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6132a3.htm#fig1>
- Pneumococcal vaccination is also recommended for those at increased risk of pneumococcal disease.
- Review immunization records to determine if vaccination with Tdap (or DTaP for children less than 7 years of age) is indicated.

*ILI is defined as fever (>37.8°C or 100°F) and either cough or sore throat (in the absence of a known cause).

INFLUENZA TESTING, SPECIMEN COLLECTION AND SUBMISSION

- Collection of Influenza Specimens: Acceptable specimens for submission to the Riverside County Public Health Laboratory are nasopharyngeal washes or swabs and oropharyngeal washes and swabs. If swabs are submitted, only Dacron-tipped swabs on an aluminum or plastic shaft should be placed in a standard container with 2-3 ml of viral transport medium. Calcium alginate swabs and cotton-tipped swabs with wooden shafts are unacceptable and will be rejected.
- Specimens should be collected within the first 24-72 hours of onset of symptoms and no later than 5 days after onset of symptoms. The closer the specimen is collected to the onset of symptoms, the better chance of isolating the Influenza virus.
- Specimens should be kept refrigerated at 4C until they can be transported to the lab. If the specimen cannot be transported on cold packs within three days of collection, it should be frozen at -70C and shipped on dry ice.
- The County of Riverside Public Health Laboratory (PHL) is able to receive specimens Monday through Friday. Please contact PHL at (951) 358-5070 for questions on specimen submission. Disease Control can be reached at (951) 358-5107 for questions on reporting influenza cases.

INFECTION CONTROL PRECAUTIONS FOR HEALTHCARE SETTINGS

All healthcare facilities should adopt standard and droplet precautions when caring for patients with ILI*, or suspected or confirmed influenza infection. Specifically:

- Request that all persons with fever and cough wear a face mask (if tolerated) in all healthcare settings.
- Isolate unmasked patients with ILI* as soon as possible, ideally in a private exam room or at a distance of at least 3 feet from others.
- Staff entering the exam room of any patient with ILI* should either ensure the patient is masked, or wear either a face mask or N-95 respirator pending diagnosis.
- N-95 respirators should be used when performing aerosol generating procedures – for additional information on the use of N-95 respirators visit <http://www.cdph.ca.gov/programs/ohb/Pages/HCRRespLinks.aspx>.
- Reinforce effective hand hygiene.

- Ensure the availability of materials for adhering to respiratory hygiene/cough etiquette in waiting areas for patients and visitors.
- Post signs/visual alerts to encourage infection control measures.

INFLUENZA SURVEILLANCE AND REPORTING

The California Department of Public Health has updated the influenza reporting guidance for the 2013 – 2014 Influenza Season. The reporting requirements are outlined below:

- Mandatory reporting of laboratory-confirmed** influenza in fatal cases age 0-64 years.
 - Complete the Severe Influenza Case History Form (ICU and Fatal Cases age 0-64 years) located at <http://www.rivco-diseasecontrol.org/Services/ReportingGuidelines.aspx> and fax to Disease Control at (951) 358-5102, or through CalREDIE for participating health care facilities.
 - For reported cases of severe or fatal influenza it is recommended specimens be sent for further sub-typing/characterization. Specimen submission is also important for those cases with a history of recent exposure to swine or exposed to a confirmed case of swine influenza (e.g. H3N2v or H1N2v). This will enable CDPH to closely monitor the strains of influenza viruses that may be causing severe disease or novel pandemic viruses and the emergence of antiviral resistance.
- Request for voluntary reporting of laboratory-confirmed** influenza cases age 0-64 years requiring intensive care.
 - Laboratory-confirmed** influenza cases age 0-64 years who were hospitalized in the intensive care unit remain reportable on voluntary bases. CDPH requests continuation of this enhanced surveillance. This information will assist in monitoring and characterizing populations at highest risk for severe disease.
 - Healthcare Providers will be encouraged to have specimens sent to the Public Health Laboratory for further sub-typing/characterization when indicated. This will enable CDPH to closely monitor the strains of influenza viruses that may be causing severe disease or novel pandemic viruses and the emergence of antiviral resistance.

**Laboratory confirmation can include any positive test performed by any clinical, commercial or local public health laboratory, including by positive rapid antigen testing. Since rapid antigen tests may yield a relatively high proportion of false positive results when influenza prevalence is low, it is recommended that a positive rapid antigen test result be followed up with confirmatory testing using one of the other indicated methods, such as direct fluorescence assay, culture or polymerase chain reaction (PCR).

INFLUENZA RESOURCES

- Post visual alerts (in appropriate languages) at the entrance to outpatient facilities (e.g., emergency departments, physician offices, outpatient clinics) instructing patients and persons who accompany them (e.g. family, friends) to inform healthcare personnel of symptoms of a respiratory infection when they first register for care and to practice Respiratory/Hygiene/Cough Etiquette.
- Cover your Cough
www.cdc.gov/flu/protect/covercough.htm (Tips to prevent the spread of germs from coughing)
- [http://www.cdph.ca.gov/HealthInfo/discond/Pages/Influenza\(Flu\).aspx](http://www.cdph.ca.gov/HealthInfo/discond/Pages/Influenza(Flu).aspx)
- <http://www.cdc.gov/flu/about/season/index.htm>
- <http://www.rivco-diseasecontrol.org>