



DEPARTMENT OF PUBLIC HEALTH
DISEASE CONTROL BRANCH
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Public Health Influenza Advisory December 14, 2010

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

SITUATIONAL UPDATE

During the week ending December 8, 2010, minimal influenza-like illness (ILI)* was reported by California sentinel providers. Locally, visits to Riverside County emergency departments for influenza-like illness (ILI)* are above normal limits compared to historical data. The current Influenza Surveillance report is attached for your information. It is not known which strains will dominate during the 2010-2011 influenza season. Vaccination and good infection control measures remain the best prevention strategies. This year's vaccine contains antigens from A/California/7/2009 (H1N1)-like virus, A/Perth/16/2009 (H3N2)-like virus, B/Brisbane/60/2008-like virus and is recommended for all persons 6 months and older. Overall, the antigenic characterization of the viral isolates submitted to CDC during the summer has demonstrated that the majority are antigenically similar to the influenza vaccine components included in the 2010-2011 Northern Hemisphere vaccine.

ACTIONS REQUESTED OF ALL CLINICIANS

- Report laboratory-confirmed** cases of seasonal influenza that meet the specified criteria and outbreaks of undiagnosed influenza-like illness (ILI)* in residents of large group or institutional settings to Riverside County 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.
- Instruct persons with ILI* to stay at home until 24 hours after fever resolves, except patients that require medical evaluation and care.
- 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 www.rivco-diseasecontrol.org/SeasonalInfluenza/seasonal_flu_healthcare_providers.html. 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 under 7 years of age is indicated.

*ILI is defined as fever (>38°C or 100.4°F) and either cough or sore throat.

INFLUENZA TESTING, SPECIMEN COLLECTION AND SUBMISSION

- Collection of Influenza Specimens: Acceptable specimens are nasal aspirates, nasopharyngeal swabs and pharyngeal swabs.
- Please submit specimens to Riverside County Public Health laboratory for forwarding to the California Viral and Rickettsial Diseases Laboratory (VRDL). VRDL will support monitoring of this sentinel population for strains of influenza viruses that may be causing severe disease or novel pandemic viruses and to identify increasing antiviral resistance.
- Rapid antigen tests may be helpful when used to help guide acute clinical care decisions. Reliability of tests varies. Further information can be found at www.cdc.gov/flu/professionals/diagnosis/rapidclin.htm.

Please contact Janna Troy, Public Health Laboratory Manager, at (951) 358-5070 for questions on specimen submission. Disease Control can be reached at 951-358-5107 for questions on reporting influenza cases.

ANTIVIRAL TREATMENT FOR INFLUENZA

Since seasonal influenza infections are usually self-limited, treatment is not recommended for most healthy persons who develop suspected or confirmed influenza. However, for persons at increased risk of influenza-related complications, antiviral medications can reduce the severity and duration of influenza illness and can reduce the risk of complications, including severe illness and death.

Treatment with oseltamivir or zanamivir is recommended for:

- Hospitalized patients with suspected or confirmed influenza, even if treatment is started beyond 48 hours of symptom onset
- Persons with suspected or confirmed influenza who have evidence of severe illness
- Outpatients who are at higher risk for influenza-related complications, including children younger than 2 years old, adults 65 years of age or over, pregnant women and women up to 2 weeks postpartum (including after pregnancy loss), and persons with chronic health conditions.

Duration of treatment is five days. Treatment decisions should be made empirically and should not await lab confirmation since testing could delay treatment and a negative rapid test does not rule out influenza. Treatment should be initiated as early as possible as benefit is greatest when started within 48 hours of illness onset. See attached Influenza Antiviral Medication Summary for clinicians. The full document is located at <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>.

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 health care 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/immunize/Documents/CDPHGuidanceFluPreventionHCS20101105.pdf> .
- 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 2010 - 2011 Influenza Season. The reporting requirements are outlined below:

- **Reporting of the 2009 H1N1 Influenza Virus specific cases**
Since the 2009 H1N1 Influenza Virus is no longer considered an unusual disease, case-based reporting of fatalities and ICU cases is no longer required, except as noted below.
- **Reporting of influenza deaths in laboratory-confirmed** cases for ages 0-64 years**
Mandatory reporting of influenza deaths in laboratory-confirmed** cases for ages 0-64 years should be faxed to Disease Control at (951) 358-5102, using the Severe Influenza Case History form, posted at www.rivco-diseasecontrol.org/guidelin/severe_flu_case_hist.pdf.
- **Reporting of laboratory-confirmed** influenza cases for ages 0-64 years requiring intensive care**
 - Based on the request from California Department of Public Health, Riverside County Department of Public Health Disease Control is requesting continuation of surveillance of ICU cases for ages 0-64 years for any type of influenza.
 - This information will assist in monitoring populations and age groups at highest risk for severe disease as the immunity to the 2009 H1N1 Influenza Virus in Riverside County and California evolves.
- **Reporting of influenza cases and outbreaks in group settings**
Two or more laboratory-confirmed** influenza cases or outbreaks of undiagnosed ILI* in residents of large group or institutional settings (e.g. long-term care, rehabilitation, or assisted living facilities, college dormitories) are reportable to Riverside County Department of Public Health Disease Control.

**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).

REQUEST FOR SENTINEL PROVIDERS FOR INFLUENZA SURVEILLANCE

Primary care providers are invited to enroll as sentinel providers for influenza surveillance in Riverside County. Compiling and reporting data usually takes less than 30 minutes per week. If interested in participating, please contact Sharon Fortino, RN, Assistant Nurse Manager, Communicable Disease Program at SFortino@rivcocha.org or (951) 358-5107.

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.
- Notice to Patients to Report Flu Symptoms
(www.cdc.gov/ncidod/dhqp/pdf/Infdis/RespiratoryPoster.pdf)
Emphasizes covering coughs and sneezes and the cleaning of hands
- Cover your Cough
(www.cdc.gov/flu/protect/covercough.htm)
Tips to prevent the spread of germs from coughing
- Information about Personal Protective Equipment
(www.cdc.gov/ncidod/dhqp/ppe.html)
Demonstrates the sequences for donning and removing personal protective equipment