

Public Health Advisory - Influenza February 4, 2013

SITUATION UPDATE

Riverside County Influenza Activity:

During Week 4, 14.2% of visits to Riverside County Emergency Departments were related to influenza-like illnesses (ILI)*. Compared to 10.2% for Week 3.

Approximately 8% of visits to physician sentinel sites were related to ILI*. Compared to historical data, this is above normal limits. Since January 2013, seven severe (ICU) influenza cases have been reported.

State Influenza Activity:

During Week 4**, increases in ILI*, laboratory detections of influenza, and influenza-associated outbreaks were reported in multiple regions statewide. Current trends in influenza activity are comparable to the range of patterns seen at this time in California during the 2007-2008 influenza season, which was considered moderately severe. Most influenza-positive specimens identified in California during the 2012-2013 influenza season are influenza A; of the influenza A viruses subtyped, most are influenza A (H3) viruses. Of the specimens strain-typed this season nationwide, 90% match the 2012-2013 influenza vaccine.

National Influenza Activity:

During Week 4**, influenza activity remained elevated in the United States, with the proportion of pneumonia and influenza-linked deaths above the epidemic threshold, according to FluView, a weekly influenza surveillance report prepared by the Influenza Division of the U.S. Centers for Disease Control and Prevention.

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 Riverside County Disease Control by fax (951) 358-5102, or phone (951) 358-5107.
- Save and submit positive respiratory specimens for confirmation and further subtyping with RT-PCR by the public health laboratory. Please complete the Severe Influenza Case History Form (ICU and Fatal Cases age 0-64 Years). Fax the completed form to Disease Control at (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.
- 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).

***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 TESTING, SPECIMEN COLLECTION, AND SUBMISSION

- Collection of Influenza Specimens: Acceptable specimens for submission to the County of Riverside 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 is able to receive specimens Monday through Friday. Please contact Department of Public Health Laboratory 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 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/ohb/Pages/HCRespLinks.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.