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INFLUENZA HEALTH ADVISORY

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The San Francisco Department of Public Health provides this guidance based on current information. Recommendations may change, and SF recommendations may differ from those issued by the Centers for Disease Control and Prevention (CDC) and the California Department of Public Health (CDPH). For updates, forms and FAQs visit: www.sfdcdp.org/flu.html.

SITUATIONAL UPDATE

Statewide influenza activity continues to be sporadic. It is not known which strains will dominate during the 2011-2012 influenza season. Vaccination and good infection control remain the best prevention strategies. This year's vaccine contains antigens from influenza A H1N1 (swine), A H3N2 and influenza B and is recommended for all persons 6 months and older.

Actions Requested of All Clinicians

1. **Report** to SFDPH Disease Control (415)554-2830 laboratory-confirmed cases of seasonal influenza that *meet the criteria described below* and outbreaks of undiagnosed influenza-like illness (ILI)* in residents of large group or institutional settings.
2. **Treat** patients with suspected or confirmed influenza who are hospitalized for severe illness or who are at higher risk for influenza-related complications. Use oseltamivir or zanamivir. Treat early and empirically, without relying on lab test results.
3. **Encourage** and **facilitate** influenza vaccination for all persons 6 months of age and older and pneumococcal vaccination for those at increased risk of pneumococcal disease.
4. **Implement** infection control precautions as described below.
 - ALL PERSONS with fever and cough should wear a face mask, if tolerated, in all health care settings.
 - ALL PERSONS with ILI should be instructed to stay at home until 24 hours after fever resolves, except patients that require medical evaluation and care.

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

INFLUENZA SURVEILLANCE AND REPORTING

SFDPH goals for influenza surveillance this season are to (a) prevent and curb outbreaks in confined settings where the risk of transmission is high; and (b) monitor the epidemiology of fatal cases of influenza. Please report:

1. **One or more lab-confirmed cases of influenza 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) in San Francisco.**
 - Report by telephone to SFDPH (415)554-2830 within 24 hours.
 - During outbreak investigations, SFDPH may request specimens for confirmatory testing at the SFDPH Public Health Laboratory.
 - Infection control checklists and forms for tracking outbreak cases are posted at www.sfdcdp.org/influenzareporting.html.

Categories of urgency levels

Health Alert: conveys the highest level of importance; warrants immediate action or attention

Health Advisory: provides important information for a specific incident or situation; may not require immediate action

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action

2. Fatal cases of lab-confirmed influenza in persons 0-64 years, whether hospitalized or not

- As soon as possible (but no later than 7 days), complete the case report form (which can be found at www.sfdcp.org/influenzareporting.html) and fax to SFDPH at (415)554-2848 or call (415)554-2830 to speak with an investigator.
- ALL influenza deaths ages 0-64 years are now reportable by law in California.
- SFDPH may request retained specimens from fatal cases, which will be forwarded to CDPH for viral culture, strain typing and antiviral resistance testing, in order to characterize the circulating strains, guide antiviral treatment recommendations, and look for emergence of novel strains.

SOLICITATION FOR SENTINEL PROVIDERS FOR INFLUENZA SURVEILLANCE

Primary care providers are invited to enroll as sentinel providers for influenza surveillance in San Francisco. Compiling and reporting data usually takes less than 30 minutes per week. If interested in participating, go to: <http://www.cdph.ca.gov/PROGRAMS/DCDC/Pages/HowtoBecomeaSentinelProvider.aspx> or contact the California Department of Public Health at influenzasurveillance@cdph.ca.gov.

INFLUENZA TESTING, SPECIMEN COLLECTION AND SUBMISSION

Rapid antigen tests may be useful when testing will help guide acute clinical care decisions. Reliability of tests varies. Further information can be found at: <http://www.cdc.gov/flu/professionals/diagnosis/rapidclin.htm>. In select situations, SFDPH may perform additional testing by Polymerase Chain Reaction (PCR). ALL requests for flu testing by SFDPH **must** be coordinated through and approved by SFDPH Disease Control (415)554-2830. SFDPH may test for flu by PCR in cases or outbreaks among residents of large group or institutional settings, or in patients who are hospitalized with ILI.

Collection of Influenza Specimens: Acceptable specimens are nasal aspirates, nasal washes, nasopharyngeal swabs, pharyngeal swabs, dual nasopharyngeal/throat swabs and lower respiratory tract specimens (bronchoalveolar lavage, bronchial wash, tracheal aspirate, sputum, and lung tissue).

If submitting swabs, use Dacron with an aluminum or plastic shaft. After collection, specimens should be kept refrigerated and delivered to SFDPH Laboratory within 72 hours. Specimens that cannot be delivered to the SFDPH Laboratory within 72 hours must be frozen at -70°C or below and shipped on dry ice. Specimens are accepted Monday - Friday, 8am to 5pm, and must be accompanied by an SFDPH lab form. Instructions and forms can be found at: www.sfdcp.org/influenzareporting.html.

VACCINE FOR INFLUENZA

The 2011-2012 trivalent vaccine strains are identical to those contained in the 2010-2011 vaccine. They are: A/California/7/2009(H1N1)-like virus, A/Perth/16/2009 (H3N2)-like virus, and B/Brisbane 60/2008-like antigens. Although the vaccine remains the same, all people ages 6 months and older, regardless of risk group need to be vaccinated to ensure protection throughout the 2011-2012 influenza season.

Influenza vaccine, in both intranasal and injectable formulations, is widely available in San Francisco this season. There is one new vaccine product this year, an intradermal flu vaccine. This vaccine is inactivated and is similar in composition to other inactivated, injectable formulations. A complete listing of 2011-2012 flu vaccine products is posted at <http://sfdcp.org/flu vaccine.html>.

CA law states that pregnant women and children 6-35 months of age receive flu vaccine free of the preservative thimerosal.

Children younger than age 9 who received at least 1 dose of influenza vaccine during the 2010-2011 season only need 1 dose this year. Egg allergy has been changed from a contraindication to a precaution this year. (For additional details, view the algorithm at <http://sfdcp.org/flu vaccine.html>).

CA law (Health and Safety Code section 1288.7 and Cal OSHA §5199. Aerosol Transmissible Diseases standard) mandates either flu vaccination or the signing of declination forms for all acute-care hospital workers and most health care personnel. This includes clinic and office based staff. For more information go to <http://sfcdcp.org/flu vaccine.html>. In addition, a local infection control policy requiring masking for unvaccinated health care workers at hospitals and long term care facilities is in effect for the 2011-2012 influenza season. This policy can be accessed at <http://sfcdcp.org/flu providers.html>.

If you do not supply flu vaccine for your patients, they can be referred to SFDPH's Adult Immunization and Travel Clinic <http://sfcdcp.org/aitc.html>. Additional flu clinics are listed at <http://sfcdcp.org/IZlocations.html>. Also, within San Francisco, the public can call 311 for basic information about influenza.

ANTIVIRAL TREATMENT FOR INFLUENZA

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. See www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm.

Treatment with oseltamivir or zanamivir is recommended for patients with suspected or confirmed influenza, in the following circumstances:

- Hospitalized patients;
- Persons with severe, complicated, or progressive illness;
- Persons at higher risk for influenza-related complications, including children age < 2 years, adults age ≥65 years, women who are pregnant or up to 2 weeks postpartum, residents of nursing homes and other chronic-care facilities, immunosuppressed or morbidly obese (BMI ≥40) persons, and those with pulmonary, cardiac, neurologic, and other chronic health conditions.

Duration of treatment is five days. Longer treatment courses may be considered for patients who remain severely ill after 5 days of treatment. 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. However for hospitalized patients and those with severe, complicated, or progressive illness, antiviral treatment might still be beneficial if started after 48 hours of illness onset. Antiviral dosing can be found in the Prescribing Information for oseltamivir (Tamiflu; approved for age ≥1 year) and for zanamivir (Relenza; approved for age ≥7 years). Dosing for infants age <1 year is not FDA-approved; see www.cdc.gov/mmwr/preview/mmwrhtml/rr6001a1.htm for a full discussion.

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;
- 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.

REMINDERS

- SFDPH website influenza page: <http://www.sfcdcp.org/flu.html>
- To report influenza deaths and/or cases or outbreaks as described above, call (415)554-2830.
- Within San Francisco, the public can call 311 for basic information about influenza.