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MOCK HEALTH ALERT

FOR MEDICAL & HEALTH DISASTER EXERCISE

OCTOBER 25, 2007

PANDEMIC INFLUENZA STRAIN IN SAN FRANCISCO RESIDENT

The first case of H5N1 influenza in the US has been confirmed in a San Francisco resident who developed symptoms on Oct 23, after arriving back to San Francisco on Oct 20 from a trip to Vietnam. Because documented person-to-person transmission of H5N1 influenza strains has been occurring in Vietnam, Egypt and Indonesia, on Oct 19, 2007, the WHO raised the Pandemic Alert Phase to 5; this signifies a substantial risk for a pandemic. Isolates from recent confirmed cases demonstrate resistance to all antiviral agents. It is likely that the San Francisco patient's H5N1 strain is easily transmitted to other people and resistant to antiviral medications. The patient is on standard, contact and airborne precautions and an investigation of all contacts is underway. The ongoing outbreaks in Asia and Africa and the presence of H5N1 in San Francisco present a significant risk for additional local cases. San Francisco Department of Public Health (SFDPH) requests that all physicians be alert for cases of H5N1 influenza, inform SFDPH of suspect cases, implement appropriate infection control measures, and pursue testing as outlined below. This alert and additional information is posted on the SFDPH website: www.sfdph.org/cdcp. A conference call for San Francisco hospital leaders will be held today from 11:30 am to 12 pm. Call (877) 214-5637; the pass code is 949772.

ACTIONS REQUESTED OF ALL CLINICIANS

1. Be alert for cases of H5N1 influenza. Ask your patients about the exposures listed below.
2. Report cases of H5N1 influenza that *meet the criteria* below to SFDPH Disease Control (554-2830).
3. Report contacts of H5N1 influenza cases that *meet the criteria* below to your hospital's Infection Control Professional.
4. Implement appropriate infection control measures and encourage respiratory etiquette among your staff and patients. See guidance below.
5. Submit specimens for testing from symptomatic individuals. See instructions below.

SURVEILLANCE/REPORTING

Suspect cases:

Report immediately to SFDPH Disease Control (554-2830) suspect cases that meet the following criteria and submit specimens from suspect cases for testing:

A patient who has a respiratory illness with onset of illness after October 20th that meets criteria 1, 2, 3 AND 4:

1. Requires hospitalization or is fatal; AND
2. Has or had a documented temperature of 38° C (100.4° F); AND
3. Has radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternate diagnosis has not been established; AND
4. Has at least one of the following potential exposures (A, B, OR C) within 10 days of symptom onset:
 - a. History of travel to a country with H5N1 flu documented in humans (Indonesia, Egypt, and Vietnam);
 - b. Close contact (approach within 1 meter [approx. 3 feet]) of an ill patient who was confirmed or suspected to have H5N1 OR who was hospitalized or died due to a severe unexplained respiratory illness;
 - c. Worked with live influenza H5N1 virus in a laboratory.

SFDPH Disease Control will facilitate testing. For Case Report Forms, specimen and laboratory guidelines, and other reference materials see: www.sfdph.org/CDcontrol.

INFECTION CONTROL

- For suspect and confirmed cases of H5N1 influenza: standard, contact, airborne, and eye protection precautions are recommended. Hospitalized patients should be managed with these infection control precautions until the infectious period has passed (i.e., 14 days after onset of symptoms) unless an alternate diagnosis is established or infection with H5N1 is excluded. Consider extending these precautions to 21 days or longer in pediatric or immune-compromised persons with H5N1 infection. Consider doing refresher training for your key staff on appropriate use of PPE.
- For all patients & staff, encourage good respiratory etiquette/cough hygiene and hand hygiene. This includes:
 1. Not coughing or sneezing into hands but covering the mouth and nose with a tissue instead;
 2. Encouraging coughing people to wear a surgical mask;
 3. Performing hand hygiene after any contact with respiratory secretions or contaminated objects.
- Prioritize respiratory protection for staff caring for cases. When adequate supplies are available, consider N95 respirator or mask use during care for coughing or sneezing patients unable to contain their secretions.
- Restrict from work and monitor for 10 days after their last exposure hospital staff who are contacts to a case or suspect case as defined below. Provide daily line lists of staff under surveillance to SFDPH Disease Control (Fax: 554-2848).

Hospital contacts to a case or suspect case:

- Healthcare workers and others (e.g., housekeeping staff) who were exposed to respiratory, oral or nasal secretions from a symptomatic case during the infectious period (i.e., 14 days after onset of symptoms) AND who *did not wear appropriate personal protective equipment* (e.g., N95 mask, gloves, goggles, etc.) during the exposure;
- Laboratorians and others with *unprotected* exposure to laboratory specimens from a case.

Download specific guidelines, patient materials and a monitoring log sheets for health care workers from our website: www.sfdph.org/cdcp - click on the infection control link. Updates will be added periodically.

SPECIMEN TESTING/COLLECTION AND TRANSPORT

For the suspect cases defined above and on a case-by-case basis SFDPH can test for influenza virus A, including subtypes H1, H3 and H5N1, and influenza B by Polymerase Chain Reaction (PCR) and a panel of other viral respiratory pathogens using culture and antigen detection methods. Submission of respiratory specimens for testing to the San Francisco Public Health Laboratory **must** be coordinated through SFDPH Disease Control (554-2830). Pharyngeal swabs should be collected as they are more sensitive than nasal samples for detection of H5N1 influenza. Other acceptable specimens include nasopharyngeal swabs or nasal washes. *Clinical labs should not culture specimens from suspected H5N1 influenza cases.*

Instructions for submitting H5N1 Influenza A specimens: Use Dacron swabs with an aluminum or plastic shaft. Cotton or alginate-tipped swabs are not acceptable. Specimens must be accompanied by an SFDPH laboratory form. Detailed instructions and lab forms are available on our website: www.sfdph.org/CDcontrol .

H5N1/ PANDEMIC INFLUENZA GENERAL RESPONSE

SFDPH is monitoring the situation which includes conducting active surveillance at hospitals to identify cases. We are also facilitating the testing of specimens, identifying contacts of suspect cases, working closely with hospitals to ensure that appropriate infection control measures are implemented and maintaining close contact with our public health partners within the Bay Area, the State and CDC. For more information, visit our website or call our Pandemic Flu Information Line (554-2905). You may also refer your patients to this line.

ADDITIONAL INFORMATION

SFDPH website: www.sfdph.org/cdcp - click on pandemic influenza link

California Department of Public Health website: www.cdph.ca.gov

Centers for Disease Control: www.cdc.gov/flu

Department of Health & Human Services website: www.pandemicflu.gov

