



Edwin M Lee
Mayor

Communicable Disease Control and Prevention

101 Grove Street, Room 408

San Francisco, CA 94102

Phone: (415) 554-2830 Fax: (415) 554-2848

www.sfdph.org/cdcp

www.sfdcp.org

INFLUENZA HEALTH ADVISORY

NOVEMBER 7, 2012

The San Francisco Dept. of Public Health (SFDPH) 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: sfdcp.org/flu

SITUATIONAL UPDATE

Statewide influenza activity continues to be sporadic. It is not known which strains will dominate during the 2012-2013 influenza season. Vaccination and good infection control practices remain the best prevention strategies.

ACTIONS REQUESTED OF ALL CLINICIANS

1. **Report** to SFDPH Disease Control (415)554-2830 **outbreaks of undiagnosed influenza-like illness (ILI)* in residents of large group or institutional settings and only** individual laboratory-confirmed cases of seasonal influenza **that meet the criteria described below.**
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 on page 3 below. *Note:*
 - ALL PERSONS with fever & cough should wear a face mask in all health care settings.
 - ALL PERSONS with ILI* should be instructed to stay at home until 24 hours after fever resolves,

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

INFLUENZA SURVEILLANCE AND REPORTING

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:

A) Cases occurring among residents of group or institutional settings (e.g. long-term care, rehab, assisted living facilities, college dorms) in SF which are either: (a) lab-confirmed cases of influenza or (b) outbreaks of undiagnosed ILI.

- Report by telephone to SFDPH (415)554-2830 within 24 hours
- Infection control checklists and forms for tracking outbreaks are posted at sfdcp.org/influenzareporting
- Note: During outbreak investigations, SFDPH may request specimens for confirmatory testing

B) Fatal cases of lab-confirmed influenza in persons 0-64 yrs, whether hospitalized or not.

- As soon as possible (but no later than 7 days), complete case report form (see sfdcp.org/influenzareporting) and fax to SFDPH at (415)554-2848 or call (415)554-2830 to speak with an investigator

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

- ALL influenza deaths ages 0-64 years are reportable by law in California
- Note: SFDPH may request retained specimens from fatal cases, which will be forwarded to CDPH for viral culture, strain typing, antiviral resistance testing in order to characterize the circulating strains, guide antiviral treatment recommendations and look for the emergence of novel strains.

C) Influenza like illness in any person with recent swine exposure or contact with a confirmed case of swine variant influenza (e.g. H3N2v or H1N2v).

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: www.cdc.gov/flu/professionals/diagnosis/rapidclin. 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 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: sfcdcp.org/influenzareporting.

VACCINE FOR INFLUENZA

The 2012-13 trivalent vaccine contains one A/California/7/2009 H1N1-like strain that is unchanged from the past 2 years, plus 2 new strains: A/Victoria/361/2011 H3N2-like; and B/Wisconsin/1/2010-like. Vaccine is widely available this year, including the intranasal, high-dose injectable, and intradermal formulations. A complete listing of 2012-13 flu vaccine products is posted at sfcdcp.org/flu vaccine.html.

If your facility does not offer flu vaccine, patients can be referred to the AITC Immunization and Travel Clinic (TravelClinicSF.org) at SFDPH. Additional flu shot locations are listed at sfcdcp.org/IZlocations.html.

Recommendations: Annual vaccination is recommended for everyone age 6 months and older, regardless of risk group, to ensure protection throughout the 2012-13 influenza season.

- **Children age 6 months through 8 years:** only 1 dose of the 2012-13 formulation is needed if child is known to have received at least 2 doses of seasonal influenza vaccine since July 1, 2010; otherwise all others in this age group need 2 doses.
- **Pregnant women and children 6-35 months of age,** as in past years, must receive flu vaccine free of the preservative thimerosal, according to California law.
- **Persons who report allergy to eggs:** recommendations revised for 2012-13 are available online at cdc.gov/mmwr/preview/mmwrhtml/mm6132a3.htm.

Health Care Workers: By order of the San Francisco Health Officer dated 9/21/2012, all hospitals, skilled nursing, and other long term care facilities in the City and County of San Francisco must require their health care workers to receive an annual flu vaccination or, if they decline, to wear a mask in patient care areas during the influenza season. The full document is available at sfcdcp.org/fluproviders.html. In addition, CA law (Health & Safety Code §1288.7 / Cal OSHA §5199) mandates either flu vaccination or the signing of a declination form for all acute-care hospital workers and most health care personnel including clinic and office- based staff.

ANTIVIRAL TREATMENT FOR INFLUENZA

For persons at increased risk of influenza-related complications, antiviral medications can reduce illness severity, duration of illness, and risk of complications including death. Treatment recommendations for 2012-13 are currently unchanged from 2011-12 (cdc.gov/flu/professionals/antivirals/index.htm).

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

- 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 5 days, but longer courses may be considered for those 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 cdc.gov/mmwr/pdf/rr/rr6001.pdf 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.
- There are no data to indicate that the transmission characteristics of the H3N2v virus are different than those of seasonal influenza viruses. As a result, CDC advises that the infection control principles and actions relevant for seasonal influenza are appropriate for the control of H3N2v as well. (www.cdc.gov/flu/swineflu/prevention-strategies.htm)

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, contact the California Department of Public Health at influenzasurveillance@cdph.ca.gov or (510) 231-6861.

REMINDERS

- SFDPH website influenza page: sfcdcp.org/flu
- 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.