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INFLUENZA HEALTH ADVISORY
NOVEMBER 3, 2004

Testing, Reporting, Vaccine Update, Antiviral Treatment & Prophylaxis, Hygiene Measures and Prevention of Pneumococcal Complications

Cases of confirmed influenza occurred in San Francisco in early October. In the absence of adequate vaccine, San Francisco Department of Public Health (SFDPH) encourages clinicians to pursue measures like **respiratory and hand hygiene** to prevent the spread and impact of influenza this season.

This advisory and additional information on influenza is posted on the SFDPH website (www.sfdph.org). Click on the "Flu Information" arrow icon.

ACTIONS REQUESTED OF ALL CLINICIANS:

1. **Test** symptomatic individuals living in large group or institutional settings.
2. **Report** laboratory confirmed cases of influenza that meet the criteria described below to the **Communicable Disease Control Unit (CDCU) at 554-2830**.
3. Only **vaccinate** prioritized individuals as described below.
4. Consider **treatment** and **chemoprophylaxis** with **antiviral medication** as described below.
5. Implement **respiratory and hand hygiene** programs as described below.
6. Consider **pneumococcal vaccination** of priority groups as described below.

TESTING

The results of **rapid diagnostic tests** for influenza may help in selecting appropriate antiviral therapy, avoiding inappropriate antibiotic therapy, determining if influenza is the cause of a respiratory illness outbreak, and promptly starting measures to decrease the spread of disease. A list of test types and features may be found at http://www.cdc.gov/flu/professionals/labdiagnosis.htm. We recommend testing symptomatic patients living in large group or institutional settings. For undiagnosed outbreaks of respiratory illness occurring in institutional settings, SFDPH may be able to facilitate testing for a variety of viral respiratory pathogens, using a combination culture and antigen testing method that yields results within 3 working days. Call the Communicable Disease Control Unit (415-554-2830) for consultation.

REPORTING

Due to concerns about increased influenza morbidity and mortality, the San Francisco Department of Health (SFDPH) is enhancing flu surveillance**. SFDPH requests that health care providers call the Communicable Disease Control Unit (415-554-2830) to report cases of influenza that meet the criteria below within 24 hours of recognition.** SFDPH will investigate reported cases meeting these criteria and will work with local institutions to prevent and interrupt influenza transmission in their facilities.

Report **laboratory-confirmed** cases of:

1) **Influenza-related deaths in children 0-17 years;**
2) **Influenza cases in children 0-17 years who have been hospitalized in the ICU and have a clinical syndrome consistent with influenza or its complications, including lower respiratory tract**

infection, acute respiratory distress syndrome, apnea, cardiopulmonary arrest, myocarditis, Reye or Reye-like syndrome, or acute CNS syndrome (e.g., encephalitis, seizures);

3) **Influenza occurring in a patient of any age who lives in a large group or institutional setting (for example, long-term care, rehabilitation, or assisted living facilities).**

VACCINE AVAILABILITY and PRIORITIZATION RECOMMENDATIONS

This year, the San Francisco Department of Public Health (SFDPH), as well as many other San Francisco health care facilities ordered flu vaccine from Chiron, resulting in City-wide shortages. We have estimated the current unmet need for flu vaccine to be over 70,000 doses. Last week, SFDPH received 11,000 doses of Aventis vaccine. We expect to receive additional doses over the next 3 months, but do not currently know when or how much. Future information about vaccine availability will be posted on our Flu Information Line 415-554-2681 and on our website at www.sfdph.org.

We are recommending that **ALL** healthy, non-pregnant health care workers with direct patient contact, under the age of 50, including long-term care facility staff, receive the **FluMist** vaccine. This is an intranasally administered, live attenuated influenza vaccine. A few small studies in adults have indicated that there is minimal respiratory shedding following the administration of this vaccine. However, unvaccinated health care workers are much more likely to impact the health of their patients through the transmission of influenza virus than through minimal shedding of live attenuated vaccine virus. Although there is a theoretical risk of transmitting the vaccine virus to patients, only health care workers who work with severely immunocompromised patients in special care settings (e.g. bone marrow and other transplant patients, patients severely immunosuppressed from chemotherapy) should avoid this vaccine. FluMist vaccine can be ordered by calling **MedImmune** at **877-FluMist**. The Adult Immunization Clinic at 101 Grove has a small supply of FluMist that they will administer to health care workers. Please call 554-2625 for an appointment and additional criteria.

SFDPH will be distributing adult vaccine beginning the week of November 8th. We have surveyed long-term care facilities (LTCFs), hospitals and practicing primary care clinicians to determine the unmet need for vaccine among their patients and staff. We will first be distributing vaccine to LTCFs to ensure that we decrease the likelihood of outbreaks this winter. Remaining vaccine will be distributed proportionally to all hospitals and clinical offices that responded to our survey. Given the small amount of available vaccine, all recipients will receive only a small portion of vaccine needed. This vaccine is to be used only for patients in the CDC high-risk categories as shown below and for staff who are over 49 or have an underlying medical condition and who have direct patient contact. Requests for vaccine can still be made by filling out the *2004-2005 Influenza Vaccine Request* form at www.sfdph.org and faxing it to 554-2808 or 554-2579.

SFDPH is ready to purchase flu vaccine directly from providers who may have extra vaccine available – at their cost. Please call 554-2790 if you expect to have vaccine to sell.

Due to the vaccine shortage this year, it is important that only people at highest risk of serious illness or death from the flu get flu shots. The following priority groups for vaccination with inactivated influenza vaccine this season are considered to be of equal importance and are:

- all children aged 6–23 months;
- adults aged 65 years and older;
- persons aged 2–64 years with underlying chronic medical conditions;
- all women who will be pregnant during the influenza season;
- residents of nursing homes and long-term care facilities;
- children aged 6 months–18 years on chronic aspirin therapy;
- health-care workers involved in direct patient care; and
- out-of-home caregivers and household contacts of children aged <6 months.

For pediatric vaccination to children less than age 9, doses should NOT be held in reserve to ensure that 2 doses will be available. Instead, available vaccine should be used to vaccinate persons in priority groups.

ANTIVIRAL TREATMENT and CHEMOPROPHYLAXIS

Influenza antiviral medications can supplement influenza vaccine and hygiene programs. Four licensed influenza antiviral agents are available in the United States: amantadine, rimantadine, zanamivir, and oseltamivir. For agent specific information see www.cdc.gov/flu/professionals/antiviralback.htm. Treatment and prophylaxis are recommended in institutional influenza outbreaks (See CDHS guidelines at www.dhs.ca.gov/ps/dcdc/disb/disbindex.htm, click on "Prevention, Detection, and Control of Influenza in California Long-Term Care Facilities" under the Disease Investigations Section). Outside of institutional settings, clinicians must determine the appropriateness of antiviral treatment on a case-by-case basis. In response to the vaccine shortage, CDC issued interim recommendations for use of antiviral medications (www.cdc.gov/flu/professionals/treatment/0405antiviralguide.htm). Important highlights are listed below:

- In general, oseltamivir or zanamivir are preferred for treatment, and amantadine or rimantadine are preferred for chemoprophylaxis.
- Treatment is encouraged in:
  - Any person experiencing a potentially life-threatening influenza-related illness;
  - Any person at high risk for serious complications of influenza and who is within the first 2 days of illness.
- Treatment may be provided for:
  - Healthy individuals presenting within 2 days of symptom onset, based on cost-benefit considerations.
- Chemoprophylaxis is encouraged in:
  - All persons who live or work in institutions caring for people at high risk of serious complications of influenza in the event of an institutional outbreak (Call the CDCU for consultation: 415-554-2830);
  - All persons at high risk of serious influenza complications with close exposure to others infected with influenza. (e.g., a high-risk member of a household in which another member has been diagnosed with influenza).

RESPIRATORY & HAND HYGIENE:

Influenza viruses are spread from person to person primarily through respiratory droplets. The incubation period for influenza is 1-4 days, with an average of 2 days. Typically adults and children are infectious from the day before symptoms begin until 5 days after illness onset. Some children can be infectious for > 10 days after illness onset. For the duration of the influenza season, to minimize transmission **health care providers should encourage respiratory and hand hygiene in the health care setting and in the community**. Please provide this information to staff responsible for implementing hygiene measures.

- Isolate patients with fever and respiratory illness as soon as possible, ideally in a private exam room;
- Place signs at the entryway and in all patient areas **to require patients with respiratory symptoms and fever to wear a surgical mask** and to wash hands or use waterless hand cleanser after coughing, sneezing, blowing noses, touching faces, or handling used tissues;
- Provide masks, tissues and alcohol-based hand cleanser in all patient areas;
- Staff entering the exam room of a patient with fever and respiratory illness should use droplet precautions (surgical mask) until an infectious cause of illness is ruled out and should wash their hands or use waterless hand cleanser before and after each patient.

Flyers and posters in several languages supporting these measures are available on the CDHS website (http://www.dhs.ca.gov/ps/dcdc/izgroup/flu.htm) under the Disease Prevention section, and on the CDC website (www.cdc.gov/flu/professionals/flugallery/index.htm). Flyers and posters can also be ordered free of charge from SFDPH (www.dph.sf.ca.us/PHP/CDCU/IZMatlReqForm2Sides082004.pdf).

PNEUMOCOCCAL VACCINATION

Infection with *Streptococcus pneumoniae* is a common complication of influenza. Please consider pneumococcal vaccine for the priority groups listed below as per recommendations of the Advisory Committee on Immunization Practices. Additional information can be found at www.cdc.gov/mmwr/preview/mmwrhtml/00047135.htm.

- Persons aged ≥ 65 years;
- Immunocompetent persons ≥ 2 years who are at increased risk for illness and death associated with pneumococcal disease because of chronic illness;
- Persons aged ≥ 2 years with functional or anatomic asplenia;
- Persons aged ≥ 2 years living in environments in which the risk for disease is high;
- Immunocompromised persons aged ≥ 2 who are at high risk for infection.

For more information on influenza visit:

- SFDPH website: www.sfdph.org, click on the "Flu Information" arrow icon;
- CDHS website: www.dhs.ca.gov/ps/dcdc/izgroup/flu.htm;
- CDC website: www.cdc.gov/flu/.