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SEASONAL & AVIAN INFLUENZA HEALTH ADVISORY November 8, 2005

The purpose of this advisory is to update San Francisco clinicians on 2005-2006 influenza surveillance, testing, vaccine availability, treatment and prophylaxis, infection control, and avian influenza information & preparedness. The San Francisco Department of Health (SFDPH) has begun surveillance of seasonal influenza and is continuing to conduct year-round surveillance for suspected cases of avian influenza A (H5N1). This advisory and additional influenza information is posted on the SFDPH website: www.sfdph.org/cdcp.

ACTIONS REQUESTED OF ALL CLINICIANS

- 1. Report laboratory confirmed cases of seasonal influenza and suspected cases of avian influenza (H5N1) that *meet the criteria* described below to Disease Control at (415) 554-2830
- 2. Test symptomatic individuals living in large group or institutional settings in San Francisco.
- 3. Encourage influenza and/or pneumococcal vaccination.
- 4. Consider treatment and chemoprophylaxis of seasonal influenza with antiviral medication.
- 5. Implement appropriate infection control in hospitals and clinics, and encourage respiratory etiquette among your staff and patients.

INFLUENZA SURVEILLANCE/REPORTING

We ask that clinicians report cases in the following priority groups:

1. Residents of large group or institutional settings (e.g. long-term care, rehabilitation, or assisted living facilities) in San Francisco

Report cases to SFDPH Disease Control at (415) 554-2830 within 24 hours of recognition. We will investigate reported cases and work with local institutions, to prevent and interrupt transmission of respiratory outbreaks that meet the following criteria:

- Confirmed cases of influenza
- Outbreaks of undiagnosed febrile respiratory illness

2. Pediatric Patients

Report cases to SFDPH Disease Control at (415) 554-2830 within 24 hours of recognition

- Lab confirmed, influenza-related deaths in children 0-17 years,
- Lab confirmed, 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. Individuals with possible exposure to avian influenza A (H5N1)

There is currently no transmission of avian influenza in the US. However, if you suspect avian influenza call SFDPH Disease Control at (415) 554-2830 immediately for consultation to determine the need for testing. Avian influenza testing should be considered *year round* for patients meeting the following criteria:

Avian influenza A (H5N1) testing is indicated for hospitalized patients with:

1. Radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternate diagnosis has not been established, AND

2. History of travel within 10 days of symptom onset to a country with documented H5N1 avian influenza in poultry and/or humans. (For an updated list of countries affected by H5N1 see our website: www.sfdph.org/cdcp or the links below).

Avian influenza A (H5N1) testing should be <u>considered</u> on a case-by-case basis in consultation with SFDPH for *hospitalized or ambulatory* patients with:

- 1. Documented temperature of >38°C (>100.4°F), AND
- 2. One or more of the following: cough, sore throat, shortness of breath, AND
- 3. History of contact with poultry (e.g. visited a poultry farm, a household raising poultry, or a bird market) OR a known or suspected human case of influenza A (H5N1) in an H5N1-affected country within 10 days of symptom onset.

For Case Report Forms, laboratory guidelines, and other reference materials see: www.sfdph.org/CDcontrol.

SPECIMEN TESTING/COLLECTION AND TRANSPORT

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. For the priority categories listed above and on a case-by-case basis SFDPH has the capacity to test for influenza virus A and 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 (415) 554-2830.

Seasonal Influenza Testing for Residents of Institutional Settings During an Epidemiologic Investigation. Acceptable specimens for testing include nasopharyngeal swabs, pharyngeal swabs or nasal washes.

Avian Influenza A (H5N1) Testing. Because rapid antigen tests for influenza may not be very sensitive, clinicians with patients who meet the testing criteria for avian influenza (H5N1) should consult with SFDPH Disease Control to determine the need to submit additional specimens for PCR testing for influenza A (even if the rapid antigen test result is negative). In contrast to seasonal influenza A infection, pharyngeal swabs should be collected as they seem to be more sensitive than nasal samples for detection of avian influenza (H5N1). Other acceptable specimens include nasopharyngeal swabs or nasal washes. *Viral cultures on specimens from suspected avian influenza cases should not be done in clinical laboratories*.

Instructions for both Seasonal Influenza and Avian Influenza A (H5N1) specimen collection. If submitting swabs they must be Dacron with an aluminum or plastic shaft. Cotton or alginate tipped swabs are not acceptable. Specimens are accepted Monday thru Friday, 8am to 5pm and must be accompanied by an SFDPH laboratory form, available on our website: www.sfdph.org/CDcontrol.

VACCINE

Seasonal Influenza. Flu vaccine is available in San Francisco and should be given to anyone wanting to protect themselves from influenza. Highest risk group for complications or transmission can be found at our website www.sfdph.org/flu. Some at risk patients should also be immunized against pneumococcus.

Vaccine is best given within the context on ongoing primary care but many public flu clinics are also operating. A comprehensive list of all San Francisco clinics and other information is available on the SFDPH Flu Information Line at (415) 554-2681 or www.sfdph.org/flu.

To date, supply of vaccine has been sufficient but anecdotal information indicates variance in providers receiving vaccine. Almost all Sanofi-Pasteur vaccine has been distributed. Chiron vaccine continues to arrive at a slower pace and is being more tightly controlled by distributors. Providers can explain to patients that

receiving vaccinations in late November and into December still offers ample protection through the worst part of flu season in the Bay Area.

Avian Influenza H5N1 Vaccine. There is currently no vaccine to protect humans against the H5N1 virus. However, vaccine development efforts are under way.

ANTIVIRAL TREATMENT AND CHEMOPROPHYLAXIS

Seasonal Influenza. Treatment and chemoprophylaxis recommendations for seasonal flu can be found at www.sfdph.org/flu.

Avian Influenza H5N1. The H5N1 virus is resistant to amantadine and rimantadine, two antiviral medications commonly used for influenza. Studies are underway to evaluate the effectiveness of oseltamavir and zanamavir in treating the H5N1 virus. To date it is unclear if oseltamavir or other neuraminidase inhibitors are clinically effective in treating avian influenza or another new pandemic strain.

SFDPH strongly discourages the personal stockpiling of antivirals for pandemic influenza. Personal stockpiling will decrease availability to those who can benefit most from the medications and inappropriate use may lead to resistance. During an emergency the health department will distribute appropriate medications as available to priority patients and groups. Additional talking points and information are available at www.sfdph.org/cdcp.

INFECTION CONTROL

For seasonal influenza implement standard and droplet precautions. For avian influenza standard, contact, airborne, and eye protection precautions are recommended. Respiratory etiquette/cough hygiene is an important part of infection control and includes: 1) covering the mouth and nose with a tissue when coughing or sneezing; 2) encouraging coughing people to wear a surgical mask; and, 3) performing hand hygiene after any contact with respiratory secretions or contaminated objects. Download specific guidelines and patient materials from our website: www.sfdph.org/cdcp.

AVIAN INFLUENZA PREPAREDNESS

SFDPH is closely monitoring avian influenza H5N1 and is preparing for the possibility of spread to our region. We are working with clinicians, hospitals, and local partners to protect the health and safety of San Franciscans and our visitors. We provide updates to the clinical community on the status of avian flu, consultation to clinicians who suspect avian flu, and facilitate laboratory testing. We are working closely with hospitals to ensure that proper infection control measures can be implemented to limit the risk of spread in these institutions and are developing prophylaxis, public education, epidemiology, surveillance, disease control, and emergency response plans. For additional and updated information, visit our website or call our Avian Influenza Information Line (415) 554-2905. You may also refer your patients with avian influenza questions to this line.

ADDITIONAL INFORMATION

Seasonal Flu

- SFDPH website: www.sfdph.org/flu
- CDHS website: www.dhs.ca.gov/ps/dcdc/izgroup/flu.htm
- CDC Website: www.cdc.gov/flu/

Avian Influenza

- SFDPH website: www.sfdph.org/cdcp click on avian influenza link
- CDC website: www.cdc.gov/flu/avian
- WHO website: www.who.int
- World Organization for Animal Health: www.oie.int/eng/en_index.htm