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INFLUENZA HEALTH ADVISORY

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The San Francisco Department of 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.sfdcp.org/flu.html.

SITUATIONAL UPDATE

Statewide influenza activity continues to be “sporadic”. Recently identified influenza subtypes in the San Francisco Bay Area include influenza B, and both influenza A H1N1 (swine) and H3N2. It is not known which strains will dominate during the 2010-2011 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 with 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. (The definition of ILI used by CDC and CDPH has a lower temperature threshold).

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.

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

- During outbreak investigations, SFPDPH may request specimens for confirmatory testing at the SFPDPH Public Health Laboratory.
- Infection control checklists and forms for tracking outbreak cases are posted at www.sfdcpc.org/influenzareporting.html.

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.sfdcpc.org/influenzareporting.html) and fax to SFPDPH at (415)554-2848 or call (415)554-2830 to speak with an investigator.
- California Department of Public Health (CDPH) is amending state regulations to expand reporting of fatal cases of lab-confirmed influenza to include persons 18-64 years old in addition to those 0-17 years old.
- SFPDPH 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, contact Maria Nevarez at maria.nevarez@cdph.ca.gov or (510)620-5848. For more information, go to: <http://www.cdph.ca.gov/programs/vrdl/Pages/CaliforniaSentinelProviderProgram.aspx>.

INFLUENZA TESTING, SPECIMEN COLLECTION AND SUBMISSION

Rapid antigen tests may be useful when testing will help guide acute clinical care decisions. Reliability of tests vary. Further information can be found at: <http://www.cdc.gov/flu/professionals/diagnosis/rapidclin.htm>. In select situations, SFPDPH may perform additional testing by Polymerase Chain Reaction (PCR). ALL requests for flu testing by SFPDPH **must** be coordinated through and approved by SFPDPH Disease Control (415-554-2830). SFPDPH 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, nasopharyngeal swabs and pharyngeal swabs. If submitting swabs, use Dacron with an aluminum or plastic shaft. Specimens are accepted Monday - Friday, 8am to 5pm, and must be accompanied by an SFPDPH lab form. Instructions and forms can be found at: www.sfdcpc.org/influenzareporting.html.

VACCINE FOR INFLUENZA

Influenza vaccine, in both intranasal and injectable form, is widely available in San Francisco this season. Annual vaccination is now recommended for all people age 6 months and older, regardless of risk group. An algorithm to determine which children younger than age 9 need two doses of vaccine is available at <http://sfdcpc.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. Due to a package insert issue, pediatric formulations (0.25mL dose) are delayed for distribution until approximately mid-October, 2010. Some other preservative-free vaccine formulations have also been delayed. Check with your vaccine distributor to determine if this affects your order.

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://sfdcpc.org/flu vaccine.html>.

There are new vaccine products this year, including a high-dose flu vaccine. Because effectiveness study results are pending for the high-dose flu vaccine, neither ACIP or SFDPH is recommending the use of this vaccine over the traditional flu vaccine formulation. For more information, go to: <http://sfcdcp.org/flu vaccine.html>. If you do not supply flu vaccine for your patients, they (including pregnant women) can be referred to SFDPH's Adult Immunization and Travel Clinic <http://sfcdcp.org/aipc.html>. Additional flu clinics are listed at <http://sfcdcp.org/IZlocations.html>.

ANTIVIRAL TREATMENT FOR INFLUENZA

Since seasonal influenza infections are usually self-limited, treatment is not recommended for most healthy persons who develop suspected or confirmed influenza. However, 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.

Treatment with oseltamivir or zanamivir is recommended for:

- Hospitalized patients with suspected or confirmed influenza, even if treatment is started beyond 48 hours of symptom onset
- Persons with suspected or confirmed influenza who have evidence of severe illness.
- Outpatients who are at higher risk for influenza-related complications, including children younger than 2 years old, adults 65 years of age or over, pregnant women and women up to 2 weeks postpartum (including after pregnancy loss), persons with chronic health conditions (for full list see: http://www.cdc.gov/flu/pdf/freeresources/risk/preventing_treating_flu.pdf)

Duration of treatment is five days. 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. Antiviral dosing for adults and children 1 year of age or older can be accessed in Table 1 of the [H1N1 Swine Influenza A Health Advisory](#) from 2/19/10.

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.

LOCAL INFLUENZA RESOURCES

- SFDPH website influenza page: <http://www.sfcdcp.org/flu.html>
- SFDPH IMMUNITY Campaign website: <http://www.VaccinesForAdults.org>
Free resources that SF clinicians can order from the website include:
 - Stickers that say "I got my flu shot";
 - Buttons that say (in English, Spanish and Chinese), "Fight the Flu" and "Vaccines Work";
 - One page vaccine schedule for adults
 - Brochure about vaccine preventable diseases in adults
- 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.