



Riverside County
Public Health

Disease Control Branch

Tel: (951) 358-5107

Fax: (951) 358-5102

Susan D. Harrington, M.S., R.D., Director

Cameron Kaiser, M.D., Public Health Officer

Public Health Advisory - Influenza October 22, 2014

The County of Riverside Department of Public Health (DOPH) provides this guidance based on current information. Updated guidance will be issued as new information becomes available.

SITUATION UPDATE

- Influenza activity in California was reported to be sporadic during the week ending October 11, 2014. No influenza outbreaks or flu related fatalities have been reported thus far in Riverside County.
- The following recommendations take into account guidance issued by the U.S. Centers for Disease Control and Prevention (CDC) related to recent increases in human cases of variant swine influenza (H3N2v and H1N2v). Available at: <http://www.cdc.gov/flu/swineflu/>.
- Vaccination and effective infection control remain the best prevention strategies.
- Trivalent influenza vaccines contain:
 - A/California/7/2009 (H1N1)-like virus
 - A/Texas/50/2012 (H3N2)-like virus, and a
 - B/Massachusetts/2/2012-like (Yamagata lineage) virus
- Quadrivalent influenza vaccines contain the above antigens, and also:
 - B/Brisbane/60/2008-like (Victoria lineage) virus

ACTIONS REQUESTED OF ALL CLINICIANS

- Report laboratory-confirmed** cases of seasonal influenza that meet the specified criteria as well as outbreaks of undiagnosed influenza-like illness (ILI)* in residents of large groups or institutional settings to County of Riverside Disease Control by fax (951) 358-5102.
- 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. Influenza Antiviral Medication Summary for clinicians may be accessed at <http://www.cdc.gov/flu/antivirals/index.htm>. Advise persons with ILI* to stay at home until 24 hours after fever resolves, except patients that require medical evaluation and care.
- Encourage and facilitate influenza vaccination for all persons six months of age and older. An **algorithm** to determine which children younger than age nine years need two doses of vaccine is available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6132a3.htm#fig1>
- Pneumococcal vaccination is also recommended for those at increased risk of pneumococcal disease.

*ILI is defined as fever (>37.8°C or 100°F) and either cough or sore throat (in the absence of a known cause).

INFLUENZA TESTING

- Laboratory testing with RT-PCR is the preferred testing method when there is strong clinical suspicion, even if the rapid test is negative.
 - Hospitalized, intensive care unit (ICU) and/or fatal cases with ILI.
 - Acute respiratory outbreaks.
 - ILI in any person where history of travel or recent close contacts or exposures within 10 days of symptom onset suggests concern for variant or novel influenza infection (e.g., swine [H3N2v or H1N2v] influenza, influenza A/H7N9 or influenza A/H5).

SPECIMEN COLLECTION AND SUBMISSION

- Collection of Influenza Specimens: Acceptable specimens for submission to the County of Riverside Public Health Laboratory are nasopharyngeal washes or swabs and oropharyngeal washes and swabs. If swabs are submitted, only Dacron-tipped swabs on an aluminum or plastic shaft should be placed in a standard container with 2-3 ml of viral transport medium. Calcium alginate swabs and cotton-tipped swabs with wooden shafts are unacceptable and will be rejected.
- Specimens should be collected within the first 24-72 hours of onset of symptoms and no later than five days after onset of symptoms. The closer the specimen is collected to the onset of symptoms, the better chance of isolating the Influenza virus.
- Specimens should be kept refrigerated at 4°C until they can be transported to the lab. If the specimen cannot be transported on cold packs within three days of collection, it should be frozen at -70°C and shipped on dry ice.
- The County of Riverside Public Health Laboratory is able to receive specimens Monday through Friday.

Please contact the County of Riverside Department of Public Health Laboratory at (951) 358-5070 for questions on specimen submission. Disease Control can be reached at (951) 358-5107 for questions on reporting influenza cases.

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 (if tolerated) in all health care settings.
- Isolate unmasked patients with ILI* as soon as possible, ideally in a private exam room or at a distance of at least three 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.
- N-95 respirators should be used when performing aerosol generating procedures – for additional information on the use of N-95 respirators visit <http://www.cdph.ca.gov/programs/ohb/Pages/HCRespLinks.aspx>.
- Reinforce effective hand hygiene.
- Ensure the availability of materials for adhering to respiratory hygiene/cough etiquette in waiting areas for patients and visitors.
- Post signs/visual alerts to encourage infection control measures.

INFLUENZA SURVEILLANCE AND REPORTING

The California Department of Public Health has updated the influenza reporting guidance for the 2014 – 2015 Influenza Season. The reporting requirements are outlined below:

- Mandatory reporting of laboratory-confirmed** influenza in fatal cases age 0-64 years.
 - Complete the Severe Influenza Case History Form (ICU and Fatal Cases age 0-64 years) located at <http://www.rivco-diseasecontrol.org/Services/ReportingGuidelines.aspx> and fax to Disease Control at (951) 358-5102, or through CalREDIE for participating health care facilities.
 - For reported cases of severe or fatal influenza it is recommended specimens be sent for further sub-typing/characterization. Specimen submission is also important for those cases with a history of recent exposure to swine or exposed to a confirmed case of swine influenza (e.g. H3N2v or H1N2v). This will enable CDPH to closely monitor the strains of influenza viruses that may be causing severe disease or novel pandemic viruses and the emergence of antiviral resistance.
- Request for voluntary reporting of laboratory-confirmed** influenza cases age 0-64 years requiring intensive care.
 - Laboratory-confirmed** influenza cases age 0-64 years who were hospitalized in the intensive care unit remain reportable on voluntary bases. CDPH requests continuation of this enhanced surveillance. This information will assist in monitoring and characterizing populations at highest risk for severe disease.
 - Reported cases will be encouraged to have specimens sent for further sub-typing/characterization when indicated. This will enable CDPH to closely monitor the strains of influenza viruses that may be causing severe disease or novel pandemic viruses and the emergence of antiviral resistance.
- Reporting of non-TB respiratory outbreaks:
 - Outbreaks in institutions or congregate settings (e.g., schools, day camps) associated with hospitalizations or fatalities.
 - Outbreaks in an institution, congregate setting or community where there has been recent exposure to swine of at least one case, or contact with a confirmed case of swine influenza (e.g., H3N2v or H1N2v).

**Laboratory confirmation can include any positive test performed by any clinical, commercial or local public health laboratory, including by positive rapid antigen testing. Since rapid antigen tests may yield a relatively high proportion of false positive results when influenza prevalence is low, it is recommended that a positive rapid antigen test result be followed up with confirmatory testing using one of the other indicated methods, such as direct fluorescence assay, culture or polymerase chain reaction (PCR).

INFLUENZA RESOURCES

- Post visual alerts (in appropriate languages) at the entrance to outpatient facilities (e.g., emergency departments, physician offices, outpatient clinics) instructing patients and persons who accompany them (e.g. family, friends) to inform healthcare personnel of symptoms of a respiratory infection when they first register for care and to practice Respiratory/Hygiene/Cough Etiquette.
- Cover your Cough www.cdc.gov/flu/protect/covercough.htm (Tips to prevent the spread of germs from coughing)
- [http://www.cdph.ca.gov/HealthInfo/discond/Pages/Influenza\(Flu\).aspx](http://www.cdph.ca.gov/HealthInfo/discond/Pages/Influenza(Flu).aspx)
- <http://www.cdc.gov/flu/about/season/index.htm>
- <http://www.rivco-diseasecontrol.org>