
PUBLIC HEALTH ADVISORY

INFLUENZA AND OTHER RESPIRATORY VIRUSES

SEPTEMBER 26, 2018

The Riverside University Health System - Public Health (RUHS - PH) provides this guidance based on current information. Updated guidance will be issued as new information becomes available.

SITUATION UPDATE

- Influenza activity in California and Riverside County is currently low. No influenza outbreaks or flu related fatalities have been reported thus far in Riverside County.
- Vaccination and effective infection control remain the best prevention strategies.
- Information on the 2018-2019 influenza vaccine composition is located at:
<http://cdc.gov/flu/about/season/vaccine-selection.htm>

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 or CalREDIE, for health care facilities participating in CalREDIE.
- 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 other than influenza

INFLUENZA TESTING

- Laboratory testing with real time reverse transcription polymerase chain reaction (rRT-PCR) is the preferred testing method when there is strong clinical suspicion, even if the rapid test is negative. Testing is indicated for:
 - 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., variant influenza A [H3N2]v, or [H1N1]v, or avian influenza H5N1 or H7N9).

SPECIMEN COLLECTION AND SUBMISSION

- Acceptable upper respiratory samples for submission to the Riverside County 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. Lower respiratory tract samples suitable for RT-PCR include bronchoalveolar lavages, bronchial wash, tracheal aspirate and lung tissue.
- 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 Public Health Laboratory is able to receive specimens Monday through Friday. Please submit the laboratory form located at:
http://rivcolab.org/Portals/0/pdf/Forms/Influenza_Submission_Form.pdf?ver=2018-07-24-144735-437 with all specimens. Specimens that do not have this form will cause delays in testing.

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

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:

- Strongly encourage all staff to receive annual flu vaccination.
- 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 <https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/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 Influenza Reporting Guidance for the 2018 - 2019 influenza season has been updated. The reporting requirements are outlined below:

- Required by California Department of Public Health
 - Mandatory reporting of laboratory-confirmed** influenza in fatal cases age 0-17 years.
- Required by order of the Public Health Officer for Riverside County
 - Mandatory reporting of laboratory-confirmed** influenza fatal cases age 18-64 years and ICU cases age 0-64 by order of the Public Health Officer for Riverside County.
- 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.
- Mandatory reporting of *any* respiratory disease outbreaks:
 - Outbreaks in institutions (e.g. long term care facilities, prisons, sleepover camps) with at least **one** case of laboratory-confirmed influenza in the setting of a cluster (≥ 2 cases) of influenza like illness (ILI) within a 72 hour period.
 - Outbreaks associated with hospitalizations or fatalities.
 - Outbreaks assessed as having public health importance (e.g., case(s) have recent exposure to swine, recent travel to an area where novel influenza is circulating, or contact with a confirmed case of swine or novel influenza).

**Laboratory confirmation can include any positive test performed by any clinical, commercial or local public health laboratory, including by positive rapid antigen testing, direct fluorescence assay, culture or PCR. 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. This may include a direct fluorescence assay, culture or polymerase chain reaction (PCR). Positive rapid antigen samples should be sent to the RUHS- Public Health Lab.

ENHANCED SURVEILLANCE FOR PEDIATRIC SEVERE CASES

- The CDPH Immunization Branch has requested Local Health Jurisdictions (LHJ) collect additional seasonal influenza vaccine information for influenza associated fatal cases who were not vaccinated or with unknown vaccination status. A supplemental form will be required for all fatal pediatric cases who were not vaccinated or with unknown vaccination status. Disease Control will contact the Infection Preventionist if additional information is needed to complete the form.

RESPIRATORY SYNCYTIAL VIRUS (RSV) ASSOCIATED FATAL CASES

- Health Care Facilities should report fatal cases of laboratory-confirmed RSV in children under 5 years of age to Disease Control using CalREDIE and either faxing the [Respiratory Syncytial Virus Death Form](#) to 951-358-5102 or uploading the form, medical records, laboratory results, and any other relevant materials to the electronic filing cabinet in CalREDIE when available.

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