
Public Health Advisory

Influenza and other Respiratory Viruses

October 25, 2016

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

- During the week ending October 14, 2016, influenza activity in California was reported to be low and within expected activity levels for this time of year. 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 2016-2017 influenza vaccine composition is located at: <http://cdc.gov/flu/about/season/vaccine-selection.htm>
- Please note that FluMist® will not be available this year.

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.
- 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

- 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 [Influenza Submission Form](#) 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.

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 <http://www.cdph.ca.gov/programs/ohb/Pages/HCRRespLinks.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 (CDPH) has updated the influenza reporting guidance for the 2016 - 2017 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 basis. 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.
- Mandatory reporting of *any* respiratory disease 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, 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 using one of the other indicated methods, such as direct fluorescence assay, culture or polymerase chain reaction (PCR).

MANDATORY REPORTING OF FATAL RESPIRATORY SYNCYTIAL VIRUS (RSV) CASES

- During the 2016 – 2017 influenza season, Health Care Providers (HCP) should report laboratory-confirmed respiratory syncytial virus (RSV) in fatal cases aged 0-4 years.
- HCPs should report fatal cases of laboratory-confirmed RSV to Disease Control using CalREDIE by uploading it to the electronic filing cabinet in CalREDIE or by faxing the [Respiratory Syncytial Virus Death Form](#) to 951-358-5102.

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 when 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>