



HEALTH ADVISORY
DECEMBER 6, 2018
SEASONAL INFLUENZA

SUMMARY:

Annual influenza (flu) season has just begun. Now is the time to prepare while flu is circulating at low levels within California and Contra Costa County. During the 2017-2018 flu season, 34 flu outbreaks in congregate settings were reported to Public Health. Public Health staff were able to assist facilities in managing outbreaks by maintaining line lists of cases, advising on infection control and prevention practices, and testing patients with suspected illness. Planning and prevention can reduce morbidity and mortality from influenza illness and get facilities back up and running as quickly as possible.

WHAT'S NEW:

- Reporting: requirements for flu reporting have changed.
 - **Only individual cases of laboratory-confirmed influenza deaths in pediatric patients 0-17 years of age are reportable.**
 - **Outbreaks in congregate living and health facilities continue to be reportable.**

Actions Requested of Healthcare Professionals:

1. **Vaccinate** all staff and patients/residents.
2. **Test** patients/residents with compatible illness: fever, headache, cough, muscle aches, sore throat, chills, runny nose or congestion and/or new onset confusion, weakness or fatigue.
3. **Report** when there is one lab-confirmed case of influenza or ≥ 2 cases of influenza-like illness in a 72 hour period in a healthcare or congregate living facility.
4. **Treat** with antivirals prior to laboratory confirmation if suspicion is high or an outbreak has been confirmed.
5. Provide **chemoprophylaxis** to patients/residents until 2 weeks after the last case in the facility has been identified. Consider offering chemoprophylaxis to employees and having **standing**

CURRENT RECOMMENDATIONS:

TESTING

- Laboratory testing with **real-time reverse-transcription polymerase chain reaction (rRT-PCR)** is the preferred testing method when there is strong clinical suspicion of influenza, even if the rapid test is negative.
- Rapid influenza tests may vary in terms of sensitivity and specificity, when compared with rRT-PCR, with sensitivities ranging from 50-70%. This means that false positives are common when influenza prevalence is low and false negatives can occur when influenza prevalence is high.
- Influenza testing by rRT-PCR is encouraged in the situations listed below:
 - A patient is hospitalized or in the intensive care unit (ICU)

