Anna M. Roth, RN, MS, MPH
Health Services Director

Daniel Peddycord, RN, MPA/HA
Public Health Director



SEASONAL INFLUENZA

ALTH SERVICES HEALTH ADVISORY DECEMBER 6, 2018

COMMUNICABLE DISEASE
PROGRAMS
597 CENTER AVENUE, SUITE 200-A
MARTINEZ, CALIFORNIA 94553
PH (925) 313-6740
FAX (925) 313-6465
WWW.CCHEALTH.ORG

CONTRA COSTA

Public Health

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 orders** for prophylaxis for patients/residents ready to go at the start of flu season.

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)

- A patient lives in a congregate living facility
- A patient has recently traveled
- A patient exposed to animals such as pigs or poultry that can be infected with variant influenza viruses

REPORTING

- Influenza-related deaths in pediatric patients 0-17 years of age: please submit the Severe Influenza Case History form available at: www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph9070.pdf
- Outbreaks in healthcare and congregate living facilities: call Public Health Communicable Disease Programs at 925-313-6740. An outbreak is defined as:
 - o One lab-confirmed influenza case in a healthcare or congregate living facility.
 - ≥2 cases of new onset respiratory illness within 72hours in a healthcare or congregate living facility.
- More information is available on our website at: https://cchealth.org/flu/providers.php

INFECTION CONTROL

- **Standard** and **Droplet** precautions should be implemented immediately for suspected flu cases.
- Isolate patients for at least 7 days after onset of flu symptoms or 24 hours after all symptoms resolve (with the exception of cough), whichever is longer.
- Additional Guidance Documents: link

CLINICAL MANAGEMENT

- When there is high clinical suspicion of disease, influenza is active in the community, or a patient is in an outbreak setting, **treat empirically** until the results of definitive testing are known.
- Patients at high risk of complications from influenza who have been exposed to an active case should be treated with chemoprophylactic doses of antiviral medications for at least 2 weeks or 1 week after the last case has been identified in an outbreak setting.
- Medications and dosing for treatment and chemoprophylaxis: https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm

ADDITIONAL QUESTIONS:

Contra Costa Public Health, Communicable Disease Programs can be reached at: 925-313-6740 (phone) or 925-313-6465 (fax).

