Eye on Influenza

Updates on Influenza in Orange County
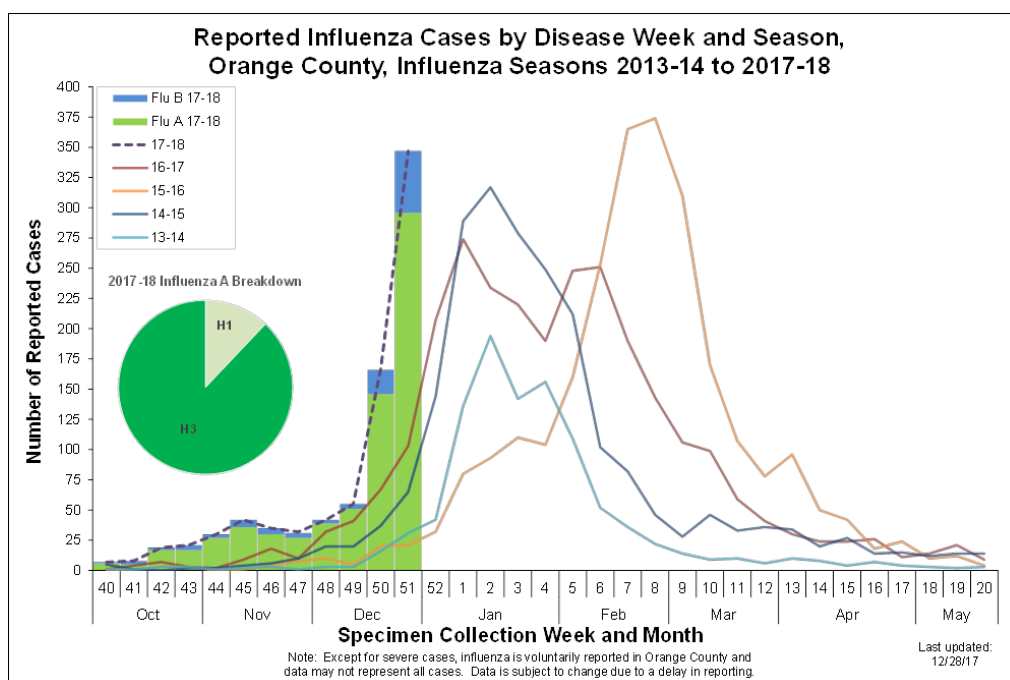
Sharp Increase in Influenza Activity in Orange County

Orange County has received a large number of influenza reports in the past week, in conjunction with increases in activity nationally. Key points:

- **It's not too late to vaccinate! Influenza vaccine is readily available at numerous locations throughout the county; see www.ochealthinfo.com/phs/about/family/flu.**
- **Clinicians should review the latest guidance on influenza treatment [attached Health Advisory] from the Centers for Disease Control and Prevention (CDC).**
- **Outbreaks of influenza have been reported from skilled nursing facilities in the County. Staff at long-term care facilities should review the recommendations for prevention and control of influenza outbreaks summarized on the next page and attached.**

Current Situation: A large increase in the number of influenza reports was seen in week 51 (week ending 12/23) and the pace has not slowed so far this week. The majority of reports continue to be influenza A H3. Outpatient visits for influenza-like illness (ILI) at sentinel providers have also increased. Three severe cases of influenza (less than 65 years of age and hospitalized in intensive care or who died) have been reported thus far this season, with two deaths. Two of these severe cases (including one of the deaths) were children, both of whom were not vaccinated.

Prevention of Influenza: Everyone 6 months of age and older should get an influenza vaccine every season. Vaccination can reduce illnesses, doctors' visits, hospitalizations, and days of missed work and school due to influenza. Vaccination is especially important for people at high risk of complications of influenza. To find a flu shot, go to www.ochealthinfo.com/phs/about/family/flu or https://vaccinefinder.org. **In addition, there are everyday preventive actions you can take to stop the spread of germs**, including staying home while ill, covering your nose and mouth with a tissue when you cough or sneeze, and washing your hands with soap and water or using an alcohol-based hand rub.

Treatment of Influenza: In the past, influenza A H3N2-predominant seasons have been associated with more hospitalizations and deaths and vaccine effectiveness has been lower against the H3N2 viruses compared to H1N1 or B. **For this reason, the use of antiviral medications for treatment of influenza is very important this season, in addition to vaccination for prevention of influenza.** Clinicians are reminded to consider influenza in patients presenting with fever and/or respiratory illness, and treat all hospitalized or high risk patients with suspected influenza with a neuraminidase inhibitor (e.g., oseltamivir, zanamivir, or peramivir) as soon as possible. See the attached Health Advisory for more information.

For detailed recommendations, see:
- CDC Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities: https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm)
- California Department of Public Health "Recommendations for the Prevention and Control of Influenza in California Long-Term Care Facilities": https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/RecommendationsForThePreventionAndControlOfInfluenzaOct2016.pdf

Vaccination: All LTCF healthcare personnel (HCP) and residents should be vaccinated annually against influenza, or upon admission between August and April, if not already vaccinated.

Respiratory hygiene and cough etiquette: Post visual alerts, provide tissues or masks to those symptomatic, ensure hand hygiene supplies are available, and exclude ill visitors and HCP.

Definitions:
- A cluster of influenza-like illness (ILI) is two or more cases of ILI occurring within 72 hours.
- **An influenza outbreak is <u>one</u> case of laboratory-confirmed influenza** (or more) **in the setting of a cluster of ILI within a 72 hour period**.

Surveillance: Implement active daily surveillance for ILI among all residents and staff throughout influenza season. Instruct HCP to self-report any influenza-like symptoms to their supervisor. Exclude ill HCP from work until at least 24 hours after fever resolves, without the use of fever-reducing medications.

Testing: For cases of acute respiratory illness suggestive of influenza, the following influenza tests are recommended, in order of priority, if readily available: 1) real-time reverse-transcriptase (RT-PCR), 2) immunofluorescence, or 3) rapid influenza antigen tests. If immunofluorescence or antigen results are negative and influenza is suspected, specimens should be sent for confirmation by RT-PCR or viral culture. Real-time RT-PCR is the <u>best way</u> to confirm the diagnosis of influenza quickly.

Antiviral Treatment: Start antiviral therapy <u>as soon as possible</u> for all LTCF residents with suspected or confirmed influenza, even before results are available. For antiviral drugs and dosages, see https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm#dosage.

Antiviral Prophylaxis: Start antiviral chemoprophylaxis on **all** non-ill residents, regardless of influenza vaccination status, <u>as soon as an influenza outbreak (as defined above) is determined</u>. Antiviral chemoprophylaxis should continue for a minimum of two weeks <u>and</u> for at least 7-10 days after the last known case is identified, whichever is longer. Priority should be given to residents living in the same unit or floor as an ill resident, but <u>all</u> non-ill residents are recommended to receive the prophylaxis.

Infection Control Precautions: Implement Standard and Droplet Precautions for all residents with suspected or confirmed influenza for 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer.

Report all suspected and confirmed outbreaks to Orange County Public Health Epidemiology at 714-834-8180.