

DATE: 10/26/2009 **TO:** San Joaquin County Providers
FROM: Wendi Dick, MD, MSPH, Assistant Health Officer

NOTE: Please distribute to all providers
& relevant staff at your practice site(s).

INFLUENZA UPDATE: Vaccines, Reporting All Inpt Cases, & Exclusion of Ill HCWs

OVERVIEW: CA/US influenza activity is higher than expected & mostly due to H1N1, which is expected to remain dominate this season, especially in younger people. Most with H1N1 continue to recover w/o needing medical care. Hospitalization rates are highest among those <25 yrs, while deaths number greatest among those 25-49. In contrast, pts ≥ 65 yrs suffer the most hospitalizations/deaths during regular flu seasons.

VACCINE UPDATE: H1N1 vaccine orders are delayed, but there will be no shortage. (Some *seasonal* shots are also late.) Over 40 providers, clinics, and hospitals in SJC received small shipments of H1N1 nasal spray in early Oct. As more H1N1 becomes available, it will be shipped to providers who've placed orders. Physicians can order free H1N1 vaccine at calpanflu.org & bill Medicare, Medi-Cal, etc. for administering it. **Sufficient H1N1 supply is anticipated by Dec for all 5 "target groups" (higher priority for initial doses):**

- 6 mo-24 yrs (children <10 need 2 doses)
- Pregnant women
- Health Care Workers (HCWs)/
Emergency medical workers
- Close contacts of infants <6 mo
- Adults 25-64 with chronic dis.--asthma, DM, etc.

H1N1 nasal spray/seasonal FluMist® are Live Attenuated Influenza Virus (LAIV) vaccines, and are approved for healthy people (no asthma, DM, etc.) 2-49 yrs old who are not pregnant. Ok for HCWs, if not caring for severely immune compromised pts in protective isolation, e.g. bone marrow transplant unit.

REPORTING UPDATE: CDPH now requires **reporting of all lab-positive influenza cases that are hospitalized or fatal** (positive by PCR, Cx, or rapid test). The PHS Lab will perform PCR on samples from hospitalized pts, fatalities, or congregate living, e.g. nursing homes. PHS is now testing for seasonal strains, e.g. B, or A subtyped as A/H1 or A/H3. "Unsubtypeable" strains will be resulted as "probable" H1N1.

HCW EXCLUSION UPDATE: Per CDC, **HCWs with flu-like illness can now return to work once afebrile for at least 24 hrs w/o use of antipyretics** (same as advice for non-HCWs). For most, this will mean "self-isolation" at home for at least 3-5 days. Exception: HCWs caring for severely immune compromised pts--recommended exclusion still 7 days/24 hrs after acute sx resolution, whichever is longer.

ANTIVIRAL Tx: Promptly tx all suspected influenza pts who need hospitalization or have more severe sx--e.g. lower respiratory tract or clinical deterioration--regardless of previous health/age. (Bacterial co-infection found in 29-43% of fatal cases, more in children; Staph #1 in children, Strep pneumo in adults*.)

Early empiric AV tx is also recommended for pts at higher risk for complications, including:

- Infants & children <2 yrs;
- Children <19 on long-term aspirin
- Chronic dis. - pulmonary, metabolic, hematologic, CVD, renal, liver. (DM, asthma, COPD, sickle cell dis., etc.)
- Pregnant women & women *postpartum* up to 2 weeks, including after pregnancy loss
- Disorders that can compromise respiratory function, e.g. cognitive dysfunction, seizures, spinal cord injury, other neuromuscular disorders
- Immunosuppression, including due to medications or HIV
- ≥ 65 (may have some immunity, but higher complication risk if infected)

Alternative to prophylaxis: CDC emphasizes early tx as an alternative to prophylaxis after suspected exposure. High-risk/close contacts can be advised to watch for influenza signs, sx and contact provider if they develop.

MILDLY ILL OUTPTS: Pts who are mildly ill & not at higher risk for influenza complications do not need to be seen in the office. CDPH continues to advise that these pts can be screened by phone, given symptomatic tx recommendations, and told to contact their provider for any signs or sx of worsening illness.

QUESTIONS? Communicable Disease (209) 468-3822 | Lab 468-3460 | After hrs (providers only) 468-6000

RESOURCES: (Search for CDC/Calif. Dept. of Public Health guidance by topic/date under "Providers" at <http://www.sjcphs.org/h1n1/swineflu.htm>)
> San Joaquin County Influenza Reports, posted in upper right corner at <http://www.sjcphs.org/h1n1/swineflu.htm>
> H1N1 Vaccine Clinical Q&As - 10/23 <http://www.cdc.gov/H1N1flu/recommendations.htm> | H1N1 Vax Info Statements <http://www.immunize.org/vis/>
> Antivirals--updated 10/16 <http://www.cdc.gov/h1n1flu/recommendations.htm>
> Infection Control--10/14 http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm
> Influenza-Like Illness Triage for Adults & for Children <http://www.cdc.gov/h1n1flu/clinicians/>

*PPSV23/Pneumovax® recommended for ≥ 65 yrs, 2-64 yrs with certain conditions, & 19-64 yrs who have asthma or smoke. There is very low PPSV23 coverage in groups <65 yrs. See <http://www.sjcphs.org/h1n1/swineflu.htm> under "Providers".