

PUBLIC HEALTH ADVISORY INFLUENZA AND OTHER RESPIRATORY VIRUSES OCTOBER 19, 2022

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

- Influenza (flu) activity in California is currently minimal and activity in Riverside County is currently low.
- The 2022-23 flu season will coincide with the continued circulation of SARS-CoV-2 (COVID-19), though its extent is unknown.
- Vaccination and effective infection control remain the best prevention strategies and can reduce prevalence of illness caused by flu and reduce prevalence of symptoms that may be confused with those of COVID-19.
- Information on the 2022-23 flu vaccine composition is located at:
<https://www.cdc.gov/flu/professionals/acip/summary/summary-recommendations.htm>

ACTIONS REQUESTED OF ALL CLINICIANS

- Report laboratory-confirmed cases of seasonal flu 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) 358-5446 or CalREDIE, for health care facilities participating in CalREDIE.
- Treat patients with suspected or confirmed influenza who are hospitalized for severe illness or who are at higher risk for flu-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 <https://www.cdc.gov/flu/professionals/antivirals/index.htm>. Advise persons with ILI* to stay at home until 24 hours after fever resolves without fever reducing medications, except patients that require medical evaluation and care.
- Encourage and facilitate flu vaccination for all persons six months of age and older who do not have contraindications.

ILI* is defined as fever (>37.8°C or 100°F) and either cough or sore throat in the absence of a known cause other than influenza.

- A guideline to determine which children younger than age nine years need two doses of vaccine is available at <https://www.cdc.gov/flu/highrisk/children.htm>
- Pneumococcal vaccination is also recommended for those at increased risk of pneumococcal disease.
- Vaccination locations should ensure infection control measures, including separating well and ill patients, screening patients for symptoms of COVID-19, and performing individual assessment of the appropriateness of immunization.

COVID-19 AND INFLUENZA:

- Influenza and COVID-19 are both contagious respiratory illnesses but are caused by different viruses. Because many of the symptoms of flu and COVID-19 are similar, it may be difficult to tell the difference between them and testing will likely be needed to confirm a diagnosis. It is also possible to have flu and COVID-19 at the same time.
- Additional information on the Similarities and Differences between Flu and COVID-19 is located at <https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm>
- **Viral Testing to distinguish SARS-CoV-2 and Influenza Virus:**
 1. Antigen tests for SARS-CoV-2 and influenza virus
 - Separate assays are available for each virus (lower sensitivity in general than molecular assays)
 2. Molecular assays for both viruses (rapid or real-time RT-PCR) – based on nucleic acid amplification
 - Several FDA Emergency Use Authorization (EUA) assays available
 3. Multiplex molecular assays that can test for both viruses in one test
 - Several EUA assays available at:
<https://www.cdc.gov/flu/professionals/diagnosis/table-flu-covid19-detection.html>
 - FDA EUA List of Assays for COVID-19: <https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-euas>
- Flu vaccination should be deferred (postponed) for people with suspected or confirmed COVID-19, regardless of whether they have symptoms, until they have met criteria to discontinue their isolation.

- Immunization clinics may perform both COVID-19 testing and flu vaccination as long as the proper infection control measures are in place and the activities are separated by space (e.g., different sites for COVID-19 testing vs flu vaccination) and time (occur on different days).
- More information on COVID-19 and flu can be found at <https://www.cdc.gov/flu/season/faq-flu-season-2021-2022.htm> and <https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm>

INFLUENZA TESTING

- Laboratory testing with real time reverse transcription polymerase chain reaction (rRT-PCR) is the preferred testing method when there is strong clinical suspicion, even if the rapid test is negative. Testing is indicated for:
 - 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., variant influenza A [H3N2]v, [H1N2]v or [H1N1]v, or avian influenza H5N1 or H7N9).

SPECIMEN COLLECTION AND SUBMISSION

- Preferred upper respiratory samples for submission to the Riverside County Public Health laboratory are nasopharyngeal (NP) swabs (NP wash or aspirate, throat or nasal swabs are also acceptable). Lower respiratory tract samples suitable for RT-PCR include bronchoalveolar lavage, bronchial wash, tracheal aspirate, and lung tissue. If swabs are submitted, only use synthetic tips (e.g., polyester or Dacron-tipped swabs) on an aluminum or plastic shaft placed in a standard container with 2-3 ml of viral transport medium or universal transport media (UTM) for patients hospitalized with pneumonia. Calcium alginate swabs and cotton-tipped swabs with wooden shafts are unacceptable and will be rejected.
- 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 or below and shipped on dry ice.

The Public Health Laboratory can receive specimens Monday through Friday. Please submit the RUHS Public Health Influenza Specimen Submittal form with all specimens, form is located at:

<https://www.rivcolab.org/Portals/17/pdf/Forms/2021/April/CLI.CSR.FRM.003%20V3-%20Influenza%20Submission%20Form%20Fillable%20Protected.pdf>

Specimens that do not have this form will cause delays in testing. Please contact the Public Health Laboratory at (951) 358-5070 for questions on specimen submission. Disease Control can be reached at (951) 358-5107 for questions on reporting influenza cases and outbreaks.

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 wear a face mask.
- Follow CDPH masking guidance for COVID-19 located at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx>
- Isolate patients with ILI* as soon as possible, ideally in a private exam room or at a distance of at least six feet from others.
- Staff entering the exam room of any patient with ILI* should ensure the patient is masked, and the provider should wear either a face mask or N-95 respirator pending diagnosis.
- Fit-tested N-95 respirators should be used when performing aerosol generating procedures. For additional information on the use of N-95 respirators visit <https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/OHB/Pages/HCRspLinks.aspx>
- Reinforce effective hand hygiene.
- Ensure the availability of supplies 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 Influenza Reporting Guidance for the 2022-2023 influenza season has been updated. The reporting requirements are outlined below:

- Required by California Department of Public Health
 - Mandatory reporting of laboratory-confirmed** flu associated fatal pediatric cases <18 years of age.

- Mandatory reporting of influenza-associated deaths in children <18 years of age who are co-infected with COVID-19 should be reported for both conditions.
- Influenza due to novel strains.
- Required by order of the Public Health Officer for Riverside County
 - Mandatory reporting of laboratory-confirmed** influenza associated fatal cases age 18-64 years and ICU cases age 0-64.
- Complete the Severe Influenza Case History Form (ICU and Fatal Cases age 0-64 years) located at <https://www.ruhealth.org/sites/default/files/PH/Disease%20Control/docs/cdph%209070%20form.pdf> and fax to Disease Control at (951) 358-5446, or through CalREDIE for participating health care facilities.
- For reported cases of severe or fatal influenza associated cases, it is recommended specimens be sent for further sub-typing/characterization.
- Mandatory reporting of *any* respiratory disease outbreak (please note that acute respiratory outbreak instructions in this guideline do not apply to COVID-19 outbreaks):
 - Outbreaks in institutions (e.g., long-term care facilities, prisons, sleepover camps) with at least **one** case of laboratory-confirmed influenza in the setting of a cluster (≥ 2 cases) of ILI* within a 72-hour period.
 - Outbreaks associated with hospitalizations or fatalities.
 - Outbreaks assessed as having public health importance (e.g., case(s) have recent exposure to swine, recent travel to an area where novel influenza is circulating or contact with a confirmed case of swine or novel influenza).

**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, viral 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. This may include a direct fluorescence assay, culture, or polymerase chain reaction (PCR). Positive rapid antigen samples should be sent to the RUHS- Public Health lab.

ENHANCED SURVEILLANCE FOR PEDIATRIC SEVERE CASES

- The CDPH Immunization Branch has requested local health jurisdictions to collect additional seasonal influenza vaccine information for influenza associated fatal cases who were not vaccinated or with unknown vaccination status.
- A supplemental form will be required for all of these pediatric cases who were not vaccinated or with unknown vaccination status. Disease Control will contact the Infection Preventionist if additional information is needed to complete the form.

RESPIRATORY SYNCYTIAL VIRUS (RSV) ASSOCIATED FATAL CASES

- Health Care Facilities should report laboratory-confirmed RSV associated fatal cases in children under 5 years of age.
- RSV-associated deaths in children < 5 years old who are co-infected with COVID-19 or Flu should be reported for both conditions.
- Report to Disease Control by faxing the following document <https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8265.pdf> to 951-358-5102 or through CalREDIE by uploading the form, medical records, laboratory results, and any other relevant materials to the electronic filing cabinet.