



To: CAHAN San Diego Participant

Date: January 30, 2013

### Widespread Influenza Activity in San Diego County

During the week of January 20-26, 2013, the San Diego County Epidemiology and Immunization Services Branch (EISB) received 861 reports of influenza virus infection, compared to 503 reports received during the prior week. Visits to emergency departments due to influenza-like illness (ILI) increased to 12%, and influenza outbreaks were reported in variety of settings, often in long-term care facilities (LTCFs).

### Influenza Outbreaks in Long-Term Care Facilities (LTCFs)

LTCFs are asked to promptly report all influenza outbreaks to San Diego County EISB. An influenza outbreak at an LTCF is defined as two (2) or more cases of influenza-like illness, including at least one (1) laboratory-confirmed case, with symptom onsets occurring within a 3-day period. Even in a non-outbreak setting, any LTCF resident with confirmed or suspected influenza should receive antiviral treatment immediately. Once an outbreak is identified, antiviral prophylaxis of non-ill residents should also be promptly initiated, regardless of their influenza vaccination status. The Centers for Disease Control and Prevention (CDC) recommends antiviral prophylaxis for non-ill residents for at least 2 weeks, and continuing for at least 7-10 days after the last outbreak-associated case onset.

Diagnosing influenza in elderly persons and other long-term care residents may be challenging; they may manifest atypical signs and symptoms of influenza, and they may not have fever. Clinicians should have a high degree of suspicion for influenza in long-term care settings. Influenza testing should occur when any LTCF resident has ILI. However, a negative rapid influenza test should not exclude a diagnosis of influenza and therefore should not result in withholding antiviral treatment if influenza is suspected.

For additional guidance on managing influenza outbreaks in LTCFs, please visit the CDC website at <http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm> and the California Department of Health Services website at <http://www.cdph.ca.gov/programs/hai/Documents/Influenza-Recommendations-LTCF-v.12-11.pdf>.

### Influenza Outbreaks in Non-LTCF Settings

Influenza outbreaks in non-LTCF settings should also be promptly reported if they involve *congregate living of people at high risk for influenza complications* (e.g., assisted living facilities, prisons, homes for the developmentally disabled). Similar to LTCFs, these outbreaks should be reported if there are two (2) or more cases of influenza-like illness, including at least one (1) laboratory-confirmed case, with symptom onsets occurring within a 3-day period. Influenza outbreaks in schools, camps, day programs, and other settings should be reported to San Diego County EISB if there are outbreak-associated hospitalizations or fatalities, or if at least one case is known to have had recent exposure to swine or to a confirmed case of swine influenza (e.g., H3N2v or H1N2v).

### Influenza Outbreak Testing at San Diego County Public Health Laboratory (SDCPHL)

PCR testing for influenza may be available at SDCPHL to confirm outbreaks reportable to EISB. In consultation with EISB, facilities may submit up to four (4) nasopharyngeal, nasal, or throat swabs from currently ill residents for influenza confirmation and further testing. Specimens should be collected no later than 5 days after symptom onset, refrigerated, and unless frozen, submitted in viral transport media within 3 days of collection. SDCPHL is located at 3851 Rosecrans Street, San Diego, 92110.

An **Influenza Virus PCR Test Request Form** must be submitted with each patient specimen. A recently updated version of the form is provided on the second page of this alert. **Please discard all other versions of this form.** For questions regarding local influenza surveillance, reporting, or testing, please contact the Epidemiology Program of EISB at 619-692-8499. If you would like to be added to the distribution list for the County of San Diego Influenza Watch, please e-mail [EpiDiv.HHSA@sdcounty.ca.gov](mailto:EpiDiv.HHSA@sdcounty.ca.gov).

Thank you for your continued participation.

### CAHAN San Diego

County of San Diego, Health & Human Services Agency  
Epidemiology and Immunization Services Branch  
Phone: (619) 692-8499, Fax: (858) 715-6458  
Urgent Phone for pm/weekends/holidays: (858) 565-5255  
E-mail: [cahan@sdcounty.ca.gov](mailto:cahan@sdcounty.ca.gov), Secure Website: <http://cahan.ca.gov>  
Public-Access Website: <http://www.cahansandiego.com>

CAHAN San Diego Alerts are intended for the use of public health, medical and laboratory professionals in San Diego County, and should be considered confidential and **NOT DISTRIBUTED** further. An online CAHAN San Diego application is available at <http://www.cahansandiego.com> for appropriate and interested individuals. If you are not an approved CAHAN San Diego subscriber and have received this communication in error, please reply to this message immediately and then delete it.

**REQUEST FORM: INFLUENZA VIRUS PCR TEST**

**SDPHL LAB NO:**

<p align="center"><b>San Diego County Public Health Laboratory</b></p> <p>3851 Rosecrans St., Ste. 716 San Diego, CA 92110 Tel (619) 692-8500 FAX (619) 692-8558</p> <p>Lawrence Samons, PHM, Acting Chief</p>	HOSPITALIZED ≥ 24 hrs?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
	IF Yes, HOSPITAL NAME:	
	INTENSIVE CARE UNIT (ICU)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
	FATAL?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
	IF Yes, DATE OF DEATH: _____/_____/_____	
	RESIDENT OF LONG TERM CARE FACILITY OR CONGREGATE LIVING SETTING?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
	IF Yes, CIRCLE ONE: SNF, LTCF, GROUP HOME, PRISON/JAIL/DETENTION, BOARD & CARE, SCHOOL, UNIVERSITY, CAMP, DORMITORY, OTHER _____	
IF Yes, NAME OF FACILITY		

PATIENT NAME (LAST, FIRST, MI):		DATE OF BIRTH: ____/____/____
Address:		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female
City/State:	Zip:	PREGNANT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Phone:		Expected Delivery Date: ____/____/____

SUBMITTING LAB NAME:		SPECIMEN* DATE: ____/____/____
Address:		<i>Please submit specimen within 3 days of collection, unless frozen.</i>
City/State:	Zip:	
Phone:		Check if frozen <input type="checkbox"/>

SOURCE OF SPECIMEN:	<input type="checkbox"/> Nasal Swab <input type="checkbox"/> NP Swab <input type="checkbox"/> Throat Swab <input type="checkbox"/> Nasal Aspirate <input type="checkbox"/> Other _____
PREVIOUSLY TESTED FOR FLU?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, test method:	<input type="checkbox"/> EIA Rapid <input type="checkbox"/> DFA <input type="checkbox"/> PCR <input type="checkbox"/> Culture <input type="checkbox"/> Other: _____
If Yes, test kit:	<input type="checkbox"/> BD Veritor <input type="checkbox"/> BD Directogen <input type="checkbox"/> BINAX Now <input type="checkbox"/> QUIDEL QuickVue <input type="checkbox"/> Other: _____
If Yes, flu test result:	<input type="checkbox"/> Negative <input type="checkbox"/> Flu B <input type="checkbox"/> Flu A Subtype _____

<b>PATIENT HISTORY</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Symptoms of influenza-like illness (ILI): Fever ≥ 100° F (38.7° C) <u>and</u> cough and/or sore throat
Date Of Onset: ____/____/____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Contact with swine? If yes, specify:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Contact with a diagnosed influenza case? If yes, specify:

<b>INFLUENZA VACCINE HISTORY</b>	
<input type="checkbox"/> Received Influenza Vaccination	Date: ____/____/____

\*Specimens should be shipped in 2-3 ml of viral or universal transport medium (**NOT saline**). Submit only Dacron-tipped swabs (NOT wooden shaft, cotton or calcium alginate swabs). Specimens should be collected within 24-72 hours of symptom onset, and no later than 5 days after symptom onset. Specimens should be refrigerated at 4 degrees C and transported on cold packs within 3 days of collection date, otherwise, specimens must be frozen at -70 degrees C or below and shipped on dry ice.

**DATE RECEIVED:** \_\_\_\_/\_\_\_\_/\_\_\_\_