



Date: May 24, 2019

To: CAHAN San Diego Participants

From: Public Health Services, Health and Human Services Agency

Health Advisory: Increased Influenza-Like Illness in Local Migrant Shelter

This health advisory is issued to inform local healthcare professionals, particularly those who may see migrant populations in the emergency department (ED) or a federally qualified health center (FQHC), about influenza-like illness (ILI) occurring at the local asylum seeking family migrant shelter. This document provides recommendations for testing, treatment, and disposition of patient(s), as well as resource links.

Key Points

- If you are caring for **any** patient with ILI, including local migrants, use your **PPE**.
- Always ask about travel history and if the patient with ILI was transported from Texas to San Diego.
- **Test** ILI patients for influenza and **treat as per influenza guideline**. PCR testing is being recommended for migrant populations to help characterize the influenza viral strain. The **rapid Influenza diagnostic test (RIDT)** can also be used, but has a high false negative rate. Therefore, do not withhold treatment based on a negative result. When using RIDT, collect two (2) samples. If a positive result is obtained, **send both specimens** to the County Public Health Laboratory (PHL).
- Most of the ILI shelter cases have been children; if a child appears ill, also **consider bacterial co-infections**.
- Literature ([a multicenter retrospective case review](#)) from the 2009 H1N1 influenza pandemic found **six factors** that were **predictors** of severe H1N1 infection in the **pediatric population**: 1) history of chronic lung disease, 2) history of cerebral palsy/developmental delay, 3) chest retractions, 4) clinical dehydration, 5) oxygen requirement, and 6) tachycardia relative to age.
- If a patient is clinically well appearing, not requiring oxygen, not working hard to breathe, and hydrated – then you would normally be able to send patient(s) back to shelter or residence, with appropriate precautions.

Situation

- The local migrant shelter has reported an increase in the number of ILIs seen in individuals arriving from Texas this week. Several local migrant shelter residents have been confirmed to have either pandemic A/H1 or seasonal A/H3, both of which were matched to the 18/19 influenza vaccine. To date, there is no evidence of transmission occurring at the local migrant shelter, as individuals apparently have been exposed in Texas and then developed symptoms after arrival to San Diego. *Likewise, there is currently no evidence of community-wide transmission of influenza associated with these cases.*

Background

- An increased number of ILI cases has been reported in individuals seeking asylum in Texas.
- Recently, federal immigration authorities have begun sending flights of legal migrant families from Texas to San Diego. After a very brief stay in San Diego, the majority of individuals continue on to other U.S. destinations, to be with family members.
- Since arrival of individuals from Texas, over the past week, the San Diego local migrant shelter also has seen an increased number of ILI cases. Most of the cases developed symptoms, or had worsening symptoms, soon after arrival at the local migrant shelter. The majority of the cases have been children.
- The County held a [press conference](#) to on Thursday, May 23, 2019, to bring attention to this issue.

Assessment

- The County of San Diego PHL has tested six specimens collected from the local migrant shelter, via polymerase chain reaction (PCR) testing.
- Two samples tested negative and four samples revealed the following: one was pandemic A/H1, two were seasonal A/H3, and one was unsubtypeable.
- The PHL is sending specimens to the State lab for further typing. With these results, there are at least two sources for the ILI infections.
- The County will continue to conduct sporadic testing to monitor the types of viral subtypes seen in the shelter.

Definitions

- **Triage Definition for Influenza-like Illness.** Centers for Disease Control and Prevention (CDC) defines ILI as fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza.
- **Transmission of Influenza-like Illness.** The transmission of many respiratory infections is thought to occur largely through inhalation of respiratory aerosols, most often at distances of less than 6 feet. Transmission is common among close contacts and likely to account for the majority of transmission.
- **Incubation Period of Influenza.** The incubation period (the time from exposure to development of illness) varies, depending on the cause of the infection and several other factors. The incubation period for influenza may range from one to seven days.
- **Period of Communicability of Influenza Virus.** Adults with influenza can transmit the virus from at least one day **before** symptoms develop and up to five days **after** becoming ill. Children may be infectious for longer than seven days. Antiviral medication treatment can shorten the time that transmission can occur.
- **Susceptible Contacts.** Those at increased risk of illness are those with close contact with someone who is ill, including persons providing care (e.g., healthcare personnel), persons living in the same dwelling/space, or persons in direct contact with respiratory secretions (saliva droplets of a suspected case, coughing, or sneezing).

Recommendations for Providers

Testing

- PCR testing is being recommended for the migrant population, when presenting to the ED or a FQHC. This will help characterize the influenza viral subtypes circulating in the migrant shelter. This includes a patient presenting to the ED from the local migrant shelter or federal immigration authorities with signs and symptoms suggestive of influenza, including atypical clinical presentations or findings suggestive of complications associated with influenza.
- The rapid influenza diagnostic test (RIDT), although helpful if positive, is not as effective, due to low sensitivity and specificity.
 - If the RIDT is used, do not decide against or discontinue antiviral treatment based on a negative RIDT.
 - A negative RIDT result, if contrary to clinical presentation, should be confirmed at the County PHL. The laboratory is available to conduct secondary testing for any negative results.
- Whether or not the patient is admitted to the hospital:
 - Obtain samples to test for influenza, regardless of age or duration of symptoms;
 - Start empiric antiviral treatment; and
 - Send samples for PCR panel or RIDT to the County PHL (see contact information at the end of this CAHAN).
- These actions are being requested because of the need to characterize the viral subtype(s) circulating in the local migrant population.
- *As a reminder, there is currently no evidence of any community-wide transmission of influenza associated with these cases. The above actions are to characterize the influenza subtypes circulating in the local migrant shelter.*

Antiviral Treatment

- Oseltamivir (i.e., Tamiflu®) is the first-line oral agent recommended for influenza antiviral treatment and for chemoprophylaxis.
- To minimize the spread of influenza in the local migrant shelter, when symptomatic individuals are seen in the ED or FQHCs, antiviral treatment is recommended as soon as possible for this population when influenza is suspected or confirmed.

- Antiviral agents should be initiated within the first 48 hours of symptom onset for maximum benefit. While this is most effective, treatment started later can still be beneficial, especially for individuals at higher risk for severe illness and/or complications.
- Note that [treatment dosing differs from chemoprophylaxis dosing](#) and patients with impaired renal function require adjusted doses.
- Inhaled zanamivir (Relenza®) is an option for those who cannot receive oral oseltamivir. A new agent, baloxivir (Xofluza®), has been approved for treatment of individuals 12 years and older; only a single dose is required when using this drug.
- Offer antiviral treatment promptly to local migrant populations with ILI, pending laboratory confirmation (even if at low risk for complications), to decrease transmission of influenza.
- Treatment is especially important for individuals who are at [high risk for complications of influenza](#), such as pregnant women and those who are immunocompromised, <5 years of age, or ≥65 years of age. See CDC and California Department of Public Health (CDPH) resources below for complete list.

Infection Control Measures

- **Respiratory Hygiene/Cough Etiquette.** Practice and promote respiratory hygiene/cough etiquette at all times.
- **Hand Hygiene.** Practice frequent hand hygiene with soap and water or an alcohol-based hand rub. Alcohol-based hand rub is effective against influenza viruses, and most other respiratory viruses, but not against norovirus, hepatitis A, MRSA, or C. difficile.
- **Personal Protective Equipment (PPE).** Use PPE (i.e., simple surgical masks, eye protection, gloves, gowns) together with the above strategies and according to risk of exposure. Hand hygiene should be performed before and after donning and doffing of all PPE.

Disposition and Travel Restrictions

- If the patient is clinically well appearing, not requiring oxygen, not working hard to breathe, and hydrated – the patient may be discharged back to the shelter/residence. The local migrant shelter has established methods of isolation and is able to manage ambulatory patients.
- Recommend travel restrictions, to migrant shelter personnel, for those patients who are ill and not yet recovering and those at higher risk for complications (children under 5 and pregnant women).

Resources

Federal

- CDC Guidance - LTCFs
<https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>
<https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>

State

- CDPH Infection Control Recommendations for Shelter Residents with Influenza-Like Illness
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/ICRecommendationsShelterResidentswithILI.pdf>
- CDPH Antiviral Guidance for Shelter Residents
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/AntiviralGuidanceForShelterResidents.pdf>
- CDPH Guidance - LTCFs
https://www.cdph.ca.gov/Programs/CHCQ/HA/CDPH%20Document%20Library/RecommendationsForThePreventionAndControlOfInfluenzaNov2018_FINAL.pdf

Thank you for your continued support and participation. If you have any questions or need more information, please call the County Epidemiology Program, at the contact number below.

CAHAN San Diego

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