



Please copy and distribute to ALL physicians at your location.

## Recommendations for Influenza Testing and Reporting 2013-2014

The outlined recommendations are provided by the California Department of Public Health (CDPH) to utilize during the 2013-2014 influenza season (September 29, 2013–May 17, 2014). These recommendations take into account guidance issued by the U.S. Centers for Disease Control and Prevention (CDC) following recent increases in human cases of variant swine influenza (H3N2v and H1N2v), available at: <http://www.cdc.gov/flu/swineflu/h3n2v-surveillance.htm>.

**Mandatory Reporting:** Laboratory-confirmed influenza in fatal cases age 0-64 years.

Acute respiratory outbreaks in the following situations:

- 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 ( $\geq 2$  cases) of ILI\* within a 72- hour period.
- Associated with hospitalizations or fatalities.
- 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).

\* *Influenza-like illness = fever ( $>100^{\circ}\text{F}$  or  $37.8^{\circ}\text{C}$ ) and cough and/or sore throat, in the absence of a known cause*

**Voluntary Reporting:** Laboratory-confirmed influenza cases age 0-64 years requiring intensive care.

The Ventura County Public Health Department (VCPH) has not received any reports of laboratory-confirmed cases of influenza or acute respiratory outbreaks that would indicate an early start to the 2013-14 influenza season.

To file a Communicable Disease report, complete and e-mail or FAX the CMR according to the instructions on the first page of the form:

[http://www.vchca.org/docs/public-health/cdph110a-all-dz-except-tb-dmv-10-2011\\_vcph\\_re.pdf?sfvrsn=0](http://www.vchca.org/docs/public-health/cdph110a-all-dz-except-tb-dmv-10-2011_vcph_re.pdf?sfvrsn=0)

**Laboratory testing:** Laboratory confirmation can include any positive test performed by any clinical, commercial or local public health laboratory, including by positive rapid antigen test, direct fluorescence assay, culture or PCR. As 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. For cases of severe influenza, specimens should be sent for further sub-typing/characterization to the local public health laboratory or CDPH-VRDL, which will enable CDPH to closely monitor the strains of influenza viruses that may be causing severe disease or novel pandemic viruses and the emergence of antiviral resistance.

Reverse transcriptase-polymerase chain reaction (RT-PCR) is the preferred testing method when there is strong clinical suspicion, even if the rapid test is negative. Influenza testing is encouraged for the following situations:

**Communicable Disease Office**

2240 E. Gonzales Road, Oxnard, California 93036 (805) 981-5201 FAX (805) 981-5200



# Hot Tips

A Service of Ventura County Public Health Department

RIGOBERTO VARGAS, MPH, DIRECTOR

ROBERT M. LEVIN, MD, HEALTH OFFICER  
DATE 09/09/2013

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- Hospitalized, intensive care unit (ICU) and/or fatal cases with ILI
- Acute respiratory outbreaks
- ILI in any person with recent swine exposure or contact with a confirmed case of swine (e.g. H3N2v or H1N2v) influenza.

Collect respiratory specimens for confirmation and further subtyping by RT-PCR at a Respiratory Laboratory Network (RLN) public health laboratory or the CDPH Viral and Rickettsial Disease Laboratory (CDPH-VRDL).

Work with community partners, e.g., hospital clinicians and clinical laboratories, to remind them of the importance of saving specimens so that further subtyping and characterization can be performed at a public health laboratory.

## Diagnostic testing:

- Influenza RT-PCR testing is available at CDPH-VRDL and at 28 RLN laboratories.
- Upper respiratory samples suitable for RT-PCR include: nasopharyngeal (NP) swabs, nasal swabs, throat swabs, nasal aspirate, nasal washes, NP wash, and NP aspirate. For patients hospitalized with pneumonia, specimens from the lower respiratory tract should also be obtained. Lower respiratory tract samples suitable for RT-PCR include: bronchoalveolar lavage, bronchial wash, tracheal aspirate, and lung tissue.
- Place Dacron-tipped swabs in a standard container with 2-3 ml of viral transport media (VTM). Cotton or calcium alginate swabs are not acceptable for PCR testing.
- Specimens should be collected within the first 24-72 hours of onset of symptoms and no later than 5 days after onset of symptoms. The specimens should be kept refrigerated at 4°C and sent on cold packs if they can be received by the laboratory within 3 days of the date collected. If samples cannot be received by the laboratory within 3 days, they should be frozen at -70°C or below and shipped on dry ice. The CDPH-VRDL is able to receive specimens Monday through Friday.

## Vaccine availability:

VCPH has not yet received their shipment of vaccine from CDPH. Information on vaccine availability and community clinic locations will be posted on the website below when it becomes available.

<http://www.vchca.org/public-health/public-health-clinics>

## Information on becoming a sentinel provider:

Influenza season will be underway soon, and the California Influenza Surveillance Program needs your help!

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Sentinel providers help assess the timing, location, and impact of influenza viruses, and also help to identify the influenza virus strains that are circulating in the community.

## Who can be a California sentinel provider?

- Physicians, nurse practitioners, and physician assistants from any specialty practicing in California.
  - If you are located in California but do not serve in one of these roles in your practice, please forward this email to someone who does.

## What is requested of California sentinel providers?

- Report on a weekly basis the number of patients with ILI by age group and the total number of patients seen for any reason to CDC by internet or fax.
  - ILI is defined as (1) fever ( $\geq 100^{\circ}\text{F}$  or  $37.8^{\circ}\text{C}$ ) and (2) cough and/or sore throat, in the absence of a known cause other than influenza.
  - It takes most providers <30 minutes per week to compile and report their data.
- Sentinel providers are also encouraged to submit a subset of respiratory specimens to either CDPH or a local public health laboratory (depending on your jurisdiction) for free influenza testing.

## What do I get for being a California sentinel provider?

- Routine updates on influenza activity occurring in California.
- Individual test results for specimens submitted for testing.
- Subscriptions to the *Morbidity and Mortality Weekly Report (MMWR)* and *Emerging Infectious Diseases (EID)* journals, courtesy of CDC.
- Rapid influenza test kits for sentinel providers who report consistently.

## How do I enroll?

Please email [InfluenzaSurveillance@cdph.ca.gov](mailto:InfluenzaSurveillance@cdph.ca.gov) or contact Monica Kang at [Monica.Kang@cdph.ca.gov](mailto:Monica.Kang@cdph.ca.gov) or phone 510-620-3761.

Additional information about the California Influenza Surveillance Program is available at: <http://cdph.ca.gov/programs/dcdc/Pages/CaliforniaInfluenzaSurveillanceProject.aspx>

This bulletin is intended to improve the public health in our county by keeping physicians and nurses informed of noteworthy diagnoses, disease trends and other events of medical interest. Another goal of a public health department is to educate. We hope that you will use this information to increase your awareness. Please allow us to continue in our role of speaking to the press so that we may maximize the educational message to the benefit of all citizens of Ventura County.

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