



DEPARTMENT OF  
**HEALTH AND HUMAN SERVICES**

Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.



Grant Nash Colfax, MD  
DIRECTOR

Matthew Willis, MD, MPH  
PUBLIC HEALTH OFFICER

Lisa M. Santora, MD, MPH  
DEPUTY PUBLIC HEALTH OFFICER

3240 Kerner Boulevard  
San Rafael, CA 94901  
415 473 4163 T  
415 473 2326 F  
415 473 3232 TTY  
[www.marincounty.org/hhs](http://www.marincounty.org/hhs)

## PUBLIC HEALTH ADVISORY

January 10, 2018

### Flu Activity in Marin County

Dear Colleagues:

This advisory provides information about local flu activity and outbreaks, disease recognition, screening and testing, reporting procedures, and resources for Marin County clinicians.

### Situation Update

Influenza activity has increased significantly in California and in Marin County over the last few weeks, and influenza A (H3N2) is currently predominating this season. In general, H3N2 is associated with more deaths and hospitalizations in persons 65 years and older and in children under 2 years old.

Marin County Emergency Departments (EDs) are managing a high volume of influenza patients. Most patients evaluated for influenza-like illness (ILI)<sup>1</sup> in EDs are sent home. Clinicians can help protect ED resources for patients who require emergency response by managing lower risk ILI on an outpatient basis.

While vaccine effectiveness this season is lower than most years, the recommendations for immunization with seasonal influenza vaccine remain the same. Even when vaccine effectiveness is limited, immunization prevents illnesses and hospitalizations, decreases severity of disease, and offers protection against other strains of influenza that are circulating.

### Actions requested of providers

1. **Recommend and provide** *flu vaccination* for everyone age 6 months and older, and **recommend and provide** *pneumococcal vaccination* for those at increased risk of pneumococcal disease.
2. **Encourage** persons with influenza-like illness (ILI) who are at increased risk for complications to seek medical care promptly. Support the outpatient management of patients with ILI symptoms who are not at increased risk of complications.
3. **Treat** all hospitalized patients with clinical signs and symptoms consistent with influenza. Use oseltamivir, zanamivir or peramivir.
4. **Report** to [Marin County's Communicable Disease Prevention and Control \(CDPC\) unit](#).

---

<sup>1</sup> ILI (influenza-like illness) is temperature >37.8°C or 100°F *and* cough *and/or* sore throat, in the absence of a known cause.

- **Outbreaks** of ILI in residents of large group or institutional settings; and laboratory confirmed influenza-associated **ICU hospitalizations and deaths** of patients less than 65 years of age.
5. **Implement infection control measures**
- All persons with ILI should be instructed to stay at home until at least 24 hours after resolution of fever (100.4° F [38° C]) without the use of fever-reducing medications (unless medical evaluation indicated).
  - All persons with fever and cough should wear a face mask in common areas of all health care settings.
  - Staff entering the exam room of any patient with ILI should either ensure the patient is masked, or wear either a face mask or N-95 respirator pending diagnosis.
  - Droplet isolation precautions should be used for 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, *whichever is longer*, while a patient is in a health care facility.
  - Long-term care facilities should review the California Department of Public Health (CDPH) January 10, 2018 [All Facilities Letter \(ALF 18-08\)](#) and follow [CDC guidance](#) for outbreak management.

### **Antiviral Treatment for Influenza**

Antiviral medications can reduce illness severity, shorten duration of illness and length of hospitalization, and reduce risk of complications and mortality from influenza. Antiviral medications can also prevent disease. CDC recommends:

- Use of oral **oseltamivir** (Tamiflu®), inhaled **zanamivir**(Relenza®), and intravenous **peramivir** (Rapivab®). All three are neuraminidase inhibitors that have activity against both influenza A and B.

Antiviral treatment as early as possible for suspected or confirmed influenza in:

- Hospitalized patients;
- Persons with severe, complicated, or progressive illness; and
- Persons at higher risk for influenza-related complications.

Those at higher risk for influenza-related complications include:

- persons <2 years old or > 65 years old;
- persons with chronic pulmonary, cardiovascular, renal, hepatic, hematological, neurologic (including neurodevelopmental), and metabolic disorders;
- persons with immunosuppression, including from medications or by HIV infection;
- women who are pregnant or postpartum (within 2 weeks after delivery);
- persons aged <19 years who are receiving long-term aspirin therapy
- American Indians/Alaska Natives;
- persons who are morbidly obese (i.e., BMI =40); and
- residents of nursing homes and other chronic-care facilities.

### **Infection Prevention and Control**

#### ***Prevention and Control of Seasonal Influenza with Vaccines, 2017-18***

Centers for Disease Control and Prevention (CDC) [recommends](#) that everyone 6 months and older receive annual **flu vaccination** with rare exception.

- **Children age 6 months through 8 years** need 2 doses for 2017-18, administered at least 4 weeks apart. All children who have previously received two doses only need one dose this season.
- **Pregnant women** may now receive any licensed, recommended, and age-appropriate flu vaccine.
- **Persons who report an allergy to eggs: CDC [recommends](#) that people with a history of egg allergy of any severity should receive any licensed, recommended, and age-appropriate influenza vaccine.**

### **Pneumonia Vaccine**

The pneumococcal conjugate vaccine, PCV13 or Prevnar 13<sup>®</sup>, is currently recommended for all children younger than **5 years old**, all adults **65 years** or older, and people 6 through **64 years old** with certain medical conditions.

Additionally, CDC [recommends](#) one dose of pneumococcal polysaccharide vaccine, PPSV23 or Pneumovax<sup>®</sup>, for adults:

- 65 years or older, regardless of previous history of vaccination with pneumococcal vaccines.
- 19 through 64 years with certain medical conditions.

### **Infection Control Precautions for Healthcare Settings**

By [order](#) of the County of Marin Health Officer dated October 2, 2017 (originally issued on December 28, 2012), all health care workers at hospitals, clinics, skilled nursing facilities (SNFs), long-term care facilities, correctional facilities, hospices, home health agencies, and emergency medical services are required to receive an annual influenza vaccination or, if they decline, wear a mask in patient care areas during the influenza season. Additionally, California law (Health & Safety Code §1288.7 / Cal OSHA §5199) mandates either flu vaccination or the signing of a declination form for all acute-care hospital workers and most health care personnel including clinic and office-based staff.

### **Influenza Surveillance and Reporting**

Please report:

- **Cases occurring among residents of group or institutional settings** (e.g., long-term care, rehab, assisted living facilities, college dorms) in Marin County which are either: **(a) lab-confirmed cases** of influenza or **(b) outbreaks** of undiagnosed ILI.
  - Report by telephone to (415) 473-4163 **within 24 hours**.
- **Severe** (hospitalized in the ICU) and **fatal** cases of **lab-confirmed influenza in persons 0-64 years old**.
- As soon as possible (but no later than 7 days), complete [case report form](#) and fax to Marin County's CDPC unit at (415) 473-6002 or call (415) 473-4163 to speak with a public health nurse.
- Note: Marin County's CDPC unit may request retained specimens from fatal cases, which will be forwarded to CDPH for viral culture, strain typing, antiviral resistance testing to characterize the circulating strains, guide antiviral treatment recommendations and look for the emergence of novel strains.
- Report cases of ILI with epidemiological characteristics (history of travel or recent close contacts or exposures within 10 days of symptom onset)

- suggesting variant or novel influenza infection (e.g., [swine](#) or [avian](#)) or cases of ILI suggesting [Middle East Respiratory Syndrome Coronavirus](#) (MERS-CoV)
- [Report](#) respiratory syncytial virus (RSV) – associated fatal cases age 0-4 years.

**Influenza Testing, Specimen Collection and Submission**

[Rapid antigen tests](#) may be useful when testing to help guide acute clinical care decisions. Note that a CDC study found that rapid flu tests have limited ability to detect variant influenza A viruses.

**Additional Resources**

Marin County Public Health – [www.marinflu.org](http://www.marinflu.org)

CDPH – [www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Influenza.aspx](http://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Influenza.aspx)

CDC – [www.cdc.gov/flu](http://www.cdc.gov/flu)

Sincerely,

Lisa M. Santora, MD, MPH  
Deputy Public Health Officer  
[LSantora@marincounty.org](mailto:LSantora@marincounty.org)