



A Tradition of Stewardship
A Commitment to Service

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Alice Hughey
Interim Agency Director

HEALTH ALERT

Increased Influenza Activity in Napa County

January 2, 2014

Dear Napa County Physicians and Healthcare Providers,

In the last week, Napa County has experienced a sharp increase in influenza activity, including two cases of severe illness requiring admission to the ICU. A similar situation is occurring in other counties throughout California. While many people with severe illness due to influenza this season have had risk factors for influenza-associated complications, including pregnancy and morbid obesity, others have not.

The CDC has released the following recommendations for use of influenza antiviral medications this flu season:

- Encourage all persons with influenza-like illness who are at high risk for influenza complications to seek care promptly to determine if treatment with influenza antiviral medications is warranted.
- Antiviral treatment is recommended as early as possible for any patient with confirmed or suspected influenza who
 - is hospitalized;
 - has severe, complicated, or progressive illness; or
 - is at higher risk for influenza complications. This list includes:
 - children aged younger than 2 years;
 - adults aged 65 years and older;
 - persons with chronic pulmonary (including asthma), cardiovascular (except hypertension alone), renal, hepatic, hematological (including sickle cell disease), metabolic disorders (including diabetes mellitus), or neurologic and neurodevelopment conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy [seizure disorders], stroke, intellectual disability [mental retardation], moderate to severe developmental delay, muscular dystrophy, or spinal cord injury);
 - persons with immunosuppression, including that caused by medications or by HIV infection;
 - women who are pregnant or postpartum (within 2 weeks after delivery);
 - persons aged younger than 19 years who are receiving long-term aspirin therapy;
 - American Indians/Alaska Natives;

- persons who are morbidly obese (i.e., body-mass index is equal to or greater than 40); and
 - residents of nursing homes and other chronic-care facilities.
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- Antiviral treatment can also be considered for suspected or confirmed influenza in previously healthy, symptomatic outpatients not at high risk on the basis of clinical judgment, especially if treatment can be initiated within 48 hours of illness onset.
 - Decisions about starting antiviral treatment should not wait for laboratory confirmation of influenza.
 - Rapid influenza diagnostic tests (RIDTs) have limited sensitivities and predictive values; **negative results of RIDTs do not exclude influenza virus infection in patients with signs and symptoms suggestive of influenza.** Therefore, antiviral treatment should not be withheld from patients with suspected influenza, even if they test negative.
 - While influenza vaccination is the best way to prevent influenza, a history of influenza vaccination does not rule out influenza virus infection in an ill patient with clinical signs and symptoms compatible with influenza.

The Napa-Solano-Yolo-Marin Public Health Lab is accepting influenza specimens for strain typing at no cost. Surveillance testing is very helpful in characterizing circulating strains of influenza early in the influenza season and can provide important information regarding antiviral resistance. Please use the attached specimen submission form when submitting influenza specimens. Questions may be directed to the Napa County Public Health Communicable Disease Program at 707-299-1499.

Sincerely,



Karen Smith, MD, MPH
Public Health Officer

Napa-Solano-Yolo-Marin County Public Health Laboratory
Seasonal and Novel Influenza Testing and Subtyping
 Specimen Submittal Form

Respiratory Specimens:

- Every specimen should be labeled with: **date of collection, specimen type, and patient name.**
- Specimens should be collected within the first 24-72 hours of onset of symptoms and no later than 5 days after onset.
- At a minimum, collect a nasopharyngeal swab (nasopharyngeal wash or nasopharyngeal aspirate are also acceptable). Oropharyngeal (throat) swabs are acceptable, but may not have as high yield. If oropharyngeal specimens are collected, they should be accompanied by a specimen from the nasopharynx. Place the swabs in a standard container with 2-3 ml of viral transport media (VTM).
- If the patient is hospitalized with pneumonia, specimens from the lower respiratory tract (e.g., tracheal aspirate, bronchoalveolar lavage) should also be obtained.
- Use dacron-tipped swabs only. Cotton or calcium alginate swabs are **not** acceptable for PCR testing.

Specimen Storage and Shipment:

Specimens should be kept refrigerated at 4°C and sent on cold packs, if they can be received by the laboratory within five days of the date collected. If specimens cannot be received by the laboratory within five days, they should be frozen at -70°C and shipped on dry ice. Please call **(707) 784-4410** for specimen pickup or send specimens to:

Napa-Solano-Yolo-Marin County Public Health Laboratory
2201 Courage Drive, MS 9-200
Fairfield, CA 94533

Please do not send specimens on a Friday or weekends unless special arrangements have been made with the laboratory.

Patient's last name		First name		Patient's mailing address (including Zip code)	
Age	DOB	Sex (circle) M F	Onset date	COUNTY: _____	
Patient occupation:			Patient travel history within 10 days of symptom onset:		
Disease suspected or test requested: <input type="checkbox"/> Influenza <input type="checkbox"/> other respiratory virus					
1 st	Specimen type and/or specimen source	Date collected		1 st	
2 nd	Specimen type and/or specimen source	Date collected		2 nd	
Submitting facility:					
Submitting physician name:				Submitting physician phone #:	

Hospital, clinic and laboratory information (required):

Was this specimen tested by a rapid antigen test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, result:	<input type="checkbox"/> Pos A	<input type="checkbox"/> Pos B	<input type="checkbox"/> Pos A or B	<input type="checkbox"/> Neg
If not, what test method was used on this specimen? _____ What was the result? _____							
Epidemiologic and Clinical Information (Please attach hospital/clinic notes and laboratory data)							
CDC Sentinel Provider patient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Fever to ____°F	<input type="checkbox"/> Cough			
Outbreak setting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Shortness of breath			
If yes, setting:	<input type="checkbox"/> school	<input type="checkbox"/> hospital	<input type="checkbox"/> LTCF	<input type="checkbox"/> Nausea/ vomiting/ diarrhea		<input type="checkbox"/> Altered mental status	
<input type="checkbox"/> Prison	<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other, please describe: _____				
Health Care Worker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is patient hospitalized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is patient pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is patient in the ICU?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Was patient vaccinated for influenza ≥ 14 days prior to onset of symptoms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is patient taking antiviral drugs?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, how many doses? _____			If yes, what drug? _____			Date started? _____	
Major clinical findings:							
Other relevant information:							