San Mateo County

Current Activity

San Mateo County

- Influenza and RSV activity in San Mateo County continues to decline sharply
- Based on lab reports from seven reporting county and hospital laboratories*, there were 0 influenza specimens and 0 RSV positive specimens in week 18 (Figure 1).
- To date, a total of 3,506 specimens have been tested for influenza, of which 516 (14.7%) are positive (Figure 2). Of the positive specimens, 447 (86.2%) were influenza A and 69 (13.8%) were influenza B. A total of 437 specimens have been tested for RSV, of which 98 (22%) were positive (Figure 3).
- Influenza-like-illness (ILI) surveillance data from San Mateo Medical Center ED sharply decreased in week 18 (0%) compared to week 17 (0.24%). To date, influenza-like illness visits made up 0.97% (dashed line on graph) of total ED visits, which is above the 2011-12 seasonal average of 0.59% (Figure 4).
- Three confirmed influenza related hospitalizations among persons aged 0-64 years have been reported to date. Sixteen laboratory confirmed outbreaks have been reported to date. No outbreak was reported during week 18.

California:

- Overall influenza activity in California remained “sporadic” during week 18
- The Respiratory Lab Network (RLN) tested 845 specimens for influenza during weeks 17-18, of which 24 (2.8%) were positive for influenza; 7 (29.2%) were influenza A, of which two (28.6%) were subtyped as seasonal A (H3) and two (28.2%) were influenza A (H1N1); 17 (70.8%) were influenza B.
- RSV detections decreased in week 18 (2.0% compared to 2.3% in week 17).
- Nine influenza-reported deaths in persons under the age of 65 were reported in week 17 and 18 (including two pediatric deaths). To date, a total of 74 deaths, including five pediatric deaths, have been reported.
- CDPH received no reports of laboratory confirmed influenza outbreaks during week 18.
- The proportion of outpatient ILI visits was 1.0%, which fell below the baseline of 2.6%

United States

- During week 18, influenza activity remained low in the United States.
- Of the 3,048 specimens tested, 125 (4.1%) were positive for influenza. Of the positive specimens, 41 (32.8%) were influenza A, of which 8 (19.5%) were H3; and 84 (67.2%) were influenza B.
- On April 1, 2013, the World Health Organization reported three human cases with a new influenza virus (H7N9) in China. Since then, 131 cases (including 32 deaths) have been reported.
- Three confirmed influenza related hospitalizations in persons aged 0-64 years have been reported to date. Sixteen laboratory confirmed outbreaks have been reported to date. No outbreak was reported during week 18.
- During week 18, the proportion of outpatient ILI visits was 0.9%, which is below the baseline of 2.6%

UNITED STATES

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San Mateo County Medical Center ED, 2011-13 Influenza Seasons

Proportion of Influenza-like Illness Visits (ILI): San Mateo County Medical Center ED, 2011-13 Influenza Seasons

Flu activity in San Mateo County has decreased substantially. Five hundred and sixteen specimens (15.5%) have tested positive for influenza since the beginning of flu season in San Mateo County.

- Test outpatients with suspected flu with high risk of complications, who are being considered for antiviral treatment. Empiric treatment in outpatients with ILI is not indicated at this time. For suspected influenza A(H7N9) virus infection in persons presenting with acute febrile respiratory illness and an appropriate recent travel or exposure history, contact Communicable Disease Control at 573-2346.
- Continue to test hospitalized patients with suspected flu for the purposes of infection control and surveillance. Consider empiric treatment in severely ill hospitalized (ICU) cases with suspected influenza.
- Antivirals used for treatment: Oseltamivir or Zanamivir.

*Our reported numbers do not represent all cases of influenza within SMC, but are intended to demonstrate trends in influenza activity. Sources: SMC: Kaiser, San Mateo Medical Center, Sequoia Hospital, Peninsula Hospital, San Mateo County Public Health Lab; CA: California Influenza Surveillance Project. http://www.cdph.ca.gov/programs/vrdl/Pages/SeasonalInfluenzaReport/default.aspx
Public Health Advisory
Human Infections with Novel Influenza A (H7N9)

NOTE: A Health Advisory was sent to providers on April 17. This current advisory has some updates on case numbers and antiviral guidance. Please see page 3 for updated antiviral treatment guidance.

SITUATION:
On April 1, 2013, the World Health Organization (WHO) reported three human infections with a novel influenza A (H7N9) virus in China. These are the first known human infections with this avian influenza strain. The virus has also been detected in birds from poultry markets in China. As of April 21, 2013, a total of 102 human cases have been reported. Cases have been reported in Shanghai (34) and Beijing (1) and four surrounding provinces in eastern China: Jiangsu (23), Zhejiang (38), Anhui (3), and Henan (3). Most cases had severe respiratory illness, and 20 have died. Dates of illness onset ranged from February 19 to April 16, 2013. New cases continue to be reported and case counts are likely to increase. Updates are available at the WHO website: http://www.who.int/csr/don/en/. At this time, no human cases of novel influenza A (H7N9) have been detected outside of China. Two possible family clusters suggest that limited person-to-person transmission may occur where there is close contact. However, there is no evidence of ongoing person-to-person transmission.

Currently, the US Centers for Disease Control and Prevention (CDC) does not recommend any travel restrictions to China. CDC is repeating its standard advice to travelers and Americans living in China to follow proper hand hygiene and food safety practices, and to avoid contact with animals. Additional recommendations regarding international travel issues can be found at the CDC’s travel website: www.cdc.gov/travel/notices/watch/avian-flu/h7n9-china.htm.

With the large volume of international travel between California and China, suspect cases of novel influenza A (H7N9) are likely to occur in California and the San Mateo County Communicable Disease Control Program is therefore emphasizing the following:

ACTIONS REQUESTED OF CLINICIANS:

1. REPORT and CONSIDER TESTING for suspect novel influenza A (H7N9) patients who meet the exposure criteria described below. Contact the San Mateo County Communicable Disease Control Program at (650) 573-2346, Monday through Friday, 8:00 am to 5:00 pm, and at (650) 363-4981 after hours, weekends and holidays, for consultation and approval BEFORE submitting specimens to the San Mateo County Public Health Laboratory.

2. IMPLEMENT Standard, Droplet, Contact and Airborne Precautions as described below, for all healthcare personnel caring for patients suspected of being infected with H7N9 until more is known about the transmission characteristics of this virus.

3. Consider empiric TREATMENT with antiviral medications as soon as possible for all persons who meet the criteria described below, without waiting for laboratory confirmation.

4. CONSULT an infectious disease specialist and/or the CDC webpage for clinical information: http://www.cdc.gov/flu/avianflu/h7n9-virus.htm.

EXPOSURE & TESTING CRITERIA:
Clinicians should consider the possibility of novel influenza A (H7N9) virus infection in persons who present with respiratory illness compatible with influenza within 10 days of the following exposures:

i) Recent travel to countries where human cases of novel influenza A (H7N9) virus infection have recently been detected, especially if there was recent direct or close contact with animals (such as wild birds, poultry, or pigs) or where influenza A (H7N9) viruses are known to be circulating in animals. Currently, China is the only country that has recently reported novel influenza A (H7N9) human cases.

ii) Recent contact with confirmed human cases of infection with novel influenza A (H7N9) virus.

SPECIMEN COLLECTION AND ROUTING:
Obtain a nasopharyngeal swab or aspirate, using Standard, Droplet, Contact and Airborne Precautions, including eye protection. Place in viral transport medium that has been kept refrigerated at 2-8 degrees Celsius and ensure that the specimen is promptly refrigerated and maintained at this temperature. Call the San Mateo County Communicable Disease Control Program for consultation and approval before sending specimens to the Public Health Laboratory. Viral culture of these specimens should not be attempted by local laboratories. Specimens should be transported at 2-8 degrees Celsius to the San Mateo County Public Health Laboratory for preliminary testing regardless of the onsite rapid influenza testing results. If positive for Influenza A testing by reverse transcription polymerase chain reaction (RT-PCR) but unsubtypeable, specimens would be considered highly suspect for novel influenza A (H7N9) and would be screened by the California Department of Public Health, Viral and Rickettsial Diseases Laboratory (CDPH-VRDL). CDPH-VRDL will forward specimens to the CDC for confirmatory testing.
Public Health Advisory
Human Infections with Novel Influenza A (H7N9)

INFECTION CONTROL PRECAUTIONS:
Healthcare personnel (HCP) caring for patients under investigation for novel influenza A (H7N9) should adhere to Standard Precautions plus Droplet, Contact, and Airborne Precautions, including eye protection, until more is known about the transmission characteristics of the virus. All clusters of respiratory illness in HCP caring for patients with severe acute respiratory illness should be reported to San Mateo County Communicable Disease Control and will be promptly investigated.

VACCINATION & ANTIVIRAL GUIDANCE (UPDATED):
At this time, no vaccine for novel influenza A (H7N9) is available. Preliminary data suggest that the virus is susceptible to neuraminidase inhibitors. Antiviral treatment is most effective when started as soon as possible after illness onset. Because of the potential severity of illness associated with avian influenza A (H7N9) virus infection, CDC recommends that all confirmed, probable, and suspect cases of avian influenza A (H7N9), including outpatients with uncomplicated illness, be treated with neuraminidase inhibitors as early as possible. Please refer to CDC guidance posted on April 19: http://www.cdc.gov/flu/avianflu/h7n9-antiviral-treatment.htm

- Treatment should be initiated even if it is more than 48 hours after onset of illness and even for apparently uncomplicated illness.
- Laboratory testing and initiation of antiviral treatment should occur simultaneously; treatment should not be delayed for laboratory confirmation of influenza or H7N9 infection.
- For outpatients with uncomplicated disease in whom fever is absent and symptoms are nearly resolved, decisions to initiate antiviral treatment should be based on clinical judgment. Persons who are not treated with antiviral medications should be monitored for progression of illness.
- For hospitalized patients and patients with severe or complicated illness, treatment with oral oseltamivir (and not inhaled zanamivir) is recommended because of the lack of data for inhaled zanamivir in patients with severe influenza illness.
- The optimal duration and dose of therapy are uncertain in severe or complicated influenza. Pending further data, longer courses of treatment (e.g., 10 days of treatment) should be considered for severely ill hospitalized H7N9 patients.

Additional information on novel influenza A (H7N9) is available at the following websites:
- WHO Situation Updates: http://www.who.int/csr/don/en/
- CDC Health Advisory (April 5, 2013): http://emergency.cdc.gov/HAN/han00344.asp
- CDC avian influenza A (H7N9) information page: http://www.cdc.gov/flu/avianflu/h7n9-virus.htm
- CDC interim guidance for infection control: http://www.cdc.gov/flu/avianflu/h7n9-infection-control.htm

The Communicable Disease Program is available to help meet the reporting needs of, and answer questions for, San Mateo County providers. To report a disease or outbreak, please call 650-573-2346 Monday through Friday, 8:00 am to 5:00 pm, or fax a Confidential Morbidity Report (CMR) to 650-573-2919. You may download an electronic copy of the CMR at http://smhealth.org/sites/default/files/docs/PHS/cmr_cd_std.pdf. Web-based reporting via CalREDIE is also available. Please contact us if you would like to know more about, and sign up for, web-based reporting. Non-urgent questions and/or general inquiries may be directed to PH_CDControlUnit@smcgov.org.