



**SANTA CRUZ COMMUNICABLE DISEASE CONTROL**

## **PUBLIC HEALTH ADVISORY**

<b>To:</b>	All Santa Cruz County Physicians
<b>From:</b>	<b>Poki Stewart Namkung, M.D., M.P.H.</b>
<b>Re:</b>	<b>Enhanced Surveillance for Seasonal and Avian Influenza (H5N1)</b>
<b>Date:</b>	<b>Nov. 28, 2005</b>

Due to concern for a possible influenza pandemic, the Public Health Department is asking for your cooperation in heightened surveillance for seasonal and avian influenza (H5N1).

Currently, there have been no reported cases of H5N1 in domestic poultry, migratory birds, or humans in the U.S. No sustained or ongoing transmission of avian influenza among humans has occurred in Southeast Asia. However, the CDC recommends that local and state health jurisdictions implement enhanced surveillance activities to identify patients who may be at increased risk for H5N1.

**Identification of possible imported cases of H5N1 depends on clinicians obtaining recent international travel information from their patients, including possible exposure to a known or suspected human case of H5N1, as well as exposure to poultry or migratory birds while traveling in areas with documented H5N1 activity.**

### **Influenza Surveillance Activities for Clinicians**

1. Continue to report confirmed cases of influenza and outbreaks of febrile, respiratory illness especially in residential or institutional settings.
2. **Pediatric Patients** –please monitor your hospital for cases meeting the following case definition and report them to your local health department **at 831-454-4114 within 24 hours of recognition.**
  - A. A fatal clinical syndrome consistent with influenza or its complications, including lower respiratory tract infection, acute respiratory distress syndrome, apnea, cardiopulmonary arrest, myocarditis, Reye's or Reye's-like Syndrome, or acute CNS syndrome (e.g., encephalitis, seizures); **AND**
    - Confirmation by laboratory testing for influenza; **AND**
    - No period of complete recovery between the illness and death.
    - Hospitalization or ICU care not required.
  - B. Lab confirmed, influenza cases in children 0-17 years who have been hospitalized in the ICU and have a clinical syndrome consistent with influenza or its complications, including lower respiratory tract infection, acute respiratory distress, apnea, cardio-pulmonary arrest, myocarditis, Reye or Reye-like syndrome, or acute CNS syndrome (e.g. encephalitis, seizures).
3. **Testing for avian influenza is indicated for *hospitalized* patients with the following:**
  - Radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternate diagnosis has not been established, **AND**

- **History of travel** within 10 days of symptom onset to a country with documented avian influenza H5N1 in poultry and/or humans or contact with a known/suspected case of H5N1 Influenza. (see page 3 for link to list of affected countries).

**OR**

**Testing for avian influenza A/H5N1 should be considered on a case-by-case basis in consultation with your local health department for *hospitalized or ambulatory patients* with:**

- Documented temperature of >100.4°F (38°C) AND
- One or more of the following: cough, sore throat, shortness of breath, AND
- History of contact with poultry (e.g. visited a poultry farm or bird market) or a known or suspected human case of avian influenza A (H5N1) in an affected country within 10 days of symptom onset.

**Laboratory Testing/Specimen Collection and Transport**

Avian influenza H5N1 is classified as a select agent and, as such, culturing of clinical specimens must be done under conditions that meet Biosafety Level 3 with enhancements. Instructions for submitting specimens to Disease Control are attached to this advisory (See Algorithm).

**Avian Influenza A (H5N1) Testing**

Because rapid antigen tests for influenza have poor positive predictive value, clinicians with patients who meet the testing criteria for avian influenza (H5N1) should consult with Disease Control to determine the need to submit additional specimens for PCR testing for Influenza A (even if the rapid antigen test is negative).

- Pharyngeal swabs should be collected, as they seem to be more sensitive than nasal samples for detection of avian influenza (H5N1).
- Other acceptable specimens include NP swabs or nasal washes.
- *Viral cultures on specimens from suspected avian influenza cases should not be done in clinical laboratories.*

**Instructions for both Seasonal and Avian Influenza A (H5N1) Specimen Collection**

If submitting swabs:

- They must be Dacron with aluminum or plastic shaft placed in viral transport media (VTM).
- Cotton or alginate tipped swabs are **not** acceptable.
- Specimens are accepted Monday through Friday, 8am to 5pm, accompanied by the screening form for suspect avian influenza (see attached).

In order to assist clinicians in surveillance for H5N1, we are attaching three documents from the Department of Health Services:

- **Screening Form for Suspect Avian Influenza (H5N1) (updated 9/15/05)**
- **Algorithm for submittal of specimens for suspect Avian Influenza cases to Santa Cruz County Public Health Lab (updated 11/21/05).**
- **Infection Control Recommendations for Avian Influenza (H5N1) Suspect Cases**

**PUBLIC HEALTH ADVISORY on Seasonal and Avian Influenza    page 3**  
**Nov. 28, 2005**

For information on countries affected with bird and/or human cases of pandemic influenza, please visit these websites: [www.cdc.gov](http://www.cdc.gov) ,[www.pandemicflu.gov](http://www.pandemicflu.gov) and [www.who.int/en/csr/outbreaknetwork/en/](http://www.who.int/en/csr/outbreaknetwork/en/)

To report cases, call 831-454-4114, Monday through Friday, 8am to 5pm. After hours and on weekends, call 831-471-1183

**Health Alert:** conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** provides important information for a specific incident or situation; may not require immediate action.

**Health Update:** provides updated information regarding an incident or situation; unlikely to require immediate action.