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**Reporting of Influenza for the 2010-11 Season
Health Alert Update for Local Health Jurisdictions
Amended – September 15, 2010**

ADDENDUM: In addition to the voluntary reporting of influenza deaths in laboratory-confirmed cases for ages 18-64 years and the voluntary reporting of laboratory-confirmed influenza cases ages 0-64 years requiring intensive care as indicated below, please note that reporting of influenza deaths for cases ages 0-17 years remains mandated in California.

This Health Alert Update for Local Health Jurisdictions addresses **Influenza Reporting for the 2010-11 Season**, including information on laboratory testing requirements.

Background:

In the past year, 2009 H1N1 pandemic influenza, first reported in California in April 2009, has affected all populations and age groups. While attack rates have been highest in children and young adults, persons aged 40-60 years have had the highest case-fatality rates. It is not known whether 2009 H1N1 will return and which populations will be most affected as immunity in the population evolves. Public health monitoring of severely ill cases of all types and subtypes of influenza will be important in the 2010-11 season in order to monitor for the circulation of 2009 H1N1 and other influenza viruses and characterize populations at risk for complications. Information gathered from surveillance can lead to new prevention measures, education campaigns, and strategies for vaccine and antiviral use that will help protect the public.

A. Discontinued reporting of 2009 H1N1-specific cases.

As 2009 H1N1 is no longer considered an unusual disease, case-based reporting of fatalities and ICU cases is no longer required, except as noted below.

B. Anticipated change in California reportable disease list for medical providers (Section 2500)*

The California Department of Public Health (CDPH) and the California Conference of Local Health Officers (CCLHO) Communicable Disease Control Committee are working on amending current reporting regulations for influenza by adding the following to the California reportable disease list for medical providers (Section 2500):

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Influenza deaths in laboratory-confirmed cases for ages 0- 64 years

(this change extends the current age range of 0-17 years through age 64 years).

Until the reportable disease list is officially changed, reporting of influenza deaths in laboratory-confirmed cases aged 18-64 years is requested on a voluntary basis. Laboratory confirmation can include any positive test performed by any clinical, commercial or local public health laboratory (LPHL), including by positive rapid antigen test (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 using one of the other indicated methods), direct fluorescence assay, culture or polymerase chain reaction (PCR). Reported cases will be encouraged to have specimens sent for further sub-typing/characterization to the LPHL or the California Viral and Rickettsial Diseases Laboratory (VRDL), which will support monitoring of this sentinel population for strains of influenza viruses that may be causing severe disease or novel pandemic viruses and to identify increasing antiviral resistance.

C. Request for additional (voluntary) reporting by local health jurisdictions to CDPH of laboratory-confirmed influenza cases ages 0-64 years requiring intensive care.*

Currently, these cases are not reportable. However, for the last 6 years persons under 18 years old who are hospitalized in intensive care with influenza have been reported on a voluntary basis via enhanced surveillance to CDPH. This information, in conjunction with testing, enabled CDPH to accurately characterize where the 2009 H1N1 virus had, and had not, been circulating in California when it was first identified. Following declaration of a pandemic, all hospitalized cases of 2009 H1N1 requiring intensive care or dying were reported to CDPH. For the 2010-11 season, CDPH requests continuation of surveillance of ICU cases aged 0-64 years for any type of influenza on a voluntary basis. This information will assist in monitoring populations and age groups at highest risk for severe disease as the immunity to 2009 H1N1 virus in the California population evolves.

As above, laboratory confirmation can include any positive test performed by any clinical, commercial or local public health laboratory (LPHL), including by positive rapid antigen test (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 using one of the other indicated methods), direct fluorescence assay, culture or polymerase chain reaction (PCR). Reported cases will be encouraged to have specimens sent for further sub-typing/characterization to the LPHL or VRDL, which will support monitoring of this sentinel population for strains of influenza viruses that may be causing severe disease or novel pandemic viruses and to identify increasing antiviral resistance.

D. Request for additional (voluntary) reporting of pregnant women with laboratory-confirmed influenza of any type requiring intensive care or dying.

The CDC has indicated that in the near future cases of pregnant women infected with influenza of any type who either require hospitalization in intensive care or die may be made nationally

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notifiable. CDPH and the CCLHO CDC Committee will update current recommendations for reporting when this occurs. In the meantime, local health jurisdictions that are able to report severely ill cases hospitalized in intensive care will be able to capture these cases.

E. Respiratory Laboratory Network laboratories are advised to continue broadened surveillance testing for all influenza viruses, including subtyping.

In the Southern Hemisphere, reports of circulation of 2009 H1N1, seasonal influenza A/H3, and influenza B have been reported this summer. Since it is unknown when or which types of influenza will circulate in the Northern Hemisphere this season, and because knowledge of circulating influenza patterns will assist with antiviral treatment recommendations, CDPH advises all Respiratory Laboratory Network (RLN) laboratories to continue broad testing, especially in severely ill cases. In addition, RLN laboratories should continue to:

- Report all results to CDPH on a weekly basis
- Autopsy tissue of fatal cases should be referred to VRDL for further testing and histopathologic analysis at CDC.
- As resources are available, consider broadening testing to test for other viral respiratory pathogens with R-mix.
- On a case-by-case basis, testing for antiviral resistance at VRDL is also available (e.g., persistently positive PCR on treatment).

* Note: The attached form (Appendix A) can be used for reporting severely ill influenza cases (fatal or ICU). **Clinicians should be reporting cases directly to their local health jurisdiction.** If clinical information is not available, CDPH requests that the minimal information requested in the top boxed section be filled out so that follow-up collection of data from hospital medical records units or coroners offices can be performed. Once received, CDPH will share this data with the reporting local health jurisdiction. **CDPH will not contact clinicians or infection control practitioners directly, unless first given permission from the local health jurisdiction.**