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**CDPH Health Alert Update
Clarifications on Influenza Reporting
October 14, 2009**

Pandemic (H1N1) 2009 reporting

In accordance with Title 17, California Code of Regulations (CCR) §2500 and §2502, pandemic (H1N1) 2009 is considered reportable as an occurrence of unusual disease.

Healthcare providers and local health departments are asked to report hospitalizations, intensive care unit (ICU) and fatal cases of probable/confirmed* pandemic (H1N1) 2009 as follows:

- Weekly aggregated data for all hospitalizations (including ICU) and fatal cases of probable/confirmed pandemic (H1N1) 2009 within provided age groups
- Individual case reports for ICU and fatal cases of probable/confirmed pandemic (H1N1) 2009

The reporting period for aggregate and individual case reports is Sunday through Saturday. Local health departments should email aggregate reports to SwineFluReport@cdph.ca.gov by Tuesday at noon.

As reports of seasonal influenza increase, we can no longer assume that all influenza A-positive specimens are pandemic (H1N1) 2009. Whenever possible, CDPH strongly encourages further characterization of influenza A-positive specimens with subtyping and pandemic flu-specific PCR.

* Individuals who are positive for influenza A by PCR and negative for seasonal human subtypes H1 and H3 (i.e., unsubtypeable) are considered probable pandemic (H1N1) cases. Individuals who test positive by a pandemic (H1N1) influenza-specific PCR are considered confirmed pandemic (H1N1) cases.

Reporting of hospitalized, ICU and fatal cases of seasonal influenza

In order to monitor pandemic (H1N1) 2009 activity in relation to seasonal influenza, CDPH requests that local health departments also report all other laboratory-confirmed influenza as follows:

- In addition to aggregated data for pandemic (H1N1) 2009, weekly aggregated data for all hospitalizations (including ICU) and fatal cases of any laboratory-confirmed influenza, including pandemic (H1N1) 2009, within the designated age categories (report template attached)
- Individual case reports for ICU and fatal cases of any laboratory-confirmed influenza

These would include ICU and fatal cases with specimens meeting the following criteria:

- Influenza A only by any laboratory method (e.g., rapid test, culture, PCR, etc.), with no further subtyping or testing done; or
- Influenza A-positive specimens subtyped as human seasonal H1 or H3; or
- Influenza B-positive specimens.

CDPH asks that these cases also be reported on the H1N1 case report form, which is attached and is also available at:

<http://www.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenzaLHD.aspx>.

Cases that are influenza A-positive only, with no additional subtyping or testing done, should be reported on the form as “Influenza A – subtype not identified.” Influenza A-positive specimens that have been subtyped as seasonal human H1 or H3, or influenza B-positive specimens, should be reported as such.

Definitions of Pandemic (H1N1) 2009 Outbreaks

During the 2009-2010 influenza season, CDPH recommends that the following outbreak definitions be used:

Outbreaks in school settings

- 20% of students in a classroom or other epidemiologically-linked group ill with influenza-like illness (ILI), with a minimum of 5, and with onset within a 7 day period

Outbreaks in congregate living settings, e.g. dorms

- Three or more epidemiologically linked people with ILI with onset within a 7 day period

Outbreaks in long-term care facilities

- One laboratory-confirmed case in a resident (this also applies to seasonal influenza)