



2009 H1N1 and Seasonal Influenza Guidance for Reporting of Cases, Vaccine Adverse Events, and Outbreaks in the 2009-2010 Flu Season January 25, 2010

Revision History: Supersedes:

- "Pandemic (H1N1) 2009 Influenza- Health Alert Update" (8/13/09)
- "Pandemic (H1N1) 2009 Health Alert Update for Local Health Jurisdictions" (9/03/09)
- "CDPH Health Alert Update- Clarifications on Influenza Reporting" (10/14/09)
- "Health Alert" (11/03/09)

Summary

This document provides guidance for the reporting of 2009 H1N1 and seasonal influenza cases, vaccine adverse events, and outbreaks to CDPH. Information from previous CDPH documents and updates (noted above) has been consolidated to provide one document that contains the most recent reporting guidelines and links to the necessary reporting forms.

1. Reporting of 2009 H1N1 and seasonal influenza cases

- **2009 H1N1 Influenza Cases**

In accordance with Title 17, California Code of Regulations (CCR) §2500 and §2502, 2009 H1N1 influenza is considered reportable as an occurrence of unusual disease. Health care providers and local health departments are asked to report hospitalized, intensive care unit (ICU) and fatal cases of probable/confirmed* 2009 H1N1 influenza as follows:

- Weekly aggregated data for all hospitalized (including ICU) and fatal cases of probable/confirmed 2009 H1N1 influenza within provided age groups.
- Individual case reports for ICU and fatal cases of probable/confirmed 2009 H1N1 influenza.
- Health care providers should report cases to the appropriate local health department(s); local health departments should report aggregated data and individual case reports to CDPH.

The weekly 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 2009 H1N1 influenza. 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.

CDPH H1N1 and All Influenza Aggregate Hospitalized Case Report Template:
<http://www.cdph.ca.gov/pubsforms/forms/Documents/H1N1andAllFluLHJAggHospCaseReportTemplate.xls>

CDPH Severe Influenza Case Report Form - Hospitalized/Fatal Cases:
<http://www.cdph.ca.gov/pubsforms/forms/Documents/SevereFluHospFatalCRF.doc>

- **Reporting of hospitalized, ICU and fatal cases of seasonal influenza**

In order to monitor 2009 H1N1 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 2009 H1N1 influenza, weekly aggregated data for all hospitalized (including ICU) and fatal cases of any laboratory-confirmed influenza, including 2009 H1N1 influenza, within the designated age categories.
- 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 CDPH Severe Influenza Case Report Form - Hospitalized/Fatal Cases:
<http://www.cdph.ca.gov/pubsforms/forms/Documents/SevereFluHospFatalCRF.doc>

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.

- **2009 H1N1 influenza infection among pregnant women**

On October 19, 2009, CDC established a support line (404-368-2133) for health care providers that will be staffed 24 hours/7 days a week to provide clarification on CDC guidance for pregnant women via telephone consultation with a board-certified OB/GYN. Health care providers can call the support line directly to obtain information.

CDC also has guidance available on its website regarding the care and treatment of pregnant women including the following links:

- http://www.cdc.gov/h1n1flu/clinician_pregnant.htm
- <http://www.cdc.gov/h1n1flu/recommendations.htm>

Please share this information with health care providers in your jurisdiction. Note: women <2 weeks postpartum should now be considered high risk for influenza complications and prioritized for antiviral treatment.

To better understand severe influenza in pregnant and postpartum women, CDC has also established a voluntary reporting system to improve the timeliness, completeness, accuracy, and level of detail in nationwide reporting of deaths and ICU admissions for influenza in pregnant women and in women with symptom onset up to 6 weeks postpartum.

Rather than report directly to CDC, CDPH is requesting that local health jurisdictions encourage clinicians in their jurisdiction to report severely ill pregnant and postpartum cases to their local health jurisdiction. Cases should then be reported to CDPH via current mechanisms using the CDPH Severe Influenza Case Report Form - Hospitalized/Fatal Cases.

CDPH will complete the CDC case report form and report those cases to CDC. Please send available medical records on such patients to facilitate this process. Alternatively, local health jurisdictions may choose to complete the CDC case report form† and the CDPH Severe Influenza Case Report Form- Hospitalized/Fatal Cases and forward both to CDPH.

CDC will inform California health care providers who use the hotline to report cases of 2009 H1N1 influenza in pregnant women to their local health jurisdiction; however, for any cases reported directly to the CDC via the hotline, CDC will forward the information to CDPH within 24 hours of the report. CDPH will then forward that report on to the appropriate local health jurisdiction as soon as possible. Questions about reporting of cases among pregnant women can be directed via email to: swineflureport@cdph.ca.gov.

CDPH Form Influenza - Report of Severe Illness (ICU Admission) or Death in Pregnant and Postpartum Women:

<http://www.cdph.ca.gov/HealthInfo/discond/Documents/CDPHHealthAlert11032009-PregnancyCRF.doc>

2. Reporting of adverse events temporally associated with influenza vaccine

CDPH, Los Angeles County, and the California Emerging Infections Program are conducting surveillance for Guillain-Barré Syndrome (GBS) as part of surveillance for adverse events temporally associated with receipt of 2009 H1N1 or seasonal influenza vaccine. This surveillance includes weekly hospital ICD-9 discharge code queries for GBS, reports from neurologists and other providers, and a testing program to look for infectious triggers of GBS.

Other serious adverse events may also be temporally associated with receipt of influenza vaccine and require investigation. A serious event is defined as one in which one of the following outcomes is reported: death, life threatening illness, hospitalization ≥ 24 hours, prolongation of a hospitalization, permanent disability, congenital anomalies, or other medically important conditions.

- Events of particular interest include:
 - Neurologic events occurring within 30 days of vaccine receipt:
 - Bell's Palsy
 - Demyelinating diseases of the nervous system (including optic neuritis)
 - Encephalitis/myelitis
 - Seizures
 - Cerebrovascular accident
 - Other serious neurologic event
 - Pregnancy-related events within 7 days of vaccine receipt:
 - Stillbirth
 - Spontaneous abortion
 - Pre-eclampsia and eclampsia
 - Other events within 7 days of vaccine receipt:
 - Myocarditis or pericarditis
 - Anaphylaxis

In all local health jurisdictions except Los Angeles County, please contact Carol Glaser at Carol.Glaser@cdph.ca.gov or 510-952-6038, or Kathy Harriman at Kathleen.Harriman@cdph.ca.gov or 651-699-2970 to notify them of any of these potential adverse events, particularly if the patient is hospitalized or has died.

In Los Angeles County, please notify the Adverse Events Consultation line at: 1-866-756-1513.

CDPH Guillain-Barré Syndrome Surveillance Case Report Form:

<http://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph9073.doc>

CDPH Serious non-GBS Adverse Event Case Report Form:

<http://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph9071.doc>

3. Reporting of 2009 H1N1 Outbreaks

Please continue to send preliminary reports of outbreaks of 2009 H1N1 influenza in health care facilities, licensed institutions and other settings using the Preliminary Report of Communicable Disease Outbreak Form (# CDPH 9060). This form is located at: <http://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph9060.pdf>.

Please fax this form to the CDPH at 510-620-3425 or email to CDOUTBREAK@cdph.ca.gov.

If a more formal assessment is carried out (at the discretion of the local health department) please fill out the appropriate final acute respiratory outbreak forms and fax them to the Communicable Disease Emergency Response Branch (CDERB) at 510-620 3425 or email to CDOUTBREAK@cdph.ca.gov. CDERB will forward the forms to the Surveillance and Statistics Section; therefore there is no need for you to send an additional copy to SSS. These are forms CDPH 9000 for community-based settings and CDPH 9001 for congregate living settings.

- **Definitions of 2009 H1N1 Outbreaks**

- 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).

Thank you for your ongoing commitment to the 2009 H1N1 Influenza response.