

Medical Board of California: February 2018 Physician Alert

The Medical Board of California is contacting you on behalf of the California Department of Public Health, please see the message below:

Influenza and Sepsis

Prompt recognition and treatment of sepsis are critical at all times, but are especially topical during this challenging influenza season, which is likely to continue into the Spring.

Preliminary data indicate that more than a third of the 612 Californians younger than 65 years of age reported to CDPH so far this season with influenza that was fatal or required intensive care were diagnosed with sepsis or secondary bacterial infections. [Influenza infection can cause sepsis by itself or from secondary infection](#) with group A Streptococcus (*S. pyogenes*), Streptococcus pneumoniae, Staphylococcus aureus, Neisseria meningitidis and other bacteria; for example, up to 10% of invasive pneumococcal disease is associated with influenza.

You can take the following steps to help protect your patients:

→**Promptly treat suspected influenza** in persons at higher risk for developing complications, including those with chronic underlying conditions, age ≥65 years or <2 years, or pregnant; for more details, see [CDC guidance on the prompt treatment of influenza](#).

Because rapid influenza diagnostic tests (not based on PCR) can often be falsely negative, treat suspected influenza even if a rapid test is negative, while awaiting more definitive PCR-based testing.

→**Recognize sepsis** - [Signs and symptoms of sepsis](#) can include any one or a combination of the following:

- Confusion or disorientation
- Shortness of breath
- Tachycardia
- Fever, shivering, or feeling very cold
- Extreme pain or discomfort
- Clammy or sweaty skin

Act fast if you suspect sepsis - initiate antibiotic therapy and frequent monitoring of vital signs. CDC has a number of materials on the timely diagnosis and treatment of sepsis on its [sepsis website](#).

→**Prevent Sepsis** - The risk of Influenza and associated sepsis can be reduced through immunization with influenza and pneumococcal vaccines.

- It is not too late for your patients to receive influenza vaccine if they have not already done so.

- Pneumococcal immunization rates for adults are too low. [As a reminder](#),
 - All adults at least 65 years of age are recommended to receive both conjugate (Pneumovax®) and polysaccharide (Prevnar13®) pneumococcal vaccines.
 - Younger adults with chronic conditions or who smoke are also recommended for pneumococcal immunization.
 - Use the clinic flyer on pneumococcal vaccine for adults at: eziz.org/assets/docs/IMM-1152.pdf.

CDC's Clinician **Update on the 2017-2018 Influenza Season**, providing free CME credits, can be streamed at the [Emergency Preparedness and Response page](#):
https://emergency.cdc.gov/coca/calls/2018/callinfo_020818.asp

[California influenza surveillance reports](#) are updated each Friday at:
www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Flu-Reports.aspx

Thank you for your efforts to protect the health of Californians!