

COUNTY OF ORANGE HEALTH CARE AGENCY

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PUBLIC HEALTH EPIDEMIOLOGY & ASSESSMENT

<u>Updated Novel Influenza A (H7N9) Information</u> <u>for Orange County Health Care Providers</u>

April 23, 2013

Dear Orange County Health Care Providers,

On April 1, 2013, the World Health Organization (WHO) reported the first known human infections with a novel avian influenza A (H7N9) virus in China. As of today, a total of 108 human cases of avian influenza A (H7N9) infection have been reported, including 22 deaths.

At this time, no cases have been detected outside of China. Most cases have been identified in Jiangsu and Zhejiang provinces and in the municipality of Shanghai, all of which are in eastern China. A smaller number of cases have been identified in the eastern provinces of Anhui, Henan, and Shandong, and in the municipality of Beijing. New cases continue to be reported and case counts are likely to increase. Updates are available at: http://www.who.int/csr/don/en/.

While investigations are ongoing, there is currently no evidence that the virus has become easily transmissible from person-to-person. We continue to monitor the situation in China closely and will provide updates as new information becomes available. For the latest Orange County advisories, see http://ochealthinfo.com/phs/about/dcepi/epi/flu/h7n9.

Updated criteria for testing

Consider influenza H7N9 infection in patients with influenza-like illness (ILI)* meeting either of the following exposure criteria:

- Recent travel (within ≤ 10 days of illness onset) to areas with H7N9 cases in birds or humans (currently just China); **OR**
- Recent contact (within ≤ 10 days of illness onset) with a confirmed or probable case of infection with novel influenza A (H7N9) virus.

*ILI is defined as fever (temperature of 100°F [37.8°C] or greater) and cough and/or sore throat.

Cases under investigation with severe respiratory illness (including radiographically-confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness) of unknown etiology will be prioritized for diagnostic testing.

Reporting suspect cases

Clinicians should notify Orange County Public Health immediately at 714-834-8180 of any suspect novel influenza cases, including H7N9. Specimens from patients with suspected avian influenza A (H7N9) virus infection should be submitted to Orange County Public Health for testing, regardless of the on-site rapid influenza testing results. Treatment (see next page) should not be delayed while awaiting test results

Testing for avian influenza A (H7N9)

Clinicians should obtain a nasopharyngeal swab or aspirate, place the swab or aspirate in viral transport medium, and refrigerate the specimen until picked up by Orange County Public Health for testing. Specimens should be collected using appropriate infection control precautions (see next page).

<u>Infection control precautions for suspect, probable or confirmed cases</u>

CDC has issued interim guidance for influenza A (H7N9) infection control precautions, which is available at: http://www.cdc.gov/flu/avianflu/h7n9-infection-control.htm

Healthcare personnel providing care for patients with confirmed or probable avian A (H7N9) infection, or cases under investigation should use Standard Precautions, including eye protection, plus Contact and Airborne Precautions. Aerosol-generating procedures should only be performed on such patients if they are medically necessary and cannot be postponed.

These recommendations for novel H7N9 virus are more stringent than the infection control precautions used routinely for seasonal influenza because there is currently:

- No H7N9 vaccine
- A suspected high rate of morbidity and mortality among infected patients
- An unknown potential for person to person transmission
- An absence of confirmed or probable H7N9 cases in the United States.

Many primary care clinics will not be able to implement all elements of airborne precautions, i.e., placing patient in airborne infection isolation rooms. However, all possible precautions should be taken to minimize the risk of exposure to staff and patients, including the following suggestions:

- Instruct receptionists and phone triage personnel to ask all patients with ILI if they have had travel to China within 10 days of symptom onset. Patients should be instructed to stay home and avoid contact with others until their medical appointment.
- Consider scheduling patients with ILI and a history of travel to China when fewer people are in the clinic, such as over the lunch period or at the end of the day, if possible. Suspect cases should be reported to Public Health for interview as soon as H7N9 is suspected based on symptom and exposure history.
- Provide suspect H7N9 patients with a surgical mask to wear upon entering the clinic and place them immediately in a room with a door that closes, and not in waiting areas with other clients.

Treatment for suspect, probable or confirmed novel influenza A (H7N9) patients

CDC has issued interim guidance on antiviral treatment of human infections with avian influenza A (H7N9), which is available at: http://www.cdc.gov/flu/avianflu/h7n9-antiviral-treatment.htm. Because of the potential severity of illness associated with this infection, CDC recommends that all confirmed, probable, and cases under investigation, including outpatients with uncomplicated illness, be treated with neuraminidase inhibitors as early as possible. Clinicians should not wait for laboratory confirmation of influenza before initiating treatment.

For questions and updates, see http://ochealthinfo.com/phs/about/dcepi/epi/flu/h7n9.