

## PUBLIC HEALTH ADVISORY

# INFLUENZA AND OTHER COMMON TRANSMISSIBLE RESPIRATORY ILLNESSES

### OCTOBER 26, 2023

The Riverside University Health System - Public Health (RUHS - PH) provides this guidance based on current information. Updated guidance will be issued as new information becomes available.

#### SITUATION UPDATE

- Along with the seasonal influenza virus (flu) and the respiratory syncytial virus (RSV), COVID-19 has become a part of the respiratory virus seasons. Analysis from The Centers for Disease Control and Prevention (CDC) shows that with the addition of a third virus (COVID-19) that can cause severe disease, even an average respiratory season can place strain on the healthcare system.
- CDC expects this year will be similar to last year in terms of the total number of hospitalizations from COVID-19, RSV and flu. The total number of hospitalizations this year is expected to be **higher** than what was experienced prior to the COVID-19 pandemic. To follow local trends, view the [Riverside County Respiratory Illness Dashboard](#).
- Flu activity in California is currently minimal and activity in Riverside County is currently low, though it is anticipated to increase over the Fall and Winter season.
- The 2023-24 flu season will coincide with the continued circulation of SARS-CoV-2 (COVID-19), though its extent is unknown.
- Vaccination and effective infection control remain the best prevention strategies for flu, RSV, and COVID-19.
- Both for flu and COVID-19, early treatment is important; treatment should not be delayed.
- Flu vaccination can reduce prevalence of illness caused by flu and prevalence of symptoms that may be confused with those of COVID-19. Information on the 2023-24 flu vaccine composition is located at [Prevention and Control of Seasonal Influenza with Vaccines | CDC](#).

## ACTIONS REQUESTED OF ALL CLINICIANS FOR RESPIRATORY ILLNESS

### INFLUENZA

- Everyone 6 months and older (including health care staff) should receive a seasonal influenza vaccine and for most persons, vaccination should ideally be offered during September or October. However, vaccination should continue after October throughout the season as long as influenza is circulating and the vaccine is available.
- Children aged 6 months through 8 years require 2 doses of influenza vaccine administered a minimum of 4 weeks apart during their first season of vaccination for optimal protection. A **guideline** to determine which children younger than age nine years need two doses of vaccine is available at [Flu Vaccines for Children | CDC](#).
- Adults 65 years and older should preferentially receive any one of the following: higher dose, recombinant, or adjusted flu vaccines. If none of these are available, then any other age-appropriate influenza vaccine should be used.
- **New:** additional safety measures are no longer recommended for flu vaccination of persons with egg allergy beyond those recommended for receipt of any vaccine.
- Vaccination sites should ensure infection control measures, including separating well and ill patients, screening patients for symptoms of COVID-19, and performing individual assessment of the appropriateness of immunization.
- Flu vaccination should be deferred for people with suspected or confirmed COVID-19, regardless of whether they have symptoms, until they have met criteria to discontinue their isolation.
- Immunization clinics may perform both COVID-19 testing and flu vaccination as long as the proper infection control measures are in place and the activities are separated by space (e.g., different sites for COVID-19 testing vs flu vaccination) and time (occur on different days).
- Treat patients with suspected or confirmed influenza who are hospitalized for severe illness or who are at higher risk for flu-related complications with oseltamivir or zanamivir. Treat early and empirically, without relying on lab test results.
- Influenza Antiviral Medication Summary for clinicians may be accessed at [Influenza Antiviral Medications: Summary for Clinicians | CDC](#). Advise persons with influenza-like illness (ILI)\* to stay at home until 24 hours after fever resolves without fever-reducing medications, except patients that require and are seeking medical evaluation and care.
- More information on flu can be found at [Information for the 2023-2024 Flu Season | CDC](#).

*\*ILI is defined as fever (>37.8°C or 100°F) and either cough or sore throat in the absence of a known cause other than influenza.*

## COVID-19

- CDC recommends a COVID-19 vaccine 2023-2024 updated formulation for everyone aged 6 months and older to protect against serious illness.
- Both COVID-19 and flu vaccinations can be administered at the same appointment.
- Information on the updated COVID-19 vaccine recommendations are available from: [Updated COVID-19 Vaccine Recommendations Now Available | CDC.](#)
- COVID-19 treatments remdesivir (the infusion-based treatment option) and molnupiravir are available on the commercial market. Paxlovid remains an additional option for COVID-19 treatment and is anticipated to commercialize in November. Eligibility for COVID-19 treatments is broad, and patients should be evaluated for prescribing when exposed to COVID-19 or navigating a positive COVID-19 test. More information is available at [COVID-19 Treatment Options | RUHS.](#)

## RESPIRATORY SYNCYTIAL VIRUS (RSV)

- CDC recommends an RSV vaccine for people who are 32-36 weeks pregnant to protect their babies from severe RSV. The vaccine is recommended for seasonal use, which generally means September through January. Nirsevimab immunization is recommended for all infants younger than 8 months of age who are born during – or are entering – their first RSV season. Nirsevimab is also recommended for some children age 8 through 19 months who are at an increased risk for severe RSV disease and entering their second RSV season.
- CDC recommends an RSV vaccine for adults ages 60 and older if deemed appropriate, using shared clinical decision-making. Co-administration of vaccines can be safely utilized with RSV vaccines. Refer to [Update on RSV and New Vaccine Recommendation | CDC.](#)

## PNEUMOCOCCAL DISEASE

- Pneumococcal disease is any type of illness caused by Streptococcus pneumoniae bacteria. Some studies have shown an association between increased risk of developing invasive pneumococcal disease and influenza or RSV infection.
- CDC recommends pneumococcal vaccination for all adults who are at increased risk for pneumococcal disease because of their age (65 years or older) or having certain medical conditions or other risk factors.
- Routine pneumococcal vaccination is also recommended for all infants and young children.
- More information is available at [Pneumococcal Vaccination: What Everyone Should Know | CDC.](#)

## TESTING GUIDANCE

### INFLUENZA AND COVID-19:

- Flu and COVID-19 are both contagious respiratory illnesses but are caused by different viruses. Because many of the symptoms of flu and COVID-19 are similar, it may be difficult to tell the difference between them and testing will likely be needed to confirm a diagnosis. It is also possible to have flu and COVID-19 at the same time. More information is available at [Similarities and Differences between Flu and COVID-19 | CDC](#).
- **Testing to distinguish SARS-CoV-2 and influenza virus:**
  1. Antigen tests for SARS-CoV-2 and influenza virus.
    - Separate assays are available for each virus but have lower sensitivity in general than molecular assays.
  2. Molecular assays for both viruses (rapid or real-time RT-PCR).
    - Several FDA Emergency Use Authorization (EUA) assays are available.
  3. Multiplex molecular assays that can test for both viruses simultaneously.
    - Several EUA assays available at: [Multiplex Assays Authorized for Simultaneous Detection of Influenza Viruses and SARS-CoV-2 by FDA | CDC](#) and [In Vitro Diagnostics EUAs | FDA](#).
- Laboratory testing with real-time RT-PCR is the preferred testing method when there is strong clinical suspicion for flu, even if the rapid test is negative. Testing is indicated for:
  1. Hospitalized, intensive care unit (ICU) and/or fatal cases with ILI\*.
  2. Acute respiratory outbreaks.
  3. ILI\* in any person where history of travel or recent close contact within 10 days of symptom onset suggests concern for variant or novel influenza infection (e.g., variant influenza A [H3N2]v, [H1N2]v or [H1N1]v, or avian influenza H5N1 or H7N9).

### SPECIMEN COLLECTION AND SUBMISSION

- Preferred upper respiratory samples for submission to the Riverside County Public Health laboratory are nasopharyngeal (NP) swabs (NP wash or aspirate, throat or nasal swabs are also acceptable). Lower respiratory tract samples suitable for RT-PCR include bronchoalveolar lavage, bronchial wash, tracheal aspirate, and lung tissue. If swabs are submitted, only use synthetic tips (e.g., polyester or Dacron-tipped swabs) on an aluminum or plastic shaft placed in a standard container with 2-3 ml of viral transport medium or universal transport media

(UTM) for patients hospitalized with pneumonia. Calcium alginate swabs and cotton-tipped swabs with wooden shafts are unacceptable and will be rejected.

- Specimens should be collected within the first 24-72 hours of onset of symptoms and no later than five days after onset of symptoms. The closer the specimen is collected to the onset of symptoms, the better chance of isolating the influenza virus.
- Specimens should be kept refrigerated at 4°C until they can be transported to the lab. If the specimen cannot be transported on cold packs within three days of collection, it should be frozen at -70°C or below and shipped on dry ice.

The Public Health Laboratory can receive specimens Monday through Friday. Please submit the [RUHS Public Health Influenza Specimen Submittal Form](#) with all specimens. Specimens that do not have this form will cause delays in testing. Please contact the Public Health Laboratory at (951) 358-5070 for questions on specimen submission. Disease Control can be reached at (951) 358-5107 for questions on reporting influenza cases and outbreaks.

#### **INFECTION CONTROL PRECAUTIONS FOR HEALTHCARE SETTINGS**

All healthcare facilities should adopt standard and droplet precautions when caring for patients with ILI\* or suspected or confirmed influenza or COVID-19 infection. Specifically:

- Strongly encourage all staff to receive annual flu vaccination and updated COVID-19 vaccination.
- Request that all persons wear a face mask.
- Follow CDPH masking guidance for COVID-19 located at [Get the Most Out of Masking: Tips & Resources | CDPH](#).
- Isolate patients with ILI\* as soon as possible, ideally in a private exam room or at a distance of at least six feet from others.
- Staff entering the exam room of any patient with ILI\* should ensure the patient is masked, and the provider should wear either a face mask or N-95 respirator pending diagnosis.
- Fit-tested N-95 respirators should be used when performing aerosol generating procedures. More information on the use of N-95 respirators is available at: [Respiratory Protection - Resources for Health Care | CDPH](#).
- Reinforce effective hand hygiene.
- Ensure the availability of supplies for adhering to respiratory hygiene and cough etiquette in waiting areas for patients and visitors.
- Post signs and visual alerts to encourage infection control measures.

## RESPIRATORY ILLNESS SURVEILLANCE AND REPORTING

### INFLUENZA

- Report laboratory-confirmed cases of seasonal flu that meet the specified criteria as well as outbreaks of undiagnosed ILI\* in residents of large groups or institutional settings to Disease Control by fax (951) 358-5446 or through CalREDIE for participating health care facilities.

The Influenza Reporting Guidance for the 2023-2024 influenza season are outlined below:

- Required by California Department of Public Health:
  - Mandatory reporting of laboratory-confirmed\*\* flu associated fatal pediatric cases <18 years of age. Fax [Severe Influenza Case History Form](#) to **(951) 358-5446**.
  - Mandatory reporting of influenza-associated deaths in children <18 years of age who are co-infected with COVID-19 should be reported for both conditions.
  - Influenza due to novel strains.
- Required by order of the Public Health Officer for Riverside County:
  - Mandatory reporting of laboratory-confirmed\*\* influenza associated fatal cases age 18-64 years and ICU cases age 0-64. Fax [Severe Influenza Case History Form](#) to **(951) 358-5446**.
- For reported cases of severe or fatal influenza, it is recommended specimens be sent for further sub-typing/characterization.

### COVID-19

- Health care providers are required to report suspected or confirmed cases of COVID-19 to the local health department within **one** working day of identification.
- Riverside County has protocols for county workers, health care workers, and first responders available at [COVID-19 Isolation and Quarantine Instructions | RUHS](#).
- Employers may view Cal/OSHA reporting protocols at [Recording and Reporting Requirements for COVID-19 | CA.gov](#).
- See outbreak reporting below.

### RSV

- CDPH has added RSV to the list of pathogens for which laboratory results are required to be reported to public health agencies.
- Health care facilities should report laboratory-confirmed RSV-associated fatal cases in children under 5 years of age.

- RSV-associated deaths in children <5 years old who are co-infected with COVID-19 or flu should be reported for both conditions.  
Report to Disease Control by faxing [RSV Death Form <5 Years](#) to **(951) 358-5446** or through CalREDIE by uploading the form, medical records, laboratory results, and any other relevant materials to the electronic filing cabinet.

## OUTBREAK REPORTING

- Mandatory reporting of *any* respiratory disease outbreak (please note that acute respiratory outbreak instructions in this guideline do not apply to COVID-19 outbreaks):
  - Outbreaks in institutions (e.g., long-term care facilities, prisons, sleepover camps) with at least **one** case of laboratory-confirmed influenza in the setting of a cluster ( $\geq 2$  cases) of ILI\*\* within a 72-hour period.
  - Outbreaks associated with hospitalizations or fatalities.
  - Outbreaks assessed as having public health importance (e.g., case(s) have recent exposure to swine, recent travel to an area where novel influenza is circulating or contact with a confirmed case of swine or novel influenza).
- Please see [COVID-19 Outbreak Definition and Reporting Guidance | CDPH](#) for information regarding reporting COVID-19 outbreaks.

*\*\*Laboratory confirmation can include any positive test performed by any clinical, commercial, or local public health laboratory, including by positive rapid antigen testing, direct fluorescence assay, viral culture, or PCR. Since 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. This may include a direct fluorescence assay, culture, or polymerase chain reaction (PCR). Positive rapid antigen samples should be sent to the RUHS- Public Health Laboratory.*