Summary:

- **The 2018–19 influenza season is here.** Visits to emergency departments for influenza and influenza-like illness (ILI) increased in recent weeks. **Viral strain surveillance indicates most circulating influenza viruses are influenza A 2009 (H1N1), but influenza A (H3) and influenza B have also been identified in the state. It is still too early to predict what strains will predominate in the upcoming season.**

- **Influenza is unpredictable.** Influenza seasons can vary dramatically from year to year in terms of timing, severity, and duration of the season. Maintaining a robust surveillance program to identify when and where influenza viruses are circulating and what populations are impacted is crucial to the Florida Department of Health.

- **Based on the current situation, the Florida Department of Health is requesting hospitals report patients meeting all three of the following criteria to your county health department (CHD):**
  1. Admitted to the intensive care unit (ICU)
  2. Laboratory-confirmed influenza (including rapid antigen tests)
  3. Less than 65 years of age

- Additionally, please review the Centers for Disease Control and Prevention (CDC) guidance document: **Prevention Strategies for Seasonal Influenza in Healthcare Settings:** www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm

Actions:

- **Report all persons admitted to the ICU with laboratory-confirmed influenza (including rapid antigen tests) who are less than 65 years of age** and submit positive specimens to the Florida Department of Health Bureau of Public Health Laboratories (BPHL) for confirmation and additional testing.
  - Rapid influenza diagnostic tests (RIDT) can be used to identify influenza but have sub-optimal sensitivity. A negative rapid test cannot rule out influenza. Negative tests may require further testing for influenza by PCR or viral culture.

- **Please also notify the CHD of patients who:** (a) are part of ILI outbreaks (b) have unusual or severe ILI presentations with no underlying health conditions (c) have repeat influenza infections (d) have infections that are highly suspected to be resistant to antiviral therapies.

- **As a reminder, report outbreaks and cases of influenza-associated pediatric mortalities to your CHD,** per Chapter 64D-3, Florida Administrative Code. **Suspect novel influenza is also reportable:** ILI without another known etiology and report: 1) direct or indirect exposure to swine or live poultry or 2) travel to an area with ongoing transmission of avian influenza within the week prior to symptom onset.
  - **Definition of ILI:** Fever >37.8°C (100°F) and a cough and/or sore throat

- **Please contact your CHD to report cases:** FloridaHealth.gov/CHDEpiContact.
Background:
The 2018–19 influenza season began on September 30, 2018. Influenza activity remained low in Florida throughout the summer months, with sporadic outbreaks reported. The Florida Department of Health conducts surveillance to detect changes in the influenza virus, identify unusually severe presentations of influenza infection, detect outbreaks, and determine seasonal influenza trends in order to guide influenza prevention, particularly in high-risk populations (young children, adults aged 65 years and older, and pregnant women). These activities are particularly important at the start of the influenza season in order to identify potential changes in circulating influenza strains.

- For detailed influenza surveillance information and other guidance resources, please see the Florida Flu Review: FloridaHealth.gov/FloridaFlu

Antivirals:
CDC recommends the use of antiviral treatment as soon as possible for all persons with suspected influenza who are hospitalized, severely ill, or at higher risk for complications (children under 2 years old, adults aged 65 years and older, pregnant women, and those with underlying medical conditions). Treatment should be administered within 48 hours of illness onset (but treatment administered after this period can still be beneficial).

- Clinicians should not wait for laboratory confirmation to administer antivirals for suspect influenza for people in high-risk groups.
- CDC Influenza Antiviral Medications: Summary for Clinicians: www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm

Collection and Submission of Specimens for Further Testing at BPHL:
- Contact your CHD prior to submitting specimens to BPHL for testing.
- If available, please conduct influenza PCR testing prior to submitting specimens at BPHL.

Specimen Collection:
- Original specimens are preferred when available.
- When influenza is detected in a clinical laboratory by rapid testing methods, please send an aliquot (1–2 ml) of the original swab eluate in viral transport medium (VTM). Place the swab eluate in VTM before sending to BPHL. BPHL is required by the U.S. Food and Drug Administration (FDA)-approved PCR protocol to only test original specimens that are in VTM. Rapid test fluid can interfere with PCR. Do not send the rapid test reagent.
- If collecting a new specimen, collect nasopharyngeal (NP) or oropharyngeal (throat) specimens with a viral swab and place in VTM from those patients with laboratory confirmed influenza (including rapid antigen tests).
- Nasopharyngeal swabs (not nose swabs) are preferred. There must be an adequate volume of the sample or the test will not be valid.
- These other respiratory specimens are also acceptable, but not recommended:
  - Nasopharyngeal aspirates
  - Bronchial wash
  - Sputum (not saliva)
  - Oropharyngeal (throat)
- Swabs must be placed in 2–3 ml of VTM immediately after collection.
- Refrigerate immediately. Do not freeze.
- Collect specimens from patients within three days of illness onset.
Specimen Shipping:

- **Contact your CHD prior to submitting** specimens to BPHL for testing. CHD contact information can be found at FloridaHealth.gov/CHDEpiContact.
- **Keep specimens refrigerated at 4ºC (not frozen) and ship on gel ice packs no later than 48 hours after collection.**

If you have any questions, please do not hesitate to call your CHD for information: FloridaHealth.gov/CHDEpiContact. If you are unable to reach your CHD, please contact the Bureau of Epidemiology at 850-245-4401.

**Prevention Strategies for Seasonal Influenza in Health Care Settings:**

Review and implement or enhance prevention strategies for seasonal influenza. For more information, see www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm.

1. **Promote and administer influenza vaccine:**
   - Annual vaccination is the most important measure to prevent seasonal influenza infection. Achieving high influenza vaccination rates of health care personnel (HCP) and patients is a critical step in preventing health care transmission of influenza from HCP to patients and from patients to HCP. Please review vaccination rates among HCP and administer vaccine to HCP not yet vaccinated.

2. **Take steps to minimize potential exposures**
   - Minimize influenza exposures before arrival, upon arrival, and throughout the duration of the visit to the health care setting, to be adhered to by everyone – patients, visitors, and HCP. Measures include screening and triage of symptomatic patients (including when scheduling appointments), use of face masks, and implementation of respiratory hygiene and cough etiquette.
3. **Monitor and Manage Ill Health Care Personnel**
   HCP who develop fever and respiratory symptoms should be:
   - Instructed not to report to work, or if at work, to stop patient-care activities, don a face mask, and promptly notify their supervisor and infection control personnel/occupational health before leaving work.
   - Excluded from work until at least 24 hours after they no longer have a fever (without the use of fever-reducing medicines such as acetaminophen).

4. **Adhere to Droplet Precautions**
   Droplet precautions should be implemented for patients with suspected or confirmed influenza for seven days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer, while a patient is in a health care facility.

5. **Use Caution When Performing Aerosol-Generating Procedures**
   Some procedures performed on patients with suspected or confirmed influenza infection may be more likely to generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking, or breathing. Ideally, a combination of measures should be used to reduce exposures from these aerosol-generating procedures when performed on patients with suspected or confirmed influenza.

6. **Manage Visitor Access and Movement Within the Facility**
   Limit visitors for patients in isolation for influenza to persons who are necessary for the patient’s emotional well-being and care.

7. **Monitor Influenza Activity**
   Establish mechanisms and policies by which HCP are promptly alerted about increased influenza activity in the community or if an outbreak occurs within the facility. Establish close communication and collaboration with your CHD.

8. **Implement Environmental Infection Control**

9. **Implement Engineering Controls**
   Consider designing and installing engineering controls to reduce or eliminate exposures by shielding HCP and other patients from infected individuals. Examples of engineering controls include installing physical barriers such as partitions or curtains in triage areas.

10. **Train and Educate Health Care Personnel**
    Ensure that all HCP receive job- or task-specific education and training on preventing transmission of infectious agents, including influenza, associated with health care during orientation to health care settings.