



ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

Division of Communicable Disease Control and Prevention
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PUBLIC HEALTH UPDATE

May 1, 2013

Human Infections with Novel Influenza A (H7N9)

Updated since April 9, 2013

SITUATION: As of April 29, 2013, Chinese public health officials have reported to the World Health Organization (WHO) a total of 126 human cases of laboratory-confirmed avian influenza A (H7N9) in China, including 24 deaths. Dates of illness onset range from February 19 to April 27, 2013. *Very limited person-to-person* transmission or epidemiologic link between a few of the cases has been identified. Investigations by Chinese public health officials are ongoing. *Currently the virus is susceptible to neuraminidase inhibitors.* At this time, no cases of human infection with novel influenza A (H7N9) have been detected in the United States.

OTHER UPDATED guidance information is italicized below:

- *Exposure Criteria*
- *Triage Guidance (new)*

ACTIONS REQUESTED OF CLINICIANS

1. REPORT and CONSIDER TESTING for suspected novel influenza A (H7N9) in patients who meet the exposure criteria described below. Call Alameda County Public Health Department (ACPHD) Acute Communicable Disease Unit at (510) 267-3250 Monday through Friday, 8:30am to 5:00pm and at (925) 422-7595 in the evenings and on weekends for consultation and approval **BEFORE** sending specimens to the Public Health Laboratory.
2. IMPLEMENT Standard, Droplet, Contact and Airborne Precautions, including eye protection, for healthcare personnel caring for patients under investigation for novel influenza (H7N9) until more is known about the transmission characteristics of this virus.
3. *INITIATE empiric TREATMENT* of suspected H7N9 cases with influenza antiviral medications (oral oseltamivir or inhaled zanamivir) as soon as possible, without waiting for laboratory confirmation.
4. CONSULT an infectious disease specialist and/or the CDC webpage for clinical information:
<http://www.cdc.gov/flu/avianflu/h7n9-virus.htm>

EXPOSURE & TESTING CRITERIA

Novel influenza A (H7N9) testing by public health reference laboratories will be considered for patients who have an illness compatible with influenza (*i.e., acute onset of temperature of $\geq 100^{\circ}\text{F}$ [37.8°C] and cough and/or sore throat*) who have the following exposures:

1. *Recent travel (within ≤ 10 days of illness onset) to China; OR*
2. *Recent contact (within ≤ 10 days of illness onset) with confirmed or probable human cases of infection with novel influenza A (H7N9) virus.*

Testing may be prioritized for patients whose exposures were within 10 days of illness onset and/or patients with severe respiratory illness such as radiographically-confirmed pneumonia or Acute Respiratory Distress Syndrome of unknown etiology.



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INFECTION CONTROL PRECAUTIONS FOR SUSPECT, PROBABLE, OR CONFIRMED CASES

CDC has issued interim guidance for influenza A (H7N9) infection control precautions, which are 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 be performed on such patients only if they are medically necessary and cannot be postponed.

These recommendations 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 room. However, all possible precautions should be taken to minimize the risk of exposure to staff and patients, including the following:

- *Receptionists and phone triage personnel should ask all patients with Influenza Like Illness (ILI) if they have had travel to China within 10 days of symptom onset.*
- *Patients with ILI and a history of travel to China should be seen at the end of the day or when fewer people are in the clinic, if possible.*
- *Such patients should be given a surgical mask to wear upon entering the clinic and should be immediately placed in a room with a door that closes, and not remain in waiting areas.*
- *If a patient has already been evaluated for H7N9 and a respiratory specimen must be collected later, the patient may remain in their vehicle while the specimen is collected.*

SPECIMEN COLLECTION AND ROUTING

Obtain a nasopharyngeal swab or aspirate, using Standard, Droplet, Contact and Airborne Precautions, including eye protection. Place in viral transport medium that has been kept refrigerated at 2-8° Celsius (35.6 – 46.4° F) and ensure that the specimen is promptly refrigerated and maintained at this temperature. Call ACPHD Acute Communicable Disease Unit at 510-267-3250 Monday through Friday, 8:30am to 5:00pm and at (925) 422-7595 in the evenings and on weekends for consultation and approval **BEFORE** sending specimens to the Alameda County Public Health Laboratory. Viral culture should **not** be attempted in these cases. Specimens should be transported at 2-8° Celsius to the Public Health Laboratory and will be screened by the California Department of Public Health Viral and Rickettsial Diseases Laboratory (CDPH-VRDL). CDPH-VRDL will forward suspect novel influenza A (H7N9) specimens to the Centers for Disease Control and Prevention (CDC) for confirmatory testing.

FOR MORE INFORMATION

- CDC Avian Influenza A (H7N9) information page: <http://www.cdc.gov/flu/avianflu/h7n9-virus.htm>
- CDC Health Advisory, Human Infections with Novel Influenza A (H7N9) Virus: <http://emergency.cdc.gov/HAN/han00344.asp>
- WHO Global Alert and Response page: <http://www.who.int/csr/don/en/index.html>