

**DATE:** September 4, 2009 **TO:** San Joaquin County Providers  
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*NOTE: Please distribute to all providers  
& relevant staff at your practice site(s).*

## **Influenza Update & Considerations for Outpatient Settings (ERs, Urgent Care, Clinics)**

**Overview.** Pandemic (H1N1) 2009 influenza has been circulating globally since late spring. Virtually all influenza (flu) currently in CA is the H1N1. Seasonal flu strains will return this fall/winter, and we expect pandemic H1N1 will continue circulating as well. (This winter in the southern hemisphere, pandemic H1N1 has predominated, while seasonal strains have circulated to a lesser degree.)

**Seasonal flu & pandemic H1N1 flu are very similar.** Symptoms are much alike. Illness onset is sudden, and commonly includes fever, cough, malaise, etc. Some with pandemic H1N1 have vomiting & diarrhea. People may feel sick for several days to a week, sometimes longer. Most people recover without treatment. High risk groups for complications are the same for both kinds of flu\*: very young children ( $\leq 4$  yrs, especially  $< 2$ ), pregnant women, people with underlying medical conditions (asthma, CHF, DM, HIV, etc.), and the elderly ( $\geq 65$ ). For seasonal flu, the elderly have the highest hospitalization rate. For pandemic H1N1 flu, most people hospitalized are  $< 50$  yrs, with the highest rates in CA currently among those  $< 1$ , 1-4, and 19-24 yrs. In CA, 85% of those hospitalized to date had co-morbidities and 2/3 had pneumonia. SJ county to date has had 59 hospitalizations for pandemic H1N1 flu, and 2 deaths (5 yrs and 34 yrs), both of whom had co-morbidities. [\*The CA Dept. of Public Health also considers the very obese (BMI  $\geq 35$ ) to be a high risk group for complications from pandemic H1N1 flu.]

**People should remain cautious but calm.** Every year we experience a seasonal flu epidemic. Millions in the US--about 5-20% of the population--get the flu each year. An average 36,000 people/year die from flu or pneumonia (4,000 in CA). Current flu hospitalization rates are similar to or lower than what is seen for seasonal flu. Deaths due to flu or pneumonia are low & within the expected range for summer. While more cases are expected now that children are back in school & we're nearing the fall, during regular flu seasons it is typical to see an increase in cases after students return from winter break.

**Mildly ill patients who are not at high risk for flu complications do not need not be seen in the office.** Screen patients with flu symptoms at facility entries using signs, etc. Segregate from others in the waiting area ( $> 6$  feet). Use separate waiting & exam rooms if feasible. Offer surgical masks to symptomatic patients. Provide hand hygiene materials, tissues, and waste cans in waiting areas & exam rooms. Wear appropriate PPE & wash your hands. Flu can be a clinical diagnosis once it's prevalent in a community. Rapid testing has questionable utility; correlation with PCR/culture is not good and false-negatives are very common. Treat symptomatic patients as you would for seasonal flu, reserving antivirals for more severe illness or those at high risk for complications. Advise sick people to "self-isolate" at home. Those from non-healthcare settings (e.g. schools) should stay home until afebrile at least 24 hrs (w/o the use of fever-reducing meds). Healthcare personnel should continue to stay home for 7 days or 24 hrs w/o symptoms, whichever is longer.