



Alameda County Health Advisory

Influenza and Respiratory Illness 2020-2021

December 2, 2020

This Health Advisory is designed to help Alameda County clinicians prepare for the upcoming influenza season, which generally occurs from November through April. Statewide influenza surveillance reports are updated weekly on the [CDPH Influenza Page](#).

This year, the influenza season will occur while SARS-CoV-2 is circulating, raising the risk that increased morbidity and mortality resulting from both flu and COVID-19 could strain healthcare resources. [Reports from the Southern Hemisphere](#) have shown much lower than usual influenza activity during their flu season this year (June through August) raising the possibility that COVID-19 mitigation measures, such as social distancing, limitations on mass gatherings, and widespread use of face masks, could also lead to a mild flu season in the United States.

However, there remains uncertainty regarding the potential course of this year's flu season. It is important to prepare for the co-circulation of influenza and COVID-19 and make every effort to prevent a severe flu season, starting with [ensuring widespread influenza vaccination](#).

The [Health Officer Order requiring influenza vaccination for healthcare workers](#) can be found on the [ACPHD COVID-19 website](#).

Actions Requested of Alameda County Clinicians, Emergency Departments, Pathologists and Healthcare Facilities

- Instruct all patients with symptoms that could represent EITHER influenza or COVID-19 to self-isolate and obtain SARS-CoV-2 diagnostic testing.** Influenza and COVID-19 illness are unlikely to be distinguishable on the basis of clinical symptoms alone. With the exception of anosmia and ageusia (loss of smell and taste, respectively), symptoms associated with COVID-19 overlap with those of influenza.
- [Test for influenza](#) routinely in:**
 - Patients with acute respiratory illness being evaluated for hospital admission or already hospitalized; and
 - Residents of long-term and post-acute care facilities with signs and symptoms of acute respiratory illness or influenza-like illness (ILI) (i.e. fever (>100°F or 37.8°C) and cough and/or sore throat, in the absence of a known cause).



3. **Test for influenza in [other persons with influenza symptoms](#) when it will influence clinical management or infection control decisions.** This approach is unchanged from prior years. ACPHD does not recommend influenza testing in asymptomatic persons.
4. **Review and implement [COVID-19 infection control precautions](#),** as well as influenza precautions, in patients with influenza-like illness. Specific recommendations from CDPH for SNFs can be found [here](#). Guidance from ACPHD for LTCFs can be found [here](#). Guidance for all LTCFs from the CDC can be found [here](#).
5. **Report the following per [Confidential Morbidity Report](#) requirements:**
 - **All outbreaks of influenza or acute respiratory illness,** whether occurring in health care institutions (e.g., hospitals, long-term care, rehab) or in congregate settings (e.g., schools, assisted living, correctional facilities) (*report by phone within 24 hours*).
 - In institution/congregate settings: At least one case of laboratory-confirmed influenza in the setting of a cluster (≥ 2 cases) of ILI within a 72-hour period.
 - Outbreaks associated with hospitalizations or fatalities.
 - **All fatal laboratory confirmed influenza cases less than 18 years of age** (*report within 7 days*)
 - **All fatal laboratory confirmed respiratory syncytial virus (RSV) cases less than 5 years of age** (*report within 7 days*)
 - **Any suspected case of [novel](#) or [variant](#) influenza,** including case(s) that have recent exposure to swine, recent travel to an area where novel influenza is circulating, or contact with a confirmed case of variant or novel influenza (*report immediately by phone if suspected*).
6. **Initiate [antiviral treatment](#)** as soon as possible for any patient with suspected or confirmed influenza who is hospitalized; has severe, complicated, or progressive illness; or is at higher risk for influenza complications. Do **not** wait for results of influenza or SARS-CoV-2 testing.
7. **Prescribe [antiviral chemoprophylaxis](#)** to persons at higher risk for influenza complications who have been exposed to influenza, especially those in congregate settings.
8. **Encourage and administer annual [influenza vaccine](#)** to everyone aged ≥ 6 months. This year, [while COVID-19 is co-circulating](#), influenza vaccination will reduce strain on our healthcare system. Vaccination is particularly important for individuals at high risk of influenza complications and for healthcare workers.
9. **Administer [pneumococcal vaccination](#)** with pneumococcal conjugate vaccine 13 (PCV13) and/or pneumococcal polysaccharide vaccine 23 (PPSV23). Additional guidance on the importance of giving routine immunizations during the time of COVID-19 can be found [here](#).



Resources

[ACPHD COVID-Influenza-like Illness \(C-ILI\) Outbreak Recommendations for Long Term Care Facilities](#)

[CDPH Recommendations for Influenza and Other Respiratory Virus Testing and Reporting: 2020–2021](#)

[CDPH Influenza \(Flu\) and Other Respiratory Diseases](#)

[CDPH Influenza during the COVID-19 Pandemic](#)

[CDPH Influenza and Other Non-COVID-19 Respiratory Illness Outbreak Quicksheet](#)

Contact Information

Alameda County Acute Communicable Disease Control:

- Weekdays 8:30AM – 5PM Phone: (510) 267–3250
- After-Hours Phone: (925) 422–7595 and ask for the public health duty officer on call

Berkeley Public Health Division:

- Weekdays 8AM – 5PM Phone: (510) 981–5292
- After-Hours Phone: (510) 981–5911 and ask for the Health Officer on call