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**Pandemic (H1N1) 2009 Influenza
Health Alert Update
August 13, 2009**

This Health Alert Update provides information and recommendations regarding Pandemic (H1N1) 2009 influenza, including recommendations for schools and changes in local health department reporting of H1N1 cases.

A. CDPH Endorses CDC Updated Exclusion Recommendations

On August 5, 2009, the CDC released updated recommendations for the amount of time persons with influenza-like illness should be away from others. CDC recommends that people with influenza-like illness remain at home until at least 24 hours after they are free of fever (100° F [37.8°C]) or signs of a fever without the use of fever-reducing medications.

This is a change from the previous recommendation that ill persons stay home for 7 days after illness onset or until 24 hours after the resolution of symptoms, whichever was longer. The new recommendation applies to camps, schools, businesses, mass gatherings, and other community settings where the majority of people are not at increased risk for influenza complications. This guidance does not apply to healthcare settings where the exclusion period should be continued for 7 days from symptom onset or until the resolution of symptoms, whichever is longer.

More stringent guidelines and longer periods of exclusion – for example, until complete resolution of all symptoms – may be considered for people returning to a setting where large numbers of high-risk people may be exposed, such as a camp for children with asthma or a child care facility for children younger than 5 years old.

CDPH concurs with the CDC exclusion recommendation and feels that most prisons and jails can follow the new exclusion recommendations unless there are large numbers of high-risk people in these settings. Such situations should be evaluated on a case-by-case basis.

The complete recommendations can be accessed at:
<http://www.cdc.gov/h1n1flu/guidance/exclusion.htm>

B. CDPH Endorses the CDC Guidance for School (K-12) Responses to Influenza during the 2009-2010 School Year

CDPH endorses and encourages local health departments and school systems to implement the CDC's *Guidance for State and Local Public Health Officials and School Administrators for School (K-12) Responses to Influenza during the 2009-2010 School Year*, released on August 7, 2009. This guidance contains recommendations for management of seasonal and H1N1

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influenza in the school environment and suggests that interventions be based on a balanced evaluation of specific public health benefits weighed against social and economic costs of recommended interventions.

CDPH will be collaborating with the California Department of Education, local health departments, and other partners on implementation strategies for the CDC recommendations.

The complete guidance can be accessed at: <http://www.cdc.gov/h1n1flu/schools/>

C. CDPH Recommendations for the Use of Alcohol-Based Hand Sanitizers by Students in California Schools

- The use of alcohol-based hand sanitizers (gels, foams, or wipes) containing at least 60% alcohol should be promoted in California schools because:
 - Alcohol-based hand sanitizers are very effective germicides against many viruses (including influenza) and bacteria (including methicillin-resistant and susceptible *Staphylococcus aureus* (MRSA/MSSA).
 - Millions of school days are annually lost by students due to absenteeism caused by colds and other common illness that are primarily spread among students through contact with contaminated hands. There is increasing concern about MRSA, which is also spread among students primarily through contact with contaminated hands.
 - Pandemic (H1N1) 2009 influenza is still causing frequent infections in California. Approximately half of these infections occur in children under the age of 18 years, and transmission is common in settings where children gather. When California schools resume classes, transmission of influenza will put both students and the community at risk, unless high rates of vaccination can be achieved when vaccine becomes available.
 - Access to soap and water for handwashing in schools may be limited, while alcohol-based hand sanitizers can be made easily available in every classroom.
 - Studies have shown that the use of alcohol-based hand sanitizers can decrease rates of illness and absenteeism among students and has the potential to reduce teacher absenteeism, school operating costs, healthcare costs and parental absenteeism. It is possible that effective use of alcohol-based hand sanitizers might reduce the need for student dismissals.
- Alcohol-based hand sanitizers can be used safely in the classroom with a few simple precautions. The use of these products by students is recommended if:
 - Students are taught about the importance of hand hygiene practices in the control of communicable disease.

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- In elementary school classrooms, alcohol-based hand sanitizers are used under the direction of a teacher or other school employee.
 - In secondary schools, alcohol-based hand sanitizers are available in wall dispensers that are readily visible to a teacher, convenient for use by students, and able to be secured after school hours.
 - Students may use alcohol-based hand sanitizers periodically during each school day, in addition to hand washing with soap and water, after coughing or sneezing, toileting and before eating. This may be implemented by having students use the product each time they enter and leave the classroom.
 - There is a procedure in place to monitor the occurrence of allergic reactions; if a student appears to develop an allergic reaction to an alcohol-based hand sanitizer, advise the student to discontinue using the product and instead wash hands with soap and water, and notify the school nurse and parent of the possible allergic reaction.
 - All alcohol-based hand sanitizer products are kept away from contact with the eyes, mouth, and nose.
 - Alcohol-based hand sanitizers are kept away from any type of open flame or where sparks could be generated; smokers should not light a cigarette until their hands are completely dry after use of an alcohol-based hand sanitizer.
- For additional information on hand hygiene and hand sanitizers, please visit the CDC website at <http://www.cdc.gov/features/handhygiene/>.

D. CDPH Microbial Diseases Laboratory (MDL) will Test Bacterial Isolates from H1N1 Patients with Secondary Bacterial Infections

CDPH is interested in characterizing secondary bacterial infections due to group A streptococcus, *Staphylococcus aureus* (MRSA and MSSA) and *Streptococcus pneumoniae* in H1N1 patients. CDPH requests that available isolates of these bacterial pathogens from H1N1 patients be submitted to the Special Pathogens Unit of MDL. Local health departments should coordinate with hospitals and their public health laboratories on isolate collection and submission to MDL. For information regarding isolate submission and testing, contact MDL at 510-412-3903.

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E. Change in Local Health Department Reporting of H1N1 Hospitalized Cases

Effective August 12, 2009, CDPH has changed the recommendations for reporting pandemic (H1N1) 2009 influenza cases. A template for reporting aggregate hospitalized cases to CDPH is displayed in Attachment 1 ("H1N1 Aggregate Hospitalized Case Report Template") in this Health Alert and will be posted to the CDPH website at: <http://www.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenzaLHD.aspx#forms-lhds>

Hospitalized Cases

- Please report hospitalized cases of novel H1N1 as **weekly aggregate numbers** (not as individual cases or as a line list) by the following age categories:
 - <1 year
 - 1-4 years
 - 5-18 years
 - 19-24 years
 - 25-35 years
 - 36-49 years
 - 50-64 years
 - 65+ years
- For purposes of reporting aggregate hospitalized case totals, include:
 - All probable and confirmed cases who are hospitalized (i.e., in the hospital for at least 24 hours) on any unit of the hospital, including all intensive care unit (ICU) cases; and
 - Any cases identified as influenza A positive on whom no further confirmatory testing is performed (until further notice); at this time all influenza A is presumed to be H1N1.
- Please separately report the **number** of hospitalized cases who are **healthcare workers** and/or who are **pregnant**.

Intensive Care Unit Cases and Fatal Cases

- Please continue to report **ICU cases** and **fatal cases** of pandemic H1N1 as **individual cases**, using the *Novel Influenza A (H1N1) Virus Case History Form (Hospitalized/Fatal Cases)*. The form can be found at: <http://www.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenzaLHD.aspx>
- All H1N1 ICU, fatal case reports, and hospital medical records should be faxed to 916-440-5984.
 - Please include weight and height in the hospital medical record, if available.

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Outbreaks of Novel H1N1

- Please continue to report **outbreaks** of novel H1N1 in healthcare facilities, licensed institutions and other settings using the Preliminary Report of Communicable Disease Outbreak Form (# CDPH 9060). The form can be located at <http://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph9060.pdf> Please continue to fax this form to the CDPH Infectious Disease Branch at 510-620-3425.

F. CDPH H1N1 Testing Recommendations

Highest Priority for PCR Testing

- Fatal cases with influenza-like illness (ILI*).
- Hospitalized patients with ILI.
- Outpatients with ILI who are being evaluated by an influenza sentinel surveillance provider.

Testing as resources permit, at the discretion of the LHJ

- Healthcare workers with ILI (those who directly interact with patients or the patient care environment).
- Pregnant women with ILI.
- At the direction of LHJs as part of an investigation of selected ILI clusters when testing results may impact public health interventions.

*ILI is defined as fever $\geq 37.8^{\circ}\text{C}$ ($>100^{\circ}\text{F}$) and a cough and/or sore throat.

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Attachment 1: H1N1 Aggregate Hospitalized Case Report Template

California Department of Public Health



	NUMBER OF HOSPITALIZED CASES FOR DATE RANGE
Age group (in years)	
< 1	
1 - 4	
5 - 18	
19-24	
25-35	
36-49	
50-64	
65+	
Healthcare worker (number)	
Pregnant (number)	

LOCAL HEALTH JURISDICTION:

REPORTING DATE RANGE
 Starting date (mm/dd/yy): ___/___/___
 Ending date (mm/dd/yy): ___/___/___

Email report to:
swineflureport@cdph.ca.gov

Directions:

1. Rename the whole worksheet (bottom left corner) with your local health jurisdiction name and the ending date for the report. Use the following convention: CONTRACOSTA_081809
2. In the "Number of Hospitalized Cases for Date Range" field, enter the total number of hospitalized cases for each age group that was reported to your jurisdiction during the reporting date range.
3. In the "Local Health Jurisdiction" field, enter your jurisdiction.
4. For the "Reporting Date Range" enter the beginning of the surveillance week in the "Starting date" field and the end of the surveillance week in the "Ending date" field.
5. Email to the above address no later than Tuesday at noon.

WARNING - DO NOT CHANGE THE SPREADSHEET!!!