An Outbreak of Seasonal Influenza

Background
- Hospitals are at or over normal patient capacity due in large part to the number of patients presenting with seasonal influenza-like symptoms. Local emergency departments and outpatient clinics are also seeing very high volumes of patients.
- At this time, this is not a pandemic flu situation, but a major seasonal flu situation.
- Since early December, public health surveillance has noted widespread influenza activity in the state.
- Reports of influenza-like illness (ILI) in Alabama in the last couple of weeks have been almost three times the threshold for significant activity for the 2017-18 influenza season. The threshold is 3.4%.
- Predominant strains identified in specimens submitted to the State lab in the last couple of weeks have been A (H1N1) and A (H3). Nationally, no significant antiviral resistance has been identified. Visit http://www.alabamapublichealth.gov/influenza/index.html for more information.

Guidance for Healthcare Providers
- Urge residents with minor flu or flu-like symptoms to refrain from going to hospital emergency departments to avoid over-stressing the community’s resources.
- Recommend patients with flu-like illness without signs of SERIOUS illness to remain at home, and call their doctor for guidance.
- Provider offices and urgent care centers should consider extending office hours and remaining open on weekends and holidays.
- In addition to influenza vaccination for prevention of influenza, antiviral medications should be used for all hospitalized, severely ill, and high-risk patients with suspected or confirmed influenza.
- Since IV fluids may be limited, providers are asked to encourage patients to hydrate orally when feasible. For adults, hydration with eight ounces should occur every hour, especially when the patient is febrile. Fluids should include water, soup, fruit juice, sports drinks such as Gatorade, or other oral hydration solutions including Pedalyte. Variation is important and the exclusive use of sports drinks or water only should be avoided. Sports drinks can be diluted with water to half strength to avoid issues with hypertonicity.
- Properly store expired saline solution, and do not discard. It is possible that an emergency order with altered standards of care will be declared.

Reportable Influenza Conditions
- Effective immediately, all influenza-related deaths must be reported to ADPH within 5 days of diagnosis. To report a case of influenza-associated mortality online, complete the REPORT Card.
- Providers with a presumptive diagnosis of novel influenza A virus must notify ADPH within 24 hours. Novel influenza strains are subtypes of Influenza A that are different from the H1
or H3 strains known to be in circulation. Individuals with novel influenza may have recent international travel or close contact with pigs or birds. To report a presumptive diagnosis of novel influenza and to request testing, call the Infectious Diseases & Outbreaks Division 24/7 at 1-800-338-8374.

**Testing at the Bureau of Clinical Laboratories (BCL)**

- The BCL is able to test the following specimens for influenza viruses: Nasopharyngeal swab or aspirate/swab, throat swab, and nasal swab.
- Contact BCL at 334-260-3400 with questions about specimen collection and shipping.
- Submit specimens for patients with influenza-like illness for influenza testing (even if rapid diagnostic test is negative) if patient is pregnant, has recent international travel, or has exposure to pigs or backyard flocks.
- All shipped specimens must contain a competed lab slip and frozen cold packs.
- Influenza testing kits may be directly requested from the BCL by emailing flutestkit@adph.state.al.us.
- Properly packed specimens may be brought to the local county health department for overnight courier service at no charge or may be shipped directly at provider’s expense to: ADPH/BCL
  8140 AUM Drive
  Montgomery, AL 36117