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Health Advisory

To: Healthcare Providers

From: David Canton, DO, MPH, JD, Health Officer Interim (signed original on file)

Date: December 7, 2021

Re: Influenza in Butte County

Several cases of influenza A have been reported in Butte County during the first week of December. Currently, influenza is still at sporadic levels statewide, but is likely to increase in the coming weeks. The purpose of this Health Advisory is to (1) alert local healthcare providers that seasonal influenza has arrived in our county, (2) emphasize the importance for providers to get their Influenza vaccination and to encourage their patients to do the same, and (3) test and treat for, as appropriate, influenza. Additionally, providers are asked to report possible co-infections with SARS-CoV-2 and seasonal influenza in accordance with recommendations from CDC (see the list of resources, below).

Not Too Late to Vaccinate

With COVID-19 still causing a significant number of hospitalizations in Butte County, reducing the overall burden of respiratory illnesses is critical to protect vulnerable populations at risk for severe illness, the healthcare system, and other critical infrastructure. Providers are urged to use every opportunity during the influenza season to administer influenza vaccines to patients and promote influenza vaccination among staff. Additionally, continue to emphasize the importance of adhering to non-pharmaceutical interventions (NPIs) to prevent infections with SARS-CoV-2 and seasonal influenza, regardless of vaccination status. Patients are much more likely to get vaccinated and adhere to NPIs when health care providers strongly recommend these actions for their patients. Influenza vaccination should continue from now into spring.

Antiviral Medications

The four prescription antiviral medications recommended for treatment or prevention of influenza are oral oseltamivir (Tamiflu®), inhaled zanamivir (Relenza®), intravenous peramivir (Rapivab®), and oral baloxavir (Xofluza®). These drugs have activity against both influenza A and B viruses. Oseltamivir is available as a generic. Treatment with these antivirals has clinical and public health benefit in reducing severe outcomes and spread of influenza. Antiviral treatment should be initiated as soon as possible after illness onset as the greatest benefit is seen when treatment is started within 48 hours of illness onset. Treatment should not wait for laboratory confirmation of influenza. Clinical trials and observational data show that early antiviral treatment can shorten the duration of symptoms, reduce the risk of complications from influenza, and reduce the risk of death among hospitalized patients.

Antiviral treatment is recommended as soon as possible for any person with suspected or confirmed influenza virus infection who:

- is hospitalized;
- has severe, complicated, or progressive illness; **or**
- is at higher risk for complications based on age and/or pre-existing medical conditions.

While antiviral drugs work best when treatment is started within 48 hours of illness onset, clinical benefit has been observed even when treatment is initiated later. Antiviral treatment can also be considered for previously healthy, symptomatic outpatients not at high risk with confirmed or suspected influenza, on the basis of clinical judgment, if treatment can be initiated within 48 hours of illness onset.

Influenza Reporting

Mandated influenza reporting per Title 17 California Code of Regulations includes:

- Laboratory-confirmed influenza-associated deaths in children ages 0-17 years;
- Infections with novel influenza viruses; and
- Acute respiratory outbreaks.

In order to continue to collect timely data on local influenza activity, the Butte County Health Officer is requesting that **hospitals** continue **voluntary** reporting of:

- Laboratory-confirmed intensive care unit (ICU) Influenza cases 0-64 years of age; and
- Laboratory-confirmed influenza-associated deaths in persons 0-64 years of age.

California Department of Public Health (CDPH) defines laboratory-confirmed influenza as positive by any test performed by a clinical, commercial or local public health laboratory, including by positive rapid antigen test, direct fluorescence assay, culture, or PCR.

Resources

- CDC recommendations for Routine and Influenza Immunization Services During the COVID-19 Pandemic: [Interim Guidance for Routine and Influenza Immunization Services During the COVID-19 Pandemic \(cdc.gov\)](https://www.cdc.gov/flu/interimguidance/)
- Surveillance information: www.cdc.gov/flu/weekly/fluactivitysurv.htm;
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Influenza.aspx>.
- Antiviral treatment guidelines: <https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>
- Information on influenza testing: www.cdc.gov/flu/professionals/diagnosis or contact the BCHD Laboratory at (530) 891-2747.
- Information on the control of institutional outbreaks (updated October 2020): https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/RecsForPreventionControl_Flu_inCA_SNFsDuringCOVID_FINAL_100120.pdf
- Butte County Public Health Department Influenza Resources: <http://www.buttecounty.net/ph/Programs/Communicable-Disease/Flu>
- For consultation or for assistance in reporting cases call the Butte County Public Health Department at (530) 552-3929.

Categories of urgency levels:

Health Alert: conveys the highest level of importance; warrants immediate action or attention

Health Advisory: provides important information for a specific incident or situation; may not require immediate action

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action