



**COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT**

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PROVIDER HEALTH ADVISORY

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Act Now Ahead of Influenza Season: Recommendations for Healthcare Providers

Influenza activity has begun in California and is expected to increase in the coming months.

Detection of influenza A(H3N2) viruses by clinical and public health labs nationwide has increased recently, most frequently among young adults. This represents the first significant activity of the 2021-2022 flu season and the first since March 2020. Influenza A (H3N2) predominant seasons can be severe, especially for older adults and young children.

The California Department of Public Health has provided recommendations for health care providers for mitigating the impacts of influenza for individuals and the health care system, as we address both increased influenza and the continued COVID-19 pandemic.

Please see the attached two-page advisory for details.

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December 8, 2021

Key Messages

- [Influenza activity in California](#) is expected to increase in the coming months.
- [California Immunization Registry \(CAIR2\)](#) data show the pace of influenza vaccination decreasing in October and November 2021 despite ample vaccine supplies.
- As the holiday season begins, providers should:
 - [Strongly recommend influenza vaccination](#)
 - Avoid missing opportunities to immunize against influenza
 - Increase efforts to immunize [those at increased risk for severe influenza](#).
 - Offer coadministration of influenza and COVID-19 vaccine when patients present for either vaccine individually. Immunization against influenza will reduce stress on the healthcare system during the pandemic. Other routine vaccines may also be coadministered.
- [Large influenza outbreaks are occurring at post-secondary institutions in the United States](#).
- Detection of influenza A(H3N2) viruses [by clinical and public health labs nationwide](#) has increased recently, most frequently among young adults. This represents the first significant activity of the 2021-2022 flu season (and the first since March 2020). Influenza A (H3N2) predominant seasons can be severe, especially for older adults and young children.
- Influenza and SARS-CoV-2 multi-plex testing should be pursued when feasible. Providers caring for persons with respiratory illnesses in inpatient and congregate settings should test them for influenza and SARS-CoV-2. Providers should test outpatients for influenza (as well as SARS-CoV-2) when testing will affect decisions on clinical management or infection control.
- Provide influenza antiviral treatment as soon as possible for any patient with confirmed or suspected influenza who is: a) hospitalized; b) at higher risk for influenza complications; or c) developing progressive illness.
- For high-risk persons with influenza-like illness:
 - Test the patient for both influenza and SARS-CoV-2. Two specimens might need to be collected if influenza and SARS-CoV-2 multi-plex testing is not available.

- Start influenza antiviral treatment immediately. Decisions about starting influenza antiviral treatment should not wait for laboratory confirmation of influenza.
- If the patient tests negative for influenza, influenza antiviral treatment can be discontinued.
- If the patient tests positive for SARS-CoV-2, SARS-CoV-2 treatment (either with an anti-SARS-CoV-2 monoclonal antibody or authorized oral antiviral treatment) should be considered in outpatients at high risk for disease progression as outlined in product EUAs.
- High risk patients co-infected with influenza and SARS-CoV-2 should receive treatment for both viruses. EUAs for anti-SARS-CoV-2 therapy should be reviewed prior to treatment to ensure patients meet criteria.
- Clinicians should consider mitigation measures, including influenza antiviral post-exposure prophylaxis, during influenza outbreaks in long-term care facilities. Contact your local health department for consultation on suspected outbreaks at college campuses or other facilities.
- Besides getting immunized, other everyday actions can stop the spread of respiratory viruses:
 - Continue to wear a mask [when recommended or required in high-risk settings](#).
 - Stay away from people who are sick.
 - Stay home when sick for at least 24 hours after symptoms go away. Persons who test positive for SARS-CoV-2 should [isolate](#) for 10 days after symptom onset (or date of positive test if no symptoms are present).
 - Cough or sneeze into your elbow, arm, or disposable tissue. If disposable tissue is used, use hand sanitizer or wash hands afterwards.
 - Wash hands frequently and thoroughly with soap and warm water or use an alcohol-based hand sanitizer.
 - Avoid touching your eyes, nose, and mouth.
 - See our [Tips for Protecting Yourself and Others This Holiday Season](#) for additional recommendations.

Influenza Resources

- [Increasing Flu Activity in Some States, Especially Among Young Adults | CDC](#)
- [CDC HAN: Increasing Seasonal Influenza A \(H3N2\) Activity, Especially Among Young Adults and in College and University Settings, During SARS-CoV-2 Co-Circulation](#)
- [Influenza \(ca.gov\)](#)
- [Influenza \(Flu\) | CDC](#)
- [Who Needs a Flu Vaccine and When | CDC](#)
- [People at Higher Risk of Flu Complications | CDC](#)
- [What You Should Know About Flu Antiviral Drugs | CDC](#)
- [Let's Fight Flu Together Toolkit| CDPH](#)
- [Influenza Promotional Materials Resources \(eziz.org\)](#)