



## Florida Department of Health

Novel Influenza A (H1N1) Guidance

Focus Area: Surveillance

Guidance document number 2009-3

### Novel Influenza A H1N1 Surveillance and Reporting Guidance for County Health Departments (CHDs)

Version 4.0

August 3, 2009

This document supersedes the earlier document: "Swine Origin Influenza A H1N1 Reporting Guidance for CHDs" dated June 6, 2009; Version 3.

#### Summary:

- **Case Investigations:** Case investigations should occur for the following special surveillance groups **with influenza-like illness (ILI)**:
  - a. Patients with life-threatening illness
  - b. Pregnant women who are hospitalized
  - c. Deaths
- **Reporting Cases:** Individual cases meeting the confirmed or probable case definition for novel Influenza A H1N1 should be entered into Merlin for: a) patients with life-threatening illness, b) pregnant women who are hospitalized, and c) deaths.
  - For confirmed and probable cases occurring among those not included in the special groups (above), Merlin data entry **no longer** needs to take place.
- **Investigating and Reporting Outbreaks:** CHDs should report all outbreaks due to influenza or ILI via EpiCom. Each individual case associated with the outbreak does not need to be entered into Merlin.
- **Sentinel Influenza Provider Surveillance System:** Ensure sentinel physicians in your county are reporting their weekly ILI data by Tuesdays at noon and submitting five specimens on a weekly basis to the Bureau of Laboratories (BOL) for testing. Please refer to the document "Updated Guidance Document: For Providers Participating in the Florida Outpatient Influenza-like-illness Surveillance Network (ILINet)" dated July 28, 2009.
- **Pneumonia and Influenza Mortality Surveillance System:** Ensure weekly reporting by Tuesdays at noon into the Pneumonia and Influenza Mortality Surveillance system (**24** counties participate).
- **CHD notification process for novel influenza A H1N1 results:** CHDs will be notified of positive laboratory results for H1N1 from BOL (via Merlin ELR Task List), Focus Diagnostic (via fax) and Quest (via Merlin ELR Task List).

Note: as with all communications about the pandemic due to the novel 2009 influenza A H1N1 virus, this document may become outdated as the situation changes. Documents on this topic after August 3, 2009 supersede this one. This document will be posted on the Bureau of Epidemiology (BOE) website [http://www.doh.state.fl.us/disease\\_ctrl/epi/swineflu/index.html](http://www.doh.state.fl.us/disease_ctrl/epi/swineflu/index.html)

The following items below (1-9) provide additional detail related to the novel influenza A H1N1 surveillance and reporting guidance for CHDs.

**1. Case investigations should occur for the following special surveillance groups with ILI:**

- a. Patients with life-threatening illness
- b. Pregnant women who are hospitalized
- c. Deaths

**2. Reporting cases in Merlin:**

- Individual cases meeting the confirmed or probable case definition for novel Influenza A H1N1 should be entered into Merlin for:
  - a. Patients with life-threatening illness
  - b. Pregnant women who are hospitalized
  - c. Deaths
- **All such cases should be linked to the Merlin Outbreak Module #1521. CHDs should complete questions in the Merlin Outbreak Module #1521** for these cases.
- Cases associated with deaths should be entered the same day the CHD is notified. Please refer to the “Protocol for Reporting Deaths with novel Influenza A H1N1 Infection from CHDs to Bureau of Epidemiology” for additional information about reporting deaths. For special populations (a) and (b) above, cases should be started in Merlin within **two** business days following the receipt of the confirmed laboratory result.
- For confirmed and probable cases occurring among those **not included** in the special surveillance groups (patients with life-threatening illness, pregnant women, and deaths), Merlin data entry **no longer** needs to take place. Counties may continue to enter cases if it is desired at the local level for individual case management and follow-up.

**3. Investigating and Reporting Outbreaks of Influenza or ILI:**

- CHDs should investigate all identified outbreaks of influenza or ILI. (Follow-up on all reported individual laboratory results to determine if they may be part of a previously unidentified outbreak is not necessary.)
- **CHDs should report all outbreaks due to influenza or ILI via EpiCom.** Multiple EpiCom postings may be needed during a single investigation. EpiCom postings should cover important epidemiologic information including but not limited to the population impacted (total population), total number of cases, when and where the outbreak is occurring, and control measures being taken. Other pertinent or interesting information about the outbreak should also be recorded.
- Each individual case associated with the outbreak does not need to be entered into Merlin. Counties can open and create outbreaks within the Merlin Outbreak Module as desired. Outbreak module #1521 does not need to be used.
- The following actions should be taken when CHDs receive a case report of an outbreak of ILI in a sensitive setting. Such an event should be investigated using the same principles used in investigating outbreaks of any reportable disease:
  - Confirm the diagnosis (by testing two to five ill persons through BOL); characterize the cases by time, place, and person.
  - Identify control measures based on knowledge of the epidemiology and mode of transmission of this virus (mainly droplet person-to-person spread); recommend implementation of control measures.

- Post a brief account of event and response to EpiCom for benefit of other public health workers in the state.
- Request epidemiologic advice or assistance from your regional epidemiologist or from central office staff as necessary.

#### **4. Maintenance of the Sentinel Influenza Provider Surveillance System:**

BOE will be relying heavily on this system to monitor influenza activity across the state in the outpatient setting as well as for viral strain surveillance. Please complete the following:

- Contact sentinel practices at least twice a month to touch base and review if they have been able to submit specimens for testing according to the guidelines. Sentinel provider specimen submission, collection, and testing guidelines were distributed to sentinels and CHDs. This document [[Updated Guidance Document: For Providers Participating in the Florida Outpatient Influenza-like-illness Surveillance Network \(ILINet\) - Enhanced Influenza Surveillance Due to novel Influenza A H1N1 \(7/28/09\)](#)] is posted at the following website [http://www.doh.state.fl.us/disease\\_ctrl/epi/swineflu/index.html](http://www.doh.state.fl.us/disease_ctrl/epi/swineflu/index.html)
- Review on a weekly basis whether each sentinel practice in your county reported its ILI data to CDC. This can be done through the cumulative reporting percentage spread sheet that is currently emailed on a weekly basis to influenza surveillance coordinators.
- If a sentinel did not report or submit any specimens, contact the facility to determine why the sentinel did not report and to ensure reporting.

#### **5. Monitoring the Pneumonia and Influenza Mortality Surveillance System:**

The 24 most populous counties report weekly data into the FDOH Pneumonia and Influenza (P and I) Mortality Surveillance System. This data is entered primarily by Vital Statistics Registrars into the P and I EpiGateway Module. This system is modeled after the CDC 122 Cities Mortality System.

- For participating counties, CHD epidemiology programs should check in with the data reporter each week to ensure reporting has occurred every Tuesday by 5 p.m. This can also be done through logging into EpiGateway to see if data has been reported for your county.
- Contact the EpiGateway helpdesk at [EpiGateway@doh.state.fl.us](mailto:EpiGateway@doh.state.fl.us) if you need access to the Pneumonia and Influenza Mortality Surveillance System.

#### **6. Notification Process of Positive Laboratory Results for Specimens Tested by BOL (process unchanged from the June 6 guidance):**

- CHDs will be notified of the positive result by checking their **Merlin ELR Task List** for results in the same manner they would identify new positive results of other reportable diseases tested at BOL. Data entry staff in Tallahassee will transfer laboratory results from the Merlin Flu Task List to the Merlin ELR Task List to eliminate this step for CHDs. All influenza laboratory results will continue to be displayed on the Merlin Flu Task List.

#### **7. Notification Process of Positive Laboratory Results for Specimens Tested by Focus Diagnostics:**

- Positive results for novel influenza A H1N1 tested by Focus Diagnostics are considered laboratory-confirmed cases. (Positive results for novel influenza A H1N1 received from Focus Diagnostics should be treated in the same manner as positive laboratory results received from BOL.)
- Specimens testing positive for novel influenza A H1N1 at Focus Diagnostics do not also need to be sent to BOL for confirmation.

- The paper copies of the laboratory reports will be faxed to CHDs by the Surveillance Data Entry Staff in BOE. The Surveillance Data Entry staff will no longer be entering laboratory results received directly from Focus.
- This process will be followed for other laboratories that may develop this testing capability. BOE will inform the CHDs if other laboratories do so.
- When Focus develops the capability to send results directly electronically, the process will be the same as for results received from Quest

#### **8. Notification Process of Positive Laboratory Results for Specimens Tested by Quest:**

- Positive results for novel influenza A H1N1 received from Quest are considered laboratory-confirmed cases. (Positive results for novel influenza A H1N1 received from Focus Diagnostics should be treated in the same manner as positive laboratory results received from BOL.)
- Quest laboratories are not actually completing the testing for novel influenza A H1N1, but sending the specimens to Focus Diagnostics for testing.
- Specimens testing positive for novel influenza A H1N1 at Quest do not also need to be sent to BOL for confirmation.
- CHDs will be notified of the positive result from Quest by checking their **Merlin ELR Task List**.
- CHDs need only to process and make cases from those laboratory results associated with the surveillance special populations (see item 1 above). Other laboratory reports can be dismissed from the Merlin ELR Task List.

#### **9. Important prevention messages:**

When patients and physicians are contacted, guidance should be provided as to how to prevent the spread of illness. People with ILI should stay home (self-isolation) unless in urgent need of medical care. CHD epidemiology staff do not need to identify all contacts of cases or implement any mandatory isolation or quarantine measures for individuals.

For further information please contact BOE at 850-245-4401

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