

# Tools for Influenza Investigations and Response

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# Resources

# Texas Influenza Surveillance Handbook

- **Outbreak Section:**
  - Why investigate
  - Outline of a response
  - Basic info to collect
  - Case definitions
  - Line lists
  - Epi Curves
  - Case Confirmation
  - Resources

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Update  
coming  
soon!

# EAIDB (VPD and IRID) Investigation Guide

- Sections Include:
  - Basic Epidemiology
  - Definitions
  - Case Investigation
  - Managing Special Situations
  - Reporting and Data Entry Requirements
  - Laboratory Procedures

Section 1:	Diphtheria	1	Jan 2013
Section 2:	<i>Haemophilus influenzae</i> type B, Invasive (Hib)	5	2012
Section 3:	Hepatitis A	10	2012
Section 4:	Hepatitis B, Acute and Perinatal	13	Apr 2012
Section 5:	Influenza-Associated Pediatric Mortality	25	Jan 2013
Section 6:	Influenza – Variant / Novel	30	Jan 2013
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Section 10:	Meningococcal Infection, Invasive	66	Jan 2013
Section 11:	Mumps	73	Apr 2012
Section 12:	Pertussis	79	2012
Section 13:	Polio (Paralytic and Nonparalytic Infections)	85	2012
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Section 15:	Congenital Rubella Syndrome (CRS)	94	Jan 2013
Section 16:	<i>Streptococcus pneumoniae</i> , Invasive (Pneumococcal Infection)	99	Jan 2013
Section 17:	<i>Streptococcus pyogenes</i> , Invasive (Group A Streptococcus)	103	Jan 2013
Section 18:	<i>Streptococcus agalactiae</i> , Invasive (Group B Streptococcus)	107	Jan 2013
Section 19:	Tetanus	111	Jan 2013
Section 20:	Varicella	114	Apr 2012
Appendix A:	Disease Flowcharts	120	Jan 2013
Appendix B:	Disease Investigation Forms	135	Jan 2013
Appendix C:	Resources	183	Jan 2013

Foodborne coming soon!

# Subject Matter Experts

- Regional Flu Coordinators
- State Flu Coordinator ~ **Lesley**
- State ILINet Coordinator ~ **Bob**
- State Infectious Respiratory and Invasive Diseases Team Lead ~ **Carol**

# Websites



[www.dshs.state.tx.us/idcu/disease/influenza/](http://www.dshs.state.tx.us/idcu/disease/influenza/)

[Home](#) > [Infectious Disease Control](#) > Influenza

Influenza



Influenza (Flu)

ICD-9 487; ICD-10 J10,11

## Reporting Criteria

Cases of influenza-associated pediatric mortality are reportable within one working day. Other single cases of influenza are not reportable by law in Texas. The state, regional, and local health departments rely on volunteer clinics, hospitals, laboratories, and others to report influenza data throughout the season.

## Organism

Influenza virus

## Transmission

Influenza viruses can be spread by large respiratory droplets generated when an infected person coughs or sneezes in close proximity to an uninfected person. Sometimes influenza viruses are spread when a person touches a surface with influenza viruses on it (e.g., a doorknob), and then touches his own nose or mouth.

## Symptoms

Symptoms can include fever, dry cough, sore throat, headache, body aches, fatigue, and nasal congestion. Among children, otitis media, nausea, vomiting, and diarrhea are common. Some infected persons are asymptomatic. Most people generally recover from illness in 1-2 weeks, but some people develop complications and may die from influenza. The highest rates of influenza infection occur among children; however, the risks for serious health problems, hospitalizations, and deaths from influenza are higher among people 65 years of age or older, very young children, and people of any age who have medical conditions that place them at increased risk for complications from influenza.

[Antiviral Guidance](#)

[Current Flu Report](#)

[Influenza Conferences](#)

[Other Sites](#)

[Overview & Case Definition](#)

[Reporting](#)

[Surveillance](#)

[Texas](#)

[Influenza Surveillance Handbook](#)

[Vaccine](#)

[ILINet](#)

[Influenza-Associated Pediatric Mortality](#)



[www.cdc.gov/flu/index.htm](http://www.cdc.gov/flu/index.htm)

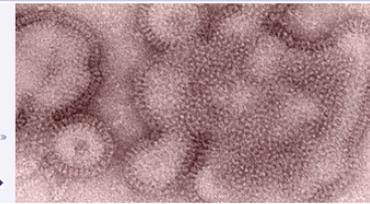
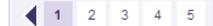
## Seasonal Influenza (Flu)

All 2012-2013 seasonal influenza vaccine has expired. Vaccine for the 2013-2014 season will be available in the fall. Providers and the public should remember that influenza viruses can circulate year-round and that antiviral drugs can treat the flu. In fact, for certain people, [treating flu with antiviral drugs can be life-saving](#) [702 KB, 2 pages].

## Variant Flu: H3N2 Virus

Learn about H3N2v and recent outbreaks. See a case count table.

[Learn More >](#)



### Flu Basics

Symptoms, How Flu Spreads, Higher Risk Groups, Past and Current Flu Season...

### Prevention - Flu Vaccine

Vaccine Safety, Vaccination Coverage, Influenza VIS, "Take 3" Actions, NIVW, Infection Control...

### Treatment - Antiviral Drugs

Drugs to Treat Flu Virus, Stay Home When Sick, Caring for Someone Sick With Flu...

### News & Highlights

Flu Spotlights, Press Releases...

### Health Professionals

Vaccination, Antiviral Drugs, Infection Control, Diagnostic Testing, Patient Education, and Training...

### Free Resources

Printable Materials, Photos, Podcasts, Videos, PSAs, eCards, Badges & Buttons, Articles...

### Information For Partners

Campaign Highlights, Partner Activity Entries, Media Briefings, Promotional and Educational Tools...

### PHIL Influenza Images

Public Health Image Library, Photographs, Illustrations, Multimedia Files...

## Flu Activity & Surveillance

Influenza Like Illness (ILI) Activity Level Indicator Determined by Data Reported to School  
2013-13 Influenza Season Week 28 ending May 18, 2013



Check where flu is active near you.

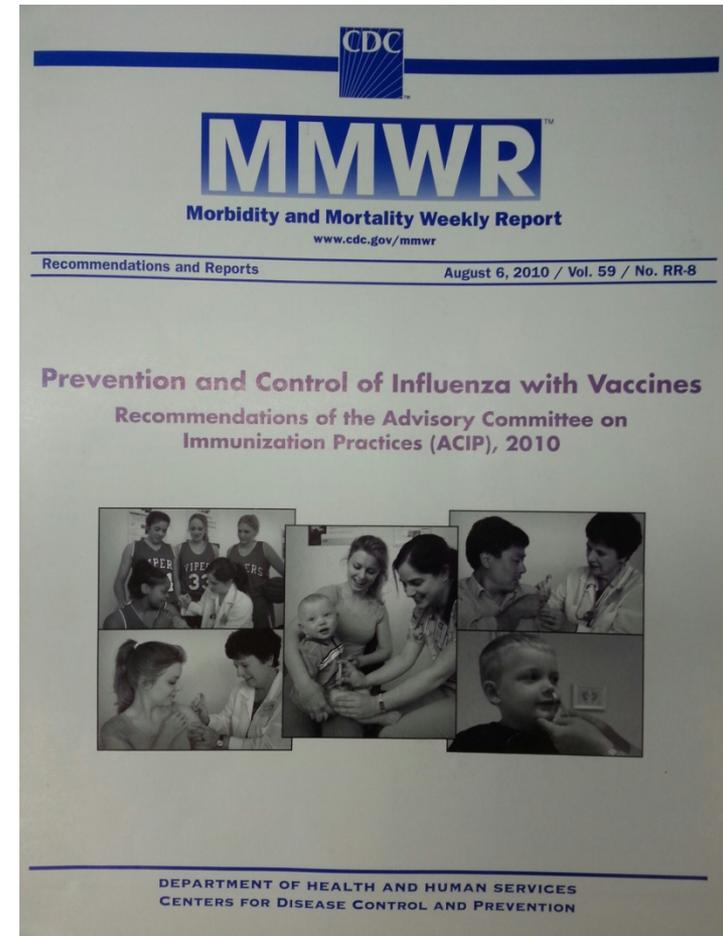
[More >>](#)

## International Flu



# Advisory Committee on Immunization Practices

- ACIP releases flu vaccination recommendations each season
  - [www.cdc.gov/flu/professionals/acip/](http://www.cdc.gov/flu/professionals/acip/)
- The 2010 guidance is extremely useful

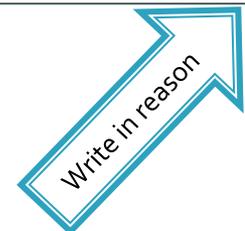


# DSHS Laboratory G-2A

- Do you have an electronic copy??
  - Call Lab Reporting to get one
- Saves time during an investigation!
- Fill it out completely!
- Make sure the info matches the tube
  - 1 form per specimen tube!!!!



Section 10. VIROLOGY	
<input type="checkbox"/>	Electron microscopy
<input type="checkbox"/>	Influenza surveillance
	Vaccine received: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Reference culture (Virus ID on isolate)
	Suspected: _____
	Submitted on: _____
<input type="checkbox"/>	Virus isolation (comprehensive)
	Suspected if any: _____
<input type="checkbox"/>	Other: <i>Pediatric flu death</i>



# Scenarios

# Scenario 1

- A child tests positive for influenza A on 2/1. She is admitted to the hospital on 2/5 where she is diagnosed with pneumonia. Dies on 3/1.
- Medical examiner reports the child died of bacterial pneumonia and sepsis. No evidence of influenza.
- Is this an influenza-associated pediatric death?

# Scenario 2

- EMS calls to tell you they just transported 3 people with severe respiratory symptoms from the same nursing home to the hospital in the same day.
- What should you do?

# Scenario 2 cont.

- The administrator says it is nothing to be concerned about. All three people frequently have problems with coughing and/or breathing. [i.e. COPD, chronic allergies, chronic bronchitis]
- They did have one person who was diagnosed with flu a day or two ago but that person is doing better.
- What should you do?

# Scenario 3

- Laboratory confirmed H1N1v (swine origin)
- Case: 15 y/o high school student with no underlying conditions; mild illness; recovered
- What should you do?

# Scenario 3 cont.

- The Right Size Guidance says 194 specimens from people with ILI and 50 pre-screened flu positive specimens should be collected / tested.
- How are we going to meet this goal?