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www.sfdph.org/cdcp

MOCK HEALTH ALERT

FOR MEDICAL & HEALTH DISASTER EXERCISE

MAY 13, 2008

SEVERE PANDEMIC INFLUENZA IN SAN FRANCISCO - UPDATE

As mentioned in previous health alerts, the WHO has declared pandemic phase to level 6, and the CDC escalated the Pandemic Flu Federal Government Response Stage to level 5 (spread throughout the United States) in April 2008. 10,125 San Francisco cases have been reported. SFDPH recommends that "Severe Pandemic Influenza Infection Control Recommendations for the Healthcare setting (including EMS)," as posted on www.sfdph.org/cdcp should be implemented. Pre-pandemic H5N1 Vaccine has been requested but is still unavailable for San Francisco. All reported and confirmed cases have demonstrated resistance to all antiviral treatments.

All Healthcare facilities are experiencing equipment and operational staffing shortages, including the following:

- All ventilators currently housed within acute care facilities are in use.
- N95 and surgical mask stock is at 25% of normal and distributors are only able to fill 10% of your facility's next requested order.
- Essential support and operational supplies are at minimal levels due to external staffing shortages including food service, laundry service and housekeeping services.

San Francisco Department of Public Health (SFDPH) requests that all hospitals be alert for cases of Pandemic influenza, inform SFDPH of aggregate cases daily, and implement appropriate infection control measures, as outlined below. This alert and additional information is posted on the SFDPH website: www.sfdph.org/cdcp. A conference call for San Francisco clinicians with questions will be held today from 11:30 am to 12 pm. Call (877) 214-5637; the pass code is 949772.

Actions requested of all clinicians

1. Be alert for cases of pandemic influenza.
2. Report aggregate cases of pandemic influenza that *meet the criteria* below to SFDPH Disease Control (554-2830).
3. Implement appropriate infection control measures and encourage respiratory etiquette among your staff and patients. See guidance below.

SURVEILLANCE/REPORTING

Suspect pandemic flu cases:

Report total number of suspect cases daily (today between 10a-12pm) to SFDPH Disease Control (554-2830) that meet the following criteria:

A patient who has a respiratory illness with onset of illness after April 2008 that meets criteria 1, 2, 3 & 4:

1. Requires hospitalization or is fatal; AND
2. Has or had a documented temperature of $\geq 38^{\circ}$ C (100.4 $^{\circ}$ F); AND

3. Has radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness **for which an alternate diagnosis has not been established**; AND
4. Has an epidemiologic link to a case of pandemic influenza.

For reference materials see: www.sfdph.org/cdcp.

INFECTION CONTROL

- For suspect and confirmed cases of Pandemic influenza: standard, contact, airborne, and eye protection precautions are recommended. Hospitalized patients should be managed with these infection control precautions until the infectious period has passed (i.e., 14 days after onset of symptoms) unless an alternate diagnosis is established or infection with influenza is excluded. Consider extending these precautions to 21 days or longer in pediatric or immune-compromised persons with Pandemic influenza infection.
- Consider doing refresher training for your key staff on appropriate use of PPE.
- Legal isolation orders for cases will be issued to each hospital.
- Restrict from work and monitor for 10 days after their last symptoms hospital staff who are suspect cases as defined previously. Include suspected or confirmed health care worker cases in daily line lists of cases to SFPD Disease Control (Fax: 554-2848).
- For all patients & staff, encourage good respiratory etiquette/cough hygiene and hand hygiene. This includes:
 1. Not coughing or sneezing into hands but covering the mouth and nose with a tissue instead;
 2. Encouraging all people to wear a surgical mask;
 3. Performing hand hygiene after any contact with respiratory secretions or contaminated objects.
- Prioritize respiratory protection for staff caring for cases. When adequate supplies are available, consider N95 respirator or mask use during care for coughing or sneezing patients unable to contain their secretions.
- Restrict from work and monitor for 10 days after their last exposure hospital staff who are contacts to a case or suspect case as defined below. If this is absolutely not possible due to staffing availability and needs, only allow healthcare contacts and previously ill staff to take care of suspected pandemic flu cases.
 - **Hospital contacts to a case or suspect case:**
 - Healthcare workers and others (e.g., housekeeping staff) who were exposed to respiratory, oral or nasal secretions from a symptomatic case during the infectious period (i.e., 14 days after onset of symptoms) AND who *did not wear appropriate personal protective equipment* (e.g., N95 mask, gloves, goggles, etc.) during the exposure;
 - Laboratorians and others with *unprotected* exposure to laboratory specimens from a case.

Download specific guidelines, patient materials and a monitoring log sheets for health care workers from our website: <http://www.sfdcp.org/pandemicfluexercise.cfm> Updates will be added periodically.

PANDEMIC INFLUENZA GENERAL RESPONSE

SFPD is monitoring the situation which includes surveillance at hospitals to identify cases. We are working closely with hospitals to ensure that appropriate infection control measures are implemented and coordinating with our public health partners within the Bay Area, the State and CDC. We are no longer processing specimens specifically for the pandemic influenza strain. For more information, visit our website. Additional information will be disseminated via press conferences to major local media outlets.

INFORMATION FOR PATIENTS

Pandemic Flu Frequently Asked Questions can be downloaded at www.sfdph.org/cdcp

ADDITIONAL INFORMATION

SFPD website: www.sfdph.org/cdcp - click on pandemic influenza link

California Department of Public Health website: www.cdph.ca.gov

Centers for Disease Control: www.cdc.gov/flu

Department of Health & Human Services website: www.pandemicflu.gov

Reportable Diseases & Conditions

The Communicable Disease Control Unit physicians and public health staff at the San Francisco Department of Public Health work around the clock to receive and respond to communicable disease reports. Physicians and health care providers, per [Title 17 of the California Code of Regulations](#) are legally required to report suspected, lab-confirmed, and/or clinical diagnoses of specific [diseases and conditions](#) within specified time frames to the San Francisco Department of Public Health.

To download a copy of the recently updated list go to: www.sfcdcp.org/index.cfm?id=86

REPORTABLE DISEASES AND CONDITIONS		
City and County of San Francisco San Francisco Department of Public Health		
<small>This 17, California Code of Regulations (CCR) §2056, §2061, §2061.5-6403 and §2061.5-6112 §20560.</small> <small>Every health care provider, knowing of or in substance on a case or suspected case of any of the diseases or conditions listed below, must report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.</small>		
WHO TO REPORT TO		
REPORT OUTBREAKS, DISEASES, AND CONDITIONS TO COMMUNICABLE DISEASE CONTROL UNIT UNLESS OTHERWISE INDICATED		
COMMUNICABLE DISEASE CONTROL UNIT PHONE: (415) 554-2830 FAX: (415) 554-2848 <small>867 AMW 4519</small> For report after hours, follow the prompts to page the on-call MD	AIDS OFFICE PHONE: (415) 554-6555 STD CLINIC PHONE: (415) 487-6555 FAX: (415) 431-4620	TUBERCULOSIS CLINIC PHONE: (415) 398-8524 FAX: (415) 568-8369 ANIMAL BITES (mammals only) PHONE: (415) 356-9432 FAX: (415) 564-2955
DISEASE OR CONDITION / URGENCY REPORTING REQUIREMENTS		
URGENCY REPORTING KEY: <input checked="" type="checkbox"/> Report immediately by telephone <input type="checkbox"/> Report within one working day of identification <input type="checkbox"/> Report within seven calendar days by FAX, phone or mail		
<input checked="" type="checkbox"/> Acquired Immune Deficiency Syndrome (AIDS) to AIDS Office <input checked="" type="checkbox"/> Alzheimer's Diseases and Related Conditions <input checked="" type="checkbox"/> Anisakiasis <input checked="" type="checkbox"/> Animal bites (mammals only) to Animal Care and Control <input checked="" type="checkbox"/> Anthrax* <input checked="" type="checkbox"/> Arsenic Intoxication (human) <input checked="" type="checkbox"/> Babesiosis <input checked="" type="checkbox"/> Botulism* (Infant, Foodborne, Wound) <input checked="" type="checkbox"/> Brucellosis* <input checked="" type="checkbox"/> Campylobacteriosis <input checked="" type="checkbox"/> Cancer (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in situ and CIN II of the cervix) <input checked="" type="checkbox"/> Chlamydia to STD Clinic <input checked="" type="checkbox"/> Chikungunya (only hospitalization and death) <input checked="" type="checkbox"/> Chlamydia infections to STD Clinic <input checked="" type="checkbox"/> Cholera <input checked="" type="checkbox"/> Ciguatera Fish Poisoning <input checked="" type="checkbox"/> Clostridium botulinum <input checked="" type="checkbox"/> Colorado Tick Fever <input checked="" type="checkbox"/> Congenital, Acute Infection of the Newborn (specify etiology) <input checked="" type="checkbox"/> Creutzfeldt-Jakob Disease (CJD) <input checked="" type="checkbox"/> Cryptosporidiosis <input checked="" type="checkbox"/> Cyclosporiasis <input checked="" type="checkbox"/> Dengue <input checked="" type="checkbox"/> Diarrhea of the Newborn, outbreaks <input checked="" type="checkbox"/> Diphtheria <input checked="" type="checkbox"/> Diseases Characterized by Loss of Consciousness <input checked="" type="checkbox"/> Domoic Acid poisoning (Marine Shellfish Poisoning) <input checked="" type="checkbox"/> Ehrlichiosis <input checked="" type="checkbox"/> Erythema, infectious (specify etiology) <input checked="" type="checkbox"/> Escherichia coli: shiga toxin producing (STEC) including E. coli O157 <input checked="" type="checkbox"/> Foodborne Illness (2 or more cases from different households)	<input checked="" type="checkbox"/> Giardiasis <input checked="" type="checkbox"/> Gonococcal infections to STD Clinic <input checked="" type="checkbox"/> Herpeszoster Infections <input checked="" type="checkbox"/> Herpesvirus infections <input checked="" type="checkbox"/> Hemolytic Uremic Syndrome <input checked="" type="checkbox"/> Hepatitis, Viral <input checked="" type="checkbox"/> Hepatitis A <input checked="" type="checkbox"/> Hepatitis B (specify acute case or chronic) <input checked="" type="checkbox"/> Hepatitis C (specify acute case or chronic) <input checked="" type="checkbox"/> Hepatitis D (Delta) <input checked="" type="checkbox"/> Hepatitis, other acute <input checked="" type="checkbox"/> Human Immunodeficiency Virus (HIV) to AIDS Office <input checked="" type="checkbox"/> Influenza deaths (less than 16 years of age only) <input checked="" type="checkbox"/> Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome) <input checked="" type="checkbox"/> Legionellosis <input checked="" type="checkbox"/> Leptospirosis (Hansen Disease) <input checked="" type="checkbox"/> Leptospirosis <input checked="" type="checkbox"/> Listeriosis <input checked="" type="checkbox"/> Lyme Disease <input checked="" type="checkbox"/> Lymphogranuloma Venereum (LGV) to STD Clinic <input checked="" type="checkbox"/> Malaria <input checked="" type="checkbox"/> Measles (Rubella) <input checked="" type="checkbox"/> Meningitis (specify etiology) <input checked="" type="checkbox"/> Meningococcal infections <input checked="" type="checkbox"/> Mumps <input checked="" type="checkbox"/> Paralytic Shellfish Poisoning <input checked="" type="checkbox"/> Parvovirus Infection (PVI) to STD Clinic <input checked="" type="checkbox"/> Pertussis (Whooping Cough) <input checked="" type="checkbox"/> Plague (Human or Animal)* <input checked="" type="checkbox"/> Poliovirus <input checked="" type="checkbox"/> Rabies <input checked="" type="checkbox"/> Q Fever	<input checked="" type="checkbox"/> Rabies (Human or Animal) <input checked="" type="checkbox"/> Relapsing Fever <input checked="" type="checkbox"/> Rheumatic Fever, Acute <input checked="" type="checkbox"/> Rocky Mountain Spotted Fever <input checked="" type="checkbox"/> Rubella (German Measles) <input checked="" type="checkbox"/> Rubella Congenital Syndrome <input checked="" type="checkbox"/> Salmonellosis (other than Typhoid fever) <input checked="" type="checkbox"/> Severe Acute Respiratory Syndrome (SARS) <input checked="" type="checkbox"/> Scombroid Fish Poisoning <input checked="" type="checkbox"/> Shiga toxin producing Escherichia coli (STEC) including E. coli O157 <input checked="" type="checkbox"/> Shigellosis <input checked="" type="checkbox"/> Smallpox (Variola)* <input checked="" type="checkbox"/> Streptococcal infections, outbreaks of any type and individual cases in food handlers and dairy workers only <input checked="" type="checkbox"/> Syphilis to STD Clinic <input checked="" type="checkbox"/> Tetanus <input checked="" type="checkbox"/> Tetanus <input checked="" type="checkbox"/> Toxic Shock Syndrome <input checked="" type="checkbox"/> Toxicopneumonia <input checked="" type="checkbox"/> Transmissible Spongiform Encephalopathies (TSE) <input checked="" type="checkbox"/> Trichinosis <input checked="" type="checkbox"/> Tuberculosis to Tuberculosis Clinic <input checked="" type="checkbox"/> Tuberculosis* <input checked="" type="checkbox"/> Typhoid fever (cases and carriers) <input checked="" type="checkbox"/> Typhus fever <input checked="" type="checkbox"/> Viral infections <input checked="" type="checkbox"/> Viral Hemorrhagic Fevers* (e.g. Crimean-Congo, Ebola, Lassa and Marburg viruses) <input checked="" type="checkbox"/> Water-Associated Disease (e.g. Salmonella fish and Hot Tap Rash) <input checked="" type="checkbox"/> West Nile Virus <input checked="" type="checkbox"/> Yellow Fever <input checked="" type="checkbox"/> Yersiniosis <input checked="" type="checkbox"/> ANY UNUSUAL DISEASES <input checked="" type="checkbox"/> NEW DISEASE OR SYNDROME NOT PREVIOUSLY RECORDED <input checked="" type="checkbox"/> OUTBREAKS OF ANY DISEASE
<small>*Potential Bioterrorism Agents</small>		
<small>June 2007</small>		