

We are fully into influenza season and NY State is seeing consistent increases in transmission each week. Onondaga County continues to lead the CNY region in the number of weekly cases (350 last week). The vast majority of transmission is due to influenza A with only a handful of cases due to influenza B.

Upstate has seen its share of influenza but many cases remain undiagnosed until reaching the floor, after they have exposed significant numbers of staff and other patients. We have already seen confirmed hospital acquired infections among patients and staff. These occurrences result in staffing challenges, need for dispensing prophylaxis, universal masking requirements, and poor patient satisfaction. Anecdotally, many of the influenza cases being diagnosed are in people who have been previously vaccinated.

We need to do better with considering influenza in the differential diagnosis and conducting testing BEFORE the patient is moved to the floor.

Suspecting Influenza

- Influenza's clinical presentation may be altered by immune status of the patient, existing co-morbidities, or the receipt of influenza vaccine. Do not always expect classic clinical presentations.
- Based on the above:

- **Influenza should be in the differential diagnosis of ANYONE with respiratory symptoms AND fever;**
- **Influenza should be in the differential diagnosis of ANYONE with respiratory symptoms during influenza season, REGARDLESS if they have fever; and**
- **Influenza should also be considered in anyone with fever but WITHOUT respiratory symptoms if there is no other, considerably more likely, diagnosis (i.e. cellulitis, UTI, etc.)**

Testing for Influenza

- People who meet any of the above clinical scenarios should be tested;
- People who are without fever AND respiratory symptoms do not have to be tested; and
- Patients who meet the requirement for testing should be isolated and assumed to be positive until the test results are known

Staff Considerations

- Staff who have fever or respiratory symptoms should not present to work or should immediately disengage from their duties until they receive medical advice from a qualified provider.
- Staff with fever or respiratory symptoms should wear a mask until their diagnosis is known and then follow the guidance of their provider.

Known Influenza

- Patients who are infected with influenza should be isolated with standard and droplet precautions applied;
- Patients should be treated with neuraminidase inhibitors such as TAMIFLU (oseltamivir phosphate) unless there are contraindications; and
- Staff should also be treated with neuraminidase inhibitors and not present to work until the 5-day treatment course is completed.

Thank you for your cooperation and efforts to keep our patients and each other safe.

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