Key Messages for Health Care Providers During the 2021 – 2022 Influenza Season, November 3, 2021

This document summarizes key flu recommendations from the Centers for Disease Control and Prevention (CDC) for the 2021-2022 influenza season. Complete CDC recommendations can be accessed by clicking on the title of each section. Flu information for providers can also be found on the Department of Health flu web page.

Summary

- The best way to prevent influenza is vaccination.
- Prompt antiviral treatment is recommended for any patient with confirmed or suspected flu who is severely ill, or at risk of severe illness.
- Providers should NOT wait for confirmation of influenza to begin antiviral treatment. A negative Rapid Influenza Diagnostic Test (RIDT) does not exclude influenza in a patient with influenza like illness.
- Antiviral treatment is most useful within 48 hours of illness onset, but a delayed start to antiviral treatment may still shorten illness duration and severity.

Vaccination

- Vaccination is the best way to prevent influenza and its complications.
- Annual flu vaccination is recommended for everyone six months and older and is especially important for people at high risk for developing flu-related complications.
- Influenza and COVID-19 vaccines can be given at the same time.
- Health care personnel should be vaccinated for flu every year to protect themselves and their patients.
- Women who are or might be pregnant during the flu season should be vaccinated. They can be vaccinated any time during pregnancy.
- Babies under six months are too young to get the flu vaccine and are especially vulnerable. Recommend flu vaccination to household members and other close contacts of infants.

Surveillance

- National, state, and local data on influenza activity can assist health care providers with determining the likelihood of flu in patients presenting with an influenza-like illness (ILI). Surveillance data also provide information about which strains of influenza virus are circulating, as well as the antiviral resistance profile and vaccine match of circulating strains.
- Centers for Disease Control and Prevention reports on flu activity in the United States every week in the Flu View.
- Washington State Department of Health (DOH) reports on flu activity in Washington every week in the DOH Flu Update.

Influenza Symptoms

- Symptoms of influenza typically include fever, muscle aches, headache, fatigue, nonproductive cough, sore throat, and/or runny nose, but also can include vomiting and diarrhea, particularly in children.
- Elderly patients may present without fever, or with other atypical symptoms such as confusion or weakness.
- Influenza symptoms typically resolve after 3–7 days, but cough and malaise may last > 2 weeks.
- Many different viruses can cause influenza-like illness, including COVID-19, rhinovirus, adenovirus, respiratory syncytial virus, parainfluenza viruses, and coronavirus.
- Influenza illness may exacerbate an underlying medical condition such as congestive heart failure, chronic obstructive pulmonary disease (COPD), asthma, and is generally more severe in those with underlying conditions such as pregnancy, diabetes, cancer, immunosuppression and neurologic conditions.

Testing

- Sensitivities of rapid influenza diagnostic tests (RIDTs) are generally 50–70%. Specificities of RIDTs are approximately 90–95%. A negative RIDT result does **NOT** exclude a diagnosis of influenza in a patient with suspected influenza.
- Patients with influenza-like illness who are at high risk for influenza complications should be considered for antiviral treatment when influenza is circulating in the community even if the RIDT is negative.
- CDC has developed clinical algorithms that can help guide decisions for influenza testing and treatment when SARS-CoV-2 and influenza viruses are co-circulating.

Use of Antiviral Medications

Treatment

- Antiviral treatment can shorten the duration of illness, and may reduce the risk of complications and shorten the duration of hospitalizations due to influenza.
- Antiviral treatment is recommended **as early as possible,** ideally within 48 hours of symptom onset, for any patient with confirmed or suspected influenza who:
    - is hospitalized;
    - has severe, complicated, or progressive illness; or
    - is at higher risk for influenza complications.
- **Decisions about starting antiviral treatment should not wait for laboratory confirmation of influenza.**
- A history of influenza vaccination does not rule out the possibility of influenza virus infection in an ill patient with clinical signs and symptoms compatible with influenza.
- Antiviral treatment should not be stopped based on negative RIDT results given the limited sensitivities of RIDTs.

Chemoprophylaxis

- Antiviral medications are approximately **70%** to **90%** effective in preventing influenza and are useful adjuncts to influenza vaccination.
- An emphasis on close monitoring and early initiation of antiviral treatment is an alternative to chemoprophylaxis after a suspected exposure for some persons.
- To be effective as chemoprophylaxis, an antiviral medication must be taken each day for the duration of potential exposure to a person with influenza and continued for 7 days after the last known exposure.
- Antiviral chemoprophylaxis generally is not recommended if more than 48 hours have elapsed since the last exposure to an infectious person.
- **Chemoprophylactic use of antiviral medications to control outbreaks among high risk persons in institutional settings is recommended.**

Infection Control

- Most healthy adults may be able to infect others beginning 1 day **before** symptoms develop and up to 5 to 7 days **after** becoming sick. Young children and immunocompromised persons may shed virus longer.
- People with confirmed or suspected flu should stay at home away from others until at least 24 hours after fever resolves (without the use of fever-reducing medicines), and preferably longer.
- Patients with flu-like illness should cover their cough and wash hands frequently.
- Persons with cough or other respiratory symptoms should wear a mask in healthcare settings.

Washington State Influenza Reporting Requirements

Health care providers and hospitals are required to report the following conditions to the local health jurisdiction where the patient resides:

- Lab-confirmed flu-associated deaths in persons of all ages (report within 3 business days).
- Suspected and lab-confirmed infections due to an unsubtypeable or novel (new or emerging non-seasonal) influenza virus, including avian influenza (immediately reportable).
- Outbreaks of influenza-like illness or laboratory-confirmed influenza in an institutional setting, e.g., long term care facility or hospital (report immediately).
- *Unexplained* critical illnesses or deaths in persons <50 years old (report immediately; influenza testing is encouraged for those with unexplained respiratory illness).