

*epi*TRENDS

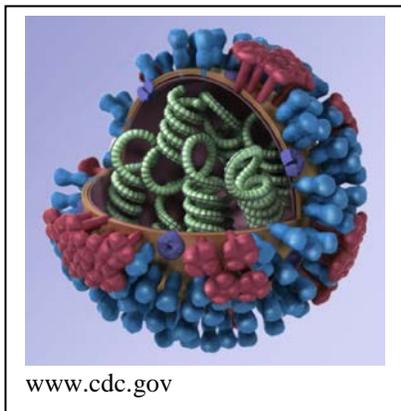
A Monthly Bulletin on Epidemiology and Public Health Practice in Washington

Influenza

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The 2014-2015 influenza season has arrived, officially beginning September 28, 2014 (start of week 40) according to the Centers for Disease Control and Prevention calendar. This *epiTRENDS* article reviews influenza surveillance and reporting with a focus on the response of the local health jurisdiction.

The Disease



Influenza (flu) is a viral respiratory illness characterized by fever with other symptoms such as cough and sore throat. Flu symptoms can also include body aches and weakness along with congestion in the nose, throat, and lungs.

Influenza A and influenza B viruses that infect humans change constantly. Circulating influenza A viruses have undergone major variations, including a 2009 outbreak of influenza A H1N1 that

was identified unexpectedly toward the end of the normal influenza season. The Washington State Public Health Laboratories (WAPHL) perform influenza virus testing, subtyping, and antiviral resistance screening primarily for surveillance purposes. After approval from the LHJ, WAPHL will test specimens from deceased patients suspected to have influenza, patients with suspected novel influenza virus infection, and patients associated with outbreaks. See <http://www.doh.wa.gov/Portals/1/Documents/5100/speccollecttrans.pdf> To request influenza testing, LHJs can call the Office of Communicable Disease Epidemiology.

Year-round influenza surveillance is needed to identify the viruses in circulation, assist with vaccine development, and detect changes in influenza antiviral resistance patterns. Surveillance data also inform providers when influenza is present in the community so that antiviral medications can be started promptly when appropriate.

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Influenza Case and Outbreak Reporting

Individual Case Reporting

Currently, only the following are reportable by LHJs to the state via electronic surveillance (PHIMS):

Novel or unsubtypeable influenza (see guideline <http://www.doh.wa.gov/Portals/1/Documents/5100/420-057-Guideline-Influenza.pdf#nameddest=casedef>)

Death in a person with laboratory-confirmed influenza (see guideline <http://www.doh.wa.gov/Portals/1/Documents/5100/420-112-Guideline-InfluenzaDeath.pdf#nameddest=casedef>)

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Note that LHJs have the authority to require additional reporting. For example, in Spokane County, lab-confirmed hospitalized flu cases are reportable to the Spokane LHJ. For current notifiable conditions reporting information see the Washington Administrative Code (WAC) posters:

<http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions/ReportingPosters>

Long term care facilities are required to report to their LHJ a single case of laboratory-confirmed influenza as well as clusters of influenza-like illness (for example, 2 or more cases of acute respiratory illness occurring within 72 hours of each other). The goal of this reporting is to acquire LHJ assistance in controlling the spread of influenza within facilities.

For more, see

<http://www.doh.wa.gov/Portals/1/Documents/5100/fluoutbrk-LTCF.pdf>. LHJs, in turn, are required to report LTCF outbreaks (as well as outbreaks in healthcare settings, schools and other community settings) to the Washington State Department of Health Communicable Disease Epidemiology Office.

Influenza Surveillance in Washington

Department of Health provides weekly surveillance updates based on several sources of information.

Outpatient Influenza-like Illness Surveillance Network (ILINet)

ILINet is a CDC-supported program in which health care providers track the total number of patients they see each week as well as the total number with ILI. In addition, some providers submit surveillance specimens to the Washington State Public Health Laboratories to assist in flu subtype surveillance; a subset of influenza isolates are then sent to CDC to test for antiviral resistance and to be used in determining the next season's vaccine make-up.

For more about ILINet, see

<http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions/Influenza/ILINetSentinelProviderSurveillance>

World Health Organization/National Respiratory and Enteric Virus Surveillance System (WHO/NREVSS)

A subset of Washington laboratories report influenza test data into NREVSS. These laboratories report the total number of specimens tested for influenza each week as well as the number of positive tests by influenza subtype.

Public Health Reporting of Aggregate Influenza Data (PHRAID)

Laboratories and clinics around the state are encouraged to report the total number of influenza tests performed and the number of positive results for influenza A and B each week through PHRAID (which is accessible behind SAW, just like PHIMS).

Early Notification of Community-Based Epidemics (ESSENCE)

ESSENCE is a Washington Syndromic surveillance system that reports daily syndromic data, including ILI data, from a selection of Washington hospital emergency departments. These aggregate data are based on presenting complaint, not discharge diagnosis.

Pneumonia and Influenza Mortality

The influenza update also includes information about the proportion of total all-cause deaths in the state each week that is due to pneumonia and influenza (P&I) per the death certificate. Deaths can be classified on the death certificate as being due to influenza even in the absence of confirmatory influenza testing.

Starting Friday October 10, 2014, the Washington State Department of Health Influenza Update will be posted weekly. The current flu update is always available at this link:

<http://www.doh.wa.gov/Portals/1/Documents/5100/420-100-FluUpdate.pdf>.

Previous yearly influenza summaries, as well as links to the CDC weekly influenza report and other relevant flu reports, available here:

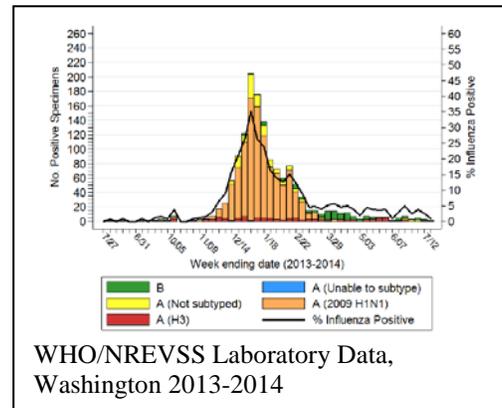
<http://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/CommunicableDiseaseSurveillanceData/InfluenzaSurveillanceData>

There is a wealth of information about influenza on the DOH website:

<http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/InfluenzaFluInformation>

Vaccination

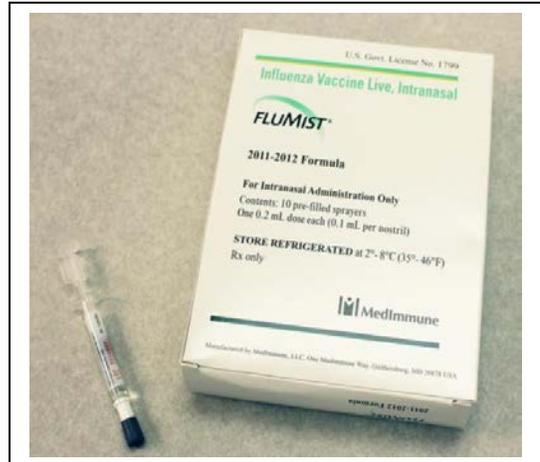
The best way to prevent influenza is to encourage seasonal vaccination. Yearly vaccination is recommended for all persons ages 6 months and older. A variety of vaccine products are available, from shots to nasal spray and high-dose influenza vaccine for those aged 65 and older.



WHO/NREVSS Laboratory Data, Washington 2013-2014

For a thorough review of vaccination options, see <http://www.doh.wa.gov/Portals/1/Documents/Pubs/348-NonDOH-VACClinicalGuidance-Flu.pdf>.

As soon as vaccine is available in your LHJ, promote vaccination. It is especially important to encourage vaccination among those at higher risk for influenza complications (including the very young, the elderly, those with pre-existing health conditions, pregnant women, and those interacting with infants under 6 months). Remember that infants under 6 months cannot receive influenza vaccine, so those around the infant can provide a “cocoon” of protection by getting vaccinated themselves.



In addition, it is crucial that healthcare providers and staff in long term care facilities are vaccinated in order to keep those most at risk for complications safe. As the season progresses, DOH will update information by developing letters to healthcare providers and long term care facility staff addressing the importance of vaccination. These letters can be sent to providers in your LHJ.

<http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/InfluenzaFluInformation#recommendation>

As the 2014-2015 influenza season continues, remember to check the DOH influenza page for updates at

<http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/InfluenzaFluInformation> and always feel free to call Office of Communicable Disease Epidemiology 206-418-5500 to discuss any influenza situation.