

*epi*TRENDS

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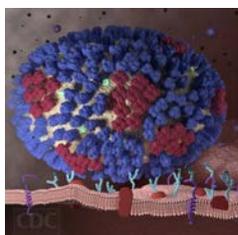
Influenza

The 2016-2017 influenza season has arrived, officially beginning October 2, 2016 (week 40 on the Centers for Disease Control and Prevention [CDC] calendar). This article reviews influenza surveillance and reporting with a focus on the response of local health jurisdictions. See Resources for more details on a topic.

The Disease

Influenza (flu) is a viral respiratory infection characterized by fever with other symptoms such as cough and sore throat. There can be body aches, weakness, and respiratory tract congestion. Complications including pneumonia can be severe.

Influenza A and influenza B viruses infecting humans change constantly. Influenza A viruses can undergo major variations; in 2009 there was an



Influenza virus
www.cdc.gov/

unexpected pandemic of a new A H1N1 virus identified toward the end of the normal winter influenza season. The Washington State Public Health Laboratories (PHL) conduct influenza virus testing, subtyping, and antiviral resistance screening primarily for surveillance purposes. Local health jurisdictions can call the Office of Communicable Disease Epidemiology to arrange testing of specimens from patients associated with outbreaks, deceased patients suspected to have

influenza, patients with suspected novel influenza virus infection, or ill persons with exposure to avian influenza-infected birds.

The best way to prevent influenza is through vaccination. Yearly vaccination is recommended for all persons ages 6 months and older; a variety of vaccine products is available. Only injectable influenza vaccines are recommended for 2016-2017. Prompt vaccination is recommended as soon as vaccine is available, particularly among those at higher risk for influenza complications (including the very young, the elderly, those with pre-existing health conditions, pregnant women, and

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*epi*TRENDS
P.O. Box 47812
Olympia, WA 98504-7812

John Wiesman, DrPH, MPH
Secretary of Health

Kathy Lofy, MD
State Health Officer

Scott Lindquist, MD, MPH
State Epidemiologist,
Communicable Disease

Sherryl Terletter
Managing Editor

Marcia J. Goldoft, MD, MPH
Scientific Editor

those interacting with infants under 6 months). Vaccinating those around an infant under 6 months of age can provide a “cocoon” of protection. Similarly, it is crucial that healthcare providers and staff in long term care facilities are vaccinated to protect populations at high risk for complications.

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Monthly Posting
Alert**

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<http://listserv.wa.gov/cgi-bin/wa?SUBED1=epitrends&A=1>

Choose the option to join the listserve. Enter your name and email address.

Only Flu Shots This Season FIGHT FLU

Information for Parents for the 2016-2017 Flu Season

Everyone 6 months of age and older should get a flu shot this season.

- Only injectable flu vaccines (given as a shot) are recommended by the Centers for Disease Control (CDC) and the American Academy of Pediatrics (AAP) this season.
- Injectable vaccines include inactivated influenza vaccines (IIV) and recombinant influenza vaccines (RIV). RIV is not approved for children younger than 18 years of age; those children should receive IIV.
- The nasal spray flu vaccine (trade name FluMist®) is not recommended this season because of concerns that it may not work well. For example, CDC found it offered no protection against flu for children 2 through 17 years of age last season.
- Flu shots do work. CDC found that flu shots reduced a child's risk of ending up at the doctor's office sick with flu by more than 60% last season.

Reasons to get your child a flu shot:

- A flu shot can keep your child from getting sick with flu.
- Influenza is more serious than the common cold. It can lead to serious complications, including hospitalization or death.
 - Each year an average of 20,000 children younger than 5 years are hospitalized because of influenza complications.
 - Since 2004-2005, flu-related deaths in children reported to CDC during regular flu seasons have ranged from a low of 37 to a high of 171 deaths.
- Children, especially school-aged children, are more likely to catch the flu. Millions of children get sick with flu every season. A typical flu illness can mean missing a week or more of school. Once infected, children can spread the flu to parents and siblings, other family members, and friends.
- Vaccinating your child protects people around them (like grandparents, babies or anyone with long-term health problems) who are more vulnerable to flu.
- Children with certain long-term health conditions (like asthma or diabetes) and all children younger than 5 years are at high risk of serious illness when they get the flu.
- Flu vaccine is not perfect. Some vaccinated people may still get sick, but if they do, flu vaccine may make their illness milder.
- Flu vaccines are among the safest medical products in use. Hundreds of millions of people have safely gotten flu vaccines for more than 50 years. There may be mild side effects from getting vaccinated, but these are so much less of a problem than getting sick with the flu!



For more information, visit:
www.cdc.gov/flu
 or call 1-800-CDC-INFO




CDC recommend that decisions about antiviral treatment should *not* wait for laboratory confirmation of influenza. A negative rapid influenza diagnostic test (RIDT) does *not* rule out influenza. Antiviral treatment is recommended as early as possible for any patient with confirmed or suspected influenza who is hospitalized, with severe, complicated, or progressive illness or with an increased risk for influenza complications. Three influenza antivirals are recommended for use in the United States during the 2016-2017 influenza season: oral oseltamivir (Tamiflu® and new generic formulations that have been approved), inhaled zanamivir (Relenza®), and intravenous peramivir (Rapivab®).

Influenza Surveillance in Washington

Currently, only the following are conditions notifiable to Washington’s local health jurisdictions for eventual reporting to the Office of Communicable Disease Epidemiology:

- Suspected novel influenza or unsubtypable influenza;
- Death in a person with laboratory-confirmed influenza;
- Single confirmed cases or clusters of suspected influenza in long term care facilities;

- Suspected or confirmed influenza outbreaks in healthcare facilities, schools, or other community settings.

Local health jurisdictions can give healthcare facilities recommendations for controlling the spread of influenza. Jurisdictions also have the authority to require additional reporting. For example, in Spokane and Snohomish counties, laboratory-confirmed hospitalized influenza cases are reportable.

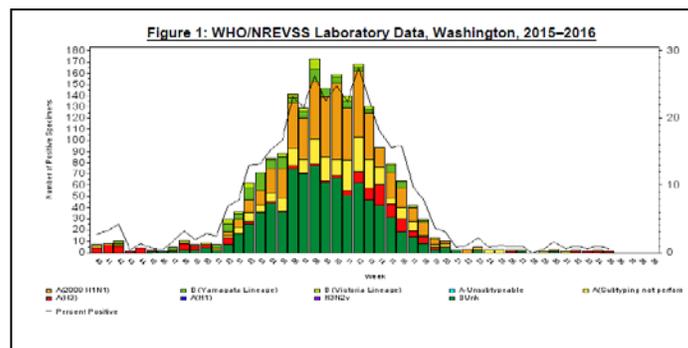
Year-round influenza surveillance is needed to identify influenza viruses in circulation, assist with vaccine development, and detect changes in antiviral resistance patterns. Surveillance data also inform providers when influenza is present in their community so any appropriate antiviral medications can be started promptly. Using multiple sources of data, Washington State Department of Health (DOH) provides weekly surveillance updates during influenza season and monthly updates in the summer.

Outpatient Influenza-like Illness Surveillance Network (ILINet)

ILINet is a CDC-supported program for sentinel health care providers to record the total number of patients seen weekly as well as the number with influenza-like illness.

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

Some laboratories report to NREVSS the total number of specimens tested for influenza each week as well as the number of positive tests by influenza subtype. NREVSS, which is run by CDC, includes data about other viruses (such as RSV, adenovirus, and para-influenza) in addition to influenza, making it a valuable resource for clinicians and public health professionals.



Public Health Reporting of Aggregate Influenza Data (PHRAID)

Presently, some laboratories and clinics around the state report the total number of influenza tests performed and the number of positive results for influenza A and B each week through PHRAID (accessible to local health jurisdictions through SAW). DOH will be working with jurisdictions to encourage labs to report in NREVSS instead of in PHRAID, as NREVSS data are rolled up nationally (thus reaching a wider audience and having a greater public health impact) and include data on viruses other than influenza.

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. ESSENCE data will be returned to the influenza surveillance update starting fall, 2015.

As the 2016-2017 influenza season continues, remember to check the DOH influenza page for updates and always feel free to call Office of Communicable Disease Epidemiology (206-418-5500 or 877-539-4344) to discuss any influenza situation.

Influenza Resources

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

Previous yearly influenza summaries and links to other influenza reports:
<http://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/CommunicableDiseaseSurveillanceData/InfluenzaSurveillanceData>

Washington guideline: <http://www.doh.wa.gov/Portals/1/Documents/5100/420-057-Guideline-Influenza.pdf>

Specimen collection: <http://www.doh.wa.gov/Portals/1/Documents/pubs/301-018-InfluenzaTestingPHL.pdf>

Public health and healthcare information:
<http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/InfluenzaFluInformation>

Outbreak control: <http://www.doh.wa.gov/Portals/1/Documents/5100/fluoutbrk-LTCF.pdf>

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

Influenza vaccination recommendations for 2016-2017:
http://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm?s_cid=rr6505a1_w

NREVSS:
<http://www.cdc.gov/surveillance/nrevss/index.html>

Healthcare worker vaccination: <http://www.cdc.gov/flu/healthcareworkers.htm>

Rapid diagnostic tests:
http://www.cdc.gov/flu/professionals/diagnosis/clinician_guidance_ridt.htm

Antiviral treatment: <http://www.cdc.gov/flu/professionals/antivirals/index.htm>

Antiviral summary: <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>

CDC avian influenza guidance: <http://www.cdc.gov/flu/avianflu/h5/index.htm>