December 12, 2018

Dear Healthcare Providers:

It is not too late to vaccinate your patients against influenza. You are your patients’ most trusted source of health information. Please strongly recommend and offer flu vaccine to your patients. Your recommendation makes a huge difference in a patient’s decision to get vaccinated. Flu vaccination is especially important for people at high risk for flu-related complications, including pregnant women.

You should also receive the influenza vaccine if you have not been vaccinated this season. Preventing flu among healthcare providers protects patients at risk for flu complications.

Flu Vaccine Recommendations
Annual flu vaccination is recommended for everyone aged six months and older. The best time to get vaccinated is before heightened flu activity starts. The 2018-2019 flu vaccine has been updated and, to date, the predominant flu virus in circulation (A [H1N1]pdm09) is well-matched to the corresponding component of this year’s vaccine.

Children six months to eight years old need two doses of flu vaccine if they have not previously received ≥2 doses of influenza vaccine before July 1, 2018. Doses need to be spaced at least four weeks apart. A recent study published in Pediatrics showed that flu vaccination was associated with a reduced risk of influenza-associated death among children and adolescents, supporting the current recommendation for annual influenza vaccination in all children ≥6 months of age.

For patients 65 years of age or older, the Washington State Vaccine Advisory Committee (VAC) recommends that healthcare providers offer high-dose or adjuvanted flu vaccine. There is evidence that these particular flu vaccines are more effective than standard-dose flu vaccine in preventing medically attended, laboratory-confirmed flu infection in this population. Work with your patients to determine which vaccine is appropriate, but do not delay vaccination based on availability of one product over another.

Find more information about vaccine products and recommendations in the Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) – United States, 2018-19 Influenza Season.

Testing and Treatment
Confirmation of flu infection by diagnostic laboratory testing is not required for decisions to prescribe antiviral medication. For hospitalized patients with suspected flu, start antiviral treatment as soon as possible without waiting for test results. For non-hospitalized patients with suspected flu, please review CDC’s Guide for considering flu testing when flu viruses are circulating in the community.
Antiviral treatment is most beneficial when started as close to illness onset as possible, ideally within 48 hours of symptom onset for any patient with confirmed or suspected flu who is:

- Hospitalized.
- Sick with severe, complicated, or progressive illness.
- At higher risk for flu complications.

Decisions about starting antiviral treatment should not wait for laboratory confirmation of influenza.

Helpful Flu Education Resources

- Knock Out Flu at Work – Promoting Flu Vaccination in the Workplace
- Flu Vaccine Hesitancy: Providers Lead the Discussion

Thank you for your continued efforts to knock out flu and protect our vulnerable populations. Find more information about flu vaccine, treatment, and infection control on the Department of Health and CDC websites.

Sincerely,

Kathy Lofy, MD
State Health Officer