Technical Bulletin
Division of Public and Behavioral Health

Date: January 2018
Topic: Seasonal Influenza: Alert for Healthcare Providers
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To: Rural HealthCare Providers and Medical Facilities

Current Situation

Influenza virus activity, predominantly from A(H3N2), has increased significantly in recent weeks in Nevada and nationwide.
While each flu season is unpredictable, typically flu activity peaks each year between December and February. Compared to previous years this current influenza season seems to be relatively more severe, as influenza virus activity started exhibiting some tendency to increase since early November 2017, and several influenza activity indicators are now higher than is typically seen this time of year.

During the last week of November about 2.2% of sentinel provider visits in Nevada were due to Influenza like Illnesses (ILI), and in December this rate increased to 3.2% which is considerably above the state baseline of 1.5%. As of mid-December 205 (39.3%) of 521 lab-tested specimens in Nevada were positive for influenza; most of these confirmed cases 192 (93.7%) were due to influenza A, while only 13 cases (6.3%) were due to influenza B and, 110 (57.3%) of all influenza A cases were A(H3). The most commonly identified virus this current season is influenza A (H3N2) virus. It is common for cases of influenza to rise during the holidays.

Vaccination and Treatment

Unfortunately, in past seasons in which A(H3N2) viruses predominated, the effectiveness of the flu vaccine was lower, and hospitalizations and deaths were higher than average. According to CDC this year's vaccine effectiveness may be as low as last year's, at 32% for A(H3N2). However, even though influenza vaccine effectiveness can vary widely from season to season, vaccination remains the most effective method of preventing influenza complications and influenza associated deaths. Additionally, flu shots reduce the chance of contracting influenza viruses and decrease the likelihood of transmitting the infection to others. Annual influenza vaccination is recommended for all persons aged 6 months or older, and there is adequate vaccine supply to meet current need.

Additionally, CDC recommends early treatment with influenza antiviral medications for patients with confirmed or suspected influenza who have severe, complicated, or progressive illnesses. Antivirals are also recommended for individuals who require hospitalization and/or those who are at high risk for influenza-related complications. Treatment works best when started within 2 days of onset but has shown benefit for some patients even when initiated later. Early onset of treatment is important because in past seasons, Influenza A(H3N2) infections have been linked with more deaths and hospitalizations especially among individuals aged 65 years and older and young children. Influenza antiviral medications can help with the treatment and prevention of influenza. According to CDC, all influenza viruses tested so far this year have been sensitive to neuraminidase inhibitor (NAI) antivirals treatment (oseltamivir, zanamivir, and peramivir).

The Nevada Division of Public and Behavioral Health reminds clinicians to consider NAI (antivirals treatment) for all inpatients and all high-risk patients (whether inpatient or outpatient) who are suspected of having or confirmed to have influenza. High-risk Patients include:

- Individuals with severe, complicated, or progressive illnesses, including outpatients with severe or prolonged progressive symptoms or those who develop pneumonia;
- Children under age 2 years and individuals age 65 years and older, as well as people younger than 19 years who are receiving long-term aspirin therapy;

- American Indians/Alaska natives;
- Women who are pregnant or within 2 weeks postpartum;
- Individuals with suppressed immune systems;
- Extremely obese individuals (body mass index of at least 40); and
- Those living in long-term care facilities.

CDC also recommends treatment when flu is suspected or confirmed among patients with chronic pulmonary diseases (including asthma), cardiovascular diseases (except for hypertension alone), renal, hepatic, hematological disorders (including sickle cell disease), and metabolic disorders (including diabetes mellitus), and other chronic debilitating diseases and conditions.

To manage and treat patients more effectively, healthcare providers may want to consider setting up phone triage lines or write antiviral prescriptions without testing and before an office visit when treatment is deemed necessary over the phone.

Three NAIs are approved by the US Food and Drug Administration and recommended for the 2017-2018 season: oseltamivir; zanamivir; and peramivir.

For further information on Influenza Prevention and Control, as well as, other vaccine-preventable diseases please refer to the ACIP website at https://www.cdc.gov/vaccines/acip/index.html

For More Information: Please contact DPBH M-F 8:00 AM to 5:00 PM at (775) 684-5911. The after-hours line can be contacted at (775) 400-0333.

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Reference: https://www.cdc.gov