

Technical Bulletin Division of Public and Behavioral Health



Date: January 14, 2015

Topic: FLU IS BACK - Mitigation Strategies Contact: Dan Mackie, State Epidemiologist To: All Providers and Medical Facilities

Current Situation:

With the seasonal influenza season here, it is important that we all remain vigilant to help combat this viral infection amongst our families, our friends, our communities, and our clients. The Nevada Division of Public and Behavioral Health (DPBH) confirms that there has been fatality in Nevada this year attributed to severe complications of the seasonal influenza virus.

We are just through the first half of the 2014/2015 influenza season here in Nevada, and as we have seen in previous years, this is the time when historically we should expect to see a surge in the number of patients with influenza-like illness (ILI). In anticipation of this expected surge, the DPBH would like to provide this reminder to our partners within the health care community, on mitigation strategies they can employ to help better protect themselves, and their clients from exposure to seasonal influenza.

Symptoms and Transmission:

The seasonal influenza virus (also referred to as the 'flu') is a contagious respiratory illness that can cause mild to severe illness in people throughout our population. Although the flu is often confused with the common cold, there are some distinct differences between the two. Whereas a cold can begin incrementally over a few days, the flu often hits with little warning. Once a person falls ill with the flu, they often report these types of symptoms:

- Fever
- Cough
- A runny or stuffy nose
- Muscle aches/Body aches
- Headache
- Fatigue
- Some people may report vomiting and diarrhea, but this may be found more commonly in children rather than adults.

Influenza is transmitted through droplets that are ejected from the body of an infected person through breathing, speaking, coughing, sneezing, etc. Once these small droplets are pushed out into the air, they are too heavy to remain aloft for very long. As a result, these droplets are pulled down by gravity and fall within three to six feet from where they began. From an infection control standpoint, the influenza virus' ability to remain viable in the environment for hours (to even days in some cases), especially when they land on non-porous surfaces, is a challenge.

Once they are in the environment, influenza virus can be transmitted by contact. This occurs when droplets land on the mouths or noses of nearby people, or when we touch a surface where the droplets landed, and then touch our mouth, eyes, or nose.

Prevention:

Fortunately, there is a vaccination available for the seasonal influenza. Although the CDC and media have reported matching issues with the strains included in this years' seasonal influenza vaccine, versus the predominant strain that we see circulating within the U.S. population, people should get their seasonal flu vaccination for this season. In addition to that preventative measure, we would also recommend that you take these precautions to further protect yourself from respiratory illnesses by following these steps:

- Wash your hands often with soap and water for 20 seconds. If these are unavailable, use an alcohol-based hand rub.
- Avoid touching eyes, nose and mouth with unwashed hands, that is how the influenza virus is spread.
- If you are sick, please try to limit your contact with others as much as possible (e.g. stay home from work or school).
- Cover your coughs and sneezes by covering them with the inside of your elbow.

Treatment:

Previously, the neuraminidase inhibitors oseltamivir and zanamivir were the only recommended influenza antiviral drugs. On December 19, 2014 the U.S. Food and Drug Administration approved Rapivab® (peramivir) to treat influenza infection in adults. Early

antiviral treatment can shorten the duration of fever and illness symptoms, may reduce the risk of complications from influenza, and may reduce death and duration of hospitalization. It is recommended that the antiviral medication be administered within 48 hours of illness onset. However, antiviral treatment might have some benefits in patients with severe, complicated or progressive illness, and in hospitalized patients when started after 48 hours of illness onset.

For more information about seasonal influenza, please visit www.cdc.gov/flu/index.htm and clinical recommendations, please visit http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm.

For information on reporting cases of influenza, please refer to NAC 441A.575 or contact the local health authority in your county: Clark County: Southern Nevada Health District, 702.759.1300 | Washoe County: Washoe County Health District, 775.328.2447 Carson City, Douglas, and Lyon Counties: Carson City Health and Human Services, 775.887.2190 | I Other counties: Rural Community Health Services, 775.687.5162 (business hours) or 775.434.4358 (after hours) | State of Nevada Epidemiology Duty Officer (24 hours): 775.400.0333

Tracey D. Green, MD, Chief Medical Officer

Richard Whitley, MS, Administrator