



Buncombe County Health and Human Services

Aging and Veteran's Services ~ Social Work Services
Public Assistance & Work Support Strategies ~ Public Health
Amanda Stone, MSW
Health and Human Services Director

Influenza Related Recommendations and Influenza Update – Week Ending 10/12/13

Influenza activity in NC currently is low (“no activity” for the week ending 10/12/13) as expected for this early in the season, **but it’s time to get ready.**

The body of this email contains a great deal of important clinical information about influenza which I distilled from CDC and NC Division of Public Health resources. The attachments provide additional information re: influenza vaccination and management.

Visit the following websites for additional information:

- Flu info relevant to medical providers -- <http://www.cdc.gov/flu/professionals/index.htm>
- Information regarding circulating flu strains in NC (updated throughout the season) -- www.flu.nc.gov
- Detailed antiviral use guidance -- <http://www.cdc.gov/flu/professionals/antivirals/index.htm>
- Infection control guidance for healthcare settings -- <http://www.cdc.gov/flu/professionals/infectioncontrol/index.htm>
- Information about this season’s influenza vaccines -- <http://www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm>

Don’t hesitate to contact me or the Buncombe County Disease Control staff at 250-5109 if you have questions.

The most important thing you can do right now is get your patients vaccinated! A medical provider’s recommendation for flu vaccination is powerful.

Thank you and good luck this flu season!

Jenni

Jennifer Mullendore MD, MSPH
Medical Director
Buncombe County Department of Health and Human Services
Office: (828) 250-6308
Jennifer.Mullendore@buncombecounty.org

buncombecounty.org

HHS Administration p. 828.250.5700 f. 828.250.6235 PO Box 7408 Asheville, NC 28802	Aging & Veteran’s Services p. 828.250.5726 f. 828.250.6235 PO Box 7408 Asheville, NC 28802	Social Work Services p. 828.250.5500 f. 828.250.6235 PO Box 7408 Asheville, NC 28802	Public Assistance p. 828.250.5500 f. 828.250.6235 PO Box 7408 Asheville, NC 28802	Public Health p. 828.250.5000 f. 828.250.6235 PO Box 7407 Asheville, NC 28802
---	---	---	--	--

Influenza vaccination recommendations

- **Annual flu vaccination is recommended for everyone 6 months of age and older who does not have a contraindication.**
 - People with a history of **egg allergy** who report only **hives** after exposure to egg can receive the flu shot. (Because of insufficient data, the flu mist is not recommended in these persons.)
 - If the person's **egg allergy** involved a **more severe** reaction (like angioedema, respiratory distress, lightheadedness or recurrent emesis), they can get the recombinant hemagglutinin (HA) vaccine (RIV3; FluBlok®), which is indicated for persons aged 18 through 49 years.
- **People should be vaccinated as early in the flu season as possible.**
 - **It takes about 2 weeks after vaccination for a person to develop peak protective antibody levels** so waiting until flu is spreading in the community may be too late.
 - **Reassure them that protection granted by the vaccine will last the entire flu season.**
- **It's especially important that the following people at high risk of serious complications from the flu – and their close contacts – be vaccinated:**
 - Children younger than 5 years (especially those younger than 2 years old)
 - Adults 65 years of age and older
 - Pregnant women and women up to 2 weeks postpartum
 - People with chronic pulmonary or cardiovascular (except isolated hypertension), renal, hepatic, neurological, hematologic, or metabolic conditions
 - People who are immunosuppressed (including immunosuppression cause by medications or HIV infection)
 - People who are morbidly obese (BMI ≥ 40)
 - People <19 years of age who are receiving long-term aspirin therapy
 - Residents of nursing homes and other long-term care facilities
 - American Indians and Alaskan Natives
 - Health-care personnel
 - Those living with or caring for persons at high risk of severe influenza-related complications

Diagnostic Testing for Influenza

- Rapid Influenza Diagnostic Tests produce very quick results, but the results may not be accurate.
 - **False negative results** occur more commonly than false positive results and **are common during influenza season.**
 - To minimize false negative results, **collect specimens as early in the illness as possible (ideally less than 4 days from illness onset).**
- **A negative rapid influenza test result does NOT exclude a diagnosis of influenza in a patient with suspected influenza.**
- **When there is clinical suspicion of influenza and antiviral treatment is indicated, antiviral treatment should be started as soon as possible without waiting for results of testing.**

Influenza Antiviral Medications

- **Oseltamivir (Tamiflu®) and zanamivir (Relenza®) are recommended for the treatment or prevention of influenza.**
 - Zanamivir comes as an inhaled powder and is **not** recommended for use in people with underlying respiratory disease like asthma or COPD.

Influenza Antiviral Treatment Recommendations

- Early antiviral treatment can shorten the duration of fever & illness symptoms, may reduce the risk of complications from influenza & death, and may shorten the duration of hospitalization.
- **Clinical benefit is greatest when antiviral treatment is administered early, especially within 48 hours of influenza illness onset.**
- Antiviral treatment is recommended **as early as possible** for any patient with **confirmed or suspected influenza who**
 - is hospitalized;
 - has severe, complicated, or progressive illness (regardless of prior health status); OR
 - is at higher risk for influenza complications.
- Antiviral treatment might still be beneficial in patients with severe, complicated or progressive illness and in hospitalized patients when started after 48 hours of illness onset.
- **Decisions about starting antiviral treatment should not wait for laboratory confirmation of influenza.**
- While influenza vaccination is the first and best way to prevent influenza, **a history of influenza vaccination does not rule out the possibility of influenza virus infection in an ill patient with clinical signs and symptoms compatible with influenza.**
- Antiviral treatment also can be considered for any previously healthy, symptomatic outpatient not at high risk with confirmed or suspected influenza on the basis of clinical judgment, *if treatment can be initiated within 48 hours of illness onset.*
- **Oseltamivir (Tamiflu®) is approved for the treatment of influenza in persons aged 2 weeks and older. Zanamivir (Relenza®) is approved for the treatment of influenza in persons aged 7 years and older.**

Chemoprophylaxis against Influenza

- Antiviral medications are approximately 70-90% effective in preventing influenza and are useful adjuncts to influenza vaccination.
- CDC does **not** recommend widespread or routine use of antiviral medications for chemoprophylaxis because of the potential for development of antiviral resistance.
- **An emphasis on close monitoring and early initiation of antiviral treatment is an alternative to chemoprophylaxis after a suspected exposure for some persons.**
- To be effective as chemoprophylaxis, an antiviral medication must be **taken each day for the duration of potential exposure to a person with influenza and continued for 7 days after the last known exposure.**
 - For persons taking antiviral chemoprophylaxis after inactivated influenza vaccination, the recommended duration is until immunity after vaccination develops (about two weeks in adults; can take longer in children depending on age and vaccination history).

- **Antiviral chemoprophylaxis generally is not recommended if more than 48 hours have elapsed since the last exposure to an infectious person.**
- Patients receiving antiviral chemoprophylaxis should be encouraged to seek medical evaluation as soon as they develop a febrile respiratory illness that might indicate influenza.

Infection Control

- Call ahead to alert the emergency department/other medical facility if you are sending a patient with suspected or confirmed influenza there. Make sure the patient wears a surgical mask and is instructed to notify the receptionist/triage nurse immediately of their respiratory symptoms and suspected infection.
- All persons with suspected or confirmed influenza should stay at home for at least 24 hours after their fever resolves ***without*** the use of fever-reducing medication.
- Educate all patients about the importance of correct cough/respiratory hygiene and hand washing.
- Encourage vaccination against pertussis and pneumococcus in indicated patients.

Disease Reporting

- **Physicians are required to report all influenza-associated deaths (adult and pediatric) to their local health department.**
- **Contact your health department to report influenza-like illness in patients with recent swine exposure or any outbreaks of influenza-like illness (fever + cough or sore throat), especially among young children.**