

*epi*TRENDS

A Monthly Bulletin on Epidemiology and Public Health Practice in Washington

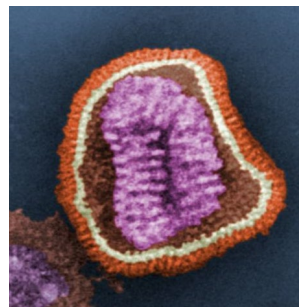
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Influenza

It is time to think about flu! Influenza activity usually peaks in winter, and the time to prepare is now. This article reviews influenza surveillance and reporting with a focus on the activities of Washington's local health jurisdictions related to influenza. See Influenza 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 may also be body aches, weakness, and respiratory tract congestion. Complications including pneumonia can be severe. The very young and the elderly are at greatest risk for such complications from influenza.



Influenza virus
www.cdc.gov/

Influenza A and influenza B viruses infecting humans change constantly.

Influenza A viruses can undergo major variations – in 2009 there was an unexpected pandemic of a new influenza A H1N1 virus first identified in early spring of that year. Excess deaths occurred among certain risk groups such as younger children, pregnant women, and those with chronic medical conditions.

To track the viruses causing human infections, 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 influenza outbreaks, deceased patients



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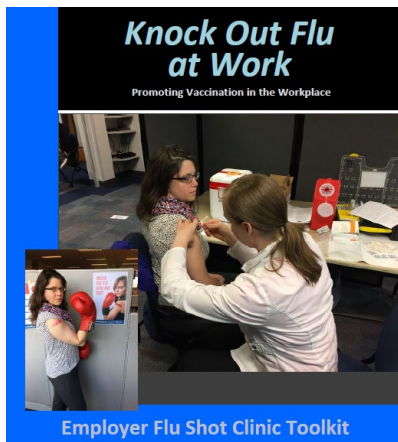
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suspected to have had influenza, patients with suspected novel influenza virus infection, or ill persons with potential exposure to birds or swine infected with influenza.

Vaccination



www.doh.wa.gov

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. In the 2018-2019 season, both injected and intranasal products are available. Prompt vaccination is recommended as soon as vaccine becomes available. Vaccinating those persons having contact with an infant under 6 months of age can provide a “cocoon” of protection for infants too young to be vaccinated. Similarly, it is crucial that healthcare providers and staff in long term care facilities are vaccinated to protect populations at high risk for influenza complications.

To improve vaccination rates, the Department of Health’s Office of Immunization and Child Profile offers a toolkit titled “Knock Out Flu at Work—Promoting Flu Vaccination in the Workplace.” The toolkit provides strategies for employers to increase flu vaccination such as hosting onsite flu clinics and other related topics.

<https://www.doh.wa.gov/Portals/1/Documents/8200/348-663-KnockOutFluTool-en-L.pdf>

Antiviral Treatment

Antiviral treatment is recommended as early as possible for any patient with confirmed or suspected influenza who is hospitalized; who has severe, complicated, or progressive illness; or who is at an increased risk for influenza complications. The Centers for Disease Control and Prevention (CDC) provide a list of people who are at high risk of developing flu-related complications including younger children, older persons, pregnant women, American Indians and Alaska Natives, and persons with certain chronic medical conditions:

https://www.cdc.gov/flu/about/disease/high_risk.htm. CDC recommends that provider decisions about antiviral treatment should *not* wait for laboratory confirmation of influenza. In addition, a negative rapid influenza diagnostic test (RIDT) does *not* rule out influenza. For information about antiviral treatment see: <https://www.cdc.gov/flu/antivirals/whatyoushould.htm>

Influenza Surveillance in Washington:

The following are influenza-related conditions notifiable to Washington’s local health jurisdictions for eventual reporting to the Office of Communicable Disease Epidemiology:

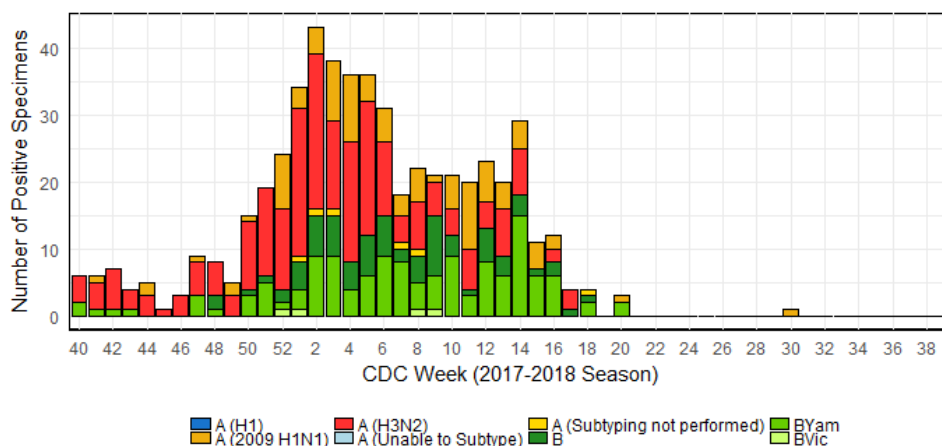
- Case of suspected novel influenza or unsubtypeable influenza
- Death in a person with laboratory-confirmed influenza (these are to be entered into WDRS by the local health jurisdiction)
- Single confirmed cases or clusters of suspected influenza in long term care facilities

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

Controlling influenza in long term care facilities is of particular concern. Department of Health has several materials pertaining to influenza-like illness at long term care facilities. See the Long Term Care Guidance section:

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/InfluenzaFluInformation#treat>

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. Jurisdictions also have the authority to require additional reporting. For example, in Spokane and Snohomish counties, laboratory-confirmed hospitalized influenza cases are reportable.



<https://www.doh.wa.gov/Portals/1/Documents/5100/420-100-FluUpdate.pdf>

Using multiple sources of data, Washington State Department of Health provides weekly influenza surveillance updates from October to May and monthly updates in the summer. Components of influenza surveillance include:

Outpatient Influenza-like Illness Surveillance Network (ILINet)

ILINet is a CDC-supported program for sentinel healthcare providers. Each participating provider reports 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 parainfluenza) in addition to influenza, making it a valuable resource for clinicians and public health professionals.

Early Notification of Community-Based Epidemics (ESSENCE)

ESSENCE is a Washington syndromic surveillance system that reports daily syndromic data, including data about influenza-like illness, from a selection of Washington hospital emergency departments.

Local health agencies should always feel free to call the Department of Health 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 for Washington 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:

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

Vaccination recommendations for 2018-2019:

<https://www.cdc.gov/mmwr/volumes/67/rr/rr6703a1.htm>

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>

CDC variant influenza guidance: <https://www.cdc.gov/flu/swineflu/variant-flu-in-humans.htm>