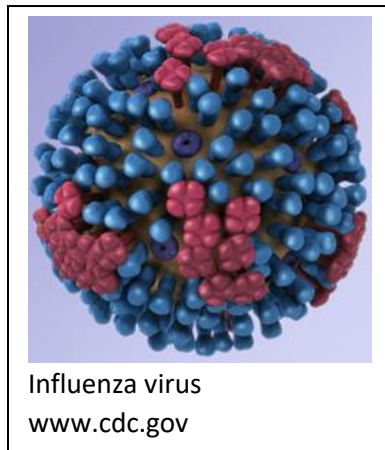


*epi*TRENDS

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Influenza

Influenza activity usually peaks in winter, and the time to prepare is now. Public health and health care organizations can plan for influenza vaccination to ameliorate the expected simultaneous respiratory circulation this year of the viruses causing COVID-19 and influenza. This article reviews influenza disease, vaccines, antiviral treatments, surveillance and reporting. Additional information on concurrent outbreaks of influenza and COVID-19, and guidance relevant during periods of co-circulation will be reviewed in next month's *epiTRENDS* article.



The Disease

Influenza (flu) is a viral respiratory infection caused by influenza A and influenza B viruses. Illness is characterized by fever with other symptoms such as cough, runny nose, and sore throat. There may also be muscle or body aches, weakness, fatigue, and respiratory tract congestion. Children may have vomiting and diarrhea. Complications can be severe and include viral pneumonia or secondary bacterial pneumonia, heart or brain inflammation, and organ failure. The very young and the elderly as well as those with chronic medical conditions are at greatest risk for such complications from influenza. Several other viral respiratory conditions, including COVID-19, have symptoms similar to influenza. The Department of Health offers a resource, "Is it COVID-19?", to help differentiate between symptoms of COVID-19, influenza, and other conditions: <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/IsItCOVID-19-English.pdf>



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WASHINGTON STATE DEPARTMENT OF HEALTH



Is it COVID-19?

COVID-19 symptoms may be similar to those of illnesses like the flu or common cold. Many people with COVID-19 have mild symptoms, and some have no symptoms. Contact your health care provider for a test if you have symptoms of COVID-19. Visit www.doh.wa.gov/coronavirus.

For medical emergencies, such as difficulty breathing, call 911.

SYMPTOMS	COVID-19	FLU	COLD	ALLERGIES
 Cough	Often	Often	Sometimes	Sometimes
 Fever	Often	Often	Rarely	Never
 Shortness of breath	Sometimes	Sometimes	Rarely	Rarely
 Body aches	Sometimes	Often	Rarely	Never
 Headache	Sometimes	Often	Sometimes	Sometimes
 Fatigue	Sometimes	Often	Sometimes	Sometimes
 Sore throat	Sometimes	Sometimes	Sometimes	Sometimes
 Loss of taste or smell	Sometimes	Rarely	Rarely	Rarely
 Diarrhea	Sometimes	Rarely	Never	Never
 Chest pain or pressure	Rarely	Rarely	Never	Never
 Runny nose	Rarely	Sometimes	Often	Often
 Sneezing	Rarely	Sometimes	Often	Often
 Watery eyes	Never	Never	Never	Often



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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. For information about antiviral treatment see: <https://www.cdc.gov/flu/antivirals/whatyoushould.htm>

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.

Influenza Vaccines

The best way to prevent influenza is through vaccination. Yearly vaccination is recommended for all persons ages 6 months and older. Vaccines are formulated to protect against four types of influenza (quadrivalent vaccines). As influenza strains change, so too will the specific composition of the influenza vaccine be changed. The specific virus lineages used may vary by the type of influenza vaccine but the vaccines all induce similar immunity. Choices for an individual’s influenza vaccine type and dose depend on the age and other characteristics of the recipient (see table below).

Vaccine	Approved Ages	Dose volume
Afluria Quadrivalent	6 through 35 months ≥3 years	0.25 mL 0.5 mL
Fluarix Quadrivalent	≥6 months	0.5 mL
FluLaval Quadrivalent	≥6 months	0.5 mL
Fluzone Quadrivalent	6 through 35 months ≥3 years	0.25 mL or 0.5 mL 0.5 mL
Flucelvax Quadrivalent	≥2 years	0.5 mL
Flublok Quadrivalent	≥18 years	0.5 mL
Fluzone High-Dose Quadrivalent	≥65 years	0.7 mL
Fluad Quadrivalent	≥65 years	0.5 mL

During the 2021-2022 influenza season, all influenza vaccines will be quadrivalent [A(H1N1), A(H3N2), and 2 B strains]. Licensure on one vaccine has changed; Flucelvax Quadrivalent is now approved for people 2 years and older. An additional note is that influenza and COVID-19 vaccines can be given at the same time: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/index.html>

Public Health Role in Vaccination

Vaccinating the general population and known risk groups for influenza is one intervention that can reduce the number of influenza cases. Increasing the levels of influenza vaccination has the potential to decrease medical visits, laboratory work, and hospitalizations for influenza, as well as decreasing the likelihood of coinfections.

Providing influenza vaccination this year may involve new challenges given the COVID-19 pandemic. There may be fewer worksite vaccination clinics. Concern about COVID-19 exposure may discourage some people from going to a healthcare facility or a pharmacy. Fewer outpatient settings may be open as telehealth options have increased.

Healthcare providers may opt for a satellite, temporary, or off-side clinic locations to improve access to influenza vaccination. The Centers for Disease Control and Prevention (CDC) prepared guidance (<https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html>) for planning such vaccination clinics.

Influenza Surveillance in Washington

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

- Case of suspected novel influenza or unsubtypeable influenza
- Death in a person with laboratory-confirmed influenza (should be entered into WDRS)
- Single confirmed case or clusters of suspected influenza cases 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 due to the vulnerable populations and congregate living situation. Department of Health has several materials pertaining to influenza-like illnesses and outbreaks at long term care facilities. See the link below in the Resources section.

Year-round influenza surveillance is needed to identify the specific 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.

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 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. This surveillance is intended to detect novel influenza strains.

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 (see Resources). Local health jurisdictions should always feel free to call the Department of Health's Office of Communicable Disease Epidemiology (206-418-5500) to discuss any influenza situation including possible outbreaks.

During the current COVID-19 pandemic, reducing influenza's impact by decreasing the number of influenza cases is an important public health objective. Promoting influenza vaccination can protect individuals from infection and thereby shield the healthcare system from excessive demands.

Resources

Vaccination recommendations:

<https://www.cdc.gov/flu/professionals/acip/summary/summary-recommendations.htm>

https://www.cdc.gov/mmwr/volumes/70/rr/rr7005a1.htm?s_cid=rr7005a1_w

<https://www.cdc.gov/flu/season/faq-flu-season-2021-2022.htm>

Vaccination for healthcare workers

https://www.cdc.gov/flu/professionals/vaccination/index.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fflu%2Fprofessionals%2Fhealthcareworkers.htm

Washington State Influenza Update:

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

Previous yearly influenza summaries for Washington:

<https://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/CommunicableDiseaseSurveillanceData/InfluenzaSurveillanceData>

Surveillance guideline for novel influenza:

<https://www.doh.wa.gov/Portals/1/Documents/5100/420-057-Guideline-InfluenzaNovel.pdf>

Surveillance guideline for influenza death:

<https://www.doh.wa.gov/Portals/1/Documents/5100/420-112-Guideline-InfluenzaDeath.pdf>

Rapid diagnostic tests:

https://www.cdc.gov/flu/professionals/diagnosis/clinician_guidance_ridt.htm

Specimen collection:

<https://www.doh.wa.gov/Portals/1/Documents/pubs/301-018-InfluenzaTestingPHL.pdf>

Public health and healthcare information

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

Outbreak control in long term care

<https://www.doh.wa.gov/Portals/1/Documents/5100/fluoutbrk-LTCF.pdf>

Antiviral medications

<https://www.cdc.gov/flu/professionals/antivirals/index.htm>

<https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>