2015-16 INFLUENZA SEASON

County of Santa Cruz ~ Public Health Division

www.santacruzhealth.org/flu

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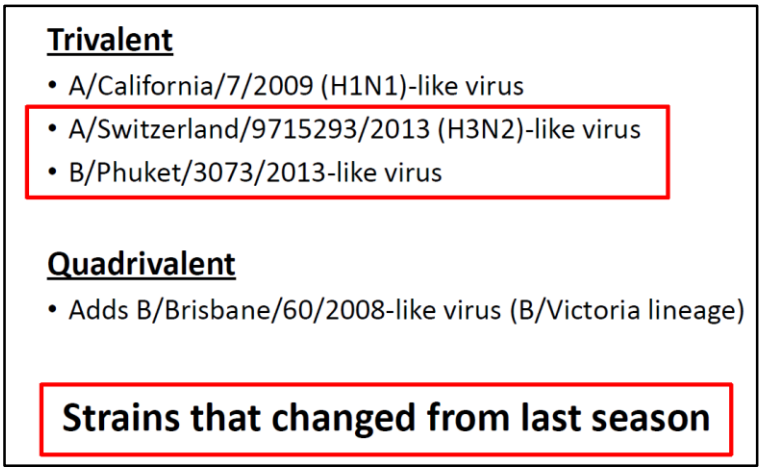
Public Health
Prevent. Promote. Protect.

Influenza, commonly called "the flu," is caused by influenza viruses that can lead to severe illness and be life-threatening. In the United States, flu season typically occurs in the fall and winter mainly from October to March -- though it most often peaks between December and February. The Centers for Disease Control and Prevention (CDC) publishes a weekly flu surveillance report from October to May, called "Flu View," with multiple sources of flu-related data. The Santa Cruz County Public Health Division will publish a local flu advisory at the beginning of each season, a summary report at the end, and intermittent reports as needed based on public health importance.

2015-16 VACCINE STRAINS

Influenza is variable. Only 5 times in the past 30 years have vaccine strains been the same as in previous season. This year, the vaccine's A (H3) strain and the B strain are different from last year (see Figure 1).[1] Of note, there are two types of vaccines: trivalent with 3 strains, and quadrivalent with 4 strains.

Figure 1: 2015-16 Seasonal Flu Vaccine Strains: Trivalent (3 strains) and Quadrivalent (4 strains), United States [1]



CDC recommends a yearly flu vaccine for everyone 6 months of age and older,[2] especially close contacts of persons at high risk for influenza complications (e.g., children younger than 5, but especially those under 2, adults 65 and older, pregnant women, and residents of long-term care facilities).[3] Vaccination is the first and most important step in protecting against this serious disease. People should begin getting vaccinated soon after flu vaccine becomes available. However, as long as flu viruses are circulating in the community, it's not too late to get vaccinated.

PROMOTE PREVENTION PRACTICES IN HEALTHCARE SETTINGS

Influenza vaccine is the best tool for prevention of influenza. However, to prevent the transmission of **all** respiratory infections in healthcare settings, including influenza, the following infection control measures should be implemented at the first point of contact with a potentially infected person.[4] They should be incorporated into infection control practices as one component of Standard Precautions.

1. Visual Alerts: post signs at entrances to facilities instructing patients to inform healthcare personnel of a respiratory infection
2. Respiratory Hygiene / Cough Etiquette: cover your nose and mouth; cough or sneeze into a tissue or your sleeve. Healthcare facilities should provide tissues and no-touch receptacles for used tissue disposal as well as conveniently located dispensers of alcohol-based sanitizers
3. Masking and Separation of Persons with Respiratory Symptoms: offer masks to persons who are coughing; when space permits, encourage coughing persons to sit at least 3 feet away from others in common waiting areas
4. Droplet Precautions: wear a surgical mask for close contact

REPORTING TO PUBLIC HEALTH

Continue to report the following events to the Santa Cruz County Communicable Disease Unit using a Confidential Morbidity Report available at www.santacruzhealth.org/cdunit:

- ICU hospitalization of persons with influenza among those under age 65
- Deaths from influenza among persons under age 65
- Any suspected case of novel influenza
- Outbreaks of influenza

SPECIMEN COLLECTION & TESTING

Rapid influenza diagnostic tests (RIDTs) may be used to help with diagnostic and treatment decisions for patients in clinical settings, such as whether to prescribe antiviral medications.[5] However, due to the limited sensitivities, negative results of RIDTs do not exclude influenza virus infection in patients with signs and symptoms suggestive of influenza.

Cases that meet the above criteria for "Reporting to Public Health" (page 1) are eligible for further testing by Public Health. We strongly encourage submitting nasopharyngeal specimens to characterize circulating strains causing severe illness. For instructions on specimen collection, please use and complete the Specimen Submittal Form.

ANTIVIRAL TREATMENT

All hospitalized patients and all outpatients at high risk for serious complications should be treated as soon as possible with one of three available influenza antiviral medications if influenza is suspected. Ideally, antiviral treatment should be administered **within 48 hours of the onset of symptoms** -- when treatment is most effective.[6]

Figure 2: Recommended Dosage and Schedule of Influenza Antiviral Medications for Treatment and Chemoprophylaxis – U.S., 2015-2016 [1]

Medication	Treatment (BID x5 days)	Chemoprophylaxis (QD x10 days)
Oseltamivir[a]		
Adults	75 mg	75 mg
Children ≥12 mo		
Body weight		
≤15 kg (≤33 lb)	30 mg	30 mg
>15 kg–23 kg (33 lb–51 lb)	45 mg	45 mg
>23 kg–40 kg (>51 lb–88 lb)	60 mg	60 mg
>40 kg (>88 lb)	75 mg	75 mg
Infants 9–11 mo[b]	3.5 mg/kg per dose	3.5 mg/kg per dose
Term infants 0–8 mo[b]	3 mg/kg per dose twice daily	3 mg/kg per dose once daily for infants 3–8 mo; not recommended for infants <3 mo old, unless situation judged critical, because of limited safety and efficacy data in this age group
Preterm infants	See details in footnote[c]	
Zanamivir[d]		
Adults	10 mg (two 5-mg inhalations)	10 mg (two 5-mg inhalations)
Children (≥7 y for treatment, ≥5 y for chemoprophylaxis)	10 mg (two 5-mg inhalations)	10 mg (two 5-mg inhalations)

To prevent pediatric influenza deaths, offer treatment ASAP to children with influenza (any severity) who are at high risk of complications.[7] Also offer treatment to children hospitalized for presumed influenza or severe, complicated or progressive illness attributable to influenza. Consider treatment in otherwise healthy children where decreasing symptoms is felt to be warranted, or those children in a household with high-risk persons (under 6 months old or person with underlying medical conditions that predispose to flu complications).

HEALTH OFFICER ORDER [8]

On September 17, 2015, Santa Cruz County Health Officer Dr. Lisa Hernandez ordered all licensed healthcare facilities and Emergency Medical Services providers to implement a mandatory influenza vaccination program. It states that facilities must ensure that all healthcare workers either receive an annual flu vaccine or, if they decline, wear a mask while working in patient care areas. The order covers the typical flu season, which is defined as November 2, 2015 to March 31, 2016. However, the order may be extended as needed.

Sources:

1. http://emergency.cdc.gov/coca/ppt/2015/10_01_15_aapflu.pdf
2. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6430a3.htm
3. http://www.cdc.gov/flu/about/disease/high_risk.htm
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7. Ped antivirals AAP. 2015-16 Seasonal Flu Policy. http://pediatrics.aappublications.org/content/early/2015/09/01/peds.2015-2920.full.pdf+html
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