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NEW: CHANGES TO INFLUENZA REPORTING REQUIREMENTS

In June of 2019 the State Board of Health updated Chapter 441A of the Nevada Administrative Code (NAC). Influenza reporting requirements were amended. Previously all cases of influenza were required to be reported; however, that reporting requirement is now more focused.

As of June 2019 you are only required to report influenza (“flu”) to your local health department if:

- 1) **An influenza case is hospitalized** (this includes cases hospitalized for a reason other than flu as long as they test positive for flu) OR
- 2) **An influenza case under 18 years of age dies** (i.e., pediatric death with a positive flu test) OR
- 3) **The strain of influenza is known or suspected to be a viral strain that poses a risk of a national or global pandemic** as determined by the Centers for Disease Control and Prevention or the World Health Organization OR
- 4) **The strain of influenza is novel or untypable.** This would include avian flu (e.g., H5N1, H7N9) and swine flu (e.g., H3N2v). OR
- 5) **You suspect an outbreak is occurring**

While clinicians, laboratories, and infection preventionists report most cases of influenza, **other persons are also required to report flu when indicated above, including directors of schools, daycares, and correctional facilities,** among others. For a complete description of persons required to report communicable diseases, please see [Nevada Administrative Code \(NAC\) 441A.225 through NAC 441A.260](#).

Reports of influenza can be faxed to 775-328-3764 or called to the Communicable Disease Line at 775-328-2447. Please report influenza using the Confidential Case Report for General Communicable Diseases. Please ensure that the form is legible and filled out completely.

START OF 2019-20 INFLUENZA SEASON

The 2019-20 influenza season began on Sunday, September 29, 2019. Updates for this flu season are provided below.

Highlights from ACIP’s Recommendations for the 2019-20 Flu Season¹

In August the Advisory Committee on Immunization Practices (ACIP) released their recommendations for the 2019-20 flu season. The full report is available at <https://www.cdc.gov/mmwr/volumes/68/rr/rr6803a1.htm>. The Washoe County Health District (WCHD) encourages all providers to read the full report as it discusses specific changes to labeling, recent licensures, and age indications, among others. However, a few highlights are listed below.

Updates to the Vaccine Components

2019–20 U.S. trivalent influenza vaccines will contain hemagglutinin (HA) derived from an:

- A/Brisbane/02/2018 (H1N1)pdm09–like virus (updated from last year’s vaccine)
- A/Kansas/14/2017 (H3N2)–like virus (updated from last year’s vaccine)
- B/Colorado/06/2017–like virus (Victoria lineage).

Quadrivalent influenza vaccines will contain HA derived from these three viruses and from an additional influenza B vaccine virus, a B/Phuket/3073/2013–like virus (Yamagata lineage).

Persons Recommended for Influenza Vaccination

Routine annual influenza vaccination is recommended for ALL persons aged ≥6 months who do not have contraindications. However, vaccination is especially important for the following groups, as these groups are at increased risk for severe illness and complications from influenza:

- Adults ≥50 years
- Children aged 6-59 months (<5 years)
- Pregnant women
- Persons with certain chronic medical conditions, including chronic pulmonary, cardiovascular, renal, hepatic, neurologic, hematologic, or metabolic disorders
- Immunocompromised persons
- Residents of nursing homes and other long-term care facilities
- Persons with extreme obesity

- Children and adolescents who are receiving aspirin- or salicylate-containing medications and who might be at risk for experiencing Reye syndrome after influenza virus infection
- American Indians/Alaska Natives

Vaccination is also important for persons who live with or care for persons at increased risk for severe illness and complications from influenza (e.g., healthcare providers, caretakers, household contacts).

Timing of Vaccination

Ideally vaccination should be offered by the end of October to provide protection before influenza activity increases. That said, vaccination should continue to be offered as long as influenza viruses are circulating and unexpired vaccine is available. Vaccine administered in December or later, even if influenza activity has already begun, might be beneficial in the majority of influenza seasons.

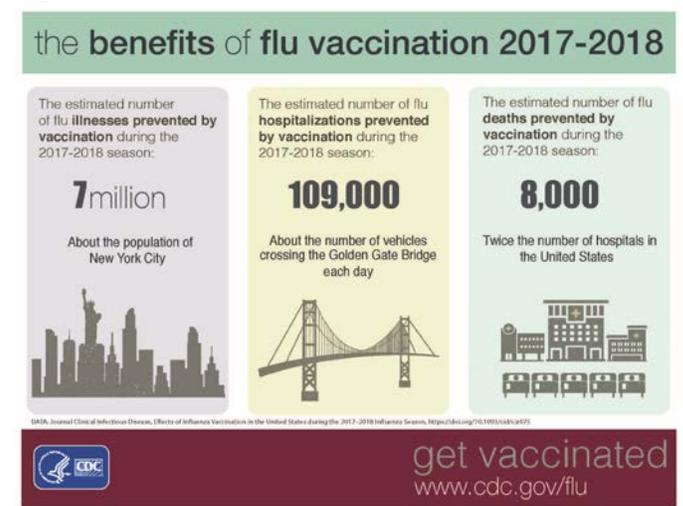
Available Vaccine Formulations

Multiple formulations of influenza vaccine are available, including inactivated influenza vaccine (IIV, both trivalent and quadrivalent), recombinant influenza vaccine - quadrivalent (RIV4), and live attenuated influenza vaccine - quadrivalent (LAIV4). For a full list of available formulations, See Table 1 of ACIP's recommendations for the 2019-20 flu season (<https://www.cdc.gov/mmwr/volumes/68/rr/rr6803a1.htm>.) A list of contradictions and precautions for the use of each type of flu vaccine is listed in Table 2 of this same report. Please ensure you are familiar with recommended dosages, age indications, and any precautions or contraindications for vaccines you are administering. No preferential recommendation is made for one influenza vaccine product over another for persons for whom more than one licensed, recommended, and appropriate product is available.

Nevada Influenza Vaccination Coverage Estimates

Estimates from the 2017-18 season suggest that **only 39% of Nevadans aged 6 months and older got an influenza vaccine**. For context, Nevada ranked 40th in the nation.² While 39% is an improvement over the 2016-17 season where Nevada ranked last in the nation with 36% flu vaccination coverage, there is still plenty of opportunity to improve our vaccination rates. Please continue to administer and encourage flu vaccination to your patients, colleagues, family, and friends. After all, vaccination works! **During the 2017-18 season flu vaccination prevented 7 million illnesses, 109,000 hospitalizations, and 8,000 deaths** (Figure 1).

Figure 1. The Benefits of Flu Vaccination, 2017-18³



WCHD's Influenza Surveillance Program

WCHD's influenza surveillance program consists of four major components: weekly reports of influenza-like illness (ILI) by selected sentinel healthcare providers; the collection of a limited number of specimens by sentinel healthcare providers; monitoring of influenza and pneumonia mortality through death certificates; and routine reporting of confirmed cases of influenza. WCHD produces reports each week during flu season and posts them to the surveillance webpage, www.tinyurl.com/WashoeFlu.

WCHD would like to thank sentinel surveillance sites for their contributions.

References

- 1) Grohskopf LA, Alyanak E, Broder KR, Walter EB, Fry AM, Jernigan DB. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2019–20 Influenza Season. *MMWR Recomm Rep* 2019;68(No. RR-3):1–21.
- 2) CDC. FluVaxView Interactive! Results for General Population Influenza Vaccination Coverage. Accessed 28 Aug 2019. Available at <https://www.cdc.gov/flu/fluvoxview/interactive-general-population.htm>.
- 3) CDC. "2017-2018 Estimated Influenza Illnesses, Medical visits, and Hospitalizations Averted by Vaccination in the United States." Accessed 28 Aug 2019. Available at <https://www.cdc.gov/flu/vaccines-work/averted-estimates.htm>.

Given the recent and ongoing outbreak of Lung Injury associated with e-cigarette use, it is important to continue to ask all patients about a history of e-cigarette use. Symptoms may present similar to the flu and can progress rapidly. Also, to establish lung injury due to e-cigarette, you must rule out influenza. For more information on the recent outbreak and how to report suspected cases visit: <https://bit.ly/wceciq>