



New Hampshire Health Alert Network Health.Alert@nh.gov

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Message Type: Alert
Severity: Moderate
Sensitive: Not Sensitive
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Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

DATE: February 14, 2011

TIME: 1400 EST

TO: Physicians, Nurses, Infection Control Practitioners, Hospital Emergency Departments, Manchester Health Department, Nashua Health Department, NHHA, Laboratory Response Network, DHHS Outbreak Team, DPHS Investigation Team, Public Health Network, and DPHS Management Team

FROM: Jodie Dionne-Odom, MD, Deputy State Epidemiologist

SUBJECT: Influenza Update 2011

NH Department of Health and Human Services (NH DHHS) recommends:

- Awareness of current patterns of increased influenza rates in New Hampshire.
- Continued promotion of universal influenza vaccination during this 2010-2011 season.
- Awareness of updated CDC influenza diagnosis and treatment recommendations.

Epidemiology

Influenza activity has begun to increase in New Hampshire over the past several weeks. Six counties have lab confirmed cases of influenza and 7.4 % of deaths in the state are related to pneumonia or influenza infections, as a broader marker of respiratory illness. Since October, the Public Health Labs have received 258 specimens for influenza testing and 71 have tested positive via RT-PCR (54 are AH3N2, 15 are A2009H1N1 and 2 are influenza B).

Nationally, there continues to be an excellent match between the circulating virus (predominantly H3N2 and 2009H1N1), the vaccine and available therapy with neuraminidase inhibitors (oseltamivir and zanamivir). Although there is widespread influenza in thirty US states, overall disease rates have been significantly lower than last year during the 2009-2010 influenza season.

Influenza Vaccination

As of February 4, 2011, the NH Immunization Program had already distributed 164,000 doses of influenza vaccine, of which almost 100,000 doses (61%) were reported as having been administered. We do not yet have reliable numbers for coverage of high risk populations, but vaccination is still recommended even at this point in the season, since there is clearly circulating influenza in our communities.

Adults without insurance who have not yet been vaccinated are eligible for a voucher to get their vaccine free of charge at participating Walgreens before April 15, 2011. More information on this

program is available at the press release link below, or by calling 2-1-1 to help locate the closest participating Walgreens pharmacy.

<http://www.dhhs.nh.gov/media/pr/01312011fluvaccines.htm>

Updated ACIP/CDC Recommendations for Influenza Treatment

These recommendations were posted in an MMWR dated January 21, 2011 and are mostly unchanged from last year, with a few notable exceptions. High-risk groups for complications of influenza are again defined and morbid obesity has been added to the list:

- Children < 5 (especially those <2)
- Adults > 65
- Persons with chronic medical conditions
- Persons with immunosuppression
- Pregnant women (including up to 2 weeks postpartum)
- Children < 18 on long term aspirin therapy
- American Indian/Alaskan Native
- Persons with morbid obesity (BMI \geq 40)
- Residents of long term care facilities

For these high-risk individuals, providers should maintain a low threshold to treat with antiviral medications and to monitor closely for clinical worsening among those with influenza like illness. Treatment should be started as soon as possible for anyone hospitalized with confirmed or suspected influenza or those with progressive symptoms, irrespective of underlying conditions.

In one of the notable changes, providers are encouraged to consider the use of antiviral agents among previously healthy outpatients with confirmed or suspected influenza if treatment can be initiated within 48 hours of illness onset.

Postexposure chemoprophylaxis (with oseltamivir or zanamivir) can be considered for close contacts of a suspected or confirmed case of influenza if these contacts have risk factors for complicated illness and were unvaccinated at the time of exposure.

The appropriate use of rapid diagnostic testing is discussed further in this document as well. Based on their high specificity (>90%) but variable/poor sensitivity (ranging from 20-70% in many studies), rapid tests for influenza can be useful for ruling disease in for a person with ILI in the setting of ongoing influenza in their community. On the other hand, given the limited sensitivity, a negative test in a person with clinically compatible disease should not be used to make treatment or infection control decisions. In this case, if a definitive diagnosis is needed, the sample should be sent to the NH PHL for confirmatory RT-PCR testing.

Below is the link to this recent MMWR with full details on new recommendations, including a section on control of influenza outbreaks in institutions, duration of chemoprophylaxis and treatment of special populations (children, pregnant women and those with renal impairment or liver disease):

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6001a1.htm?s_cid=rr6001a1_w

For any questions regarding the contents of this message, please contact NH DHHS Infectious Disease Investigation and Surveillance Sections at 603-271-4496 (after hours 1-800-852-3345 ext.5300).

DEFINITION OF TERMS AND ALERTING VOCABULARY

Message Type

Alert: Indicates an original alert
Update: Indicates prior alert has been updated and superseded
Cancel: Indicates prior alert has been cancelled
Error: Indicates prior alert has been retracted

Status

Actual: Communication or alert refers to a live event
Exercise: Designated recipients must respond to the communication or alert
Test: Communication or alert is related to a technical, system test and should be disregarded

Severity

Extreme: Extraordinary threat to life or property
Severe: Significant threat to life or property
Moderate: Possible threat to life or property
Minor: Minimal threat to life or property
Unknown: Unknown threat to life or property

Sensitive

Sensitive: Indicates the alert contains sensitive content
Not Sensitive: Indicates non-sensitive content

Message Identifier: A unique alert identifier that is generated upon alert activation.

Delivery Time: Indicates the timeframe for delivery of the alert.

Acknowledgement: Indicates whether an acknowledgement on the part of the recipient is required to confirm that the alert was received, and the timeframe in which a response is required.

Originating Agency: A guaranteed unique identifier for the agency originating the alert.

Alerting Program: The program sending the alert or engaging in alerts and communications using PHIN Communication and Alerting (PCA) as a vehicle for their delivery.

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