



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Thomas Farley, MD MPH
Commissioner

2014 Advisory #1: Influenza Advisory

- **Influenza activity continues to increase in New York City (NYC).**
- **Influenza vaccination is recommended for all persons 6 months of age and older.**
- **All healthcare personnel should receive an influenza vaccine.**
- **Antiviral treatment is recommended as early as possible for any patients with confirmed or suspected influenza and who are hospitalized, seriously ill, or ill with a high risk of serious influenza-related complications.**
- **The following must be reported to the Health Department:**
 - **Nosocomial outbreaks of febrile respiratory disease in healthcare facilities, including hospitals, assisted care, and long-term care facilities.**
 - **Suspected or confirmed pediatric influenza-associated deaths.**
 - **Novel influenza strains with pandemic potential.**

Please distribute to staff in the Departments of Critical Care, Emergency Medicine, Family Practice, Geriatrics, Internal Medicine, Infectious Disease, Infection Control, Obstetrics, Pediatrics, Pulmonary Medicine, Pharmacy, and Laboratory Medicine

January 7, 2014

Dear Colleagues,

Influenza activity continues to increase in New York City (NYC). Health Department surveillance demonstrates that 3.7% of outpatient and emergency room visits are for influenza-like illness (ILI) and that, during the past surveillance week, the proportion of ILI patients with confirmed influenza virus infection has increased from 8.3% to 13.8%. During the current influenza season, most influenza in the United States has been caused by influenza A (H1N1), also known as pH1N1, the same virus which caused the 2009 influenza pandemic. Cases of influenza A (H3N2) and influenza B have also been reported. Weekly updates on current NYC influenza activity may be found at <http://www.nyc.gov/html/doh/flu/html/data/data.shtml>.

The Centers for Disease Control and Prevention (CDC) has received a number of reports about severe respiratory illness occurring in young and middle-aged adults, many of whom were infected with pH1N1 virus. Many cases required intensive care unit admission, and some died. The pH1N1 virus that emerged in 2009 caused more illness in children and young adults compared to older adults, although severe illness was seen in all age groups. CDC has not detected any significant changes in currently circulating pH1N1 viruses that would suggest increased virulence or transmissibility. While it is not possible to predict which influenza viruses will predominate during the entire 2013-14 influenza season, pH1N1 has been the predominant virus circulating so far. If pH1N1 virus continues to circulate widely, illness that disproportionately affects young and middle-aged adults may occur. Because pH1N1 virus has been circulating for five years and this year's influenza vaccines protect against this virus, emergency response measures that were taken in 2009 to monitor and vaccinate the population are not indicated.

Influenza Antiviral Medications

The influenza antiviral medications - oseltamivir (Tamiflu®) or zanamivir (Relenza®) - should be used for treatment and prophylaxis of human influenza, especially in persons at high risk for serious complications of influenza infection. Neither amantadine nor rimantadine should be used for prophylaxis or treatment of influenza.

Antiviral treatment should be started as early as possible and is recommended for any patients with confirmed or suspected influenza who are hospitalized, seriously ill, or ill with a high risk of serious influenza-related complications. The latter group includes young children, people 65 and older, people with certain underlying medical conditions, and pregnant women. Treatment should begin as soon as influenza is suspected, regardless of vaccination status or rapid test results, and should not be delayed for confirmatory testing. A full list of persons considered at high risk for serious influenza complications as well as information on the use of antiviral drugs are available on the following websites:

NYC Health Department: <http://home2.nyc.gov/html/doh/flu/html/home/home.shtml>

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

Influenza Vaccine Recommendations and Supply

Annual influenza vaccination is recommended for all persons aged 6 months and older. Anyone who has not yet been vaccinated this season should get an influenza vaccine now. In some populations, influenza vaccination is particularly important. The following groups should be vaccinated because of an increased risk of influenza-associated complications: pregnant women, persons with underlying health conditions, young children 6 to 59 months of age, persons 50 years of age and older, people with body mass index ≥ 40 kg/m², and residents of long-term care facilities. The following groups should be vaccinated because of the risk of acquiring and transmitting influenza to others: all healthcare workers and household contacts and caregivers of persons with underlying medical conditions, adults 50 years and older, and children <5 years of age.

Multiple manufacturers provide influenza vaccine. Beginning this season, new products are available for use in your patients. Quadrivalent formulations which protect against an additional strain of influenza B are available, in addition to recombinant and cell-based formulations, which utilize new technologies to manufacture influenza vaccines. The recombinant formulation does not use any egg protein in its production and may be used in patients aged 18-49 years with history of a severe egg allergy. Both intradermal and high-dose trivalent influenza vaccine formulations continue to be available as well. Consider use of high-dose vaccine in patients aged 65 years and older. Recent clinical trials have indicated this product is 24% more effective in preventing influenza disease in older adults compared to standard dose vaccine. For information regarding manufacturers and formulations, visit <http://www.cdc.gov/flu/protect/vaccine/vaccines.htm>.

Influenza vaccine coverage levels in NYC are far below the Healthy People 2020 Goals for all age groups (<http://www.nyc.gov/html/doh/downloads/pdf/epi/databrief38.pdf>). Health care providers play a critical public health role by ensuring that *all* their patients receive an annual influenza vaccine. A provider recommendation is consistently the most important factor in determining whether someone is vaccinated. All patients should be recommended to receive an influenza vaccine when seen for care. Evidence-based strategies to increase coverage should be employed, such as use of non-patient specific standing orders, sending reminders, or calling patients to come in. If you need more vaccine, influenza vaccine is still available for purchase; for a list of available products and where to purchase to them, visit http://www.preventinfluenza.org/ivats/ivats_healthcare.asp. Providers who cannot find influenza vaccine may contact the Bureau of Immunization at 347-396-2400 for assistance. Pediatric providers enrolled in the Vaccines for Children (VFC) program who need to order additional vaccine or have questions about their influenza vaccine order, can visit www.nyc.gov/health/cir and log on to the Online Registry to place or track a request. You may also send an e-mail to nycimmunize@health.nyc.gov.

Additional information on influenza prevention and control, including vaccination recommendations, is available in the Health Department's City Health Information: Influenza Prevention and Control, 2013-14 publication (http://www.nyc.gov/html/doh/html/data/chi32-3_index.html). For further information on ordering vaccine, vaccine supply, standing orders, sample refusal forms, patient education materials, and additional resources to promote influenza vaccination, please visit www.nyc.gov/flu.

Influenza Vaccination for Healthcare Personnel

Annual influenza vaccination of all healthcare personnel is considered the standard of care and endorsed by numerous professional organizations. Vaccination of healthcare personnel is associated with reductions in work absenteeism and deaths among residents of long-term care facilities, and should be considered one measure of a patient safety quality program. However, in 2012-13, only 55% of healthcare workers in New York State received an influenza vaccine. Effective as of December 19th when influenza was declared prevalent in New York State, all healthcare and residential facilities and agencies licensed under Article 28, 36 or 40 of the Public Health Law are required to ensure that all personnel not vaccinated against influenza for the current influenza season wear a surgical or procedure mask while in areas where patients or residents may be present. In addition, facilities are required to report the number and percentage of personnel vaccinated for the current season. For further information on these regulations, reporting requirements and answers to frequently asked questions, please visit

http://www.health.ny.gov/diseases/communicable/influenza/seasonal/providers/prevention_of_influenza_transmission. Please note that these New York State reporting requirements are separate from the Centers for Medicare and Medicaid Services requirements for reporting summary counts of healthcare worker influenza vaccinations in acute-care facilities through the National Healthcare Safety Network. For additional information on CMS reporting requirements, please visit: <http://www.cdc.gov/nhsn/acute-care-hospital/hcp-vaccination/index.html>.

Influenza Reporting

Now that influenza is circulating in NYC, clinicians should suspect influenza infection in patients with febrile respiratory illness, test specifically for influenza in patients at higher risk for complications, and report nosocomial outbreaks of febrile respiratory disease. The Health Department also requires physicians to report any influenza-associated deaths occurring in persons under 18 years of age and suspected infection with any novel influenza strain with pandemic potential. Visit <http://www.nyc.gov/html/doh/flu/html/providers/reporting.shtml> for more detailed information on influenza reporting. For information regarding control of influenza outbreaks in acute and long-term care facilities, please contact the Health Department's influenza surveillance coordinators, Ms. Beth Nivin (347-396-2616) or Ms. Alice Yeung (347-396-2608).

Sincerely,

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