



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
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Commissioner

2012 Advisory #38: Influenza Advisory

- **Influenza activity is increasing in NYC.**
- **Influenza vaccination is recommended for all persons 6 months of age and older.**
- **All healthcare personnel should also receive an influenza vaccination.**
- **The following are reportable to the NYC Department of Health & Mental Hygiene:**
 - **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

December 14, 2012

Dear Colleagues,

Influenza activity is increasing in NYC. Health department surveillance demonstrates that 2.4% of outpatient and ER visits are for influenza-like illness (ILI) and that, during the past two surveillance weeks, the proportion of ILI patients with confirmed influenza virus infection has increased from 2.7% to 5.9%. The United States is experiencing the earliest onset of influenza season since 2003. During this current influenza season, most influenza in the United States has been caused by influenza A (H3N2) viruses; cases of influenza A (H1N1) and influenza B have also been reported. Influenza A (H3N2) viruses historically have caused more severe influenza seasons, though it is still too early to determine which viruses will predominate throughout the current season. Weekly updates on current New York City influenza activity may be found at <http://www.nyc.gov/html/doh/flu/html/data/data.shtml>.

Influenza Vaccine Recommendations

Annual influenza vaccination is recommended for all persons aged 6 months and older. 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, and persons 50 years of age and older. The following groups should be vaccinated because of the risk of acquiring and transmitting influenza: persons living in long-term care facilities, persons caring for infants under the age of 6 months, and all healthcare workers.

All children aged 6 months and older should receive at least 1 dose of seasonal influenza vaccine. Children aged 6 months through 8 years may also require a second dose of vaccine, administered at least 4 weeks after the first dose, for optimal protection. Children requiring a second dose include:

- All children who have not received at least 2 doses of seasonal influenza vaccine in the past.
- Children who have received 2 or more doses of seasonal influenza vaccine in the past, but did not receive at least 1 dose of seasonal influenza vaccine in either the 2010-11 or 2011-12 season or 1 dose of monovalent 2009 (H1N1) vaccine.

Vaccination levels are similar what they were at this time last year and below targeted coverage rates. Clinicians, therefore, play a vital public health role by ensuring that *all* their patients receive influenza vaccine. Many pharmacies throughout New York City (www.nyc.gov/flu) can vaccinate adults against influenza.

Influenza Vaccine Supply

Multiple manufacturers provide influenza vaccine for the United States market. Available formulations include intramuscular, intranasal, and intradermal vaccines. Although influenza vaccine is widely available for purchase right now, not all formulations may be available. For more information regarding manufacturers and formulations, see the CDC's Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), United States, 2012-13 Influenza Season (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6132a3.htm#tab>).

For pediatric providers who participate in the Vaccines for Children (VFC) program, if you have questions about your influenza vaccine order, or need to order additional VFC vaccine, please go to www.nyc.gov/health/cir and log on to the Online Registry to place or track your request. You may also send an e-mail to nycimmunize@health.nyc.gov. Clinicians in need of non-VFC vaccine should first check with their distributor for additional supply. Those who cannot find influenza vaccine may contact the Bureau of Immunization at 347-396-2400 for assistance.

Influenza Vaccination for Patients and Healthcare Personnel

Strategies to improve inpatient and outpatient influenza vaccination rates should be implemented. Use of standing orders to vaccinate patients has been demonstrated to significantly increase coverage among patients and should be considered the standard of care. New York State law requires that hospitals have policies in place to ensure influenza and pneumococcal vaccination of all persons age 65 and older who are admitted to the hospital. Although many facilities have now implemented standing orders, it is strongly recommended that all healthcare facilities monitor vaccination levels to determine if current policies are effective.

As of January 2013, the Centers for Medicare and Medicaid Services (CMS) will require acute-care facilities to monitor and report summary counts of healthcare worker influenza vaccinations through CDC's National Healthcare Safety Network. In 2011-12, only 44% of healthcare workers in New York State received influenza vaccination. Vaccination of staff has been shown to decrease work absenteeism by approximately half. Guidance on the new CMS requirements is available at www.nyc.gov/flu under the "Hospitals" tab. The Bureau of Immunization is also available to answer technical questions or offer recommendations for data collection and methods to promote influenza vaccination at your facility. Please email nycflu@health.nyc.gov or call the Bureau of Immunization at 347-396-2400 for more information.

Additional information on influenza prevention and control, including vaccination recommendations, is available in DOHMH's City Health Information: Influenza Prevention and Control, 2012-13 bulletin (http://www.nyc.gov/html/doh/html/chi/chi31-4_index.html). For further information on ordering vaccine, vaccine supply, standing orders, sample refusal forms, and additional resources to promote influenza vaccination, please visit www.nyc.gov/flu.

Influenza Antivirals

The influenza antiviral medications oseltamivir or zanamivir should be used for treatment and prophylaxis of human influenza, especially in persons deemed at high risk for serious complications secondary to influenza infection. During recent influenza seasons, significant influenza antiviral resistance has been demonstrated against amantadine and rimantadine for influenza A viruses, and neither of these medications is effective against influenza B viruses. Neither amantadine nor rimantadine should be used for prophylaxis or treatment of influenza.

Influenza Reporting

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. DOHMH also requires physicians to report any influenza-associated deaths occurring in persons under 18 years of age and infection with any novel influenza strain with pandemic potential. See <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 DOHMH's influenza surveillance coordinators, Ms. Beth Nivin (347-396-2616) or Ms. Alice Yeung (347-396-2608).

As always, we appreciate the cooperation of the medical community in New York City in helping to reduce influenza-related morbidity and mortality and will update you with new information on the current influenza season, especially when relevant to clinical management of your patients.

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