

## Influenza Conference Call Notes

January 13, 2015 - 2 pm

### Agenda:

- Welcome
  - The intent of this call is to provide an update on surveillance, and discuss clinical recommendations. The call is aimed towards healthcare providers, laboratories, and health care facilities.
- National overview
  - Influenza activity at elevated levels across most of the country
  - Widespread activity in 46 states (including Maine)
  - Of the samples that are typed, the vast majority are influenza A/H3
  - Antiviral resistance is very low (none detected yet)
  - 26 pediatric influenza deaths reported nationwide
  - High rates of hospitalization in mature adults (91.6 per 100,000 population in adults  $\geq 65$  years) nationwide
- International overview
  - Globally influenza activity continued to increase in the northern hemisphere with influenza A/H3 predominating so far
  - H5N1 reported sporadically worldwide (18 new cases reported since December 4, 2014)
  - H7N9 continues in China – last reported case developed symptoms December 19, 2014
    - No sustained human to human transmission
    - HETL is capable of testing , please forward any samples for patients with influenza-like illness and travel history to China to HETL for PCR testing (rapid may not detect H7N9)
  - MERS-CoV continues in the Arabian Peninsula – last reported case developed symptoms December 20, 2014
- Maine epi update (data as of 1/13/15)
  - Widespread influenza activity (activity in at least half our of public health districts)
  - Of the samples that are typed, the vast majority are influenza A/H3
    - 368 influenza A samples with type information, 100% are H3
  - Affecting older individuals
    - 43% of positives in individuals greater than 65 years old
    - <5: 45 (5%)
    - 5–24: 199 (20%)
    - 25-50: 175 (18%)
    - 50-64: 140 (14%)
    - >65: 415 (43%)
  - 52 outbreaks reported through the end of week 1 (1/10/2015) – all in long term care facilities
    - 9 outbreaks opened on Monday this week, including the first school outbreaks of the season

- No antiviral resistance detected in Maine samples to date
- No pediatric influenza deaths reported to date
- Vaccine information
  - Vaccine appears to be a good match with three of the four circulating strains with the available data so far this season
    - The majority (70%) of circulating H3 strains have drifted
    - Vaccination will still offer protection against other strains, and reduce severity of influenza infections
  - Maine Immunization has state-supplied vaccine that is available to all providers free of cost. If you would like order vaccine, please contact the Maine Immunization Program at 207-287-3746 or 1-800-867-4775.
  - Health Care Providers **should** use state-supplied vaccine for patients in the following circumstances:
    - The patient is a child ages 6 months through 18 years;
    - The patient is pregnant or the partner of a pregnant patient;
    - The patient's insurance does not cover vaccinations;
    - The patient is uninsured.
  - Health Care Providers **may** use state-supplied vaccine for other patients only if:
    - The Health Care Provider has already vaccinated all eligible patients listed above and has excess state-supplied vaccine; and
    - Privately purchased vaccine is not available.
  - Please remember that providers may not charge for state-supplied vaccine. It is reasonable and allowable to charge an administration fee for administration of state-supplied vaccine in some circumstances provided that:
    - MaineCare-eligible children are not charged an out of pocket administration fee;
    - Administration fees do not exceed the regional Medicare maximum; and
    - No one is denied vaccine because of their inability to pay an administration fee.
- Laboratory updates
  - Healthcare providers should consider influenza testing for patients with ILI who are hospitalized, who have died, or for whom a diagnosis of influenza would affect clinical care, infection control, or management of contacts
    - If you need to prioritize testing, these are the groups that should be tested
  - Please continue to send samples to HETL according to the original guidelines (first 10 per season) for hospitals
  - Please continue to forward on any influenza B samples
  - Please forward any samples that appear to be co-infections (positive for both A and B on rapid test) or that are unusual (A but unable to subtype, out of country travel history, suspect H7N9, suspect H5N1 etc)
- Provider information
  - Patient isolation and therapy should be initiated if clinical influenza is suspected
  - Antivirals should be initiated as soon as influenza is suspected, even if a rapid test is negative
  - Federal CDC recommends that all hospitalized and high risk patients (either hospitalized or outpatient) with suspected influenza should be treated as soon as possible with one of three available influenza antiviral medications, without waiting for confirmatory influenza testing.

- While antiviral drugs work best when given early, therapeutic benefit has been observed even when treatment is initiated later.
- Rapid tests may not be accurate, if influenza is still high on the differential test by PCR
- Cases of Parotitis in persons with Lab-confirmed influenza
  - Federal CDC has been notified of diagnosed parotitis in persons with lab-confirmed influenza in multiple states. Parotitis is an uncommon complication of influenza.
    - Federal CDC is requesting notification of persons with:
      - Lab confirmed influenza  
AND
      - Clinical diagnosis of parotitis or clinical signs and symptoms compatible with parotitis  
AND
      - Symptom onset on or after October 1, 2014
    - Please report these cases to Maine CDC at 1-800-821-5821 and we will coordinate reporting Maine information to federal CDC
- Emergency Preparedness
  - HAVBED update – we may reach a point where we will request information, please be familiar with the system and ready to participate upon request
    - If you have questions or would like training, contact Nate Riethmann by e-mail ([Nathaniel.reithmann@maine.gov](mailto:Nathaniel.reithmann@maine.gov)) or phone 287-6551
  - Currently, there is no national shortage of Tamiflu; we are aware that spot shortages may occur
    - Please report any difficulties getting antivirals to the Northern New England Poison Center (1-800-222-1222)
- Reporting requirements
  - Outbreaks and pediatric deaths are required to be reported
  - We appreciate all positive lab tests, reported by fax (207-287-6865 or 800-293-7534) or by phone (800-821-5821) but this is not required

## Questions

- Questions can be submitted to Maine CDC by e-mail at [disease.reporting@maine.gov](mailto:disease.reporting@maine.gov)
- Weekly influenza surveillance reports are available at: <http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/influenza/influenza-surveillance-weekly-updates.shtml>
- Maine CDC's pan flu plan is available at [www.maineclu.gov](http://www.maineclu.gov)