Health Advisory

KITSAP PUBLIC HEALTH DISTRICT

January 3, 2018

Increased Influenza A(H3N2) Activity & Antiviral Treatment

Actions Requested

- **Be aware that influenza A(H3N2) is predominating in the U.S. so far this flu season.** We experienced the effects of this type of predominance in Kitsap County in 2016-17, with 13 influenza-related deaths and 20 long term care facility flu outbreaks. Two flu-related deaths, and two long-term care facility flu outbreaks have already occurred in 2017-18.
- **Start antiviral treatment as close to illness onset as possible if influenza is suspected in those at risk of complications**, ideally within 48 hours of onset**. Do not delay treatment** for even a few hours while waiting for test results to come back.
- **Administer influenza vaccine to all eligible individuals, and especially high risk groups or those that care for people in high risk groups** (see list of high risk groups below). People aged 65 and older are recommended to have the high-dose flu vaccine. Below is a link to a list of contraindications and precautions.
- **Instruct individuals to stay home, and away from people who may be at higher risk for influenza complications, if they are sick with influenza-like symptoms** unless medical attention is required for their illness.
- **Report influenza related deaths, influenza infections in residents of long-term care facilities, and novel or unsubtypable strains of influenza** to Kitsap Public Health (KPHD) by calling (360) 728-2235.
- **Subscribe to the Kitsap Respiratory Illness Report** at www.kitsappublichealth.org/subscribe for updates on local influenza activity.

For questions, please contact our Communicable Disease staff at (360) 728-2235.

Background

In the United States (U.S.), influenza activity has increased significantly over recent weeks with influenza A(H3N2) viruses predominating so far this season. In the past, A(H3N2) virus-predominant influenza seasons have been associated with more hospitalizations and deaths in persons aged 65 and older and in young children when compared to other age groups. Influenza vaccine effectiveness in general has been lower against A(H3N2) viruses than against influenza A(H1N1)pdm09 or influenza B viruses. For this reason, in addition to influenza vaccination for prevention of influenza, the use of antiviral medications for treatment of influenza becomes even more important than usual. The neuraminidase inhibitor (NAI) antiviral medications are most effective in treating influenza and reducing complications when treatment is started early. Evidence from previous influenza seasons suggests that NAI antivirals are underutilized in outpatients and hospitalized patients with influenza who are recommended for treatment. Treatment with NAI medications has been shown to have clinical and public health benefit in reducing illness and severe outcomes of influenza based on evidence from randomized controlled trials, meta-analyses of randomized controlled trials, and observational studies during past influenza seasons and during the 2009 H1N1 pandemic.

People who are at higher risk for influenza complications:
Any patient who is hospitalized; any patient who has severe, complicated, or progressive illness; persons with chronic illness/health problems; children younger than 2 years; adults aged 65 years and older; persons with immunosuppression; women who are pregnant or postpartum; people aged younger than 19 years who are receiving long-term aspirin therapy; people with extreme obesity; residents of nursing homes and other chronic-care facilities; American Indians/Alaska Natives.

Resources

CDC Influenza Vaccine Recommendations: https://www.cdc.gov/mmwr/volumes/66/rr/rr6602a1.htm
CDC 2017-2018 Influenza Season: https://www.cdc.gov/flu/about/season/current.htm
Guide to Contraindications and Precautions to Commonly Used Vaccines: http://www.immunize.org/catg.d/p3072A.pdf
KPHD Respiratory Illness Report: http://www.kitsappublichealth.org/Respiratory.pdf?pdf=Respiratory-Report