



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
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Commissioner

2018 Advisory #1: Influenza Advisory

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

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

January 12, 2018

Dear Colleagues,

Influenza activity is elevated in New York City (NYC). The Health Department reminds clinicians that it is not too late to administer influenza vaccine and that antiviral medications should be used for influenza treatment and prophylaxis, when indicated.

During the past surveillance week, 3.7% of outpatient visits were for influenza-like illness (ILI), and 16% of specimens submitted for respiratory virus testing were positive for influenza, which represents an expected steady increase in influenza activity. During the 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. During past seasons when influenza A (H3N2) viruses have predominated, higher overall and age-specific hospitalization rates and increased mortality have been observed, especially among older people, very young children, and persons with certain chronic medical conditions compared with seasons during which influenza A (H1N1) or influenza B viruses have predominated. Weekly updates on current NYC influenza activity may be found at <http://www1.nyc.gov/site/doh/health/health-topics/flu-seasonal-surveillance-data.page>.

Influenza Antiviral Medications

One of three influenza antiviral medications - oseltamivir (Tamiflu), zanamivir (Relenza), or peramivir (Rapivab) - should be used for treating influenza infections, especially in persons at high risk for serious complications of influenza infection. Peramivir is only available as an IV formulation and is approved for use in persons two years of age and older. Only oseltamivir and zanamivir are approved for prophylaxis. Zanamivir should not be used in persons with underlying airways disease, such as asthma or COPD. Antiviral treatment should be started as early as

possible 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:

- Persons over 65 or under 2 years of age
- Pregnant women, or those who have given birth within the previous 2 weeks
- Persons with diabetes, chronic lung (e.g., asthma), heart, kidney, liver, or blood disorders, neurological disorders compromising respiration, history of stroke, morbid obesity (i.e., body-mass index ≥ 40), or who are immunocompromised (e.g. HIV, AIDS and/or cancer)
- Persons under 19 years of age who are on long-term aspirin therapy

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. Further recommendations on the use of antiviral drugs are available at:

<http://www1.nyc.gov/site/doh/health/health-topics/flu-seasonal-treatment.page>

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

Influenza Vaccine Recommendations and Supply

Influenza vaccine coverage levels in NYC are far below the Healthy People 2020 Goals for all age groups. A recommendation from a clinician is the most important factor in determining whether someone is vaccinated. Annual influenza vaccination is recommended for all persons 6 months and older. Anyone who has not yet been vaccinated this season should get an influenza vaccine now.

In some higher risk populations, influenza vaccination is particularly important. The following groups should be vaccinated because of an increased risk of influenza-associated complications: pregnant women, young children 6 to 59 months of age, persons 65 years of age and older, persons with underlying health conditions like asthma and diabetes (see

http://www.cdc.gov/flu/about/disease/high_risk.htm for a complete list), people with body mass index $>40 \text{ kg/m}^2$, American Indians/Alaskan Natives, 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 personnel, household contacts and caregivers of persons with underlying medical conditions, adults 50 years and older, and children <5 years of age, especially those younger than 2 years of age.

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.izsummitpartners.org/ivats/>. 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.

Detailed information on influenza prevention and control, including influenza and pneumococcal vaccine recommendations, is available in the Health Department's City Health Information:

Influenza Prevention and Control, 2017-2018 publication

<https://www1.nyc.gov/assets/doh/downloads/pdf/chi/chi-36-5.pdf>. 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.

Reporting of Influenza Vaccine Doses Administered

Providers must report all doses of vaccine administered to children less than 19 years of age to the Citywide Immunization Registry (CIR). Vaccines administered to adults 19 years and older can also be reported to the CIR with consent. For more information, please visit

www.nyc.gov/health/cir. Additionally, effective October 2014, pharmacists and registered nurses in New York State must report all vaccines administered to adults 19 years and older to the CIR, with the patient's consent. Information on the reporting requirement is available at: http://www.health.ny.gov/prevention/immunization/information_system/laws_and_regulations/docs/notification_letter.pdf

Influenza Vaccination for Healthcare Personnel

Annual influenza vaccination of all healthcare personnel is considered the standard of care. New York State (NYS) Public Health Law requires all healthcare facilities and agencies licensed under Articles 28, 36 or 40 to document their healthcare personnel influenza vaccination status and require healthcare personnel who do not receive influenza vaccine to wear a mask through the period that the NYS Health Commissioner deems influenza to be prevalent. On December 13, 2017, the New York State Health Commissioner declared influenza to be prevalent statewide (https://www.health.ny.gov/diseases/communicable/influenza/seasonal/providers/prevention_of_influenza_transmission/).

Influenza Reporting

During influenza season, 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 immediately by telephone any influenza-associated deaths occurring in persons under 18 years of age, and suspected infection with any novel influenza strain with pandemic potential.

For information regarding control of influenza outbreaks in acute and long-term care facilities and other congregate settings, please contact the Health Department's influenza surveillance coordinators, Beth Nivin (347-396-2616) or Alice Yeung (347-396-2608).

Sincerely,



Demetre Daskalakis, MD, MPH
Deputy Commissioner, Division of Disease Control