



NEW YORK CITY DEPARTMENT OF

HEALTH AND MENTAL HYGIENE

Thomas Farley, MD MPH

*Commissioner*

January 9, 2013

Dear Colleague:

Influenza activity in NYC has increased over the past two weeks, with higher levels of activity compared to this same time period in recent years. At primary care sites in the city, influenza-like illness visits account for over 5% of all weekly visits (see figure below). Approximately 27% of all specimens submitted for influenza testing were positive; of these, 90% were influenza A (primarily H3N2). 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 remainder of the 2012-13 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>.

The Centers for Disease Control and Prevention (CDC) report that most (91%) of the influenza viruses that have been antigenically characterized are well-matched to the 2012-2013 influenza vaccine. Vaccine effectiveness for this season, however, has not yet been determined. Vaccinated persons may still become ill, although their illness may be less severe. The Health Department has received reports of vaccinated patients with influenza-like symptoms and positive influenza tests. Weekly updates on influenza surveillance in the US, including molecular subtyping are being posted at <http://www.cdc.gov/flu/weekly/summary.htm>.

### **Influenza Vaccine**

Over 127 million doses of influenza vaccine have been distributed nationwide and vaccine is still available to enrolled providers through the NYC Vaccines for Children (VFC) Program. Based on data from New York's Citywide Immunization Registry, only 31.7% of children 6 months through 59 months and 22.4% of children 5 through 8 years of age had received at least one dose of influenza vaccine this season. You should continue to vaccinate all your patients and ensure that all healthcare facility staff are vaccinated. Use reminder/recall tools to identify and notify patients not yet vaccinated. Although influenza activity is increasing, it is not known how long this influenza season will be or if there will be multiple peaks with different strains. In past years, New York City has experienced influenza B outbreaks in May and continued circulation of influenza viruses into the summer months, indicating the continued importance of vaccination activities. Detailed guidance on use of influenza vaccine can be found at <http://www.nyc.gov/html/doh/downloads/pdf/chi/chi-31-4.pdf>. To order additional VFC vaccine, please go to [www.nyc.gov/health/cir](http://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](mailto:nycimmunize@health.nyc.gov). If you need additional doses of influenza vaccine for either private pediatric patients or for your adult patients and are unable to obtain them from your usual distributor or vaccine manufacturer, please contact us at [nycflu@health.nyc.gov](mailto:nycflu@health.nyc.gov) or call 347-396-2400.

### **Influenza Antivirals**

The influenza antiviral medications - oseltamivir (Tamiflu®) or zanamivir (Relenza®) - 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.

Antiviral treatment as early as possible 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 DOHMH: <http://home2.nyc.gov/html/doh/flu/html/home/home.shtml>

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

### **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.

Sincerely,

*Marcelle Layton, MD*

Marcelle Layton, MD  
Assistant Commissioner  
Bureau of Communicable Disease

*Jane Zucker, MD, MSc*

Jane Zucker, MD, MSc  
Assistant Commissioner  
Bureau of Immunization