

2014-2015 Influenza Season Talking Points

Surveillance

- Weekly surveillance reports are available at <http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/influenza/influenza-surveillance-weekly-updates.shtml>. If you would like to be added to the e-mail distribution list, please e-mail disease.reporting@maine.gov with the request.
- Influenza outbreaks are reportable, and Maine CDC will assist with guidance and support once an outbreak is identified. Please report outbreaks by phone at 1-800-821-5821 or by e-mail to disease.reporting@maine.gov (no confidential information by e-mail please).
- Pediatric influenza deaths are reportable. Please report by phone at 1-800-821-5821 or by fax to 207-287-6865.
- Please report all laboratory confirmed influenza hospitalizations. Maine CDC appreciates all reports of positive influenza tests, by any testing method.
- www.maineflu.gov is a good resource for any influenza related questions.
- Influenza posters can be ordered from our website at <http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/order-form-wn.shtml>.

Laboratory

- The first 10 rapid positives samples from each site should be sent for PCR confirmation
- Please submit at least 5 positive **influenza B** samples for subtyping – **New this year**
- Any suspect novel, or untypeable influenza strains must be sent to HETL for confirmation
- Please forward any suspected co-infections (positive for both A and B on a rapid test) to HETL for confirmation
- Consider sending samples for PCR testing on any hospitalized patient with a clinically compatible illness and a negative rapid test with no other etiology determined
- Facilities may be asked to submit extra specimens if the circulating strains are found to be different from the vaccine strains.

Immunization

- Everyone six months of age and older should get a yearly flu vaccine
- When immediately available, LAIV should be used for healthy children aged 2 through 8 years who have no contraindications or precautions. If LAIV is not immediately available, IIV should be used. Vaccination should not be delayed to procure LAIV. The age of 8 years is selected as the upper age limit for this recommendation based on demonstration of superior efficacy of LAIV (ages 2 to 6 years), and for programmatic consistency (8 years is the upper age limit for receipt of 2 doses of influenza vaccine in a previously unvaccinated child). This recommendation should be implemented for the 2014–15 season as feasible, but not later than the 2015–16 season.
- Seven manufacturers now produce influenza vaccine for the U.S. market through different technologies (e.g., egg-based, cell culture-based, and recombinant hemagglutinin vaccines, inactivated vaccine, High Dose, Intradermal, Mist, trivalent or quadrivalent).
- Most of the influenza vaccine offered for the 2014–2015 season is quadrivalent containing two A viruses and two of the B viruses.
 - A/California/7/2009 (H1N1)pdm09-like virus
 - A(H3N2) virus antigenically like the cell-propagated prototype virus A/Victoria/361/2011
 - B/Massachusetts/2/2012-like virus
 - B/Brisbane/60/2008-like virus
- If someone has a severe allergy to eggs with symptoms suggestive of anaphylaxis, CDC recommends referring patients to a provider experienced in managing allergy. There is a new vaccine that is cell culture-based which is appropriate for those with egg allergies (FluBlok)

- Due to the funding source restrictions, the vaccines supplied by MIP will be focused on the following **populations** only:
 - All Maine children ages 6 months through 18 years old
 - Employees of schools that provide onsite vaccine clinics on school days
 - Pregnant women and their partners (through health care providers who routinely care for pregnant women)
 - Nursing home employees and residents
 - Any Underinsured or Uninsured adult (if the patient's insurance does not cover vaccines or if the patient does not have insurance)
 - All individuals served by Tribal Health Centers and Municipal Health Departments.

Trade Name	Presentations	Age indications by licensure	MIP allowable age group use due to funding
Fluarix	0.5 ml in a pre-filled syringe	3 years and older	3 years through 18 years only
Flu-Mist	0.2 ml (single use spray)	2 through 49 years	2 years through 18 years only
Fluzone	0.25 ml (single dose syringe)	6 months through 35 months	6 months through 35 months only
Fluzone	0.5 mL (single dose syringe)	36 months and older	Children greater than 36 months and pregnant women
Fluzone	5.0 mL (multi-dose vial)	3 years and older	All Adults

- The Centers for Disease Control and Prevention, the Advisory Committee on Immunization Practices (ACIP), and the Healthcare Infection Control Practices Advisory Committee (HICPAC) recommend that all U.S. health care workers (HCW) get vaccinated annually against influenza. Since 2002, Maine state law requires that healthcare facilities report data on seasonal influenza vaccine coverage among health care workers in their facilities annually to the Maine Center for Disease Control and Prevention (Maine CDC).
- The 2013-2014 HCW Influenza Vaccination Survey for the reporting period of September 1, 2013 through March 31, 2014 was completed in April 2014. The State average for vaccine coverage in the 2013-2014 influenza season among health care workers was **87.7%** (range: **69.6% - 98.2%**) showing an increase of **3.5%** from the previous season (**84.2%**, range: **52.2% - 98.4%**).
- All available formulations of the influenza vaccines for the 2013-14 season are available at <http://www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm#table1>

Emergency Preparedness

- Maine CDC can provide logistical support to healthcare facilities in the event that healthcare facilities experience an abnormally high surge event through the activation of the Public Health Emergency Operations Center (PHEOC). Logistical support may include: emergency communications, SNS resources such as medical countermeasures, PPE, and supplies.
- The Maine CDC Pandemic Influenza Operations Plan was updated and expanded in 2013. The Plan can be accessed on line at: www.maineclu.gov. If you have questions concerning the Plan, you may contact Jane Coolidge at: jane.coolidge@maine.gov
- We are asking that you report any antiviral shortages or difficulty ordering antivirals to your Regional Resource Center (RRC)
 - Southern Maine RRC: Paul Weiss, director@smrrc.org, 207-662-3954
 - Central Maine RRC: Kara Walker, walkerka@cmhc.org, 207-795-2960
 - Northeastern Maine RRC: Kathy Knight, kknight@emhs.org, 207-973-8008
 - This will inform our conversations with federal partners and will expedite assistance if there's a severe emergency

- Please provide your RRC with the following information:
 - What drug and formulation are you having difficulty ordering?
 - How much are you attempting to order?
 - From what pharmaceutical vendor(s)?
 - Any other supporting information; how long it's back-ordered, etc.
- If a surge occurs and hospitals are becoming overwhelmed, Maine CDC may initiate a bed availability poll via the Health Alert Network. If you're not already a member, joining the HAN is as simple as heading to www.mainehan.org, clicking the "Register Now" button, and filling out the registration form. If you have any questions about the registration process or the Health Alert Network in general, or if you require any training on entering bed availability data into EMResource, please contact the Maine Health Alert Network Coordinator at nathaniel.riethmann@maine.gov

Infection Control

- Droplet precautions should be used for all suspect influenza cases
- Stay home when you are sick
- Health care workers should all be vaccinated. Some hospitals may choose to have unvaccinated healthcare workers wear a mask.
- Maine CDC will release a notification when the first influenza of the season is identified, and county level data will be available in the weekly report