

2015-2016 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).
 - Outbreak definitions differ by site, but any sudden or unusual increase should be reported
 - Long term care facilities
 - One laboratory-confirmed influenza positive case (by any testing method)
 - Influenza testing should occur when any resident has signs and symptoms that could be due to influenza, and especially when two residents or more develop respiratory illness within 72 hours of each other
 - Acute care facility nosocomial outbreak
 - One or more patients with laboratory-confirmed influenza with symptom onset greater than or equal to 48 hours post-admission
 - School or daycare
 - Greater than or equal to 15% absenteeism among students where the majority of those absent report respiratory symptoms
- Pediatric influenza deaths are reportable. Please report by **phone at 1-800-821-5821** or by **fax to 207-287-6865**.
- Laboratory confirmed influenza hospitalizations are reportable. These can be reported as they occur or in aggregate on a weekly basis.
 - Individual lab reports with the hospitalization status (or patient location) indicated is sufficient
 - Line lists submitted weekly are acceptable. Minimum information to be included on a line list is:
 - Facility name
 - Test date
 - Test result (A, B, subtyping if available)
 - Patient name
 - Patient DOB
 - Gender
 - Some geography indicator (patient address, patient city, or patient zip)
 - Hospitalization status
 - If your facility reports influenza results through Electronic Laboratory Reporting (ELR) check with your IT department to determine what field in your electronic medical record could be used to denote hospitalization status (ie. patient status, patient class, patient location etc.). This field can then be mapped to the HL7 message used for reporting laboratory results
 - For any IT questions regarding this requirement contact your HealthInfoNet representative
 - The HL7 field that will need to be populated is PV1 2 PatientClass
- Maine CDC appreciates reports of **all 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

- Any suspect novel, or untypeable influenza strains must be sent to HETL for confirmation
 - Please send any samples on patients who have swine or avian contact to HETL as they are the only lab that can determine if the illness is due to swine or avian influenza.
- 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.
- HETL now has an expanded respiratory panel available that includes:
 - Influenza
 - Adenovirus
 - Enterovirus
 - Respiratory Syncytial Virus
 - Rhinovirus

Immunization

- Everyone six months of age and older should get a yearly flu vaccine
- 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).
- All of the 2015-2016 influenza vaccine is made to protect against the following three viruses:
 - A/California/7/2009 (H1N1)pdm09-like virus
 - A/Switzerland/9715293/2013 (H3N2)-like virus
 - B/Phuket/3073/2013-like (Yamagata lineage)
- Some of the 2015-2016 flu vaccine is quadrivalent vaccine and also protects against an additional B virus
 - B/Brisbane/60/2008-like virus (Victoria lineage)
- 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 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

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

- 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 2014-2015 HCW Influenza Vaccination Survey for the reporting period of September 1, 2014 through March 31, 2015 was completed in April 2015. The State average for vaccine coverage in the 2014-2015 influenza season among health care workers was **89.1%** (range: **61.8% - 98.0%**). All available formulations of the influenza vaccines for the 2015-16 season are available at <http://www.cdc.gov/flu/about/season/vaccine-selection.htm>

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.maineflu.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 above-average antiviral shortages to your Healthcare Coalition (HCC)
 - 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 HCC 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.
- As of this flu season, the Tamiflu stored at hospitals is no longer covered under the Shelf Life Extension Program. However, U.S. CDC has advised that we keep it for an additional 3 years (i.e. up to 10 year post-date of manufacture) in case of pandemic. FDA has stated that they will not take enforcement action against any entity for using this Tamiflu during this time, provided it's in response to a pandemic.
- 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