



Department of Health and Human Services
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Maine CDC Flu Conference Call, Wednesday, January 9, 2013 at 3:00PM

Influenza Update – Recommendations for Providers

It's not too late to vaccinate!

Summary: Influenza activity in Maine is widespread with all three strains of influenza circulating, with influenza A/H3 as the predominant strain. Influenza activity is significantly higher than the 2011-2012 season with Maine CDC following up on 65 outbreaks as of Tuesday January 8th. Many Maine facilities are reporting influenza related hospitalizations, and health care facilities are experiencing a surge of ill individuals presenting for care. One pediatric death attributed to influenza was reported to Maine CDC in December. Influenza levels are expected to remain high for the next several weeks. Influenza vaccination is still strongly encouraged and is widely available, especially to protect those persons at risk of more severe disease. The vaccine appears to be a good match to the circulating strains this year, and it is not too late to get vaccinated. Vaccine is the best way to prevent disease, but early treatment with antiviral drugs can help reduce the severity of illness.

Recommendations:

- **Prevention:** Maine CDC recommends following the “No Flu 4 You” guidelines which include:
 - **Wash your hands:** Both the general public and healthcare providers should remember to wash their hands frequently to prevent transmission of influenza
 - **Cover your cough:** Use tissues, or cough into your sleeve

- **Stay home when you are sick:** Symptomatic individuals should remain home while sick. Maine CDC recommends staying home until 24 hours after fever resolves without the use of medications.
- **Get Vaccinated:** Maine CDC recommends vaccination for everyone aged 6 months and older, especially for those people who are at high risk of serious complications from influenza. Influenza vaccine is provided at no-cost by the state of Maine for children under the age of 19 years. Vaccine is still available through school sponsored vaccine clinics, healthcare providers, and many local pharmacies and offers protection in 14 days. For questions about vaccination please contact the Maine Immunization Program at 800-867-4775 or through immunizeme@maine.gov.
- **Diagnostic Testing:**
 - Testing is **not necessary** for most influenza cases at this point in the season
 - Providers should treat individuals with clinically compatible symptoms as if they have influenza
 - Influenza testing is recommended for individuals with clinically compatible illness who:
 - Are hospitalized
 - Have died
 - A diagnosis of influenza would affect clinical care, infection control, or management of contacts.
 - PCR confirmation at the state lab is **not required** or recommended except for:
 - inpatients with a clinically compatible illness who tested negative by rapid antigen tests
 - individuals with co-infection on rapid positive tests (positive for both A and B)
 - individuals associated with outbreaks

- **Treatment:** Tamiflu and Relenza are both approved antivirals for influenza.
 - Antiviral treatment is recommended **as early as possible** for any patient with confirmed or suspected influenza who:
 - Is hospitalized
 - Has severe, complicated, or progressive illness
 - Is at higher risk for influenza complication
 - Treatment may be considered for any individuals with confirmed or suspected influenza
 - Antiviral treatment is recommended for 5 days
- **Prophylaxis** may be recommended for:
 - Contacts of a patient with laboratory confirmed influenza who are at high risk of developing complications
 - Prophylaxis is recommended for 10 days
 - Residents of a nursing home or other congregate setting where there is a laboratory confirmed case of influenza or an increase in influenza-like illness among residents
 - Prophylaxis recommendations vary by setting, consult current guidelines
 - Updated guidance for use of Antivirals for the Treatment and Chemoprophylaxis of Influenza are <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>
- **Reporting:** All influenza outbreaks and pediatric influenza deaths are reportable conditions to Maine CDC. Maine CDC also requests reports of:
 - **any** laboratory confirmed influenza among hospitalized persons
 - **any** suspicion of influenza among persons who have died
 - **any** laboratory confirmed influenza associated with an outbreak

Reports can be provided to Maine CDC by fax at 207-287-8186 or by phone at 1-800-821-5821. Provider reporting is an essential component of influenza surveillance which is necessary to

monitor the magnitude and severity of influenza in the state. Weekly influenza surveillance reports are available at: <http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/influenza/influenza-surveillance-weekly-updates.shtml>.

Federal CDC recently created a CDC Influenza Application for Clinicians and Health Care Professionals. This app makes it easy to find updated CDC recommendations and influenza activity on your iPad, iPhone, or iPod Touch. Android based apps will be coming in a future update. For more information on this app please go to <http://www.cdc.gov/flu/apps/cdc-influenza-hcp.html> or search for it in the app store.

Questions and Answers:

Q: Is there coordination for long term care facilities for discharge planning?

A: We recognize this need but don't currently have the means to do this.

Q: What can you tell us about vaccine breakthrough?

A: There will be people who get vaccinated but still get the flu. They may have been exposed before they were vaccinated and did not have a chance to develop a robust antibody response. Vaccine efficacy as reported this week by Federal CDC is 62% for all populations. This is consistent with prior vaccines. This means that if we vaccinate 100 people, 38 will potentially get some form of the flu. The vaccine does provide some level of efficacy in minimizing illness in those who have been vaccinated but still get the flu. Unfortunately, the vaccine works less well in those that need it most- the elderly and the young. Nonetheless vaccine is an effective strategy for population control of disease as well as for individual benefit.

Q: What are your recommendations for unvaccinated health care workers?

A: All health care workers should be vaccinated. For those who are not vaccinated, different facilities have different approaches. Some hospitals require that unvaccinated staff wear masks. We do not want a health care worker to bring disease to patients if they are incubating. If they are sick, they should go home.

Q: What advice do you have on cohorting patients? Can you cohort patients with influenza in the same room?

A: This can be done if your resources are stretched. We must make the best decisions with the resources we have to work with.

Q: When are patients likely not able to transmit the virus?

A: Generally 72-96 hours after they have been on an antiviral or 24 hours after resolution of fever.

Q: If flu is suspected but the patient has not been tested, can you treat with Tamiflu?

A: Yes, especially if the patient is high risk.

Q: Was this information sent out in yesterday's HAN (1/8/13)?

A: Yes. If you would like to sign up to receive the HAN email Nathaniel Riethmann, Health Alert Network Coordinator @ nathaniel.riethmann@maine.gov Please provide your name, title, license type, affiliation, work address, work phone, work email and work cell.

Q: Should Drs. Report positive rapid flu tests?

A: Positive rapids are not required to be reported but are always appreciated. We would especially like to hear about influenza in the hospital, any outbreaks, and any mortalities to help us with tracking.

Q: Would you recommend cohorting patients with different types of flu?

A: If someone has A and someone has B, cohorting is not advised.

Q: What about community containment? Are you recommending restriction of visitors to hospitals?

A: Many hospitals are utilizing their influenza control plans and doing what they did during the H1N1 pandemic: Putting hand gels at entrances and in other areas, restricting children, and not allowing the sick to visit. There are not general restrictions but an emphasis on trying to minimize illness.

Q: Is it true that children who have not received flu vaccine for the last 2 years should be immunized with a second dose? What about the elderly- do we boost?

A: The reason for giving children a second dose is that they have to be primed. Studies in adults have not shown a benefit for boosting.

Q: Long term care centers are closing to new admissions when there is an outbreak. Can you advise on when to start admitting patients again?

A: Both acute care and long term care are caring for flu cases. It is best for acute care and long term care facilities to discuss case management strategies and work collaboratively to accommodate the patient and system needs.