

2017-2018 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 influenza.dhhs@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
 - Two or more residents with respiratory illness when at least one has lab confirmation
 - Suspect an outbreak with 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 and preferred for facilities with high volume. Minimum information to be included on a line list is:
 - Facility name
 - Test date
 - Test result (A, B, subtyping if available)
 - Patient name (if lab submits reports electronically patient initials are sufficient)
 - 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
 - ELR message will only include the status at the time of collection, so if a patient is tested in the ER and then admitted the ELR might not be sufficient for reporting hospitalized cases
 - Even if your facility reports electronically a verification of hospitalizations is requested. ELR information is not always correct and cannot be relied on as the sole information source.

- If you have a patient with known agricultural exposures (swine, domestic birds, wild birds) that tests positive for influenza, please notify Maine CDC, and forward the sample to HETL for typing.
- Maine CDC appreciates reports of **all positive influenza** tests, by any testing method. These can be reported by fax to 207-287-6865, by phone to 1-800-821-5821, or through electronic laboratory reporting.
- 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>.
- Maine CDC has a new influenza specific e-mail address – use influenza.dhhs@maine.gov for any influenza related questions, or to send de-identified line lists. This e-mail is not secure so please do not send any patient identifiable information without utilizing some secure protocol (locked spreadsheet, log in required etc.).

Laboratory

- The first 10 positive samples from each commercial laboratory or hospital should be sent for PCR confirmation and/or typing. HETL will accept samples from any facility willing to send their first 10 specimens (including outpatient facilities)
- Commercial laboratories and hospitals should 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
 - Also, please submit any positive influenza samples from patients who have traveled to China or neighboring countries, have been exposed to poultry and develop flu-like symptoms
- 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, trivalent, or quadrivalent).
- All of the 2017-2018 influenza vaccine is made to protect against the following three viruses:
 - A/Michigan/45/2015 (H1N1)pdm09-like virus
 - A/Hong Kong/4801/2014 (H3N2)-like virus
 - B/Brisbane/60/2008-like virus (Victoria lineage)
- Some of the 2017-2018 flu vaccine is quadrivalent vaccine and also protects against an additional B virus
 - B/Phuket/3073/2013-like (Yamagata lineage)
- Live attenuated influenza vaccine (LAIV) – or the nasal spray vaccine – is NOT recommended for use during the 2017-2018 season because of concerns about its effectiveness.

- Recommendations for people with egg allergies are updated this season
 - People who have experienced only hives after exposure to egg can get any licensed flu vaccine that is otherwise appropriate for their age and health
 - People who have symptoms other than hives after exposure to eggs, such as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who have needed epinephrine or another emergency medical intervention, also can get any licensed flu vaccine that is otherwise appropriate for their age and health, but the vaccine should be given in a medical setting and be supervised by a health care provider who is able to recognize and manage severe allergic conditions.
- 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).

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 in 2013. The Plan can be accessed online at www.maineflu.gov.
- If antiviral shortages occur, please contact the Northern New England Poison Center (NNEPC) at 1-800-222-1222 to report any above-average antiviral shortages.
 - The poison center will provide Maine CDC with information that will inform our conversations with federal partners and will expedite assistance if there's a severe emergency
 - Please provide the NNEPC 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 or confirmed influenza cases for 7 days after illness or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer.
- Manage ill healthcare personnel. Instruct ill personnel not to report to work and if at work to stop patient-care activities, don a facemask and promptly notify their supervisor they are ill.
- Health care workers should all be vaccinated. Some hospitals may choose to have unvaccinated healthcare workers wear a mask.
- Prevention strategies for seasonal influenza in healthcare settings are available at: <http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>
- 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