

2022-2023 Influenza Season Talking Points

Immunization

Getting the influenza vaccine is especially important this year. While flu vaccine will not protect against COVID-19, getting vaccinated will protect you and your family from getting sick from the flu at the same time as COVID-19 is circulating and may also potentially save healthcare resources in a season that could be particularly taxing.

This year

- *Everyone six months of age and older should get a yearly flu vaccine.*
 - Children 6 months through 8 years of age, receiving the flu shot for the first time or those who have only previously gotten one dose of vaccine in this age range, should get two doses of vaccine this season—spaced at least 4 weeks apart.
- 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, Intranasal). All vaccines for the 2022-2023 season are quadrivalent.
- All of the 2022-2023 egg-based influenza and LAIV4 vaccine are made to protect against the following four viruses:
 - A/Victoria/2570/2019/SWL1536/2019 (H1N1)pdm09-like virus
 - A/Darwin/9/2021 (H3N2)-like virus (updated)
 - B/Austria/1359417/2021 (B/Victoria lineage) -like virus (updated)
 - B/Phuket/3073/2013 (B/Yamagata lineage)-like virus
- For 2022-2023, cell- or recombinant-based vaccines contain:
 - A/Wisconsin/588/2019 (H1N1)pdm09-like virus
 - A/Darwin/6/2021 (H3N2)-like virus (updated)
 - B/Austria/1359417/2021 (B/Victoria lineage)-like virus (updated)
 - B/Phuket/3073/2013 (B/Yamagata lineage)-like virus
- Live attenuated influenza vaccine (LAIV) – or the nasal spray vaccine – is available for use during the 2022-2023 flu season.
 - The LAIV nasal spray is a quadrivalent vaccine that can be administered to people between 2-49 years of age without contraindications to the nasal spray vaccine.
- Recommendations for people with egg allergies are the same as the previous seasons:
 - 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.
 - Two completely egg-free (ovalbumin-free) flu vaccine options are available: quadrivalent [recombinant vaccine](#) and quadrivalent [cell-based vaccine](#).
- The Centers for Disease Control and Prevention (CDC), 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 healthcare workers in their facilities annually to the Maine Center for Disease Control and Prevention (Maine CDC). As of 2021, healthcare workers employed by a licensed nursing facility,

residential care facility, Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), multi-level healthcare facility, hospital, or home health agency licensed by the State of Maine are required to show proof of seasonal influenza vaccination.

- <https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/providers/documents/Immunization%20Requirements%20for%20Health%20Workers.pdf>

Infection Control

- Individuals with influenza-like illness (fever of $\geq 100^{\circ}\text{F}$ and cough/sore throat) should stay out of work or school/daycare for 24 hours after fever resolves without use of fever-reducing medication. If COVID-19 is suspected, the appropriate COVID-19 guidelines should be followed.
- Droplet precautions should be used for all suspect or confirmed influenza cases for 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer, while a resident is in a health care facility. If COVID-19 is suspected, the appropriate COVID-19 guidelines should be followed.
- Manage ill healthcare personnel (HCP). 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.
- HCP with influenza or many other infections may not have fever or may have fever alone as an initial symptom or sign. Thus, it can be very difficult to distinguish influenza from other causes, especially early in a person's illness. HCP with fever alone should follow workplace policy for HCP with fever until a more specific cause of fever is identified or until fever resolves.
- As of 2021, healthcare workers are required to show proof of seasonal influenza vaccination. Some facilities may choose to have vaccine exempt healthcare workers wear a mask. Initiation and discontinuing dates are dictated by facility policies, not by Maine CDC.
- Prevention strategies for seasonal influenza in healthcare settings are available at: <http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>
- Updated 2022-2023 Prevention and treatment of influenza in Long-term Care Facilities guidelines will be available at Maineflu.gov.
- Additional guidance is available for circumstances where both Influenza and SARS-CoV-2 are co-circulating: [Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating | CDC](#)

Laboratory

- The first 10 positive samples from each commercial laboratory or hospital should be sent for PCR confirmation and/or typing. Maine Health and Environmental Testing Laboratory (HETL) will accept samples from all facilities, including outpatient facilities.
- Any suspect novel, or influenza strains which do not type, 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.

Reporting Requirements

- Influenza outbreaks are required to be reported, 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 facility type, 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 and SARS-CoV-2 testing should occur when any resident has signs and symptoms that could be due to influenza or COVID-19, 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-associated deaths are required to be reported. Please report by **phone at 1-800-821-5821** or by **fax to 207-287-6865**.
- Laboratory confirmed influenza hospitalizations are required to be reported. These can be reported as they occur or in aggregate on a weekly basis.
 - Reporting through REDCap survey is the preferred method for reporting.
 - A reporting reminder and access to REDCap will be sent through the APIC listserv.
 - Please email Influenza.DHHS@Maine.gov for access or questions.
 - 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 required. ELR information is not always correct and cannot be relied on as the sole information source.

- Novel influenza is reportable. Cases with high suspicion for novel influenza include patients with known agricultural exposures (swine, domestic birds, wild birds). 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.

Emergency Preparedness

As in years prior, Maine's Public Health Emergency Preparedness (PHEP) will conduct statewide bed availability polls upon request. You can contact either the Emergency Communication Systems Coordinator (Nate Riethmann / nathaniel.riethmann@maine.gov / (207) 287-6551) or your Health Care Coalition Chapter Coordinator (see below) to request a poll. We are already capturing some bed availability data via our ongoing COVID-19 daily polls, but we can easily create a new event for any influenza-related surges that occur and can include additional bed types as needed.

Regional Health Care Coalition Coordinators:

Central Maine HCC: Hannah James (hannahj@allclearmg.com)

Southern Maine HCC: Allyssa Caron (allyssac@allclearmg.com)

- Regional Healthcare Coalitions may be able to provide logistical support to healthcare facilities in the event that a novel influenza strain is identified resulting in an abnormally high surge event.
 - Logistical support may include: emergency communications, strategic national stockpile (SNS) resources such as medical countermeasures, medical volunteers, personal protective equipment (PPE), and supplies.
- The Maine CDC Pandemic Influenza Operations Plan can be accessed on line at www.maineflu.gov.
- In the event of local or spot shortages of antiviral medications, 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 work with local providers and Maine CDC to identify sources of antiviral medications
 - 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)?
 - Have you contacted any other facilities in the area?
 - Any other supporting information; how long it's back-ordered, etc.
- If a surge occurs and hospitals are becoming overwhelmed, Maine CDC can initiate a bed availability poll via the Health Alert Network (HAN).

Communications

- Weekly surveillance reports are available at www.maine.gov/dhhs/flu/weekly. If you would like to automatically receive these reports, please subscribe at <https://public.govdelivery.com/accounts/MEHHS/subscriber/new?preferences=true>
- Notifications of significant public health events and updates are sent through The Maine Health Alert Network System (HAN). This is the primary communication method for influenza events, including conference calls, widespread notices, and antiviral recommendation changes. 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 please contact the Maine Health Alert Network Coordinator at nathaniel.riethmann@maine.gov

- Information on provider group specific testing, reporting, and influenza management, as well as information regarding vaccines, non-seasonal influenza, and general influenza facts and materials can be found at www.maineflu.gov.
 - Additional information on influenza vaccines can be found at <https://www.immunizeme.org>
- Influenza posters can be ordered from our website at <https://www.maine.gov/dhhs/order>.
- Maine CDC's influenza specific email address, influenza.dhhs@maine.gov, can be used 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 a secure protocol (locked spreadsheet, log in required etc.).

International influenza update

- The southern hemisphere is coming to the end of their flu season. Many countries in the southern hemisphere saw an early peak this year. The dominant strain of the virus differed between countries. Globally, influenza activity remains low. More information can be found at https://cdn.who.int/media/docs/default-source/influenza/influenza-updates/2022/2022_09_19_surveillance_update_428.pdf?sfvrsn=7a48d4f7_1&download=true

Influenza in the US

- The timing and severity of the 2021-22 flu season was different than most seasons. Though relatively mild, there was more activity than during the 2020-21 season and flu activity continued later than any season on record.
- Currently, influenza activity remains low throughout the country. All 4 influenza subtypes have recently been identified, with influenza A H1N1 and H3N2 being the most prevalent.

Non-seasonal influenza

- In the US, 10 cases of human variant influenza, or influenza that circulates in swine, were detected during the 2021-22 season. Nine of the ten cases were in people with direct or indirect swine exposure.
- In April 2022, one human avian influenza H5N1 case was identified in the US in a person with direct contact to infected birds. The circulation of avian influenza continues in North American domestic and wild birds and is expected to increase in the fall.
- Avian influenza has been detected in Maine in birds.

Questions

Q: Should facilities send samples from patients hospitalized with ILI and a negative LIAT test?

A: Maine CDC suggests sending these specimens in for confirmatory PCR testing at HETL. If desired, HETL can also test for other respiratory viruses.

Q: How critical is it that laboratories send the first 10 positive samples to HETL for further testing?

A: Each influenza season, HETL requests labs send the first 10 influenza A and influenza B positive specimens in order to determine which influenza viruses are circulating during the season. It is not critical that these be the absolute first 10, but rather a general request for at least 10 in the beginning of the season.

Q: What would the definition of "outbreak" be in a clinical or university setting?

A: In college or university settings, an ILI outbreak is defined as "a sudden increase of influenza-like illnesses over the normal background rate in the population."

Q: Could you send out the format that you would like for the annual end of season vaccination reporting so we can gather it correctly?

A: The state survey is based on the data points requested by federal CDC. We will not have these data points until Spring of 2023; however, the questions will likely be very similar to last year's survey. If you would like a copy of last year's survey, you can reach out to Kristin Poulin Kristin.poulin@maine.gov

Q: What is the deadline for healthcare workers to receive their flu vaccine?

A: Each facility should have a written policy outlining the deadline for vaccination for their employees. It is up to each facility as to the deadline, but it must be a written policy.

Q: Will the slides be available for download?

A: Yes, the slides will be posted on the landing page of www.MaineFlu.gov.