

## 2019-2020 Influenza Season Talking Points

### 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, Intranasal, trivalent, or quadrivalent).
- All of the 2019-2020 influenza vaccine is made to protect against the following three viruses:
  - A/Brisbane/02/2018 (H1N1)pdm09-like virus
  - A/Kansas/14/2017 (H3N2)-like virus
  - B/Colorado/06/2017-like (Victoria lineage) virus
- Some of the 2019-2020 flu vaccine is quadrivalent vaccine and also protects against an additional B virus:
  - B/Phuket/3073/2013-like (B/Yamagata lineage)
- Live attenuated influenza vaccine (LAIV) – or the nasal spray vaccine – is available for use during the 2019-2020 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.
  - The American Academy of Pediatrics (AAP) recommends the LAIV nasal spray as a last resort for people who would not otherwise choose to vaccinate against the flu.
- Recommendations for people with egg allergies are the same as the previous two 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.
- 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).

### 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.
- 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.
- 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.
- Healthcare workers should all be vaccinated. Some hospitals may choose to have unvaccinated 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>

- Maine CDC will release a notification announcing the first influenza cases of the season. County level data will be available in the weekly report.

### Reporting Requirements

- 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](mailto: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 testing should occur when any resident has signs and symptoms that could be due to influenza, 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 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 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.

### 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
  - Parainfluenza virus

### Emergency Preparedness

- Maine CDC's Public Health Emergency Preparedness Program and our three regional Healthcare Coalitions may be able to provide healthcare 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 (PEP), and supplies.
- The Maine CDC Pandemic Influenza Operations Plan can be accessed on line at [www.maineflu.gov](http://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 <http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/influenza/influenza-surveillance-weekly-updates.shtml>. 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](http://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](mailto: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](http://www.maineflu.gov).
- 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](mailto: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.).