



New Hampshire Health Alert Network

Health.Alert@nh.gov

Status: Actual
Message Type: Alert
Severity: Moderate
Sensitive: Not Sensitive
Message Identifier: NH-HAN #20130104 Influenza Update 2012-2013
Delivery Time: 12 hours
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Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

DATE: January 4, 2013 **TIME:** 1630 EDT

TO: Physicians, Physician Assistants, Nurses, Infection Control Practitioners, Infectious Disease Specialists, Hospital Emergency Departments, Hospital CEOs, Laboratory Response Network, Manchester Health Department, Nashua Health Department, NHHA, DHHS Outbreak Team, DPHS Investigation Team, Public Health Network, and DPHS Management Team, Pharmacists

FROM: Sharon Alroy-Preis, MD, NH State Epidemiologist

SUBJECT: Influenza 2012-2013 Season Update

NH Division of Public Health Services (NH DPHS) recommends:

- Awareness of increased influenza activity nationally and in New Hampshire.
- Timely reporting of all suspected outbreaks to the NH DPHS Bureau of Disease Control at 603-271-4496 (after hours 1-800-852-3345 X5300).
- Continued influenza vaccination for everyone over six months of age (without medical contraindication).
- Consideration of prioritization for diagnostic testing given widespread influenza activity and potential for a limited supply of rapid test kits.

National Epidemiology

Influenza activity continues to increase in the United States and most of the country is now experiencing high levels of influenza-like-illness (ILI), according to CDC's latest report. This is an early season, with more influenza activity being reported at this time than has been seen during recent flu seasons. The currently circulating strain is predominantly H3N2 and the 2012-2013 influenza vaccine is a good match for this strain, according to CDC testing. For more information about the matching between the circulating virus and this year's influenza vaccine, please refer to the CDC talking points at <http://www.cdc.gov/flu/about/season/flu-season-2012-2013.htm>

Statewide Epidemiology

Historically in NH there are between 10 to 30 ILI outbreaks reported during the influenza season. New Hampshire is currently reporting widespread flu activity. Since the beginning of December 2012, 18 ILI outbreaks have been reported to NH DPHS and 13 are laboratory confirmed influenza outbreaks. These outbreaks were reported primarily from healthcare facilities such as long term care facilities, rehabilitation centers, and assisted-living facilities. Of those facilities reporting outbreaks, 9 have provided vaccination information. Vaccination rates for patients ranged from 84-95% (average 88.6%) for patients and for healthcare workers ranged from 50-100% (average of 79.5%). Any facility experiencing a cluster or outbreak of ILI should report to the Bureau of Infectious Disease Control and recommendations on prevention and control of the

outbreak will be provided. For more detailed information on this year's flu season please see New Hampshire's weekly influenza report at:

<http://www.dhhs.nh.gov/dphs/cdcs/influenza/documents/weeklyflu.pdf>

Influenza Testing

The NH PHL has tested 381 specimens for influenza. The majority of these have been submitted by hospitals and sentinel providers. NH PHL is currently requesting hospitals to discontinue submission of samples for influenza testing, as influenza is currently widespread in the state.

Currently some limitations in stock of rapid test kits have been observed due to increased demand, but clinicians should consider use of other testing methods that are available or may be ordered should rapid test kits not be available. If there is limited rapid test supply, providers may consider who to prioritize for rapid testing (children, pregnant women, elderly underlying medical illness, severe disease). While rapid tests are useful, there are limitations to this test (variable sensitivity) and a negative rapid test in someone with ILI may be a false negative result.

NH PHL Testing Recommendations for the 2012-2013 Influenza Season:

1. Continue to test all specimens from sentinel providers.
2. Test 2-4 specimens from outbreaks (healthcare facilities).
3. Hospitalized patients with ILI if no rapid kit testing is available.
4. Continue to test a patient who has had a recent exposure to pigs or poultry or other animals where a novel influenza A virus infection should be considered.

Vaccination

It is not too late to recommend influenza vaccination for patients and the general public. The recommendation for influenza vaccination is universal. It should be given to anyone six months of age or older in the absence of medical contraindication. Those at particular risk of complications from influenza include people with underlying medical conditions (such as asthma, diabetes and chronic lung disease), pregnant women and adults over 65 years of age.

Vaccine supply for children will continue to be provided from the NH Immunization Program (NHIP). Adults are encouraged to get vaccine from their medical provider or one of many NH pharmacies that have ample influenza vaccine available for the general public.

Treatment

Antiviral treatment with oseltamivir or zanamivir continues to be recommended as soon as possible for patients with confirmed or suspected influenza who have severe, complicated, or progressive illness; who require hospitalization; or who are at higher risk for influenza-related complications. Antiviral therapy is most effective when started early in disease course and treatment should be strongly considered if patients have severe illness with ILI. Initiation of treatment should not be delayed while awaiting test results.

For previous recommendations on influenza please refer to the previous HAN on September 28, 2012 at <http://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/firstflu-9282012.pdf>

For additional information about influenza from CDC, refer to their website at:

<http://www.cdc.gov/flu/>

CDC weekly condensed national influenza surveillance reports are available at:
<http://www.cdc.gov/flu/weekly/index.htm>

2012-2013 Vaccine recommendations are available at:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6033a3.htm>

**For any questions regarding the contents of this message, please contact NH DHHS
Infectious Disease Investigation and Surveillance Sections at 603-271-4496.
After hours or toll free at 800-852-3345, ext. 4496.**

DEFINITION OF TERMS AND ALERTING VOCABULARY

Message Type

Alert: Original alert
Update: Prior alert has been updated and superseded
Cancel: Prior alert has been cancelled
Error: Prior alert has been retracted

Status

Actual: Refers to a live event
Exercise: Designated recipients must respond to the communication or alert
Test: Related to a technical and/or system test

Severity

Extreme: Extraordinary threat to life or property
Severe: Significant threat to life or property
Moderate: Possible threat to life or property
Minor: Minimal threat to life or property
Unknown: Unknown threat to life or property

Sensitive

Sensitive: Indicates the alert contains sensitive content
Not Sensitive: Indicates non-sensitive content

Message Identifier

A unique alert identifier that is generated upon alert activation

Delivery Time

Indicates the time frame for the delivery of the alert

Acknowledgement

Indicates whether an acknowledgement on the part of the recipient is required to confirm that the alert was received, and the time frame in which a response is required.

Originating Agency

A guaranteed unique identifier for the agency originating the alert.

Alerting Program

The program sending the alert or engaging in alerts and communications using PHIN Communication and Alerting (PCA) as a vehicle for their delivery.

You have received this message based upon the information contained within our emergency notification database.

If you have a different or additional e-mail or fax address that you would prefer to be used, please contact:

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