



New Hampshire Health Alert Network

Health.Alert@nh.gov

Status: Actual
Message Type: Alert
Severity: Moderate
Sensitive: Not Sensitive
Message Identifier: NH-HAN #20120103 Influenza Update
Delivery Time: 12 hours
Acknowledgement: No
Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

DATE: January 3, 2012

TIME: 1300 EST

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, NH School Nurses and Administrators, Community Health Centers, EWIDS, DHHS Outbreak Team, DPHS Investigation Team, Public Health Network, and DPHS Management Team

FROM: Jodie Dionne-Odom, MD, Deputy State Epidemiologist

SUBJECT: Influenza Update 2011-2012

NH Department of Health and Human Services (NH DHHS) recommends:

- Awareness of the first confirmed influenza virus infection in New Hampshire for the 2011-2012 influenza season.
- Reminding patients and staff that they should stay home from work or school if they are sick with fever and cough or sore throat until 24 hours after their fever has resolved.
- Awareness of identification of novel influenza viruses in the United States and the recommendation to increase influenza testing of patients in high priority areas with influenza like illness. No novel influenza infections have been detected in NH to date.
- Encouraging influenza vaccination now for everyone over six months of age (without contraindication).

NH DHHS confirmed the first respiratory samples positive for seasonal influenza virus (A H3). The cases were confirmed in one adult and two children in Grafton County. These are the first positive samples in the state for the 2011-2012 influenza season. Though few viruses have been available for testing nationally so far this season, those isolates tested remain susceptible to the antiviral drugs oseltamivir and zanamivir. The seasonal influenza viruses that have been submitted for characterization so far are well matched to the viruses in the 2011-2012 influenza vaccine. If this continues to be the case, this season's vaccine should provide good protection to help keep influenza illness and serious complications down. However, because influenza is difficult to predict and circulating viruses could change, continued monitoring of disease patterns and spread using epidemiologic surveillance tools is important.

Healthcare providers should also maintain awareness of the identification of novel influenza strains in the United States. From August 17 to December 23, 2011, the Centers for Disease Control and Prevention (CDC) received reports of 12 human infections with influenza A

(H3N2)v viruses that have the matrix (M) gene from the influenza A (H1N1)pdm09 virus. The 12 cases occurred in five states (Indiana, Iowa, Maine, Pennsylvania, and West Virginia), and 11 were in children. Six of the 12 patients had no identified recent exposure to swine. Three of the 12 patients were hospitalized, and all have recovered fully. Additionally, on December 23rd, CDC announced identification of one patient in Wisconsin infected with an influenza A (H1N1) variant virus with genes from human, swine, and avian lineages (A(H1N1)v). This patient reported close contact with pigs prior to illness onset. There have been no novel strains of influenza detected in New Hampshire.

Currently, while there are low levels of circulating seasonal influenza viruses, increasing collection of specimens from patients with ILI and having these specimens sent to the state public health laboratory for testing is recommended. Increased specimen collection is encouraged specifically from patients presenting with ILI in the following high priority areas:

- ILI outbreaks, particularly among children in child-care and school settings, since these have been the settings associated with human-to-human influenza A(H3N2)v virus transmission.
- Unusual or severe presentations of ILI, especially among children.
- Hospitalized ILI and Acute Respiratory Illness (ARI) in children under 18 years of age

Influenza vaccination is recommended for everyone over six months of age (without contraindication), including pregnant women, health care personnel and people with underlying medical conditions. Patients should be reminded that vaccine is the best tool for protection and is now available in both the inactivated (shot) and live attenuated (nasal spray) forms in provider's offices, hospitals, community health centers and local pharmacies.

For additional information about diagnostic testing for influenza and vaccination in NH, please refer to the prior Health Alert Network message from September 12, 2011, found at <http://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/influenza2011-2012.pdf>

**For any questions regarding the contents of this message, please contact NH DHHS
Infectious Disease Investigation and Surveillance Sections at 603-271-4496.
For after hours / toll free, call 1-800-852-3345, 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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