



# New Hampshire Health Alert Network

## Health.Alert@nh.gov

**Status:** Actual  
**Message Type:** Alert  
**Severity:** Moderate  
**Sensitive:** Not Sensitive  
**Message Identifier:** NH-HAN #20120928 First Confirmed Case of Influenza 2012-2013  
**Delivery Time:** 12 hours  
**Acknowledgement:** No  
**Originating Agency:** NH Department of Health and Human Services, Division of Public Health Services

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**DATE:** September 28, 2012      **TIME:** 1100 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

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

**SUBJECT:** First Confirmed Case of Influenza 2012-2013

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

- Awareness of the first confirmed influenza virus infection in New Hampshire for the 2012-2013 influenza season
- Awareness of the availability and composition of the 2012-2013 seasonal influenza vaccine
- Encouraging influenza vaccination now for everyone over six months of age (without medical contraindication)

**1) Epidemiology**

NH DPHS recently confirmed the first respiratory sample positive for seasonal influenza virus (influenza AH3) for this 2012-2013 season. The case was confirmed in an adult with influenza-like illness (ILI) in Rockingham County. Nationwide, there is very little circulating influenza at this point and CDC has been reporting weekly condensed national influenza surveillance reports over the summer months and will start weekly reporting of the full Fluview report on October 12, 2012.

During last year's relatively mild influenza season (2011-2012), there were three actively circulating viruses, 2009AH1N1, AH3N2 (predominant strain) and influenza B. All the H3N2 viruses and B viruses tested at CDC were sensitive to antivirals oseltamivir and zanamivir, but 16 of 1164 (1.4%) of the pH1N1viruses tested were resistant to oseltamivir. The season started in October 2011 and peaked in March 2012 and there were 133 million doses of flu vaccine distributed nationwide. An estimated 44% of the NH population over 6 months of age received flu vaccine last year.

This year, the circulating strains of H3N2 and B are predicted to be different due to antigenic drift and the vaccine antigens have been adjusted accordingly. Manufacturers are planning to produce around 148 million doses of influenza vaccine and 85 million doses have already been distributed.

## 2) Diagnostic Testing

Nasopharyngeal swabs from persons with ILI (defined as fever 100°F [37.8°C] or higher with cough and/or sore throat) continue to be collected at the NH Public Health Laboratories (PHL) for testing by RT-PCR.

### The approved specimen types for NH PHL:

Nasopharyngeal swabs, nasal swabs, throat swabs, nasal aspirates, nasal washes and dual nasopharyngeal/throat swabs, bronchoalveolar lavage, bronchial wash, tracheal aspirate, sputum, and lung tissue from human patients with signs and symptoms of respiratory infection.

### To conduct RT-PCR testing for influenza:

- Collect the specimen as soon as possible after illness onset.
- Collection should be by trained personnel using droplet precautions
- Place the sample in viral transport media and store and transport at 4° C within 48 hours of collection.

To acquire viral testing kits, contact the NH Public Health Laboratories office at 1 (800) 852-3345, extension 4605 or (603) 271-4605.

## 3) Vaccination

The 2012-2013 trivalent seasonal influenza vaccine is currently available. It contains three antigens, 2 of them new since last year's vaccine (the H3N2 and B antigens):

1. A/California/7/2009 (H1N1)pdm09-like virus;
2. A/Victoria/361/2011 (H3N2)-like virus;
3. B/Wisconsin/1/2010-like virus (from the B/Yamagata lineage of viruses)

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.

Rates of influenza vaccination among healthcare workers have increased significantly in NH since 2008. Many NH healthcare facilities have put mandatory vaccination policies in place for staff and this has contributed to an increase in vaccination rates. Preliminary aggregate data from NH hospitals shows the following staff influenza vaccination rates:

INFLUENZA SEASON	INFLUENZA VACCINATION RATE
2008-2009	59.9%
2009-2010	70.6%
2010-2011	77.4%
2011-2012	88.5%

Persons with a history of influenza or vaccination last year should be encouraged to get the vaccine again this year, due to the natural waning of the antibody response over 7-12 months. It is not too early to begin vaccinating patients now, since it takes about 14 days for antibodies to form and the flu season has already begun in our state.

There is no preference given to the live intranasal (LAIV) or the inactivated intramuscular (TIV) routes, for those who are eligible for LAIV (healthy, non-pregnant persons age 2-49). Other

presentations of TIV available are Fluzone High-Dose for persons >65 and Fluzone Intradermal for persons 19-64 years. ACIP expresses no preference for any TIV given formulation over the other. Children from 6 months to 8 years of age still require two doses of influenza vaccine (administered at least four weeks apart) if they have never received influenza vaccination in the past. (See attached algorithm.)

Medical contraindications to vaccination are quite rare and they include:

- 1) History of severe allergic reaction to a prior influenza vaccine.
- 2) Persons who developed Guillain Barre Syndrome within 6 weeks of receiving influenza vaccine.
- 3) Persons with severe egg allergy (those who tolerate cooked eggs are unlikely to have true egg allergy). Recommendations for management of persons with severe egg allergy are available in the 2011 CDC MMWR (link provided):

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6033a3.htm>

Vaccine supply for children will continue to be provided from the NH Immunization Program (NHIP). There will be several school based influenza clinics this year as well and 14,000 doses of vaccine have been allocated for this. Adults are encouraged to get vaccine from their medical provider or one of many NH pharmacies that have influenza vaccine available for the general public. Adults without insurance can obtain influenza vaccine at their local community health centers or at the Department of Public Health in Manchester or Nashua. Call NHIP at (603) 271-4482 with any questions related to childhood vaccine distribution, availability or school based clinic locations.

#### **4) Treatment**

Antiviral treatment with oseltamivir or zanamivir is 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. It can also be considered for outpatients who present within 48 hours of symptom onset.

NH DPHS will continue to update you throughout this influenza season when we have new data to share about circulating strains of influenza in NH, antiviral susceptibilities or increased rates of illness. Please contact us directly with any questions about influenza or if we can help your response during this current season.

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>

Link to August 2012 HAN message pertaining to H3N2v influenza related to contact with swine: <http://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/h3n2v.pdf>

**Attachment:** Algorithm for pediatric influenza vaccination

**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.**

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## 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.**

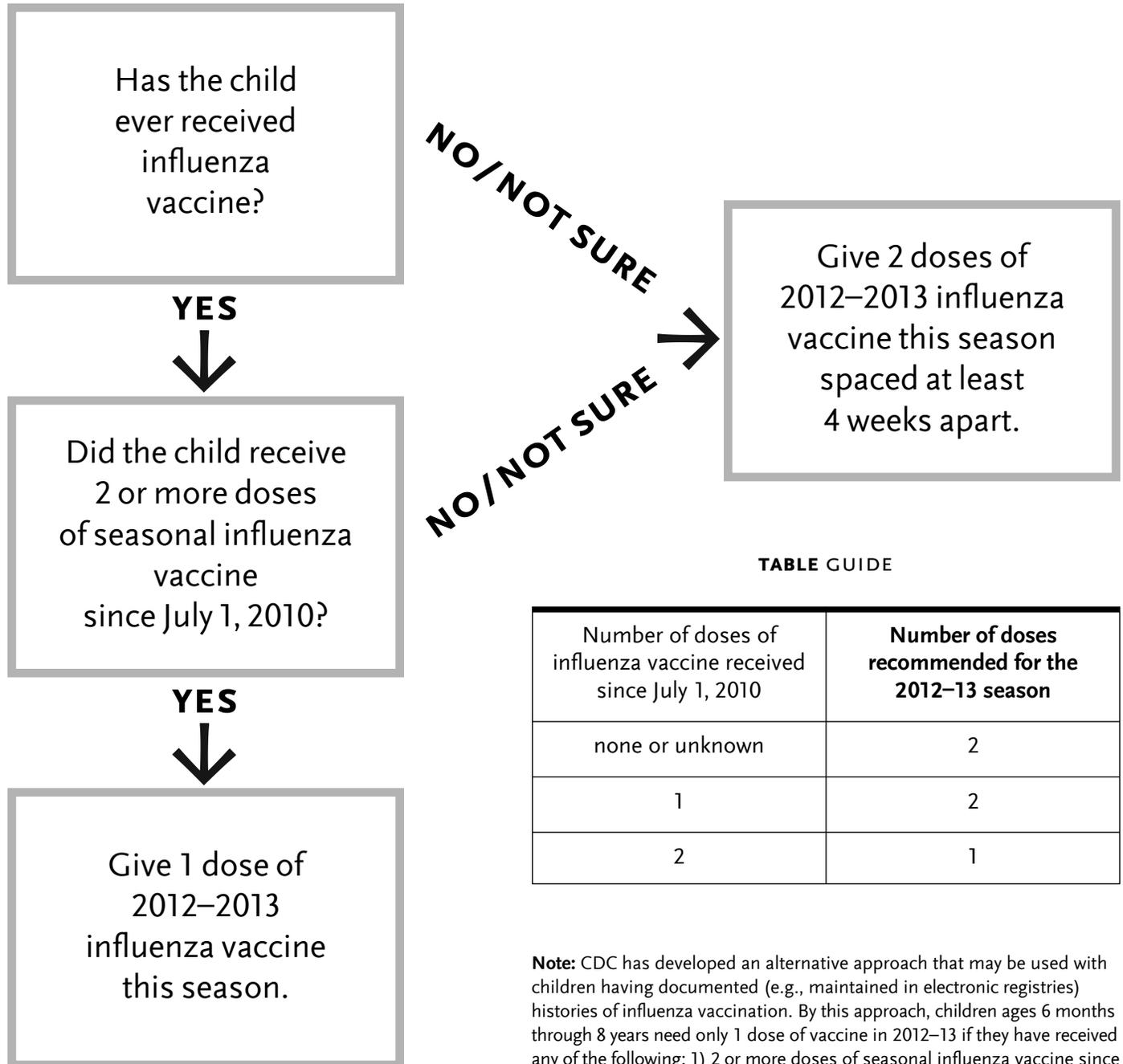
**If you have a different or additional e-mail or fax address that you would prefer to be used, please contact:**

Denise M. Krol, MS  
NH HAN Coordinator  
[Denise.Krol@dhhs.state.nh.us](mailto:Denise.Krol@dhhs.state.nh.us)

**Business Hours: 8 AM – 4 PM**  
Tel: 603-271-4596  
Fax: 603-271-0545

# Guides for determining the number of doses of influenza vaccine to give to children ages 6 months through 8 years during the 2012–2013 influenza season

## ALGORITHM GUIDE



## TABLE GUIDE

Number of doses of influenza vaccine received since July 1, 2010	Number of doses recommended for the 2012–13 season
none or unknown	2
1	2
2	1

**Note:** CDC has developed an alternative approach that may be used with children having documented (e.g., maintained in electronic registries) histories of influenza vaccination. By this approach, children ages 6 months through 8 years need only 1 dose of vaccine in 2012–13 if they have received any of the following: 1) 2 or more doses of seasonal influenza vaccine since July 1, 2010; 2) at least 2 doses of seasonal vaccine given before July 1, 2010 and at least 1 dose of monovalent 2009 H1N1 vaccine; or 3) at least 1 dose of seasonal vaccine given before July 1, 2010 and at least 1 dose of seasonal vaccine since July 1, 2010.

Technical content reviewed by the Centers for Disease Control and Prevention