WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

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EPI-NEWS

Public Health

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INFLUENZA REPORTING REQUIREMENTS

Chapter 441A of the Nevada Administrative Code (NAC) requires report of influenza to your local health department if:

1. **A positive influenza case is hospitalized** (this includes cases hospitalized for a reason other than influenza) OR
2. **An influenza case under 18 years of age dies** (i.e., pediatric death with a positive flu test) OR
3. **The strain of influenza is known or suspected to be a viral strain that poses a risk of a national or global pandemic** as determined by the Centers for Disease Control and Prevention or the World Health Organization OR
4. **The strain of influenza is novel or untypable**. This would include avian flu (e.g., H5N1, H7N9) and swine flu (e.g., H3N2v). OR
5. **You suspect an influenza outbreak is occurring**

Reporting is not limited to physicians and laboratories. **Schools, daycares, and correctional facilities are also required to report influenza outbreaks.** For a complete description of persons required to report communicable diseases, please see NAC 441A.225 through NAC 441A.260.

Reports of influenza can be faxed to 775-328-3764 or called into the Washoe County Health District's Communicable Disease Line at 775-328-2447. Please report influenza using the Confidential Case Report for General Communicable Diseases. Please ensure that the form is legible and filled out completely.

START OF 2020-21 INFLUENZA SEASON

The 2020-21 influenza season starts Sunday, September 27, 2020. Updates for this flu season are provided below.

Highlights from ACIP's Recommendations for the 2020-21 Flu Season[1]

The Advisory Committee for Immunization Practices (ACIP) released their recommendations for the 2020-21 influenza season. Highlights of the report are provided in this Epi-News issue; however, Washoe County Health District (WCHD) encourages all providers to read the report for greater insight and information. The full report is available at: https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html

Updates to the Vaccine Components

Changes to the vaccine virus composition have been made for: influenza A (H1N1)pdm09, influenza A(H3N2), and influenza B/Victoria lineage. These changes are available in both trivalent and quadrivalent vaccines. Quadrivalent vaccines also contain the influenza B/Phuket/3073/2013 Yamagata lineage component (unchanged from 2019-20 season).

U.S. egg-based influenza vaccines will contain hemagglutinin (HA) derived from:

- Influenza A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09-like virus
- Influenza A/Hong Kong/2671/2019 (H3N2)-like virus
- Influenza B/Washington/02/2019 (Victoria lineage)- like virus

U.S. cell culture-based inactivated vaccines (ccIIV4) and recombinant (RIV4) vaccines will contain HA derived from:

- Influenza A/Hawaii/70/2019 (H1N1)pdm09-like virus
- Influenza A/Hong Kong/45/2019 (H3N2)-like virus
- Influenza B/Washington/02/2019 (Victoria lineage)-like virus

New Influenza Licensures

Fluzone High-Dose Quadrivalent (HD-IIV4) and Fluad Quadrivalent (aIIV4) are available for the 2020-21 flu season. Both have been approved for the ≥ 65 age group.

Recommended Influenza Vaccines

Provider may give any licensed, age-appropriate flu vaccines (IIV, RIV4, or LAIVR). Options include standard dose, high-dose (≥ 65 yrs), adjuvant shots (≥ 65 yrs), cell culture, recombinant vaccines, and live attenuated influenza vaccines.

Persons Recommended for Influenza Vaccination

Routine annual influenza vaccination is recommended for **ALL** persons aged ≥ 6 months with no contraindications. However, vaccination is especially important for individuals at an increased risk for severe illness and complications from influenza. These high-risk groups include:

- Adults ≥ 50 years
- Children aged 6-59 months (<5 years)
- Women who are and will be pregnant

- Persons with chronic pulmonary, cardiovascular, renal, hepatic, neurologic, hematologic, or metabolic disorders
- Immunocompromised persons
- Residents of nursing homes and other long-term care facilities
- Extremely obese individuals (BMI ≥ 40 for adults)
- Children and adolescents (6 mo-18 yrs) taking medication with aspirin- or salicylate and who might be at risk for experiencing Reye syndrome after influenza virus infection
- American Indians/Alaska Natives

Vaccinating persons living with/caring for those considered high risk is also recommended (e.g., healthcare providers, caretakers, household contacts). During influenza vaccine shortage, priority should be placed on high-risk groups and person living with/caring for these individuals.

Timing of Influenza Vaccination

Ideally, vaccination should be administered by the end of October and continued to be offered throughout the season. Vaccines given too early in the season may result in suboptimal immunity as its protection may decline over time. Children requiring 2 doses (6 mo-8 yrs) should receive the first dose as soon as possible in order to take the second dose by the end of October. Second dose should be given ≥ 4 weeks from first dose.

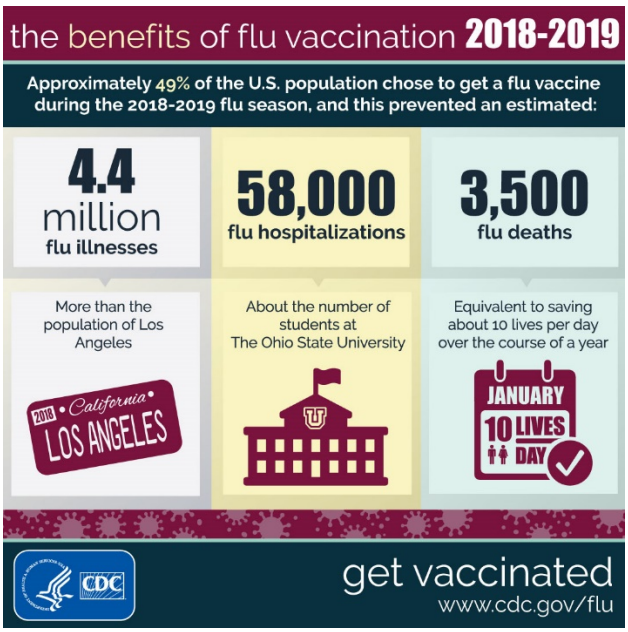
It is expected the novel coronavirus disease 2019 (COVID-19) will continue to spread during the 2020-21 influenza season. With COVID-19 and influenza sharing similar symptoms, early vaccination made reduce confusion between the two, and alleviate stress on our healthcare system by reducing influenza hospitalizations. However, vaccination should be postponed for individuals with suspected or confirmed COVID-19 until they have met the CDC's criteria for release from isolation.

NEVADA INFLUENZA VACCINATION COVERAGE ESTIMATES

The Healthy People 2020 target for vaccination coverage is 70% to reduce the burden of vaccine preventable diseases[2]. Nevada ranked last in the nation for flu vaccination coverage in the 2018-19 season with a coverage of 37%[2]. The overall United States influenza vaccination coverage was 49% for the same season. In order to improve our vaccination coverage, please continue to encourage flu vaccination to your patients, colleagues, family, and friends. After all, vaccination works!

During the 2018-19 season flu vaccination prevented 4.4 million illnesses, 58,000 hospitalizations, and 3,500 deaths[3].

Figure 1. The Benefits of Flu Vaccination, 2018-19 [3]



WCHD'S INFLUENZA SURVEILLANCE PROGRAM

WCHD's influenza surveillance program consists of four major components: weekly reports of influenza-like illness (ILI) by selected sentinel healthcare providers; the collection of a limited number of specimens by sentinel healthcare providers; monitoring of influenza and pneumonia mortality through death certificates; and routine reporting of confirmed cases of influenza. WCHD produces reports each week during flu season and posts them to the surveillance webpage, **https://tinyurl.com/FluWashoe**.

WCHD would like to thank area sentinel surveillance sites for their contributions: Northern Nevada Medical Center, Renown Health System, Saint Mary's Regional Medical Center, and UNR Student Health Center.

References

1. Grohskopf LA, Alyanak E, Broder KR, et al. *Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2020–21 Influenza Season*. MMWR Recomm Rep 2020;69(No. RR-8):1–28.
2. "Influenza vaccination coverage estimates for persons 6 months and older by state, HHS region, and the United States, National Immunization Survey-Flu (NIS-Flu) and Behavioral Risk Factor Surveillance System (BRFSS), 2010-11 through 2018-19 influenza seasons." *CDC*, https://www.cdc.gov/flu/fluvaxview/reportshtml/trends/index.html. Accessed 13 September 2020.
3. "2018-19 Influenza Illness, Medical Visits, Hospitalizations, and Deaths Averted by Vaccination." *CDC*, https://www.cdc.gov/flu/about/burden-averted/2018-2019.htm. Accessed 13 September 2020.