
Commissioner's Column**Influenza Update**

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Influenza is responsible for an average of 36,000 deaths and an estimated economic loss of \$3 to \$5 billion per year in the United States. Rates of infection are highest among children, but rates of serious illness and death are highest among persons 65 years of age and older, children less than 2 years of age, and persons of any age who have medical conditions that place them at increased risk for complications from influenza.

Vaccination has been the cornerstone for preventing influenza and its severe complications, especially in high-risk patients. Annual vaccination is required because the circulating strains of influenza constantly change and vaccination against one strain confers limited or no protection from others.

Physicians play an integral role in the prevention of influenza by:

- vaccinating patients at highest risk for complications;
- vaccinating themselves and health care providers in contact with such patients;
- testing for and reporting cases of influenza to the Westchester County Department of Health; and
- implementing measures to reduce influenza transmission.

Influenza vaccination is indicated for physicians and healthcare workers because mildly symptomatic or subclinical influenza infections in healthcare workers represent a significant potential source of transmission to persons at high risk for complications. Studies indicate that only 16% to 51% of healthcare professionals receive vaccination against influenza.

The 2004-2005 influenza season was complicated because the influenza vaccine production by one of the two licensed manufacturers in the U.S. was halted due to safety concerns. This reduced by approximately one half the expected supply of trivalent inactivated vaccine available. Influenza vaccine was thus reallocated to ensure vaccination of the highest risk populations. From October 2004 to February 2005, the Westchester County Department of Health administered or distributed over 44,600 doses of influenza vaccine at 41 Westchester County staffed Influenza Vaccination Clinics and over 140 hospitals, health centers, physician practices and other medical or healthcare related facilities.

Although influenza was not reportable prior to December 2004, providers had been requested to notify the Westchester County Department of Health and obtain laboratory testing on any suspected influenza cases early in the season to identify the onset of significant activity and the prevailing circulating strain. On December 1, 2004, the New York State Department of Health began requiring that the following influenza cases be reported to health departments:

- laboratory positive cases of influenza diagnosed by laboratories that report via the electronic clinical laboratory reporting system;
- hospitalized cases; and
- influenza-related deaths in children less than 18 years of age.

In addition, providers were requested to notify the Westchester County Department of Health of possible cases of avian influenza related to travel.

On November 19, 2004 the first laboratory confirmed case of influenza in Westchester was identified when the health staff of a residential facility for adolescents notified Westchester County of flu-like illness in a number of the residents. Influenza cultures were obtained and the isolate from one of the ill individuals was identified by the World Health Organization as the prevailing strain circulating during

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the 2004-2005 season. This strain was then selected as one of three strains to be included in the 2005-2006 influenza vaccine that will be used for the entire northern hemisphere. This illustrates the critical role and global benefit that local level reporting and culturing for influenza and other diseases can have. Westchester County providers are to be congratulated for their efforts and contributions.

In Westchester County, enhanced influenza surveillance generally begins in October and continues until no significant flu activity is detected. In 2004-2005, influenza activity peaked at the end of December through early January and surveillance indicators demonstrated a milder than usual season. From October 2004 through May 2005, 86% of Westchester County isolates were identified as influenza A, 13% were identified as influenza B, and 1% were influenza A or B (the test was unable to differentiate). Nationally during this time, 76% of cases were influenza type A and 24% were influenza type B. Twelve Westchester County samples were sub-typed at the Centers for Disease Control and Prevention (CDC) and all were Fujian-like influenza A viruses of the type contained in the 2004-2005 season's vaccine. There were no influenza related pediatric deaths or avian influenza cases in the 2004-2005 influenza season in Westchester County. Enhanced surveillance for influenza is currently planned beginning in October and will be unchanged from 2004-2005.

From October through December each year, the Westchester County Department of Health offers influenza and pneumococcal vaccination clinics for high-risk patients at a number of locations and dates throughout the county. Further information is available by calling (914) 813-5000. The availability and scheduling of clinics may change subject to vaccine shortage or a delay in delivery of vaccine.

The CDC has issued the following changes in influenza vaccination recommendations for the 2005-2006 season:

1. Persons with any condition (such as cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration should be vaccinated against influenza.
2. All healthcare workers should be vaccinated against influenza annually and facilities that employ healthcare workers are strongly encouraged to provide vaccine to workers by using approaches that maximize immunization rates.
3. Use of both available vaccines (inactivated and live, attenuated) is encouraged for eligible persons every influenza season, especially persons in recommended target groups. During periods when inactivated vaccine is in short supply, use of live attenuated vaccine is especially encouraged when feasible for eligible persons (including healthcare workers) because use of live attenuated vaccine by these persons might considerably increase availability of inactivated vaccine for persons in groups at high risk.
4. The virus strains contained in the 2005-2006 trivalent vaccine are A/California/7/2004 (H3N2)-like, A/New Caledonia/20/99 (H1N1)-like, and B/Shanghai/361/2002-like antigens.
5. The CDC and other agencies will assess the vaccine supply throughout the manufacturing period and will make recommendations preceding the 2005-2006 influenza season regarding the need for tiered timing of vaccination of different risk groups. In addition, the CDC has published recommendations regarding inactivated vaccine tiering to be used in the event of a vaccine shortage. The publication is available online at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5430a4.htm>

For more information on CDC influenza vaccine recommendations, please visit www.cdc.gov/flu. ♦