

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 \$3-5 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 aged 65 years and older, children aged less than two years, and persons of any age who have medical conditions that place them at increased risk for complications from influenza.

Influenza vaccination has been the cornerstone for preventing influenza and its severe complications, especially in high risk patients. One of the national health objectives for 2010 is to have 90 percent of persons aged 65 years and older vaccinated for influenza. Although the coverage levels for influenza have doubled from 1989 to 1999, vaccination coverage rates have been at a plateau over the past several years. It is unclear what role the recent vaccine supply delays and shortages and changes in vaccination recommendations have had on the influenza coverage rates. New strategies as well as continued monitoring are needed to achieve the Healthy People 2010 influenza objective.

There is ample evidence to highlight the role of health care workers in the transmission of influenza among the patients they care for. Moreover, vaccinated staff members have lower rates of illness and are absent from work roughly 50 percent less than unvaccinated staff members. It has also been demonstrated that vaccination of health care workers in long-term care facilities has decreased deaths among its residents. Healthcare facilities should offer influenza vaccination to all eligible workers with particular emphasis on persons who provide direct care to members of high-risk groups. Vaccinations should be provided for:

- employees of nursing homes, chronic-care facilities, assisted-living facilities, and other residences, as well as home attendants;
- all staff in hospitals, emergency rooms, and outpatient care settings;
- all physicians, nurses, and other health care workers.

Since December 1, 2004, the New York State Department of Health has required that the following influenza cases be reported to health departments:

- laboratory positive cases of influenza by diagnostic laboratories that report via electronic clinical laboratory reporting system (ECLRS) using an automated system;
- hospitalized cases;
- influenza related deaths in children less than 18 years of age.

Providers are strongly encouraged to notify the Westchester County Health Department and obtain laboratory testing on any suspected influenza cases early in the season to identify the onset of significant flu activity and the prevailing circulating strain. Providers also are requested to notify the Health Department of possible cases of avian influenza related to travel and atypical or complicated cases of influenza-like respiratory illness.

In Westchester County, enhanced influenza surveillance generally begins in October and continues until no significant flu activity is detected. For the 2005-6 season, influenza activity peaked at the end of February to early March and surveillance indicators demonstrated a milder than usual season. From

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October 2005 through May 2006, 83 percent of Westchester County isolates were identified as influenza A, 13 percent were identified as influenza B, and three percent were influenza A or B (test unable to differentiate). Nationally during this time, 72 percent were influenza type A and 29 percent were influenza type B. Four Westchester County samples were sub-typed at the Centers for Disease Control and Prevention (CDC); all were influenza A viruses (all H3N2: one California-like, two Wisconsin, and one New York). Only two of the four were contained in the 2005-6 season's vaccine. All four were resistant to the amantadane class of anti-viral drugs. There were no influenza related pediatric deaths or avian influenza cases in the 2005-6 influenza season in Westchester County. Enhanced surveillance for influenza is currently planned beginning in October and is unchanged from 2006-7.

Every year from October through December, the Westchester County Department of Health offers vaccination clinics for influenza and pneumococcus at a number of locations and dates throughout the county for high risk patients. 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.

Changes in Influenza Vaccination Recommendations for the 2006-2007 Season:

1. The CDC's Advisory Committee on Immunization Practices (ACIP) recommends that healthy children aged 24-59 months and their household contacts and out-of-home caregivers be vaccinated against influenza.
2. ACIP emphasizes that all children aged six months and less than nine years who have not been previously vaccinated at any time should receive two doses of vaccine.
3. To ensure optimal use of available doses of influenza vaccine, projected to be approximately 100 million doses, health-care providers, those planning organized campaigns, and state and local public health agencies should develop plans for expanding outreach and infrastructure to vaccinate more people than in previous years and develop contingency plans for the timing and prioritization of administering influenza vaccine, if there is a shortage or delay in the vaccine.
4. ACIP emphasizes that influenza vaccine should continue to be offered throughout the influenza season even after influenza activity has been documented in a community. Moreover, the ACIP encourages the use of vaccination clinics to focus efforts on target groups and to extend the routine vaccination season.
5. Neither amantadine nor rimantadine should be used for the treatment and chemoprophylaxis of influenza A in the United States because of recent data indicating widespread resistance of the virus to these agents. (All 2005-6 Westchester County influenza isolates tested by CDC were resistant to these drugs); when indicated, oseltamivir or zanamivir may be used.
6. The virus strains contained in the 2006-2007 trivalent vaccine are A/New Caledonia/20/1999 (H1N1)-like, A/Wisconsin/67/2005 (H3N2)-like, and B/Malaysia/2506/2004-like antigens.

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;
- implementing measures to reduce influenza transmission.

Influenza vaccine is available in both inactivated (Fluarix, Fluvirin and Fluzone) and live, attenuated (FluMist) formulations. The 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 health-care workers) because use of live attenuated vaccine by these persons might considerably increase availability of inactivated vaccine for persons in groups at high risk. ♦