

Center for Policy, Planning and Evaluation
Division of Epidemiology—Disease Surveillance and Investigation**October 10, 2018****Health Notice for District of Columbia Health Care Providers**
2018-2019 Influenza Season Surveillance and Vaccine Updates**SUMMARY**

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. While flu does not typically cause long-term sequelae, it can cause serious illness and death, particularly in vulnerable populations such as older adults, younger children, pregnant women, and those with some chronic medical conditions. This notice provides important updates for influenza surveillance in District of Columbia (DC), along with current guidance on best practices for influenza vaccination.

1) Influenza Reporting for DC Providers

The United States had record-breaking levels of influenza illness, hospitalization rates and deaths in children last season (180 pediatric deaths). However the current flu activity is low in the U.S. The 2018-2019 influenza season is now upon us. Routine Surveillance in DC will commence on October 6, 2018 and continue until May 18, 2019. The Division of Epidemiology-Disease Surveillance and Investigation (DE-DSI) will continue to collect data on aggregate confirmed influenza cases and influenza-like-illness (ILI) on a weekly basis. This information is reported to the Centers for Disease Control and Prevention (CDC) for national reporting. A weekly report for DC will be available on our [Influenza website](#).

Reporting Guidelines:

In the District, influenza is reportable for the following cases:

- Influenza associated pediatric deaths (<18 years old)
- Novel Influenza A infection
- Any influenza outbreak
- Reporting of influenza associated hospitalizations or non-pediatric deaths is strongly encouraged, but not required.
- No other individual cases of influenza are reportable to DC Department of Health (DC Health).

Cases should be submitted online using the DC Reporting and Surveillance Center (DCRC):

<https://dchealth.dc.gov/service/infectious-diseases>.

a) Influenza Associated Pediatric Death Case Definition

An influenza associated death is defined as a death resulting from a clinically compatible illness that was confirmed to be influenza by an appropriate laboratory or rapid diagnostic test. There should be no period of complete recovery between illness and death. Any such death in persons <18 years is required to be reported. Laboratory testing for influenza virus infection may be done on pre- or post-mortem clinical specimens.

A death should *not* be reported if:

- There is no laboratory confirmation of influenza virus infection.
- The influenza illness is followed by full recovery to baseline health status prior to death.
- After review and consultation there is an alternative agreed upon cause of death.

b) Novel Influenza A Infection Case Definition

Novel influenza A infection is defined as human case of infection with an influenza A virus subtype that is different from currently circulating human influenza H1 and H3 viruses. Novel subtypes include, but are not limited to, H2, H5, H7 and H9 subtypes. Influenza H1 and H3 subtypes originating from a non-human species or from genetic reassortment between animal and human viruses are also novel subtypes.

Please contact the influenza team at flu.epi@dc.gov with any questions about influenza reporting.

c) Influenza Outbreak Definition

An outbreak is defined as an occurrence of disease greater than would otherwise be expected at a particular time and place. The definition of an influenza outbreak depends on the setting of the outbreak. Listed below are examples of when DC Health should be consulted:

- Outbreaks in institutions such as long-term facilities, prisons, sleepover camps etc. is defined as one laboratory-confirmed influenza positive case in the setting of a cluster (≥ 2 cases) of influenza-like illness(ILI)* within a 72-hour period.
- Outbreaks in schools should be considered if students or staff of the same classroom are experiencing influenza-like illness or other respiratory symptoms.

Defining an outbreak should be done in consultation with the epidemiologists at DC Health.

Please contact the influenza team at flu.epi@dc.gov for further guidance about influenza outbreaks.

* ILI is defined as fever ($\geq 100.4^{\circ}\text{F}$ or 38.0°C) and cough and/or sore throat in the absence of a known cause other than influenza. Persons with ILI often have fever or feverishness with cough, chills, headache, myalgia, sore throat or runny nose. Some people, particularly young infants and children may also experience vomiting and diarrhea.

2) Influenza specimen submission for DC Clinical Laboratories

Virologic surveillance is an essential part of the DC and national influenza system, allowing for:

- Increased awareness of seasonal influenza and determination of strain prevalence
- Early detection of novel viruses or events
- Annual vaccine strain selection
- Antiviral resistance monitoring

Hospital laboratories should follow the guidance as provided by the DC Public Health Laboratory (DC PHL). Laboratory directors should have received a letter with guidance for hospital submission.

If you are an outpatient clinic and would like to set up specimen submission, please contact the influenza team at flu.epi@dc.gov.

3) Influenza Vaccine Updates for the 2018-2019 Influenza Season

Vaccination by the end of October is the best way to prevent influenza and its potentially serious complications.

- Flu vaccines have been updated to better match circulating viruses (influenza A (H3N2) and influenza B (Victoria) components were updated).
- Inactivated influenza vaccine (IIV), recombinant influenza vaccine (RIV), or live attenuated nasal spray influenza vaccine (LAIV4) are approved for use this season.
 - CDC recommends these options equally, while the American Academy of Pediatrics suggests a preference for the injectable vaccine. The 2009 H1N1 component of the nasal LAIV4 was updated for this season and the data support effectiveness, however performance in previous seasons against this strain was poor.
- Detailed 2018-2019 influenza vaccine recommendations can be reviewed in the August 24th CDC Morbidity and Mortality Weekly Report
(https://www.cdc.gov/mmwr/volumes/67/rr/rr6703a1.htm?s_cid=rr6703a1_w)

Please contact the DC Health Division of Epidemiology–Disease Surveillance and Investigation at:

Phone: 202-442-8141 (8:15am-4:45pm) | 844-493-2652 (after-hours calls)

Fax: 202-442-8060 | Email: doh.epi@dc.gov