

Center for Policy, Planning and Evaluation**Division of Epidemiology–Disease Surveillance and Investigation****October 3, 2019****Health Notice for District of Columbia Health Care Providers****2019-2020 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.

BACKGROUND

Influenza viruses can be classified into four main types: A, B, C and D. Human influenza A and B viruses are typically responsible for seasonal epidemics of disease in the United States (US). Influenza type C can cause mild respiratory illnesses and D primarily affects cattle. Flu symptoms can include fever, cough, sore throat, body aches, runny nose, headaches and fatigue. Some people may have vomiting and diarrhea, though this is more common in children. The best way to prevent flu is to vaccinate, however duration and severity can be decreased by treatment with [antiviral medication](#) when indicated.

In the US, the 2018-2019 influenza season was of moderate severity and lasted for 21 consecutive weeks, making it the longest season in over a decade. The 2018-2019 season differed from previous seasons in that there were two waves of Influenza A activity with two different subtypes, but of similar magnitude: A (H1N1) pdm09 predominated from October 2018 to mid-February 2019, and A (H3N2) activity increased from February through mid-May. A total of 116 laboratory-confirmed influenza-associated pediatric deaths were reported to CDC during September 30, 2018 to May 18, 2019. The hospitalization rates were well below those observed during the 2017-2018 season. Influenza in DC followed national trends, however no pediatric deaths were reported.

1) Influenza Reporting for DC Providers

Routine Surveillance for the 2019-2020 season in DC will commence on October 5, 2019 and continue until May 16, 2020. 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 posted by 1 pm on our [Influenza website](#) every Friday starting October 11, 2019. Reports will no longer be available through emails.

Reporting Guidelines:

Influenza is reportable for the following cases in DC:

- 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 must be reported immediately by telephone upon provisional diagnosis or the appearance of suspicious symptoms, and confirmed by submission of a case report form within 24 hours 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.

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 ILI* within a 72-hour period.
- Outbreaks in schools should be considered if students or staff of the same classroom are experiencing ILI* 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 if an influenza outbreak is suspected at your facility.

* ILI is defined as fever ($\geq 100^{\circ}\text{F}$ or 37.8°C) and cough and/or sore throat in the absence of a known cause other than influenza. Persons with ILI often have a 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 2019-2020 Influenza Season

Vaccination is the best way to prevent influenza and its potentially serious complications.

- Like last season, CDC and ACIP recommend that vaccination be offered by the **end of October**
- Flu vaccines have been updated to better match circulating viruses (influenza A (H1N1) and influenza A (H3N2) components were updated). The B strains are unchanged from the previous season.
- Inactivated influenza vaccine (IIV), recombinant influenza vaccine (RIV), or live attenuated nasal spray influenza vaccine (LAIV4) are approved for use this season.
 - Trivalent vaccines:
 - A/Brisbane/02/2018(H1N1)pdm09-like virus—**updated**
 - A/Kansas/14/2017(H3N2)-like virus—**updated**
 - a B/Colorado/06/2017-like virus (Victoria lineage)
 - Quadrivalent vaccines:
 - The above three viruses, and
 - a B/Phuket/3073/2013-like virus (Yamagata lineage)
- CDC and the American Academy of Pediatrics (AAP) recommend these options equally, with no preference of one product or formulation over the other.
 - All pediatric influenza vaccines will be quadrivalent vaccines. No trivalent vaccines are expected to be available for children this season.
 - New formulations of licensed influenza vaccines with a volume of 0.5ml per dose have been approved for children 6 through 36 months of age. There is no preference to receive either the 0.25 or 0.5ml dose in this age group.
 - Children 6 months through 8 years of age who are receiving influenza vaccine for the first time or who received only 1 dose before July 1, 2019 should receive 2 doses of influenza vaccine ideally by the end of October. Children needing only 1 dose of influenza vaccine, regardless of age, should receive vaccination by the end of October.
 - A new antiviral medication has been licensed for treatment of influenza in children.
- Detailed 2019-2020 influenza vaccine recommendations can be reviewed in the September 2019 [AAP report](#) and the June 2019 [CDC Morbidity and Mortality Weekly Report](#).

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

Phone: 202-442-9370 (8:15am-4:45pm) | 844-493-2652 (after-hours calls)

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