

# Public Health Update

October 2006

## Influenza Surveillance and Prevention

By Jenna Patnaik, MHS

*This Advisory contains information from Tri-County Health Department on statewide and local influenza surveillance, avian influenza, and influenza treatment and vaccination.*

### Tri-County Active Influenza Surveillance System

Currently, at the state level, only hospitalized influenza cases and pediatric deaths are notifiable. However, the tracking of outpatient influenza cases can often allow earlier identification of influenza in the community. Early recognition and identification of influenza would enable more effective public health interventions, like early vaccination or anti-influenza medications, to prevent extensive spread of the disease. Therefore, the Tri-County Health Department has conducted active influenza surveillance for inpatient AND outpatient cases during the early season for the last two years and would like to continue surveillance of influenza at the local level this year.

**The Tri-County Health Department is requesting reports of all test-positive influenza cases within Adams, Arapahoe and Douglas Counties beginning October 15, 2006. This pertains to all cases with positive influenza test results that are identified through emergency rooms, clinics, and laboratories.**

During the early part of the influenza season, the Tri-County Health Department will be collecting information on the demographics, address, and type of laboratory test used for each case.

To report a case, please contact Tegan Boehmer via phone, email or fax:

Phone: 303-846-2005

Email: [tboehmer@tchd.org](mailto:tboehmer@tchd.org)

Fax: 303-846-6295

Tri-County Health Department will also call select hospitals and laboratories on a weekly basis to inquire about any new cases. These active surveillance calls will only be continued through the first several weeks of the influenza season, to identify influenza's initial points of entry into the community. Hopefully, these surveillance efforts at the local level will allow rapid identification of influenza and enable quick preventive action, through vaccinations, prophylactic medications, and educational measures, to prevent further spread of the disease.

## Treatment of Influenza

Currently, two antiviral drugs (zanamavir and oseltamivir) have been approved for **treatment** of influenza. If taken within 2 days of getting sick, these drugs can reduce the symptoms of influenza and shorten the time you are sick by 1 or 2 days. They also can make you less contagious to others. Oseltamivir is the only antiviral commercially available that is approved for using in **preventing** influenza. When used for prevention, it is about 70% to 90% effective for preventing illness in healthy adults.

## Influenza Vaccine

*Please be aware that the Advisory Committee on Immunization Practices (ACIP) and the CDC have made some new recommendations this year regarding the influenza vaccine.*

### **The ACIP has the following new or expanded recommendations:**

- All healthy children aged 24-59 months should be vaccinated, as well as household contacts of children aged 24-59 months. This change extends the recommendation for vaccination of children, and now includes children 6-59 months.
- Children aged 6 months to 9 years who have not been previously vaccinated with live, attenuated influenza vaccine (LAIV) or trivalent inactivated vaccine (TIV) should receive 2 doses of vaccine.
  - Children aged 6 months to 9 years who receive TIV should have a booster dose of TIV administered  $\geq 1$  month after the initial dose, before the onset of influenza season, if possible. Children aged 5-9 years who receive LAIV should have a second dose of LAIV 6-10 weeks after the initial dose, before the influenza season, if possible. If a child received influenza vaccine for the first time during a previous season but did not receive a second dose within the same season, only 1 dose of vaccine should be administered this season.
- ACIP also emphasizes that influenza vaccine should continue to be offered throughout the influenza season even after influenza activity has been documented in the community.
- Neither amantadine nor rimantadine should be used for the treatment or chemoprophylaxis of influenza A in the U.S. because of recent data indicating widespread resistance to these medications.

### **CDC also recommends yearly influenza vaccine for the following people:**

- Pregnant women
- Person's aged 50 years and older

- Adults and children  $\geq$  6 months of age who need regular medical care or have been hospitalized because of chronic diseases, such as diabetes, chronic kidney disease, or weak immune systems (including immune deficiencies caused by medications, cancer, or HIV)
- Household members of people in high-risk groups listed above (including children)
- Health care workers, emergency response workers/first responders, and employees of hospitals, nursing homes, long-term care facilities, and home care providers

**Influenza vaccine should be avoided in people with:**

- Severe egg allergy
- History of severe reaction to the vaccine in the past,
- History of Guillain-Barre Syndrome within 6 weeks of getting the vaccine in the past.

More information on national vaccine recommendations can be found at:

[www.cdc.gov/flu/index.htm](http://www.cdc.gov/flu/index.htm)

**For more information on influenza vaccine clinics within your community, please contact  
The Colorado Influenza and Pneumococcal Alert Coalition  
(CIPAC):**

**Call 1-888-462-2911  
and ask about an influenza vaccine clinic in your area.**

**Or go to the CIPAC website at:  
<http://www.immunizecolorado.com/>  
and click on “Find a Flu Clinic”  
to find an influenza vaccine clinic in your area.**

## **Avian Influenza**

Avian influenza, or the “bird flu” occurs naturally among birds. Avian influenza viruses do not usually infect humans, but several cases of human infection with “bird flu” viruses have occurred since 1997. Symptoms of avian influenza in humans have ranged from typical flu-like symptoms (fever, cough, sore throat and muscle aches) to eye infections, pneumonia, severe respiratory diseases (such as acute respiratory distress), and other severe and life-threatening complications. It is believed that almost all cases of avian

influenza infection in humans that have so far occurred overseas have resulted from contact with infected poultry.

According to the World Health Organization (WHO), as of October 2, 2006, a total of 252 human cases of avian influenza have occurred since 2003, with 148 deaths among these cases. Most human cases have occurred in Indonesia (n=52) and Vietnam (n=42) and in some parts of China (n=14) and Thailand (n=17). Human cases have also occurred in Cambodia, Azerbaijan, Djibouti, Egypt, and Iraq. No sustained or ongoing transmission (spread) of H5N1 avian influenza among humans has occurred.

Currently there are no cases of H5N1 virus among humans or birds in North America. **The current risk to Americans from the H5N1 avian influenza outbreak in Asia is low. The strain of H5N1 virus found in Asia has not been found in the United States.**

People should avoid direct contact with dead wild birds. Persons who have direct contact with wildlife should practice good hygiene to avoid acquiring infectious diseases from animals. **Physicians who evaluate patients with influenza-like symptoms should ask patients if they have recently been traveling to Asia. If so, also inquire if they had bird contact while abroad. Please notify TCHD of any possible risks for avian influenza.**

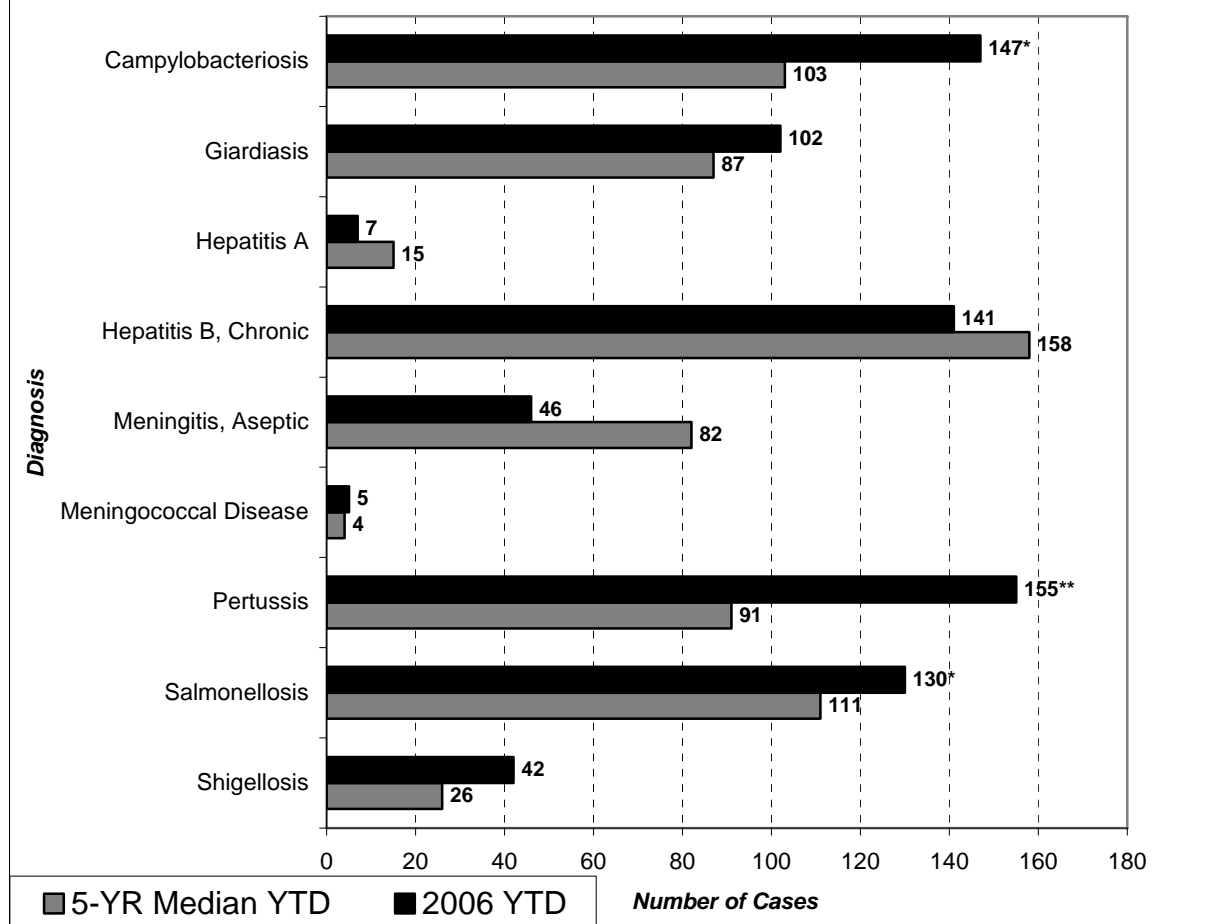
**A list of notifiable diseases in Colorado is available at: <http://www.cdphe.state.co.us/dc/Medlist.pdf>. Please know that upon receiving a report of any of these diseases, the public health department is likely to contact your patient to assess exposure and put appropriate control measures into place. If for some reason you would not like us to contact your patients, please let us know.**

For more information or questions, please contact:

Colorado Department of Public Health and Environment:  
(303) 692-2700 / (303) 370-9395 (after hours)  
Fax: (303) 782-0338

Tri-County Health Department:  
(303) 220-9200 / 303-461-2342 (after hours)  
Fax: (303) 220-9208

### Selected Diseases by Date of Report Adams, Arapahoe, and Douglas Counties 2006 Year-to-date Through September



\* The entire state of Colorado has seen increased reports of campylobacteriosis and salmonellosis. Although the reasons are currently unknown, investigation is ongoing.

\*\* There have been an excessive number of pertussis cases in the state of Colorado in the past year.