



Health Alert Network

Tri-County Health Department

Serving Adams, Arapahoe and Douglas Counties

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The pages that follow contain information critical to protecting the health of your patients and the citizens of Colorado.

HAN ALERT

Number of pages including cover: 5

Subject: **Alert - Indicators of Influenza Activity Show Marked Increase in Disease**

Message ID: 12/18/2018 4:00:00 PM

Recipients: HAN Community Members.

From: TRI-COUNTY HEALTH DEPARTMENT

Adams, Arapahoe and Douglas County, Colorado

Recipient Instructions: **For your information. No response required.**

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You have received this message based upon the information contained within our Health Alert Network Notification System. If you have a different or additional e-mail or fax address that you would like us to use, or if you have additional questions, call 720-200-1477.

Categories of Health Alert Network Messages:

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation; may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Info Service/Public Health Brief: Provides general information that is not necessarily considered to be of an emergent nature.

You may download a copy of this HAN from the TCHD website at
<http://www.tchd.org/259/Health-Alert-Network>



HEALTH ALERT | Indicators of Influenza Activity Show Marked Increase in Disease

December 18, 2018

Hospitals, Long-term Care Facilities, Health Care Providers: Please distribute widely in your facility

Key points

- Indicators of influenza activity show marked increase in disease.
- Ensure influenza vaccination of health care facility staff.
- Review facility visitation policies and screen visitors for acute respiratory illness.
- Prompt antiviral treatment is strongly recommended for persons with confirmed or suspect influenza infection at high risk for developing complications, including hospitalized patients, children under age 2 years, adults age 65 years and older, pregnant women, and persons with a chronic health condition.
- Outbreaks of influenza in long-term care facilities are reportable within 24 hours to your local or state health department.
- Antiviral chemoprophylaxis is recommended for all eligible long-term care facility residents during an outbreak, regardless of whether they received an influenza vaccine.
- Long-term care facilities participating in Medicare and Medicaid programs are required to offer all residents influenza vaccines and to document the receipt of vaccination by residents.

Indicators of Influenza Activity Show Marked Increase in Disease

Through the surveillance week ending December 15, 2018, data on laboratory testing for influenza and outpatient visits for influenza-like illness indicate we have entered a period of more intense influenza activity. Based on similar patterns from previous influenza seasons, we anticipate influenza activity to continue to escalate and approach peak activity in the next 2-4 weeks.

Tri-County Health Department (TCHD) monitors several influenza surveillance data indicators throughout each winter season to try to identify when levels of influenza disease appear to be markedly increasing. TCHD uses this threshold to alert hospitals and long-term care facilities (LTCFs) to step up and sustain prevention and control measures in their facilities.

Recommendations / guidance

TCHD strongly encourages hospitals and LTCFs to ensure the following steps are in place for disease control:

- **Ensure vaccination of hospital and LTCF staff and residents of LTCFs.**
 - Health care facilities licensed by Colorado Department of Public Health and Environment (CDPHE) are required to track influenza vaccination status of their staff (i.e, proof of influenza immunization or a medical exemption). Facilities should continue to encourage staff vaccination and ensure easy access to vaccine.
 - Long term care facilities participating in Medicare and Medicaid programs are required to offer all residents influenza vaccines and to document the receipt of vaccination by residents. LTCFs should keep resident vaccination status updated and ensure private health care providers or medical directors are vaccinating residents.
- **Review facility visitation policies and screen visitors for acute respiratory illness.**
 - Consider restricting ill-visitors from entering the facility.
 - Make hand hygiene stations readily available. Educate visitors about the benefits of frequent hand hygiene and cough etiquette.
- **Treat high risk patients with confirmed or suspect influenza disease with antiviral agents, using oseltamivir (available as a generic version or under the trade name Tamiflu®), inhaled zanamivir (trade name Relenza®), intravenous peramivir (trade name Rapivab®), or oral baloxavir marboxil (new for 2018, trade name Xofluza®). High risk patients are:**
 - All hospitalized patients.
 - Children younger than 2 years.
 - Adults aged 65 years and older.
 - People with chronic pulmonary (including asthma), cardiovascular (except hypertension alone), renal, hepatic, hematological (including sickle cell disease), and metabolic disorders (including diabetes

mellitus), or neurologic and neurodevelopmental conditions, stroke, intellectual disability, moderate to severe developmental delay.

- People with immunosuppression, including that caused by medications or by HIV infection.
- Women who are pregnant or postpartum (within two weeks after delivery).
- People aged younger than 19 years who are receiving long-term aspirin therapy.
- American Indians/Alaska natives.
- People with extreme obesity (i.e., body-mass index is equal to or greater than 40).
- Residents of LTCFs and other chronic-care facilities.
- Any person who is at higher risk for influenza complications or has signs or symptoms of severe, complicated, or progressive illness such as pneumonia, but who are not hospitalized. Use clinical judgment based on the patient's disease severity and progression, age, underlying medical conditions, likelihood of influenza, and time since onset of symptoms.

When indicated, antiviral treatment should be started as soon as possible after illness onset, ideally within 48 hours of symptom onset. However, antiviral treatment might have some benefits in patients with severe, complicated or progressive illness, and in hospitalized patients when started after 48 hours of illness onset.

Antiviral treatment may also be used for any previously healthy, symptomatic person with confirmed or suspect influenza disease who is not at high risk for influenza complications based on clinical judgement and if treatment can be initiated within 48 hours of illness onset.

- **LTCFs should stay alert for influenza outbreaks.**

- An outbreak of influenza in a LTCF is defined as one or more cases of influenza-like illness (ILI) within a one week period OR at least one resident with a positive influenza test among two or more residents with ILI. ILI is defined as [Fever (>100 F or new prostration)] AND [new cough or sore throat].
- Report outbreaks of influenza in LTCFs to TCHD or your local public health agency no later than 24 hours after identification so public health can assist with prevention and control measures.
- Treat any LTCF resident with confirmed or suspect influenza with an antiviral agent.
- Use prophylactic antiviral agents as a key component of outbreak control in LTCFs. Consult with public health regarding recommendations.
 - Antiviral chemoprophylaxis is recommended for all eligible LTCF residents (regardless of whether they received influenza vaccine) who are not exhibiting influenza-like illness once an

influenza outbreak is identified. Residents that develop influenza-like illness while on prophylaxis should be switched to treatment doses of antiviral medications.

- Consideration can be given to restricting antiviral chemoprophylaxis to residents of a particular unit when the outbreak is clearly confined to that unit or care area. When the outbreak involves multiple units or care areas, or is widespread in the facility, antiviral chemoprophylaxis of the entire facility is recommended.

For more information

- Summary of Influenza Antiviral Treatment Recommendations for Clinicians:
www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm
- Colorado Influenza Report: www.colorado.gov/pacific/cdphe/influenza
- Syndromic Surveillance Notification Report:
www.tchd.org/637/Syndromic-Surveillance-Newsletters-Report
- Guidelines for Prevention and Control of Influenza Outbreaks in Long Term Care Facilities:
<https://drive.google.com/file/d/1TydALbv7QRtaYx1YCf541iqbDq-b96VM/view>
- Tri-County Health Department Communicable Disease Epidemiology: 303-220-9200 or 720-200-1486 (after hours)
- CDPHE Disease Reporting Line: 303-692-2700 or 303-370-9395 (after hours)