



Health Alert Network

Tri-County Health Department

Serving Adams, Arapahoe and Douglas Counties

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John M. Douglas, Jr., M.D. Executive Director

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

HAN ADVISORY

Number of pages including cover: 4

Subject: **Advisory - Influenza activity and the importance of antiviral use - Jan. 15, 2020**

Message ID: 1/15/2020 4:00:00 PM

Recipients: HAN Community Members.

From: TRI-COUNTY HEALTH DEPARTMENT

Adams, Arapahoe and Douglas County, Colorado

Recipient Instructions: **Tri-County Health Department is forwarding you the attached HAN. You may have already received this broadcast if you are on the CDPHE distribution list, however, we wanted to ensure you did not miss this important information. No response is required.**

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>



Advancing Colorado's health and protecting the places we live, learn, work and play

HEALTH ALERT NETWORK BROADCAST

MESSAGE ID: 011520 12:30

FROM: CO-CDPHE

SUBJECT: HAN Advisory - Increasing influenza activity and the importance of antiviral use

RECIPIENTS: Local Public Health Agencies / IPs / Clinical Labs / EDs / ID Physicians / Coroners

RECIPIENT INSTRUCTIONS: Local Public Health Agencies - please forward to healthcare providers

HEALTH ADVISORY | Influenza activity and the importance of antiviral use | Jan. 15, 2020

Health care providers: Please distribute widely in your office

Key points

- Influenza continues to circulate widely across Colorado and the United States, with Influenza B viruses and Influenza A (H1N1) viruses predominating. From Sept. 29, 2019, through the week ending Jan. 11, 2020, 909 influenza hospitalizations have been reported in Colorado.
- Hospitalization rates are currently highest among adults 65 years and older.
- There have been 13 outbreaks in long-term care and residential facilities reported statewide since Sept. 29, 2019.
- Antiviral treatment is recommended for hospitalized patients; children under age 5 (and especially those under age 2); adults age 65 years and older; pregnant women and those up to two weeks postpartum; and individuals with underlying health conditions.
- Antiviral chemoprophylaxis is also recommended for all eligible long-term care facility residents during a facility outbreak **regardless** of whether they received influenza vaccine.

Background information

Influenza viruses continue to circulate widely in Colorado and the United States. Ongoing elevated activity is due to influenza B/Victoria viruses, increasing circulation of influenza A (H1N1) viruses, and low levels of influenza B/Yamagata and influenza A (H3N2) viruses. CDC's influenza forecasts suggest that national influenza activity will remain elevated for several more weeks.

From Sept. 29, 2019 through the week ending Jan. 11, 2020, 909 cases of influenza-associated hospitalizations have been reported in Colorado. 13 outbreaks of influenza in long-term care and residential facilities have been reported during this time.

Elevated influenza activity, and the fact that both influenza A and B virus infections can cause severe disease and death, are reminders of the importance of influenza prevention and treatment strategies. Clinicians should continue efforts to vaccinate patients for as long as influenza viruses are circulating. Additionally, clinicians should promptly start antiviral treatment of severely ill and high-risk patients, including children younger than two years, with suspected influenza without waiting for laboratory confirmation. Early treatment with antiviral medications improves outcomes in patients with influenza.

Recommendations

The following clinical guidance is provided by CDC.

1. All people six months and older who have not yet received an influenza vaccine this season should be vaccinated against influenza.

- All available vaccine formulations this season contain A (H3N2), A (H1N1)pdm09, and B/Victoria virus strains. The 2019-2020 U.S. quadrivalent influenza vaccines contain these and an additional influenza B/Yamagata virus. CDC does not recommend one influenza vaccine formulation over another.

2. All hospitalized, severely ill, and high-risk patients with suspected or confirmed influenza, regardless of influenza vaccination status, should be treated with antivirals as soon as possible after onset of illness. This includes patients who:

- Are hospitalized.
- Have severe, complicated, or progressive illness. This may include outpatients with severe or prolonged progressive symptoms or patients who develop complications such as pneumonia but who are not hospitalized.
- Are at high risk for influenza complications but not hospitalized, including
 - Children younger than two years. Although children younger than five years are considered at higher risk for complications from influenza, the highest risk is for those younger than two years.
 - Adults 65 years and older.
 - People with chronic pulmonary (including asthma), cardiovascular (except hypertension alone), renal, hepatic, hematological (including sickle cell disease), and metabolic (including diabetes mellitus) disorders.
 - People with neurologic and neurodevelopment conditions, including disorders of the brain, spinal cord, peripheral nerve, and muscle, such as cerebral palsy, seizure disorder, stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury.
 - People with immunosuppression, including that caused by medications or by HIV infection.
 - Women who are pregnant or postpartum (within two weeks after delivery).
 - People younger than 19 years who are receiving long-term aspirin therapy.
 - American Indians and Alaska Natives.
 - People with extreme obesity (i.e., body mass index is equal to or greater than 40).
 - Residents of nursing homes and other chronic care facilities.

3. Antiviral treatment in non-high-risk patients with uncomplicated influenza

- Antiviral treatment can benefit other individuals with influenza. While current guidance focuses on antiviral treatment of those with severe illness or at high risk of complications, antiviral treatment may be prescribed for any previously healthy (non-high risk) outpatient with suspected or confirmed influenza who presents within two days after illness onset. Clinical judgment – considering the patient’s disease severity and progression, age, likelihood of influenza, and time since onset of symptoms – is important when making antiviral treatment decisions for outpatients who are not at increased risk for influenza complications.

4. Choice of antiviral medication

- Four influenza antiviral medications approved by the U.S. Food and Drug Administration (FDA) are recommended for use in the United States during the 2019-2020 influenza season.
- Three drugs are chemically related antiviral medications known as neuraminidase inhibitors: oral oseltamivir phosphate (available as a generic version or under the trade name Tamiflu®), inhaled zanamivir (trade name Relenza®), and intravenous peramivir (trade name Rapivab®). These medications block the viral neuraminidase enzyme and have activity against both influenza A and B viruses.
- The fourth drug is oral baloxavir marboxil (trade name Xofluza®), which is active against both influenza A and B viruses but has a different mechanism of action. Baloxavir is a cap-dependent endonuclease inhibitor that interferes with viral RNA transcription and blocks virus replication. In October 2019, FDA approved an indication for baloxavir treatment of acute uncomplicated influenza within two days of illness onset in people 12 years and older who are at high risk of developing influenza-related complications. There are no available data for baloxavir treatment of influenza in pregnant women, immunocompromised people, those with severe disease, or hospitalized patients.

More information

- Dosing and detailed treatment considerations:
<https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>
- CDC Influenza Report <https://www.cdc.gov/flu/weekly/fluactivitysurv.htm>
- Colorado Influenza Report: <https://www.colorado.gov/pacific/cdphe/influenza>
- CDPHE Disease Reporting Line: 303-692-2700 or 303-370-9395 (after hours)

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