



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
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Commissioner

2016 Advisory #1: Influenza Advisory

- **Influenza activity is increasing in New York City, consistent with previous years.**
- **Influenza vaccination is recommended for all persons 6 months of age and older.**
- **All healthcare personnel should receive an influenza vaccination. New York State law mandates that all unvaccinated healthcare personnel in licensed facilities wear a surgical mask while in patient areas.**
- **Antiviral treatment is recommended as early as possible for patients with confirmed or suspected influenza who are hospitalized, seriously ill, or ill and at high risk of serious influenza-related complications.**
- **The following are reportable to the NYC Health Department:**
 - **Nosocomial outbreaks of febrile respiratory disease in healthcare facilities, including hospitals, assisted care, and long-term care facilities.**
 - **Suspected or confirmed pediatric influenza-associated deaths.**
 - **Novel influenza strains with pandemic potential.**

Please distribute to staff in the Departments of Critical Care, Emergency Medicine, Family Practice, Geriatrics, Internal Medicine, Infectious Disease, Infection Control, Obstetrics, Pediatrics, Pulmonary Medicine, Pharmacy, and Laboratory Medicine

January 8, 2016

Dear Colleagues,

Influenza activity is increasing in New York City (NYC), consistent with previous years. The Health Department reminds NYC clinicians that it is not too late to administer influenza vaccine and that antiviral medications should be used for influenza treatment and prophylaxis, when indicated. During the past surveillance week, 2.5% of outpatient visits were for influenza-like illness (ILI). During the current influenza season, most influenza in the United States has been caused by influenza A (H3N2) viruses; cases of influenza A (H1N1) and influenza B have also been reported. During past seasons when influenza A (H3N2) viruses have predominated, higher overall and age-specific hospitalization rates and increased mortality have been observed, especially among older people, very young children, and persons with certain chronic medical conditions compared with seasons during which influenza A (H1N1) or influenza B viruses have predominated. Weekly updates on current NYC influenza activity may be found at <http://www.nyc.gov/html/doh/flu/html/data/data.shtml>.

Influenza Vaccine Recommendations and Supply

Annual influenza vaccination is recommended for all persons aged 6 months and older. Anyone who has not yet been vaccinated this season should get an influenza vaccine now. In some higher risk populations, influenza vaccination is particularly important. The following groups should be vaccinated because of an increased risk of influenza-associated complications: pregnant women, young children 6 to 59 months of age, persons 65 years of age and older, persons with underlying health conditions (see http://www.cdc.gov/flu/about/disease/high_risk.htm for a complete list), people with body mass index >40 kg/m², American Indians/Alaskan Natives, and residents of long-term care facilities. The following groups should be vaccinated because of the risk of acquiring and transmitting influenza to others: all healthcare personnel and household contacts and caregivers of persons with underlying medical conditions, adults 65 years and older, and children <5 years of age, especially those younger than 2 years of age.

Several different influenza vaccine formulations are available from manufacturers and distributors (see <http://www.cdc.gov/flu/protect/vaccine/vaccines.htm> for a complete list). Inactivated influenza vaccines are

available as either trivalent (protecting against two influenza A strains and 1 influenza B strain) or quadrivalent (protecting against an additional influenza B strain) formulations. All live-attenuated influenza vaccine is quadrivalent. In addition, recombinant and cell-based formulations are available, both of which are inactivated trivalent vaccines. The recombinant formulation does not use any egg protein in its production and may be used in patients aged 18 years and older with history of a severe egg allergy. Intradermal and high-dose trivalent inactivated influenza vaccine formulations continue to be available. Although the Advisory Committee on Immunization Practices does not state a preference, the high-dose vaccine for patients aged 65 years and older produces a more robust immune response, and clinical trials have shown this product is 24% more effective in preventing influenza disease in older adults compared to standard dose vaccine.

Influenza vaccine coverage levels in NYC are far below the Healthy People 2020 Goals for all age groups. A recommendation from a clinician is the most important factor in determining whether someone is vaccinated. Evidence-based strategies to increase coverage should be employed, such as using non-patient specific standing orders, sending reminders, or calling patients.

If you need more vaccine, influenza vaccine is still available for purchase. For a list of available products and where to purchase to them, visit <http://www.izsummitpartners.org/ivats/>. Pediatricians enrolled in the Vaccines for Children (VFC) program who need to order additional vaccine or have questions about their influenza vaccine order, can visit www.nyc.gov/health/cir and log on to the Online Registry to place or track a request. You may also send an e-mail to nycimmunize@health.nyc.gov.

Additional information on influenza prevention and control, including vaccination recommendations (for influenza and pneumococcal vaccines), is available in the Health Department's City Health Information: Influenza Prevention and Control, 2015-16 publication (<http://www.nyc.gov/html/doh/downloads/pdf/chi/chi-34-5.pdf>). For further information on ordering vaccine, vaccine supply, standing orders, sample refusal forms, patient education materials, and additional resources to promote influenza vaccination, please visit www.nyc.gov/flu or <http://www.nyc.gov/html/doh/downloads/pdf/imm/flu-vac-rec.pdf>.

Reporting of Influenza Vaccine Doses Administered

Providers must report all doses of vaccine administered to children less than 19 years of age to the Citywide Immunization Registry (CIR). As of July 12, 2013, vaccines administered to adults age 19 years and older only require verbal consent to be reported to the CIR. Although written consent is no longer required, we strongly encourage providers to obtain verbal consent from adult patients, document it in the patient's record, and report all administered doses. For more information, please visit www.nyc.gov/health/cir. Additionally, effective October 2014, pharmacists and registered nurses in NYS must report all vaccines administered to adults 19 years and older to the CIR, with the patient's verbal consent. Additional information on the reporting requirement is available at http://www.health.ny.gov/prevention/immunization/information_system/laws_and_regulations/docs/notification_letter.pdf

Influenza Vaccination for Healthcare Personnel

Annual influenza vaccination of all healthcare personnel is considered the standard of care and endorsed by numerous professional organizations. Vaccination of healthcare personnel reduces work absenteeism and deaths among residents of long-term care facilities and should be considered as a measure in a patient safety quality program. In 2014-15, 86% of healthcare personnel in New York State Article 28, 36, and 40 healthcare and residential facilities received an influenza vaccine (unpublished data). As of July 2013, NYS Public Health Law requires all healthcare facilities and agencies licensed under Article 28, 36 or 40 to document their HCP flu vaccination status and require HCP who do not receive flu vaccine to wear a mask through the period that the NYS health commissioner deemed influenza to be widespread.

Influenza Antiviral Medications

One of three influenza antiviral medications - oseltamivir (Tamiflu), zanamivir (Relenza), or peramivir (Rapivab) - should be used for treating influenza infections, especially in persons at high risk for serious

complications of influenza infection. Peramivir is approved for use only in adults, and only oseltamivir and zanamivir are approved for prophylaxis. Antiviral treatment should be started as early as possible for any patients with confirmed or suspected influenza who are hospitalized, seriously ill patients, or ill patients with a high risk of serious influenza-related complications. The latter group includes

- Persons over 65 or under 2 years of age
- Pregnant women, or those who have given birth within the previous 2 weeks
- Persons with diabetes, chronic lung, heart, kidney, liver, or blood disorders, neurological disorders compromising respiration, morbid obesity (i.e., body-mass index ≥ 40), or who are immunocompromised
- Persons under 19 years of age who are on long-term aspirin therapy

Treatment should begin as soon as influenza is suspected, regardless of vaccination status or rapid test results, and should not be delayed for confirmatory testing. Further recommendations on the use of antiviral drugs are available on the following websites:

NYC DOHMH: <http://www.nyc.gov/html/doh/html/hcp/influenza.shtml>

CDC: <http://www.cdc.gov/flu/professionals/antivirals/index.htm>

Influenza Reporting

During influenza season, clinicians should suspect influenza infection in patients with febrile respiratory illness, test specifically for influenza in patients at higher risk for complications, and report nosocomial outbreaks of febrile respiratory disease. The Health Department also requires physicians to report any influenza-associated deaths occurring in persons under 18 years of age, and suspected infection with any novel influenza strain with pandemic potential. Visit

<http://www.nyc.gov/html/doh/flu/html/providers/reporting.shtml> for more detailed information on influenza reporting. For information regarding control of influenza outbreaks in acute and long-term care facilities, please contact the Health Department's influenza surveillance coordinators, Ms. Beth Nivin (347-396-2616) or Ms. Alice Yeung (347-396-2608).

Sincerely,

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