

# Government of the District of Columbia Department of Health



Center for Policy, Planning and Evaluation Administration Division of Epidemiology – Disease Surveillance and Investigation

January 29, 2018

## <u>Health Notice for District of Columbia Healthcare Providers</u> 2017-2018 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 (>65 years old), younger children (<5 years old), pregnant women, and those with some chronic medical conditions. In this health notice, we provide important updates about the current 2017-2018 influenza season.

### Influenza in the District of Columbia

The District of Columbia (DC) Department of Health (DOH) began active surveillance for the 2017-2018 influenza season on October 1, 2017. Seasonal influenza activity sharply increased during December 31, 2017 - January 06, 2018 (MMWR Week 1) in DC, with more than twice as many positive influenza tests being reported as compared to the previous week. The number of positive cases appear to have since plateaued. As of January 25<sup>th</sup>, 824 positive influenza cases have been reported by DC healthcare facilities this season. There have been no influenza-associated deaths, including pediatric deaths, reported in DC.

The Centers for Disease Control and Prevention (CDC) reports that the trajectory of influenza-like illness this season is similar to what was seen during the 2012-13 and 2014-15 seasons. Nationally, influenza A (H3N2) has been predominating; H3N2 has previously been associated with more hospitalizations and deaths in older adults and younger children. Based on national data, we anticipate significant influenza activity for many weeks to come in DC, as the season typically lasts for 11-13 weeks after the peak. Influenza should still be high on the list of possible diagnoses for ill patients and all high-risk patients (either hospitalized or outpatient) with suspected influenza should be treated with a neuraminidase inhibitor as soon as possible following symptom onset, even if started after 2 days of illness when it is noted to be most effective. Further details on treatment indications can be found on the CDC website (https://emergency.cdc.gov/han/han00409.asp).

### Reminders on Influenza reporting for DC Healthcare Providers

The Division of Epidemiology-Disease Surveillance and Investigation (DE-DSI) will continue to collect aggregate data on patients with influenza-like-illness (ILI) and confirmed influenza on a weekly basis. This information is reported to CDC weekly, and reports for DC are available on our influenza website (https://doh.dc.gov/flu).

Influenza is reportable for the following cases in DC (please see the October 3, 2017 Health Notice):

- o Influenza-associated pediatric deaths (<18 years old);
- Novel Influenza A infection (e.g., H2, H5 subtypes);
- o Any influenza outbreak;
- o Influenza associated hospitalizations or non-pediatric deaths is encouraged, but not required.
- Other individual cases are not reportable in DC.

Cases should be submitted to DE-DSI online using the DC Reporting and Surveillance Center (DCRC) on our infectious disease website (https://doh.dc.gov/service/infectious-diseases).

### **Influenza Prevention**

CDC recommends that everyone 6 months of age and older should get a flu vaccine every season. Flu vaccines continue to be the best way to prevent flu and should continue to be recommended to patients as long as flu viruses are circulating. When scheduling appointments for respiratory illness, take steps to minimize potential exposures before arrival (e.g., facemask upon entry), and try to ensure that persons with respiratory symptoms adhere to cough etiquette, hand hygiene, and triage procedures throughout their visit.

For more information on influenza, please visit our influenza website (https://doh.dc.gov/flu) or email us at flu.epi@dc.gov.

Please contact the DC DOH Division of Epidemiology–Disease Surveillance and Investigation for more information: Phone: 202-442-8141 (8:15am-4:45pm) | 1-844-493-2652 (after-hours calls) | Fax: 202-442-8060 | Email: <u>flu.epi@dc.gov</u>