



Government of the District of Columbia  
Department of Health



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

October 3, 2017

**Health Notice for District of Columbia Healthcare Providers and Clinical Laboratories**  
**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, younger children, pregnant women, and those with some chronic medical conditions. This notice provides important updates for influenza surveillance in DC, along with current guidance on best practices for influenza vaccination.

**1) Influenza Reporting for DC Providers**

Current flu activity is low in the United States, however the 2017-2018 influenza season is upon us. Routine surveillance in DC will commence on October 1, 2017 and continue until May 19, 2018. The Division of Epidemiology- Disease Surveillance and Investigation (DE-DSI) will continue to collect data on aggregate confirmed influenza cases and influenza-like-illness (ILI) on a weekly basis. This information is reported to CDC for national reporting, and a weekly report for DC will be available on our [Influenza website](#).

**a) Reporting Guidelines:**

In the District, influenza is **reportable** for the following cases:

- Influenza associated pediatric deaths (<18 years old)
- Novel Influenza A infection
- Any influenza outbreak

Reporting of influenza associated hospitalizations or non-pediatric deaths is strongly encouraged, but not required. No other individual cases of influenza are reportable to DOH. Cases should be submitted to DE-DSI online using DC Reporting and Surveillance Center (DCRC), our online notifiable disease reporting system: <https://doh.dc.gov/service/infectious-diseases>.

**Influenza Associated Pediatric Death Case Definition**

An influenza associated death is defined as a death resulting from a clinically compatible illness that was confirmed to be influenza by an appropriate laboratory or rapid diagnostic test. There should be no period of complete recovery between the illness and death. Any such death in persons <18 years is required to be reported. Laboratory testing for influenza virus infection may be done on pre- or post-mortem clinical specimens.

A death should *not* be reported if:

- There is no laboratory confirmation of influenza virus infection.
- The influenza illness is followed by full recovery to baseline health status prior to death.
- After review and consultation there is an alternative agreed upon cause of death.

## **Novel Influenza A Infection Case Definition**

Novel influenza A infection is defined as a human case of infection with an influenza A virus subtype that is different from currently circulating human influenza H1 and H3 viruses. Novel subtypes include, but are not limited to, H2, H5, H7, and H9 subtypes. Influenza H1 and H3 subtypes originating from a non-human species or from genetic reassortment between animal and human viruses are also novel subtypes.

Please contact Keith Li at [keith.li@dc.gov](mailto:keith.li@dc.gov) with any questions about influenza reporting.

### **2) Influenza specimen submission for DC Clinical Laboratories**

For larger health care practices and facilities, regular submission of a subset of your collected influenza specimens to the DC Public Health Laboratory (PHL) for virologic surveillance is **strongly encouraged**. Virologic surveillance is an essential part of the DC and national influenza surveillance system, allowing for:

- Increased awareness of seasonal influenza and determination of strain prevalence
- Early detection of novel viruses or events
- Annual vaccine strain selection
- Antiviral resistance monitoring

Please contact Keith Li at [keith.li@dc.gov](mailto:keith.li@dc.gov) to learn more and set up specimen submission.

### **3) Influenza Vaccine Updates for the 2017-2018 Influenza Season**

- Flu vaccines have been updated to better match circulating viruses (the influenza A(H1N1) component was updated).
- The recommendation to **not** use the nasal spray flu vaccine (LAIV) was renewed. Only injectable flu shots are recommended again this season.
- Pregnant women may receive any licensed, recommended, and age-appropriate flu vaccine.
  - A [CDC funded study](#) published in September that associated flu vaccines with miscarriage had a small sample size and could not provide data to support a causal link or estimate risk.
  - Previous studies have not found a link between flu vaccination and spontaneous abortion.
  - There is an ongoing study investigating this further using data from the 2012-2013 through 2014-2015 flu seasons, with results anticipated late 2018 or 2019.
  - Advisory Committee on Immunization Practices (ACIP) are aware of these data. At this time CDC and ACIP have not changed the recommendation for influenza vaccination of pregnant women.
- Two new quadrivalent (four-component) flu vaccines have been licensed: one inactivated influenza vaccine (“Afluria Quadrivalent” IIV) and one recombinant influenza vaccine (“Flublok Quadrivalent” RIV).
  - The age recommendation for “Fluval Quadrivalent” has been changed from 3 years and older to 6 months and older consistent with FDA-approved labeling.
  - The trivalent formulation of Afluria is now recommended for people 5 years and older to match the Food and Drug Administration package insert.

**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: [doh.epi@dc.gov](mailto:doh.epi@dc.gov)**