

September 6, 2012

TO: Healthcare Providers, Clinical Laboratories, Hospitals, Long-Term Care Facilities, Pharmacies, and Local Health Departments

FROM: NYSDOH Bureaus of Communicable Disease Control, Immunization, and Healthcare Associated Infections

HEALTH ADVISORY:

**INFLUENZA PREVENTION, CONTROL, AND
REPORTING REQUIREMENTS, 2012–2013**

For healthcare facilities, please distribute immediately to the Infection Control Department, Emergency Department, Infectious Disease Department, Director of Nursing, Medical Director, Director of Pharmacy, Laboratory Service, and all patient care areas.

PURPOSE

The New York State Department of Health (NYSDOH) is providing this advisory to assist health care providers in preparing for the 2012–2013 influenza season. This advisory 1) highlights the current recommendations regarding the prevention and control of influenza, and 2) summarizes NYSDOH influenza reporting requirements.

PREVENTION AND CONTROL OF INFLUENZA WITH VACCINES

On August 17, 2012, The Centers for Disease Control and Prevention (CDC) published the yearly recommendations of the Advisory Committee on Immunization Practices (ACIP) on the prevention and control of influenza with vaccines. (MMWR; August 17, 2012; 61(32);613–618). The document is accessible at: <http://goo.gl/rNSwB>. This document contains more details on all recommendations or information provided below.

NYSDOH would like to highlight the following ACIP recommendations:

- Annual influenza vaccination of all persons aged ≥ 6 months continues to be recommended.
- Children aged 6 months through 8 years require 2 doses of influenza vaccine (administered a minimum of 4 weeks apart) during their first season of vaccination to optimize immune response.
 - Children who last received seasonal (trivalent) influenza vaccine before the 2010–11 season but did not receive a vaccine containing 2009(H1N1) antigen (either seasonal vaccine since July 2010 or monovalent 2009[H1N1] vaccine) are recommended to receive 2 doses this season. Further guidance and a figure to aid in determining the number of vaccine doses needed are in the above-referenced document.
 - An updated vaccination schedule for children aged 6 months through 8 years can be found in the above-referenced document.

- Vaccination providers should offer influenza vaccination *as soon as vaccine is available* and throughout the influenza season. It takes about two weeks after vaccination for protective antibodies to develop, therefore, vaccination before the influenza season begins offers the best protection against disease.
- Vaccine strains:
 - The influenza A(H3N2) and B antigens are *different* from the respective 2010–11 and 2011–12 seasonal vaccine antigens.
 - The influenza A(H1N1) antigen is the *same* as in the 2009(H1N1) monovalent pandemic vaccine as well as the 2010–11 and 2011–12 seasonal vaccines.
 - The 2012–13 seasonal vaccine is not designed to protect against variant influenza A(H3N2v) that has recently been detected and is associated with contact with swine. No decision to produce a vaccine against this strain has yet been made, but CDC is watching the situation closely.
- Multiple influenza vaccines (with the same antigenic composition) are expected to be available during the 2012–13 season. Please refer to the chart in the above-referenced document for detailed vaccine information including age indications.
 - Intramuscular **Trivalent inactivated influenza vaccines (TIV)** preparations:
 - Age indications for the various TIV products differ. Within specified age indications, ACIP expresses no preference for any given TIV formulation over another.
 - ACIP *does not recommend* the U.S.-licensed CSL Biotherapies' TIV, Afluria, for children aged <9 years because of reports of an increased risk for fever and febrile seizures among young children.
 - **Fluzone High-Dose** (Sanofi Pasteur) is indicated for persons aged ≥65 years. This TIV preparation contains higher amounts of hemagglutinin per vaccine dose.
 - **Fluzone Intradermal** is indicated for persons aged 18 through 64 years. It is administered intradermally via a single-dose, prefilled microinjection syringe. The preferred site for administration is over the deltoid muscle.
 - The intranasally administered **live-attenuated influenza vaccine (LAIV), FluMist** (MedImmune), is indicated for healthy, nonpregnant persons aged 2 through 49 years. No preference is indicated for LAIV versus TIV in this age group.
 - Persons with a history of egg allergy should receive TIV rather than LAIV.
 - Persons who care for severely immunosuppressed persons who require a protective environment, such as those who work in a bone marrow transplant unit, should not receive LAIV given the theoretical risk for transmission of the live-attenuated vaccine virus. Persons who work in all other hospital areas can receive LAIV.

Recommendations for vaccination of persons with a history of egg allergy

All currently available influenza vaccines are prepared by means of inoculation of virus into chicken eggs. Detailed recommendations for patients with a history of egg allergy can be found in the above-referenced document. In general:

- Persons with a history of egg allergy who have experienced only hives after egg exposure should receive influenza vaccine, but with additional safety measures.
- Persons who report having had severe reactions to egg should be referred to a physician with expertise in the management of allergic conditions for further risk assessment.
- All vaccines should be administered in settings in which personnel and equipment for rapid recognition and treatment of anaphylaxis are available.
- A previous severe allergic reaction to influenza vaccine, regardless of the component suspected to be responsible for the reaction, is a contraindication to future receipt of the vaccine.

INFLUENZA REPORTING REQUIREMENTS

NYSDOH will conduct enhanced influenza surveillance during the first week in October 2012 through the third week in May 2013. Below are the current influenza reporting requirements.

1. Positive influenza laboratory test results

- All laboratories that perform influenza testing on New York State residents' specimens must report positive influenza laboratory test results to the NYSDOH Electronic Clinical Laboratory Reporting System (ECLRS).
- The ECLRS Help Desk (866-325-7743) is available to answer questions and assist laboratories with reporting procedures.

2. Pediatric influenza-associated deaths

- Healthcare providers, infection control practitioners, medical examiners, and coroners must report suspected or confirmed influenza-associated deaths in children aged <18 years to the local health department (LHD) of the patient's county of residence.
- NYSDOH may request that patient specimens be forwarded to the Wadsworth Center and/or the CDC for testing.

3. Patients hospitalized with laboratory-confirmed influenza

- During October–May, hospitals must report the aggregate number of newly identified hospitalized laboratory-confirmed influenza cases weekly, using the NYSDOH Health Emergency Response Data System (HERDS).
 - Cases are to be reported every week for the previous week ending Saturday at midnight. The HERDS reporting site accepts data from each Wednesday through the following Tuesday for the previous week.
 - Cases are to be reported by age: 0–4 years, 5–17 years, 18–49 years, 50–64 years, ≥65 years
 - Cases are to be reported only once, when first identified.
 - Include both community-associated and healthcare facility-associated cases of influenza.
 - Healthcare facility-associated influenza cases must also be reported to the NYSDOH Healthcare Epidemiology and Infection Control (HEIC) program, as described in item 4 below.
- Reporting will begin on Wednesday, October 10, 2012 for the week starting Sunday, September 30 and ending Saturday, October 6, 2012 at midnight. Weekly reporting will continue through the week ending May 18, 2013.
- For any difficulties with accessing or using HERDS, or to report data from previous weeks, please contact the Office of Health Emergency Preparedness (OHEP) at 518-408-5163.

4. Healthcare facility-associated influenza

- Article 28 hospitals and long term care facilities must report all confirmed or suspected healthcare facility-associated influenza to the NYSDOH HEIC via the Nosocomial Outbreak Reporting Application (NORA) located on the NYSDOH Health Commerce System (HCS) at: <https://commerce.health.state.ny.us/>.
 - If you need access to NORA, please contact your facility's HCS coordinator and ask to be assigned to the "Infection Control Practitioner" role in the HCS Communications Directory. Once in this role, your access to NORA is immediate. Until you have access to NORA, a paper NORA report must be completed and submitted by fax to 518-402-5165. This form can be accessed at: <http://goo.gl/FMyGV>.
- For questions regarding healthcare facility-associated reporting, contact the appropriate NYSDOH Regional Epidemiology office:
 - Western Regional Office: 716-847-4503
 - Central New York Regional Office: 315-477-8166
 - Capital District Region: 518-474-1142
 - Metropolitan Area Regional Office: 914-654-7149

INFLUENZA SURVEILLANCE REPORTS

Weekly New York State influenza surveillance information, including the currently circulating virus subtypes and antiviral resistance information, will be available on:

- the NYSDOH public website at: <http://goo.gl/zF5MB>.
- the NYSDOH HCS: <https://commerce.health.state.ny.us/>. Click on the “Documents” link in the menu bar, then click on “Diseases and Conditions” > “Influenza” > “Surveillance” > “Weekly Reports 2012–13”.

ADDITIONAL INFORMATION

Other resources on influenza are available on the NYSDOH public website at <http://goo.gl/VjHsE> and on the CDC website at <http://www.cdc.gov/flu/>. For additional information please contact the Bureau of Immunization at 518-473-4437 or the Bureau of Communicable Disease Control at 518-473-4439.