INFLUENZA ACTIVITY AND ANTIVIRALS – MEASLES AT DISNEYLAND

INFLUENZA

ACTION REQUESTED

- Suspect influenza in patients with acute influenza like illness, symptoms may be atypical in the elderly.
- Do not wait for laboratory confirmation of influenza to treat with antivirals.
- Treat regardless of results of rapid influenza tests, they may be a false negative.
- Administer antiviral treatment immediately to all long term care residents who have confirmed or suspected influenza.
- Report outbreaks in long term care facilities to Public Health promptly if:
  - Two residents are ill within 72 hours, and at least one has laboratory confirmed influenza.
- Follow CDC guidance for influenza outbreak management and antiviral chemoprophylaxis in long term care facilities (see link below).
- Restrict employees with influenza-like illness to home until they are fever free for 24 hours without the use of fever reducing medications.

SEASONAL INFLUENZA - Over the past couple of weeks we have seen a marked increase in flu activity across Washington State and the Thurston County community. Hospital surveillance, health care provider case reports, pre-holiday school absenteeism reports, reports from long term care facilities and declarations at the national level of an epidemic point to an earlier and more severe flu season. Information from the Washington State Department of Health for week 52 indicates:

- 16 laboratory-confirmed influenza deaths reported this flu season in Washington State, fifteen influenza A and one influenza B.
- The proportion of outpatient visits for influenza-like illness (ILI) was 2.5 percent, above the Washington State baseline of 1.1 percent.

INFLUENZA VACCINE - Despite concerns about the effectiveness of this year’s influenza vaccine because of the antigenic drift of one of the circulating flu strains and concerns about the effectiveness of the nasal flu vaccine for children, CDC continues to recommend that individuals who have not yet received an influenza vaccination get vaccinated.

ANTIVIRAL MEDICATIONS - Two FDA-approved influenza antiviral medications are recommended for outpatient use in the United States during the 2014-2015 influenza season: oral oseltamivir (Tamiflu®) and inhaled zanamivir (Relenza®).

- Do not wait to start antiviral treatment until laboratory confirmation of influenza is received
- Antiviral treatment is recommended as early as possible for any patient with confirmed or suspected influenza who is:
  - Hospitalized.
  - Has severe, complicated, or progressive illness; or
  - Is at higher risk for influenza complications

Recommended Dosage and Duration of Influenza Antiviral Medications for Treatment or Chemoprophylaxis: www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm
ANTIVIRAL USE - CDC does not recommend widespread or routine use of antiviral medications for chemoprophylaxis to limit the possibilities that antiviral resistant viruses could emerge and compromise the availability of antiviral medication for treatment.

Considered antiviral medications for chemoprophylaxis to prevent influenza for:

- Persons at high risk of influenza complications
- People with severe immune deficiencies or others who might not respond to influenza vaccination.
- People at high risk for complications from influenza who cannot receive influenza vaccine due to a contraindication
- Residents of institutions, such as long-term care facilities, during influenza outbreaks in the institution.
- [Link to CDC website for guidance](https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm)

MEASLES - has been confirmed in seven California residents in 2015 and two Utah residents; all whom visited Disneyland or Disney California Adventure Park between December 17th and 20th, 2014. Additional individuals are being tested. **Your expert eye, diagnostic skills, and prompt reporting of suspect measles patients to public health can make a difference in stopping the spread of this highly contagious disease in our community.** These cases point to the importance of vaccinations and recognizing that illness is a plane flight away regardless of the destination.

**ACTION REQUESTED**

- Consider measles in patients of any age with a fever AND a rash regardless of travel history. Fever can spike as high as 105°F. Measles rashes are red, blotchy and maculopapular (generalized) and typically start on the hairline and face and then spread downwards to the rest of the body and last 3 days or longer with a temperature of greater than 101ºF and cough or coryza or conjunctivitis.

- Obtain a thorough history on such patients, including symptom onset, travel, immunization, and health care facilities visited.

- Isolate the patient immediately if you suspect measles, and alert your local health department. The risk of measles transmission to others and large contact investigations can be reduced if control measures are implemented immediately. Identify other health care staff and patients who may have been exposed.
  - Post-exposure prophylaxis can be administered to contacts within 72 hours of exposure (MMR vaccine) or up to 6 days after exposure (Immune globulin - intramuscular).

- Collect specimens for measles testing. Test unimmunized individuals who meet the clinical case definition and have a known exposure or were in a high risk setting 7 – 21 days prior to rash onset. Call Public Health for assistance in obtaining testing through the Public Health Laboratory. See link.

- Isolate patient at home away from others until 4 days have passed since the onset of the rash or for the duration of illness if the patient is immunocompromised

- Vaccinate susceptible household contacts and contacts.
RESOURCES
- www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm for additional information about antiviral use and adverse events and allergic reactions
- www.cdc.gov/flu/professionals/antivirals/antiviral-drug-resistance.htm for information about antiviral drug resistance to influenza viruses and guidance on the use of influenza antiviral medications when antiviral resistance is suspected or documented this season
- www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities

REPORT A NOTIFIABLE CONDITION IN THURSTON COUNTY

<table>
<thead>
<tr>
<th>Condition Type</th>
<th>Reporting Hours</th>
<th>Contact Information</th>
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</thead>
<tbody>
<tr>
<td>Non-immediately reportable conditions (24 hours a day)</td>
<td>Phone: 360-786-5470 Fax: 360-867-2601</td>
<td></td>
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<tr>
<td>Day time immediately reportable conditions</td>
<td>360-867-2500 ask staff to locate Communicable Disease staff</td>
<td></td>
</tr>
<tr>
<td>After hours immediately and 24 hour reportable conditions or a public health emergency</td>
<td>Call 911 and ask staff to locate the Health Officer.</td>
<td></td>
</tr>
<tr>
<td>No one is available with Thurston County Public Health and condition is immediately notifiable</td>
<td>1-877-539-4344</td>
<td></td>
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