

1/7/2020

** NOTICE: This health alert provides written guidance for health care professionals and others who may need to take action to prevent or control a notifiable condition. It is not intended to provide guidance for the general public.*

INFLUENZA

Masking of Unvaccinated Staff – Antiviral Treatment

BACKGROUND:

The Thurston, Lewis, Mason Infection Control Network has determined that influenza infections are increasing and widespread in our communities based on surveillance data. As of 12/28/2019 there had been 19 lab-confirmed influenza deaths and 10 influenza-like illness outbreaks reported in long-term care facilities in Washington State. Thurston County has had one influenza death in an elderly individual. Visits for influenza-like illness to Influenza-Like Illness Surveillance Network providers have exceeded baseline in Washington State.

ACTIONS REQUESTED:

1. Require masking of unvaccinated staff in health care, long-term care, and other congregate care facilities

Require all workers in health care, long term care and other congregate care facilities who are not vaccinated against influenza, to wear a face mask when providing direct patient care or working within 3 feet of a patient, according to their agency or facility policies. Staff receiving the vaccination now should continue masking for two weeks following vaccination. (When surveillance data show that influenza activity has decreased significantly, an update will be sent out to let hospitals and other facilities know that healthcare workers no longer need to mask.)

2. Encourage influenza vaccination

Vaccinate all persons 6 months of age and older. Vaccines for this season contain A(H3N2), A(H1N1)pdm09, and B/Victoria and Yamagata virus strains. Nationally influenza B/Victoria viruses have been reported more frequently than other influenza viruses this season followed by A(H1N1)pdm09. Influenza B viruses are the most common type circulating in Washington State.

3. Consider antiviral treatment

Base antiviral treatment decisions for outpatients on clinical judgment; patient's disease severity and progression, age, underlying medical conditions, likelihood of influenza, and time since onset of symptoms.

- Encourage persons with influenza-like illness at high risk for influenza complications to seek care promptly to determine if treatment with antiviral medications is warranted.
- **Based on your clinical judgement, start antiviral treatment ASAP** after illness onset, ideally within 48 hours. There are four antiviral medications now available; Three neuraminidase inhibitors; Tamiflu®, Relenza®, and Rapivab® and one cap-dependent endonuclease inhibitor Xofluza®.

www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm

- **DO NOT DELAY antiviral treatment** while waiting for lab tests. Rapid influenza testing can provide false negative results. **Antiviral treatment started later than 48**

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hours after illness onset may still provide benefit in patients with severe, complicated, or progressive illness, and in hospitalized patients.

- **Treat high-risk patients** with confirmed or suspected influenza with appropriate antiviral drugs as early as possible including those patients who are:
 - ✓ Hospitalized
 - ✓ Have severe, complicated, or progressive illness
 - ✓ At higher risk for influenza complications;
 - Children aged younger than 2 years;
 - Adults aged 65 years and older;
 - Persons with;
 - Chronic pulmonary (including asthma),
 - Cardiovascular (except hypertension alone),
 - Renal, hepatic, hematological (including sickle cell disease),
 - Metabolic disorders (including diabetes mellitus),
 - Neurologic and neurodevelopment conditions
 - Immunosuppressed, including that caused by medications or by HIV
 - Women, pregnant or postpartum (within 2 weeks after delivery);
 - Persons younger than 19 years of age receiving long-term aspirin therapy;
 - American Indians/Alaska Natives;
 - Persons morbidly obese (i.e., body-mass index \geq 40); and
 - Residents of nursing homes and other long-term care facilities.

4. Report Influenza Deaths to your local health jurisdiction

RESOURCES:

Washington State Weekly Influenza Surveillance Report -

www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/CommunicableDiseaseSurveillanceData/InfluenzaSurveillanceData

People at High Risk of Developing Flu–Related Complications -

www.cdc.gov/flu/about/disease/high_risk.htm

Clinical Signs and Symptoms of Influenza - www.cdc.gov/flu/professionals/acip/clinical.htm

Influenza Vaccination Information for Health Care Workers -

www.cdc.gov/flu/healthcareworkers.htm

Influenza Antiviral Medications: Summary for Clinicians -

www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm

Guidance for Clinicians on the Use of Rapid Influenza Diagnostic Tests -

www.cdc.gov/flu/professionals/diagnosis/clinician_guidance_ridt.htm

Prevention Strategies for Seasonal Influenza in Healthcare Settings -

www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm

Guidance for the Prevention and Control of Influenza in the Peri- and Postpartum Settings

www.cdc.gov/flu/professionals/infectioncontrol/peri-post-settings.htm

Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities

www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm

COMMUNICABLE DISEASE UPDATE

COMMUNICABLE DISEASE CONTROL AND PREVENTION SECTION
THURSTON COUNTY PUBLIC HEALTH AND SOCIAL SERVICES DEPARTMENT
412 LILLY RD NE
OLYMPIA, WA, 98506-5132
DISEASE REPORTING: (360)786-5470 INFORMATION: (360) 867-2533



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THANK YOU FOR REPORTING

TO REPORT A NOTIFIABLE CONDITION IN THURSTON COUNTY	
Voice mail for reporting Non-immediately reportable conditions (24 hours a day)	Phone: 360-786-5470 Fax: 360-867-2601
Day time immediately reportable conditions – Call detailed information to the 24-hour Notifiable Condition Reporting Line at 360-786-5470. Messages are picked up hourly. If a call back can't wait call 360-867-2500 and ask staff to locate a Communicable Disease staff.	Phone: 360-786-5470
After hours immediately and 24-hour reportable conditions or a public health emergency	Call 911 and ask staff to locate the Administrator-On-Call.
No one is available with Thurston County Public Health and condition is immediately notifiable	1-877-539-4344

Communicable Disease Updates are posted online at: <http://bit.ly/CDUpdatePHSS>