



HEALTH ADVISORY #92

Drifted Influenza A (H3N2) Viruses

TO: West Virginia Healthcare Providers, Hospitals and other Healthcare Facilities

FROM: Letitia Tierney, MD JD, Commissioner for Public Health and State Health Officer, WVDHHR, Bureau for Public Health

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LOCAL HEALTH DEPARTMENTS: PLEASE DISTRIBUTE TO COMMUNITY HEALTH PROVIDERS, HOSPITAL-BASED PHYSICIANS, INFECTION CONTROL PREVENTIONISTS, LABORATORY DIRECTORS, AND OTHER APPLICABLE PARTNERS

OTHER RECIPIENTS: PLEASE DISTRIBUTE TO ASSOCIATION MEMBERS, STAFF, ETC.

Influenza Activity in West Virginia (WV) remains low currently, but surveillance data shows that activity is increasing. The predominant strain circulating in WV is influenza A (H3N2). Recent surveillance data has indicated that approximately 52% of influenza A (H3N2) viruses analyzed in the United States were antigenically different (drifted) from the influenza A (H3N2) vaccine virus. Typically when a virus has drifted, decreased vaccine effectiveness will be observed.

When influenza A (H3N2) was the predominant strain during the 2012-13 influenza season, WV experienced a moderately severe influenza season with a higher percentage of outpatient visits for influenza like illness (ILI), greater numbers of reported outbreaks in long-term care facilities, higher rates of hospitalization, and more reported deaths due to pneumonia and influenza compared with recent years.

At this time we would like to emphasize the following key points for healthcare providers:

1. Vaccination against influenza is the single most effective way to protect individuals from becoming sick with the flu and reduces risks of complications related to influenza. Vaccination has been proven to provide some protection against drifted viruses; this protection may reduce the likelihood of severe outcomes such as hospitalization or death. Anyone 6 months of age or older who have not received an influenza vaccine this year should receive an influenza vaccine now.
2. Individuals with ILI who are at high risk for influenza complications should seek care promptly to determine if treatment with influenza antiviral medications is warranted. Treatment with antiviral medications has clinical and public health benefits in reducing severe outcomes of influenza and, when indicated, and is recommended to be administered within 48 hours after illness onset.
3. Respiratory outbreaks are immediately reportable to your local health department. In institutional settings such as a long-term care facility, the use of chemoprophylaxis to control outbreaks among high risk persons is recommended. An influenza outbreak is likely when at least two residents are ill within 72 hours, and at least one has laboratory confirmed influenza. When influenza is identified as a cause of a respiratory disease outbreak among long-term care facility residents, the use of antiviral medications for chemoprophylaxis is recommended for all residents (regardless of vaccination status) and for unvaccinated health care personnel.

For the most up-to-date information about influenza please visit the Division of Infectious Disease Epidemiology (DIDE) website at: www.DIDE.wv.gov.

For more information, contact your local health department or DIDE at (800)-423-1271, ext. 1 or (304)-558-5358, ext. 1.

Categories of Health Alert messages:

Health Alert: Conveys the highest level of importance. Warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation. May not require immediate action.

Health Update: Provides updated information regarding an incident or situation. Unlikely to require immediate action.