



**DALLAS COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
EPIDEMIOLOGY**

Ganesh Shivaramaiyer
Interim Director

Christopher Perkins, D.O.
Health Authority/ Medical Director

From: James Blackwell MPH, Kyoo Shim MPH, Sonya Hughes MPH, Epidemiologists
Daniel Serinaldi, Joey Stringer, Ed Bannister PhD, LRN Laboratory Director
Wendy Chung MD, Chief Epidemiologist

To: **Dallas County Medical Providers**

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Health Advisory: Influenza Activity in Dallas County (2)

Influenza activity has continued to intensify significantly in Dallas County over the past few weeks, with sharp increases in influenza-associated emergency department visits and hospitalizations. Multiple influenza outbreaks in long-term care facilities have also been reported recently. In the past, influenza A (H3N2)-predominant seasons in the U.S. have been associated with more severe illness, particularly among persons older than 65 years and young children. Although no pediatric influenza deaths have yet been reported in Dallas, 18 influenza-associated deaths in adults have been confirmed to date. All of these deaths have occurred in adults who were older than 65 years of age or who had medical conditions conferring high risk for severe illness and complications from influenza.

INFLUENZA TREATMENT: ANTIVIRAL MEDICATIONS

Healthcare providers should continue to be aware of the national recommendations for testing and treatment of influenza included in the recent [CDC Health Advisory](#).

(<https://emergency.cdc.gov/han/han00409.asp>). These recommendations include the following:

- [All patients with suspected or confirmed influenza who are hospitalized, severely ill, or at higher risk for complications should be treated as soon as possible with a neuraminidase inhibitor](#) (e.g., oseltamivir or zanamivir). (<http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>)
- Although antiviral medications are most effective when given within 2 days of illness onset, *studies have shown clinical benefit even when treatment is initiated later.*
- Because of the importance of early treatment, decisions about starting antiviral treatment *should not be delayed even a few hours to wait for results of laboratory testing.* Negative rapid influenza diagnostic results do not exclude influenza in patients with compatible symptoms. (http://www.cdc.gov/flu/professionals/diagnosis/clinician_guidance_ridt.htm)
- [High-risk patients should be advised to call their provider promptly](#) if they have symptoms of influenza during influenza season. Phone triage lines can be implemented to enable high-risk patients to discuss symptoms by phone. *When feasible, to facilitate early initiation of treatment, an antiviral prescription can be provided without testing and before an office visit.*
- [People at high risk for flu-related complications](#) include: (http://www.cdc.gov/flu/about/disease/high_risk.htm)
 - Children under 5 years (although all children younger than 5 years are considered at high risk, the highest risk is for those younger than 2 years)
 - Adults aged 65 years and older
 - Pregnant women
 - Residents of nursing homes and other long-term care facilities

- Persons with chronic pulmonary, cardiovascular (except hypertension alone), renal, hepatic, hematologic, metabolic disorders (e.g., diabetes), or neurological or neurodevelopmental conditions (e.g., stroke, cerebral palsy)
- Persons with extreme obesity (i.e., BMI ≥ 40)
- Persons with weakened immune systems due to disease or medications (e.g. cancer treatment, transplant medications, HIV infection, chronic steroids)
- American Indians and Alaskan Natives
- Persons younger than 19 years of age who are receiving long-term aspirin therapy

There are no current national shortages of oseltamivir or zanamivir, per CDC, and manufacturers report they expect to meet projected seasonal demands. Spot shortages have been reported in some locales with high influenza activity. Clinicians can advise patients to call a pharmacy in advance to see if they have antiviral medications on the shelf. If the pharmacy does not have a product, they may be able to identify another pharmacy in the area which has antivirals in stock.

RECOMMENDATIONS FOR LONG-TERM CARE FACILITIES

Clinicians who care for patients in long-term care facilities (e.g. nursing homes, skilled nursing facilities, and assisted living facilities) are directed to the [CDC Guidance for Influenza Outbreak Management in Long-Term Care Facilities](http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm). (<http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>)

The state regulatory agency requires nursing facilities to have a surveillance plan in place to rapidly identify outbreaks of influenza and implement procedures to prevent further transmission to residents and staff. Additionally, all nursing facility outbreaks must be reported to Dallas County Health and Human Services (DCHHS) and also to the Texas Department of Aging and Disability Services (DADS). (<https://www.dads.state.tx.us/providers/communications/alerts/alert2476/ic-outbreak.pdf>)

An influenza outbreak in a LTCF is determined to be occurring when at least 2 patients develop acute influenza-like illness within 72 hours of each other, and at least one has laboratory-confirmed influenza. During an influenza outbreak, in addition to continuing daily active surveillance for other cases, CDC recommendations for LTCFs include the following:

- Implement standard and droplet precautions for all residents with suspected influenza.
- All LTCF residents with suspected or confirmed influenza should receive antiviral treatment immediately.
- All eligible residents in the entire LTCF (not just currently impacted wards) should receive antiviral chemoprophylaxis as soon as an influenza outbreak is determined.
- Antiviral chemoprophylaxis can be considered or offered to unvaccinated personnel who provide care to persons at high risk of complications.

VACCINATION

Influenza vaccination should be provided routinely to all LTCF residents and health care personnel. Clinicians should continue to encourage all patients 6 months of age and older who have not yet received an influenza vaccine this season to be vaccinated against influenza.

Please report all influenza-related deaths in adults and children, admissions to hospital intensive care units, and any suspected institutional outbreaks of influenza to DCHHS to (214) 819-2004 or Influenza@dallascounty.org. DCHHS weekly influenza surveillance reports are available on the DCHHS website at: <http://www.dallascounty.org/department/hhs/influenza.html>.