



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

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To: **Dallas County Medical Providers**

Date: **December 22, 2017**

Health Advisory: Influenza Activity in Dallas County

Influenza activity has been increasing in Dallas County, with about 20% of influenza tests in area hospitals reported positive this past week. As expected during the early portion of the influenza season in our area, increasing numbers of influenza-associated emergency department visits and intensive-care hospitalizations are also being noted. The first three influenza-associated deaths of the season and an influenza outbreak in a long term care facility have also been reported. Influenza A (H3N2) viruses have been reported most frequently nationally and locally this season. In past seasons when influenza A (H3N2) viruses have predominated, higher mortality rates and hospitalization rates have been noted.

With increasing influenza activity in our community, healthcare providers should continue to be aware of the following recommendations:

- Clinicians should encourage all patients 6 months of age and older who have not yet received an influenza vaccine this season to be vaccinated against influenza.
- Clinicians should encourage all persons with influenza-like illness who are at **high risk** for influenza complications to seek medical care promptly to determine if treatment with influenza antiviral medications is warranted. (http://www.cdc.gov/flu/about/disease/high_risk.htm)
- Decisions about starting antiviral treatment should not wait for laboratory confirmation of influenza. Rapid influenza diagnostic tests (RIDTs) have limited sensitivities; negative RIDT results do not exclude influenza infection in patients with compatible symptoms. (http://www.cdc.gov/flu/professionals/diagnosis/clinician_guidance_ridt.htm)
- Antiviral therapy with oseltamivir or zanamivir is recommended as soon as possible, regardless of negative RIDT results, for any patient with suspected influenza who is hospitalized, has severe illness, or is at high risk for influenza complications. *Treatment can also be considered on the basis of clinical judgment for any previously healthy, symptomatic outpatient who is not considered "high risk" with suspected influenza, if treatment can be initiated within 48 hours of illness.* (www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm)
- Consider antibiotic therapy in influenza patients with suspected bacterial co-infections. Pneumonia with methicillin-resistant *Staphylococcus aureus* (MRSA) and group A *Streptococcus* have been reported in cases of severe illnesses.
- Remind parents of children with suspected influenza to adhere to school illness policies.

Please report all influenza-related deaths in adults and children, admissions to hospital intensive care units, and possible 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>.