



Influenza Activity Spotlight

2012–2013 Season

Issue #3 — October 8, 2012

Reminder: Summit calls are now occurring weekly. The next call is scheduled for Thursday, October 11, at 3 p.m. EDT.

1. Summary of the National Influenza Vaccine Summit Call – 10/4/2012

Opening Announcements – Carolyn Bridges (CDC)

Carolyn welcomed call participants and announced that she and LaDora Woods would be facilitating the call in the absence of L.J Tan, who is on travel status.

Influenza Surveillance Update – Scott Epperson, CDC

Scott reported that we continue to see low levels of specimens testing positive for influenza. The vast majority (92%) of influenza A specimens tested have been similar to this season's vaccine strain. Of the B specimens tested, 42% have been similar to the B-Wisconsin strain found in this year's vaccine, while 58% have been similar to the B-Brisbane strain included in the 2011–2012 vaccine.

Surveillance for the 2012–2013 influenza season began on Sunday, September 30, and the first seasonal report will be issued on Friday, October 12 for the week of September 30 – October 6. This report also will include a short summary of influenza activity during the summer months. Today's [MMWR](#) includes a summary of influenza activity this summer in the U.S. and worldwide.

A total of 306 cases of H3N2v influenza have been reported, but activity appears to be diminishing. It has now been almost 1 month since the most recent report was received on September 7.

2012 Influenza/Pneumococcal Vaccine News Conference Briefing – Marla Dalton (NFID)

Marla provided highlights of the NFID's influenza/pneumococcal vaccine [news conference](#) held on September 27 in Washington, D.C. This annual media event brings together a wide range of partners urging all persons to be vaccinated this season. The panel of speakers, which was moderated by Bill Schaffner, Immediate Past President of NFID, included Howard Koh, Assistant Secretary for Health, DHHS; Daniel Jernigan, Deputy Director, Influenza Division, CDC; Laura Riley, Director of Obstetrics and Gynecology, Massachusetts General Hospital; L.J Tan, Director of Medicine and Public Health, AMA; and Mitch Rothholz, Chief Strategy Officer, APhA. In addition to the panelists, representatives from the AAP and NMA provided brief comments. Highlights of the press conference included presentations on the key findings from the most recent influenza surveillance report, the importance of influenza vaccination for healthcare workers and pregnant women, and the critical role of all healthcare providers, including pharmacists, in improving influenza vaccine coverage rates. To support the [Leading by Example](#) initiative, Dr. Koh received his vaccine in front of the media. Following the event, multiple stories have been carried in large media outlets, including *USA Today* and Reuters, and more than 100 broadcast segments have been run. Carolyn Bridges provided special thanks to NFID for organizing this very successful media event.

HCP Flu Vaccination (MMWR) – Stacie Greby (CDC)

Stacie provided a brief [overview](#) of the recently released *MMWR* articles discussing influenza vaccine coverage among [healthcare personnel](#) and [pregnant women](#) during the 2011–2012 influenza season.

This is the third season data has been available for healthcare personnel vaccine coverage. CDC has now begun classifying this data by occupation class and the location of the individual worker. Vaccination rates are highest for physicians, nurse practitioners, and nurses. Due to survey limitations in prior years, it was difficult to characterize the data by occupation group, so this new methodology will greatly improve the data analysis in future years. Information on the survey, including online reports with the data broken out by region/state, is available on [FluVaxView](#).

BRFSS and NIS data providing overall influenza vaccine coverage for children will be discussed during next week's Summit call.

Other Items – Carolyn Bridges

Carolyn reminded partners that the Summit calls have now returned to a weekly schedule and will occur each Thursday at 3 p.m. ET. She also provided a thank you to LaDora Woods for ensuring appropriate arrangements for these calls. Please contact [Carolyn Bridges](#) or [L.J Tan](#) if you have information you wish to share on the calls or items to add to the agenda for future calls.

- 2. The CDC/Influenza Division Weekly Influenza Surveillance Report** for week 39, 2012 (ending September 29, 2012) is available [here](#). This site also includes the ILINet State Activity Indicator Map. An Influenza Summary Update of the influenza activity reported by state and territorial epidemiologists, which indicates geographic spread of influenza viruses but does not measure the intensity of influenza activity, will be available [here](#) for the 2012-2013 season beginning October 12, 2012. Archives of previous [FluViews](#) also are available.

The final version of the [2012-13 Influenza Season Key Points](#) addresses recently released influenza vaccination coverage—overall and among children, adults, pregnant women, and health care personnel.

3. Information from CDC

- As of October 5, 2012, no additional H3N2v cases have been reported to CDC since those reported on September 28, 2012. Information about the recent H3N2v outbreaks is available [here](#).
- CDC continues to emphasize that anyone at high risk of serious flu complications who is planning to attend a fair where pigs will be present should avoid pigs and swine barns at the fair this year.
- The October 5, 2012 issue of the *Morbidity and Mortality Weekly Report (MMWR)* includes [Update: Influenza Activity — United States and Worldwide, May 20–September 22, 2012](#).
- A new *Medscape* [Expert Commentary](#) features Dr. Tim Uyeki covering the 2012–13 seasonal influenza vaccination recommendations.

4. 2012-2013 Faces of Influenza Materials Available

With the 2012-2013 influenza season in full swing, the American Lung Association's *Faces of Influenza* initiative is offering **free** educational materials to help support your influenza immunization awareness activities. These materials are designed to help spread important public health messages about the importance of annual immunization for everyone 6 months of age and older. These helpful resources in the campaign tool kit have been designed in template format for customization to highlight your organization's specific efforts/offerings and are available in both English and Spanish.

The full 2012-2013 campaign tool kit is available for viewing and download on the American Lung Association's *Faces of Influenza* campaign [website](#). Spanish versions also are [available](#). The site

also includes TV and radio public service announcements which are designed to increase public awareness about the need for annual influenza vaccination for *everyone* 6 months of age and older. For hardcopies of the tool kit materials, or a DVD/CD-ROM of the TV and radio PSAs, please contact [Mary Havell](#).

5. The WHO Influenza Update (from PRO-MED)

Source: World Health Organization (WHO), Surveillance and Monitoring, [Influenza Update 169](#), September 28, 2012

Summary

- Seasonal influenza transmission has not been picked up yet in the northern temperate zone. Most countries in this zone have started or are yet to begin seasonal reporting.
- In the tropical areas most countries are reporting low or decreasing trends of influenza detections. The exceptions are Nicaragua in the Americas, and India and Thailand in Asia.
- Influenza activity decreased in most of the temperate countries of the southern hemisphere. Australia, Chile, New Zealand, Paraguay and South Africa continue to report declines in influenza indicators. On the other hand, Argentina has reported some late influenza activity.
- The World Health Organization (WHO) has recommended the influenza vaccine composition for use in the 2013 southern hemisphere influenza season following technical consultations in September 2012.

Countries in the temperate zone of the northern hemisphere

Influenza transmission in all reporting countries in the temperate regions of the northern hemisphere is minimal; that is, at inter-seasonal levels.

In the United States of America, a few additional laboratory-confirmed human cases of influenza A(H3N2)v infection were reported since the last update but no on-going human-to-human transmission has been identified. As a result of enhanced surveillance activities for H3N2v, one case with influenza A (H1N1)v virus infection and 3 cases with influenza A(H1N2)v virus infection have been detected in patients who became ill after contact with swine. More information can be found [here](#).

Countries in the tropical zone

Tropical countries of the Americas

Transmission in Central America, the Caribbean, and tropical South America continues to be at low levels in most reporting countries. Across Central America, influenza B continues to be commonly detected.

El Salvador continues to report low levels of influenza B virus, while Honduras has reported low levels of A(H1N1)pdm09. On the other hand, Costa Rica has reported some influenza B and A(H3N2) activity in the past 2 weeks. Nicaragua continues to report increases in both influenza B and A(H3N2) virus detections over the past month.

In the Caribbean, Cuba has reported decreasing levels of influenza B virus activity.

In the tropical zone of South America, influenza activity is low. In Brazil, the levels of influenza activity continue to decrease. In 2012, influenza viruses were detected in 15 percent (1,029/6,821) of all respiratory viruses. For distribution of respiratory viruses identified in sentinel influenza-like illness (ILI) sites by age, influenza A contributed to 10 percent of cases between 0 and 4 years, 41.2 percent of cases between 5 and 14 years, 50.8 percent of cases between 15 and 24 years, 43.3 percent of cases between 25 and 59 years, and 36.7 percent of cases 60 years or greater.

In 2012, influenza viruses were detected in 21 percent (3,706/17,318) of Severe Acute Respiratory Infection (SARI) cases. Of these, 68 percent (2,522/3,706) were influenza A(H1N1)pdm09. In 2012, 1,549 SARI deaths were reported, of which 406 (26 percent) were positive for an influenza virus. Of these, 330 (81 percent) were positive for influenza A(H1N1)pdm09. Of the total deaths from SARI, 51

percent (789/1,549) were male and the median age was 46 years (range 0-99 years); 56 percent were reported to have at least one co-morbidity.

Sub-Saharan Africa

Of countries in Sub-Saharan Africa that have reported influenza data, Kenya continues to report low level of influenza type B activity. Ghana has reported a decrease in influenza type B virus detections in the past 2 weeks. After predominant influenza A(H3N2) transmission in mid-June, Madagascar is now reporting influenza B at low levels.

Tropical Asia

A few areas of tropical Asia have experienced recent significant influenza virus circulation most notably in Thailand, and India.

Nepal experienced recently some influenza outbreaks with influenza A(H1N1) and B infections. India has reported persistent levels of influenza A(H1N1)pdm09 and influenza type B. Thailand has reported an increase of mainly influenza A(H1N1)pdm09 and influenza type B, with few detections of influenza A(H3N2). Sri Lanka continues to report influenza type A and influenza type B viruses.

In southern China influenza activity continues to decline. The percentage of outpatient visits that were due to ILI at sentinel sites remained at 2.6 percent during the most recent reporting week. Of ILI specimens tested, 11.9 percent (119/1,004) were positive for influenza and 86 percent (102/119) of the southern China subtyped influenza viruses were A(H3N2).

In Cambodia and Viet Nam influenza activity seems low.

Countries in the temperate zone of the southern hemisphere

Influenza activity has continued to decline in all temperate countries of the southern hemisphere.

Temperate countries of South America

Influenza activity in the southern cone of South America continues to decrease in Chile, Paraguay and Uruguay. Despite a mild influenza season up to now, Argentina is reporting late influenza activity with both influenza A(H1N1)pdm09 and influenza B viruses. ILI and SARI cases have remained at constant levels since the last reporting week.

ILI consultation rate in Chile remain low with 9.4 per 100,000 after a moderate season with maximum ILI consultation rate of 19.4 per 100,000 beginning of July. In week 37, of all subtyped influenza viruses, influenza B accounts for 77 percent (20/26) and influenza A(H3N2) for 23 percent. The majority of SARI samples testing positive for influenza were due to influenza A (H3N2) virus. Since the beginning of 2012, the distribution of influenza A(H3N2) has occurred largely in the age strata 60 years and above and 2 years and below, accounting for 37 percent and 25 percent of all A(H3N2) respectively. Of the 92 SARI deaths reported in 2012, 14 were confirmed with respiratory viruses. Of these, 64 percent (n=9) were influenza A(H3N2).

In Paraguay, influenza activity remains at almost undetectable levels. SARI hospitalization and ILI consultation rates continued to decrease since early August. Of the SARI fatalities in 2012 with laboratory confirmed respiratory viruses (n=31), 18 (58 percent) were confirmed influenza A(H1N1)pdm09.

Temperate countries of southern Africa

In South Africa, influenza virus detections continue to decrease, but still remain in high numbers after a peak in late July. Influenza B was the main virus being reported after a predominant influenza A(H3N2) season. ILI and SARI cases are also decreasing, with influenza B making up the majority of detections in SARI samples positive for influenza.

Oceania, Melanesia and Polynesia

Both Australia and New Zealand continued to report decreases in most influenza indicators in the recent reporting period, continuing the trend seen since mid-August.

Although some jurisdictions of Australia have reported influenza activity above baseline levels, all surveillance systems continued to report a decrease in activity compared to the previous reporting period, which represents a 6-week period of sustained decrease in influenza activity. Nationally, there

were 5,054 laboratory confirmed notifications of influenza in the past reporting fortnight (2-week period) (n=7,077), a decrease from the previous reporting period, with almost 58 percent (n=2,921) coming from Queensland, which has recorded its 1st decrease in influenza virus detections, the last jurisdiction to do so. In 2012 with the predominance of influenza A(H3N2), the age distribution of influenza notifications represented a bimodal trend with peaks in the age strata 0 - 4 years and 70 years and above with a smaller peak in the 30 - 44 years strata.

The number of hospital admissions for influenza continued to decrease after peaking in mid-July. 75 percent of all hospitalized cases have known medical co-morbidities. In the period 1 Jul - 31 Aug 2012, there were 28 paediatric hospitalizations associated with severe complications of influenza, including 8 ICU admissions. More than 60 percent of these hospitalizations were associated with influenza A (not subtyped) with the remainder attributed as influenza B. More than a 3rd of the cases had an underlying chronic condition.

So far in 2012, 43 influenza associated deaths have been notified to the National Notifiable Diseases Surveillance System (NNDSS), with a median age of 80 years. Almost all cases were reported as having influenza A (not subtyped) and are likely to be attributable to A(H3N2) infections.

Nationally, influenza A(H3N2) continues to be the predominant circulating virus with some co-circulation of influenza B. Of the influenza A(H3N2) viruses analyzed by The WHO Collaborating Centre for Reference & Research on Influenza (WHO CC), almost all were of a more recent strain that differs from the A(H3N2) strain in the 2012 Southern Hemisphere seasonal influenza vaccine. However, it is expected that the vaccine will still offer significant protection. Additionally there is some co-circulation of 2 influenza B lineages, with the majority being of the B/Victoria lineage, similar to the strain in the current vaccine. Some cross-protection against influenza viruses of the B/Yamagata lineage is expected in adults, though less so for children.

In New Zealand, ILI consultation rates were recorded below baseline level for the third consecutive reporting week. A weekly ILI consultation rate of 34.2 per 100,000 was reported. The number of SARI cases and incidence per 100,000 population has also continued to decrease, following a peak in late July.

Web pages

[Epidemiological Influenza Updates](#)

[Epidemiological Influenza Updates - Archives 2012](#)

[Virological Surveillance Updates](#)

[Virological Surveillance Updates - Archives](#)

6. In the *American Medical News*

[Article](#) - CDC targets holdout health workers on flu shots - Federal health officials want physicians to top the 86% vaccination rate they achieved during the previous flu season.

7. Presented at ICAAC 2012

Among children aged 2 and younger, influenza-associated morbidity is high. It is not clear, however, how the clinical complications, anti-viral treatment (AVT) patterns, and healthcare use of infants aged 1 or younger during the H1N1 2009 pandemic compares with those of previous pre-pandemic seasons. [Data](#) presented indicates that during the 2009 H1N1 pandemic season, infants aged 1 or younger appeared to have been four times more likely to receive AVT than in previous pre-pandemic seasons. Hospitalization and complication risks appear to be lower with use of AVT in this patient population.

8. What the Anti-Vaccine Organization NVIC is Saying

NVIC presents [Influenza Deaths: The Hype vs. The Evidence](#).

9. Vaccination Halts Avian Influenza Outbreak in Mexico

The H7N3 avian influenza [outbreak](#) in the Los Altos region of the state of Jalisco is under control. Thanks to the quick identification of the virus and production of a vaccine that was successfully used to halt the disease, it has now been well over 40 days since the virus was last isolated.

10. University of Michigan and CDC create online 1918-1919 influenza pandemic resource!

Filled with more than 16,000 documents, the [American Influenza Epidemic of 1918-1919: A Digital Encyclopedia](#) brings together a sweeping collection of historical information centered on the influenza epidemic that ravaged the United States from 1918-19, and it is now available to any interested party. The online resource, which took five years to build, is the result of close collaboration between the University of Michigan Center for the History of Medicine and the U.S. Centers for Disease Control's Global Migration and Quarantine Division.

11. 2012-2013 Influenza Vaccine Information Statements are Now Available

The [influenza vaccine information statements](#) have recently been updated and are now available. Both the TIV and LAIV VISs, and the TIV Large Print edition have been updated. RTF files are also available. All are dated 7/2/2012. These editions have been converted to the updated VIS format, but the text in both VISs is identical to that in last year's influenza VISs. Note that there will be minor updates in the ACIP influenza recommendations, but these do not affect the VIS language. To avoid confusion, please switch to the 2012-13 VISs, even though the language hasn't changed.

12. Trudeau Institute Study Suggests that Prior Influenza Immunity Can Reduce Secondary Bacterial Infections

New [research](#) from the Trudeau Institute published in the *Journal of Epidemiology* shows that prior immunity to influenza plays a critical role in preventing secondary bacterial infections, a common problem that can lead to serious complications, including death. Of note, the prior immunity can be generated by vaccinations that do not match the infecting influenza virus.

13. Summit Web site Offers Wonderful Resources on Influenza Vaccination!

Remember to visit the Summit [website](#) for the latest on influenza immunization resources, as well as archived copies of the weekly newsletters!