



Influenza Activity Spotlight

2012–2013 Season

Issue #11 — January 4, 2013

Reminder: Summit calls are scheduled weekly every Thursday at 3 p.m. ET, unless cancelled. The next Summit call is scheduled for January 10, 2013. **Please email [L.J Tan](#) or [LaDora Woods](#) if you have any updates on activities to provide to the Summit.**

1. Summary of the National Influenza Vaccine Summit Call – 1/3/2013

L.J Tan welcomed Summit partners for the new year and thanked everyone for their service to protecting the country from influenza.

Influenza Surveillance Update – Scott Epperson (CDC)

Scott reported that there is now much more influenza activity in the country than was reported during our last call in 2012. Of 6,234 specimens tested, 29.6% (1,846) were positive for influenza. The majority (85%) of these were influenza type A viruses, and 15% were influenza type B. Of the type A samples, 62% were H3N2, 1% were 2009 H1N1, and 37% were not subtyped. This reinforces that we are currently having a season that is predominated by influenza type A H3N2 viruses. Of the 281 H3N2 specimens that were tested, 279 (99.3%) have been characterized as *A/Victoria/361/2011-like*, the influenza A (H3N2) component of the 2012-2013 influenza vaccine. Two (0.7%) of the 281 H3N2 viruses tested showed reduced titers with antiserum produced against *A/Victoria/361/2011*. All 10 of the H1N1 viruses tested were characterized as *A/California/7/2009-like*, the influenza A (H1N1) component of the 2012–2013 influenza vaccine, and 79 (68.7%) of the 115 influenza B viruses tested so far this season have been characterized as *B/Wisconsin/1/2010-like*, the influenza B component of the 2012–2013 influenza vaccine. However, 36 (31.3%) of 115 influenza B viruses tested have been from the B/Victoria lineage of viruses, not covered in the current vaccine. So far, none of the tested viruses have shown resistance to oseltamivir or zanamivir.

While 6.5% of all deaths reported through the 122 Cities Mortality Reporting System were due to P&I, and this percentage is below the epidemic threshold of 7.1% for week 51, Scott anticipates this will change over the next few weeks. Eight influenza-associated pediatric deaths were reported to CDC during week 51. Three were associated with influenza B viruses, 3 were associated with influenza A (H3) viruses, and 2 were associated with influenza A viruses for which the subtype was not determined. All 8 deaths occurred during week 50 (week ending December 15, 2012). This brings the total number of influenza-associated pediatric deaths reported during the 2012–2013 season to 16.

Between October 1 – December 22, 2012, 1,522 laboratory-confirmed influenza-associated hospitalizations were reported, a rate of 5.5 per 100,000 of the population. Among all hospitalizations, 1,247 (81.9%) were associated with influenza A and 262 (17.2%) with influenza B. There was no virus type information for 11 (0.7%) hospitalizations. Among hospitalizations with influenza A subtype information, 312 (98.1%) were attributed to H3 and 6 (1.9%) were attributed to 2009 H1N1. The most commonly reported underlying medical conditions among hospitalized adults were metabolic conditions, cardiovascular disease, obesity, and chronic lung disease (excluding asthma). Among 30 hospitalized women of childbearing age (15-44 years), seven were pregnant. The most commonly reported underlying medical conditions in hospitalized children were asthma, neurologic disorders,

and immune suppression. Significantly, approximately 40% of hospitalized children had no identified underlying medical conditions. In terms of outpatient visits, 4.2% of patient visits reported through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) were due to influenza-like illness (ILI). This percentage is above the national baseline of 2.2%.

Discussion:

- A question was asked about whether Summit partners were experiencing higher demand for influenza vaccine this season. To help respond to this question, **please email [L.J Tan](#) to report whether your organization or practice is experiencing higher demand for influenza vaccine this year and, if so, has more vaccine been ordered to accommodate that increased demand.** (See item #5.)
- L.J provided an update on the recent death of a 17-year old boy in Minnesota, and the severe influenza outbreak that that state is experiencing. Scott confirmed that Minnesota is not the only state experiencing severe influenza outbreaks. (See item #6.)
- A partner in Connecticut noted that a physician in the state had expressed uncertainty about vaccinating patients who had tested positive for type A influenza. It is important to communicate to all providers that the CDC recommends vaccination even for these individuals because the vaccine protects against other strains of influenza to which the exposed patient may still be vulnerable. This same partner also noted that many physicians are not reordering vaccine and instead are sending patients to the community health clinics. She noted that community health has seen an increase in demand for influenza vaccine, perhaps as result of this referral.

2. Summary of the National Influenza Vaccine Summit Call – 12/13/2012

Influenza Surveillance Update – Scott Epperson (CDC)

Scott reported that influenza activity has increased substantially over the last 2 weeks, with data through Week 49 (through December 8) indicating increased activity in both the number and percentage of positive specimens. Approximately 75% of positives are type A, and 99% (180/182) of these are H3 and well-matched with vaccine strains. Of the 25% of specimens testing positive for type B, about 2/3 are the Yamagata strain found in the vaccine. The remaining 1/3 were the Victoria lineage which is not in the vaccine. One additional pediatric death has been reported this week, bringing the total to 6. Four of these pediatric cases tested positive for type A and 2 were type B. Scott noted that this number was not higher than anticipated, given the high level of influenza activity we currently are experiencing. Influenza-like illness (ILI) visits jumped significantly during Week 49, representing 2.8% of outpatient visits. Activity was greatest in Regions 1–7. Eighteen states reported “widespread” illness, up from 8 the previous week.

NFID/CIIC Social Media Webinar Summary – Len Novick (NFID)

Len provided a summary of last week’s social media webinar co-sponsored by the National Foundation for Infectious Diseases (NFID) and the Childhood Influenza Immunization Coalition (CIIC). Currently [CIIC](#) has more than 30 member organizations. The webinar was intended to educate parents and healthcare personnel (HCP) about methods to effectively utilize social media to reach both consumers and HCP. Wendy Sue Swanson, a pediatrician and mother of 2, shared her experiences using social media in her blog, [Seattle Mama Doc](#). Dr. Swanson discussed how to build off current activities to share information clearly and consistently. The importance of social media in sharing health information is growing rapidly. An October *New York Times* [article](#) discusses texting teenage patients, and a recent Pew study indicates 80% of internet users are looking for health information online. As a follow-up to the webinar, CIIC has posted a calendar on its homepage that includes sample [tweets](#). A summary of the webinar will be available on the CIIC member website as soon as it is available.

CIIC has issued a [report](#) outlining its progress during the coalition's first 5 years. A coloring book, *Are You a Flu Fighter?*, is available [here](#).

Following the presentation, Summit members participated in a discussion about influenza vaccine efficacy. Although it is recognized vaccine is not perfect, i.e., it does not prevent 100% of influenza, it is our best tool for preventing influenza disease.

State Law and HCP Influenza Vaccination – Alexandra Stewart (GWU)

Alexandra presented an [update](#) on state laws requiring influenza vaccination of healthcare personnel (HCP). The original project, which took place from Fall 2010 – Summer 2011, was intended to: (1) analyze state laws that address mandatory influenza vaccination of HCP, (2) develop recommendations and model language for state laws that will decrease transmission of influenza from HCP to patients, and (3) collaborate with states to create a legal environment that encourages influenza vaccination of all HCP. Study coordinators identified 6 elements of a comprehensive mandatory influenza vaccination program, as well as identifying and comparing state laws. Finally, the group drafted a model law that provides definitions of affected HCP and employers, lists the obligations of both groups, delineates exemption options, and names the ACIP as the standard for vaccination recommendations.

Currently 21 states and the District of Columbia have laws that address HCP influenza vaccination. During 2012, Colorado added a new law and Rhode Island strengthened its previous law. Alexandra's presentation included details on both laws, including affected HCP and institutions, as well as information about use of masks. Colorado's law requires that employers provide masks for unvaccinated personnel and provide reports of HCP vaccination rates to the health department. Rhode Island's law requires unvaccinated HCP to wear masks during direct patient contact when influenza is widespread and allows assessment of employer fines of \$100 for each breach. The Rhode Island law also directly addresses compliance with these policies regardless of any provision in collective bargaining agreements.

The study concluded that state law is the more effective and reliable method to increase HCP vaccination when compared to individual facility-based policies, and the most effective state law would include all 6 elements of the model law. Project materials are available [here](#).

A lively discussion followed the presentation. Callers noted that a challenge to the Rhode Island law was recently filed by an employees' union on constitutional grounds, with specific concerns expressed about the mandatory aspects of the law. However, Alexandra and other Summit partners noted that the model law was developed from ACIP recommendations that vaccine is the best method for prevention of influenza transmission. Callers also agreed on the importance of continued emphasis on adherence to infection control standards and that influenza immunization is an important tool within a complete influenza prevention program within healthcare facilities. It was mentioned that currently some health officers in California are mandating use of masks.

- 3. The CDC/Influenza Division Weekly Influenza Surveillance Report** ending week 52, 2012 (ending December 29, 2012) is available [here](#). Of 9,363 specimens tested and reported by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories in week 52, 2,961 (31.6%) were positive for influenza. **The proportion of outpatient visits for influenza-like illness (ILI) was 5.6%; above the national baseline of 2.2%.** This site also includes maps of ILINet State Activity levels and the [geographic spread](#) of influenza illness as reported by state and territorial epidemiologists. This map indicates geographic spread of influenza viruses but does not measure the intensity of influenza activity. CDC's weekly Seasonal Influenza [Key Points](#) (January 4, 2013) have been released. Archives of previous *FluViews* may be found [here](#).

4. Information from CDC

- **CDC Influenza Application for Clinicians and Health Care Professionals** (available on the App Store)

This [app](#) makes it easier than ever to find CDC's latest recommendations and influenza activity updates on your iPad, iPhone or iPod Touch. (Android support will be added in a future update.) When your mobile device is connected to the internet, new information and content will update automatically. This is an official application of the Centers for Disease Control and Prevention.

With this application you can:

- View updated information on national influenza activity;
- Find influenza vaccination recommendations endorsed by CDC and the Advisory Committee on Immunization Practices (ACIP);
- Obtain information on diagnosis and treatment of influenza, including antiviral treatment recommendations by CDC and the ACIP;
- Obtain information on laboratory testing for influenza;
- Find CDC recommendations on influenza infection control;
- View videos of CDC subject matter experts discussing influenza topics; and
- Order official CDC designed print products for posting in the workplace or distributing to patients. You can personalize your experience with features like highlighting, notes, and bookmarks to suit your own needs. Share the content with others through social media such as Facebook and Twitter.

For more information, please visit [Information for Health Professionals](#). Contact [CDC-INFO](#) for questions and comments.

- Check out the [new web buttons and banners](#) available in both English and Spanish.
- Partners, enter your **success stories** [here](#), and see stories submitted by other partners [here](#).
- One infection with an **influenza A (H3N2) variant virus (H3N2v)** was reported to CDC during week 49 from Minnesota. No additional cases of H3N2v have been reported to CDC since then. Information about recent H3N2v cases is available [here](#).

5. CDC Seeks Information on Vaccination Uptake Following NIVW!

Do any Summit partners have any data showing an increase in influenza vaccine uptake following NIVW? If so, CDC would like to have them to send this information to [LaDora Woods](#) by **January 18**. CDC is interested in determining if the NIVW had an impact on doses administered.

6. Follow-up from the Minnesota Department of Health

Following up on the Summit conference call, the Minnesota Department of Health provided the following information:

Minnesota is seeing an early increase in influenza activity and, unfortunately, the state has had a [death](#) in an otherwise healthy 17 year-old. Minnesota is waiting for more data points before they can say exactly how severe the season is. As we all know, flu is very unpredictable. Minnesota is reminding the public of the importance of vaccination, and that it is not too late to be vaccinated if not already vaccinated.

According to a local CBS news [report](#), 600 people have already been hospitalized in Minnesota this season, and clinics are swamped with cases. The CBS segment highlighted the tragic death of a healthy 17 year old boy at a hospital in Saint Paul. He apparently died within days of becoming ill with influenza (followed by pneumonia, and then a staph infection). His family is urging people to get

vaccinated, as this young man was unvaccinated. The CBS spot includes cautionary verbiage about the vaccine being only 60% effective, but concludes with a strong message that vaccination is good, and any protection is better than none.

7. *Emerging Infectious Diseases* Article Published on Novel Framework for Assessing Epidemiologic Effects of Influenza Epidemics and Pandemics

On December 7, 2012, *Emerging Infectious Diseases* published an online [article](#) “Novel Framework for Assessing Epidemiologic Effects of Influenza Epidemics and Pandemics.” Key points for this article are available [here](#).

Summary: The effects of influenza on a population can vary greatly between seasons or pandemics. A new CDC study describes a systematic framework for assessing the public health effects of an influenza pandemic. The framework was created by characterizing the severity and transmissibility of past influenza seasons and pandemics. This framework incorporates several measures that could be available to assess severity and transmissibility early in a pandemic and presents a standardized approach to organizing epidemiologic information and prioritizing data collection. Although further evaluation will be needed to determine how this framework will be used in future pandemic planning and response, this new tool can inform an evidence-based assessment of pandemic effects that may help guide decision making.

8. Summit Relaunches the Influenza Vaccine Availability Tracking System (IVATS)

In response to Hurricane Sandy and possible losses of seasonal influenza vaccine among vaccine providers, the National Influenza Vaccine Summit has re-opened IVATS (Influenza Vaccine Availability Tracking System) on its [web page](#). The information is available by clicking on under “Looking for Influenza Vaccine for your Clinic” in the lower right corner of the webpage, or click [here](#) for a direct link to the PDF.

IVATS is a resource for physicians looking to purchase influenza vaccine and contains information from approved, enrolled and participating wholesale vaccine distributors or manufacturers of U.S. licensed influenza vaccine. Information on the site will be updated throughout the 2012–2013 influenza vaccination season.

Please share this resource with any providers in your jurisdiction who may have questions about where to purchase influenza vaccine for the current influenza season. For questions about IVATS, please contact [Diane Peterson](#) at the Immunization Action Coalition.

9. 2012–2013 Influenza Vaccine Information Statements Are Now Available

The [influenza vaccine information statements](#) have recently been updated. Both the TIV and LAIV VISs, as well as the TIV Large Print edition, have been updated, and RTF files also are 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.

10. Summit Website Offers Wonderful Resources on Influenza Vaccination!

Remember to visit the Summit [website](#) for the latest on influenza immunization resources and to view archived copies of the weekly updates.