

2014–2015 Influenza Activity and Antiviral Recommendations

Angela Campbell, MD, MPH
Influenza and Prevention Control Team
Epidemiology and Pathogenesis Branch
Influenza Division, CDC

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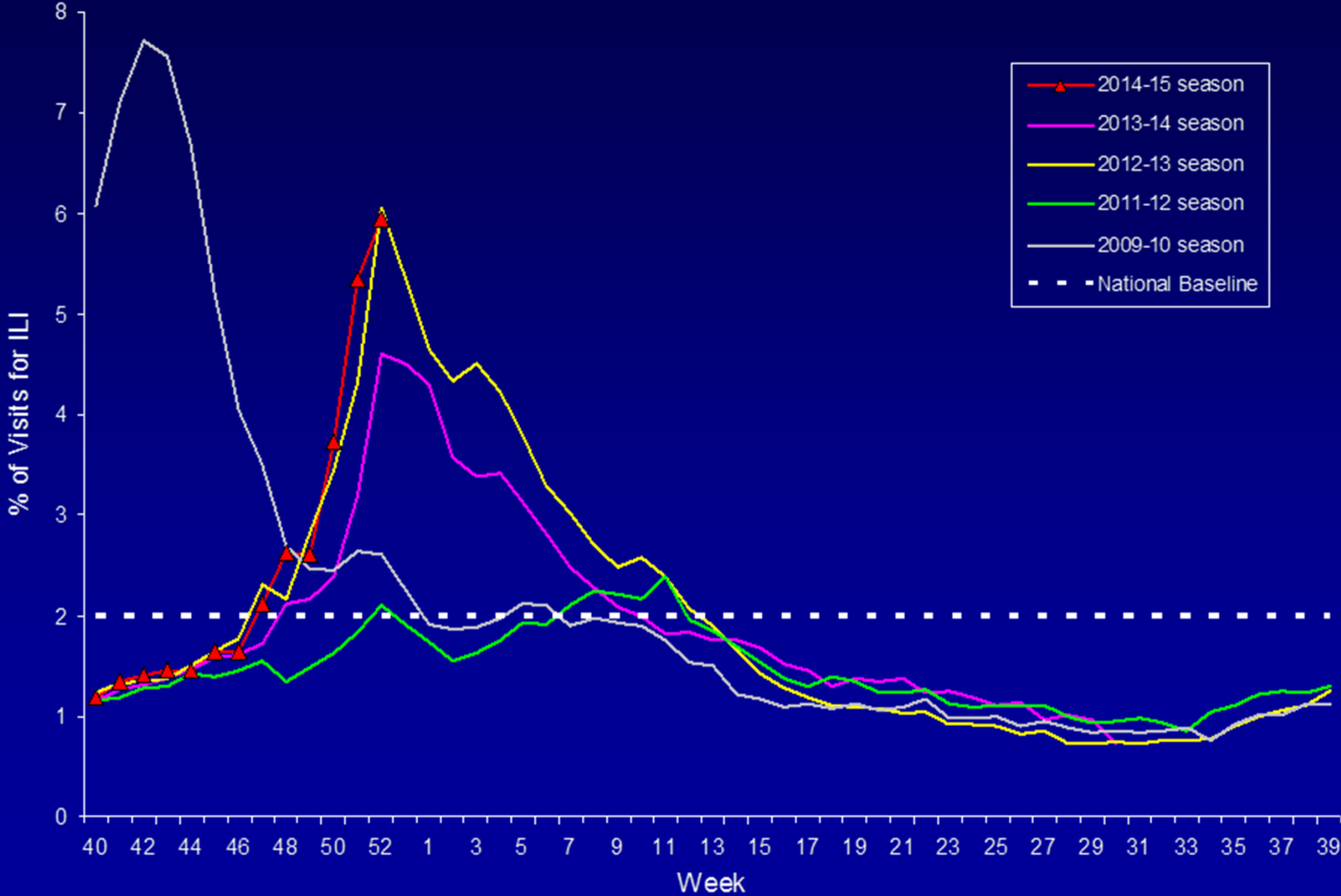
SUMMARY OF 2014-15 INFLUENZA SEASON



www.cdc.gov/flu

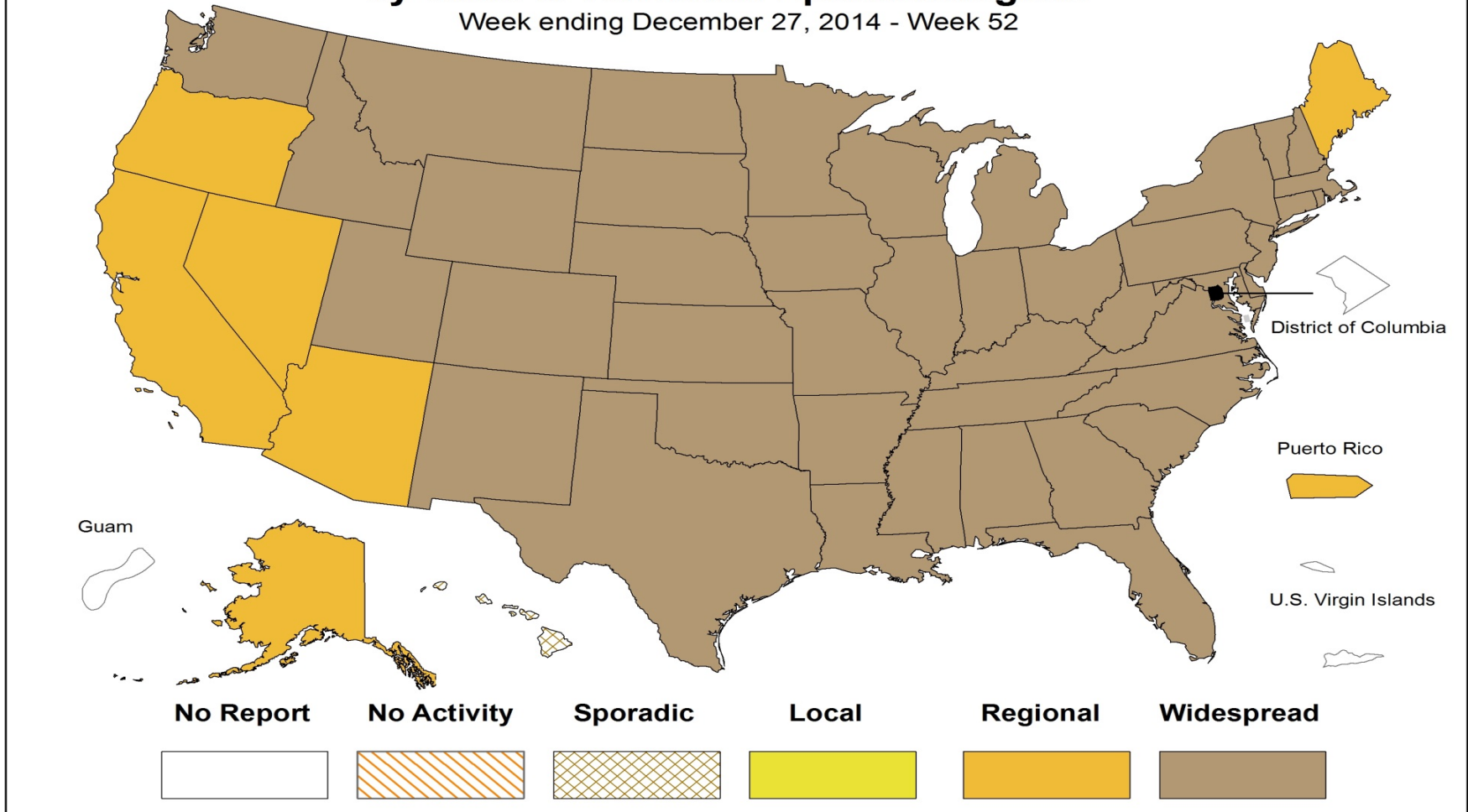


Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, 2014-15 and Selected Previous Seasons



Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists*

Week ending December 27, 2014 - Week 52



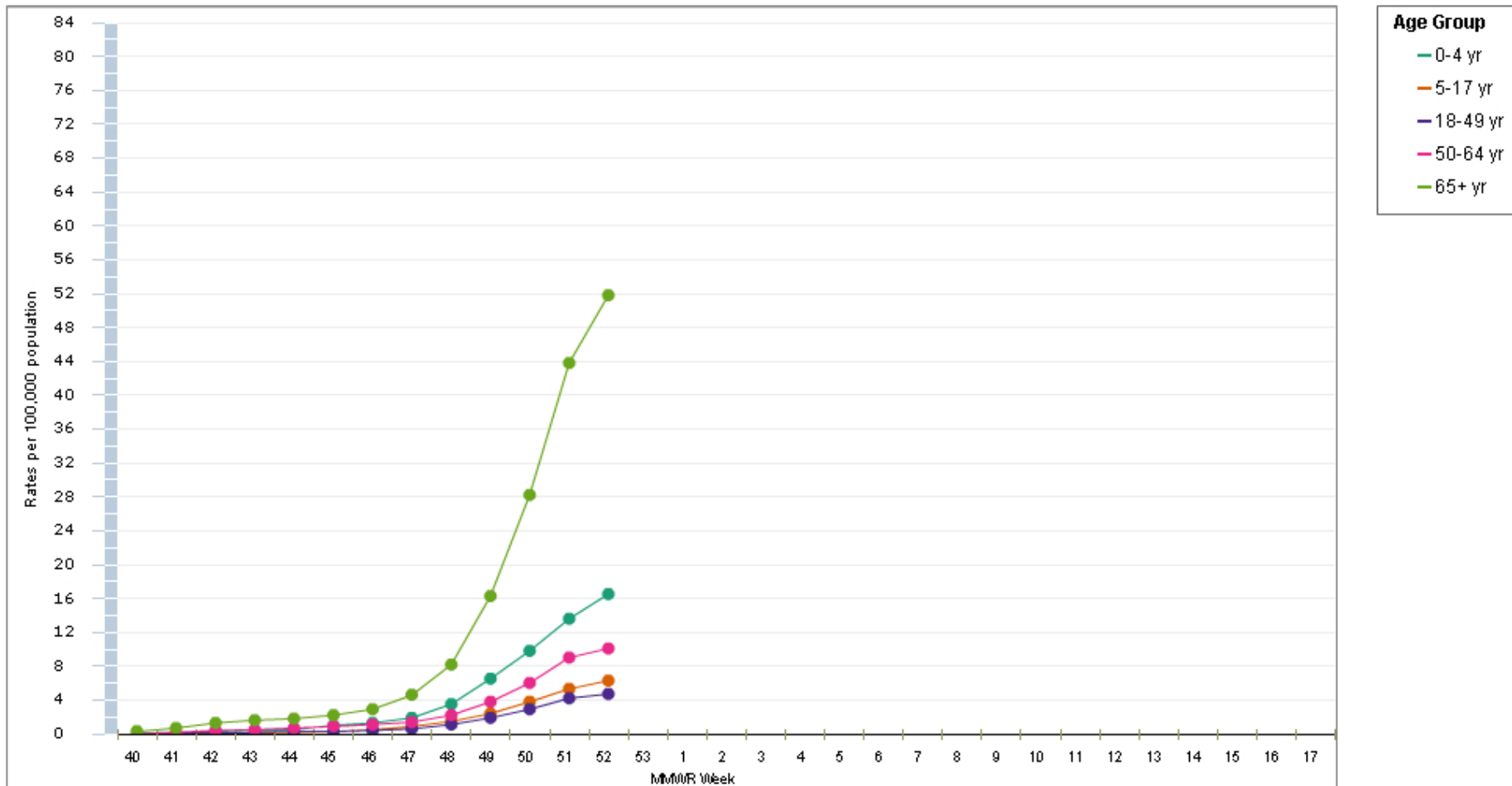
* This map indicates geographic spread & does not measure the severity of influenza activity

- **Widespread** – 43 states
- **Regional/sporadic activity** – 7 states, PR

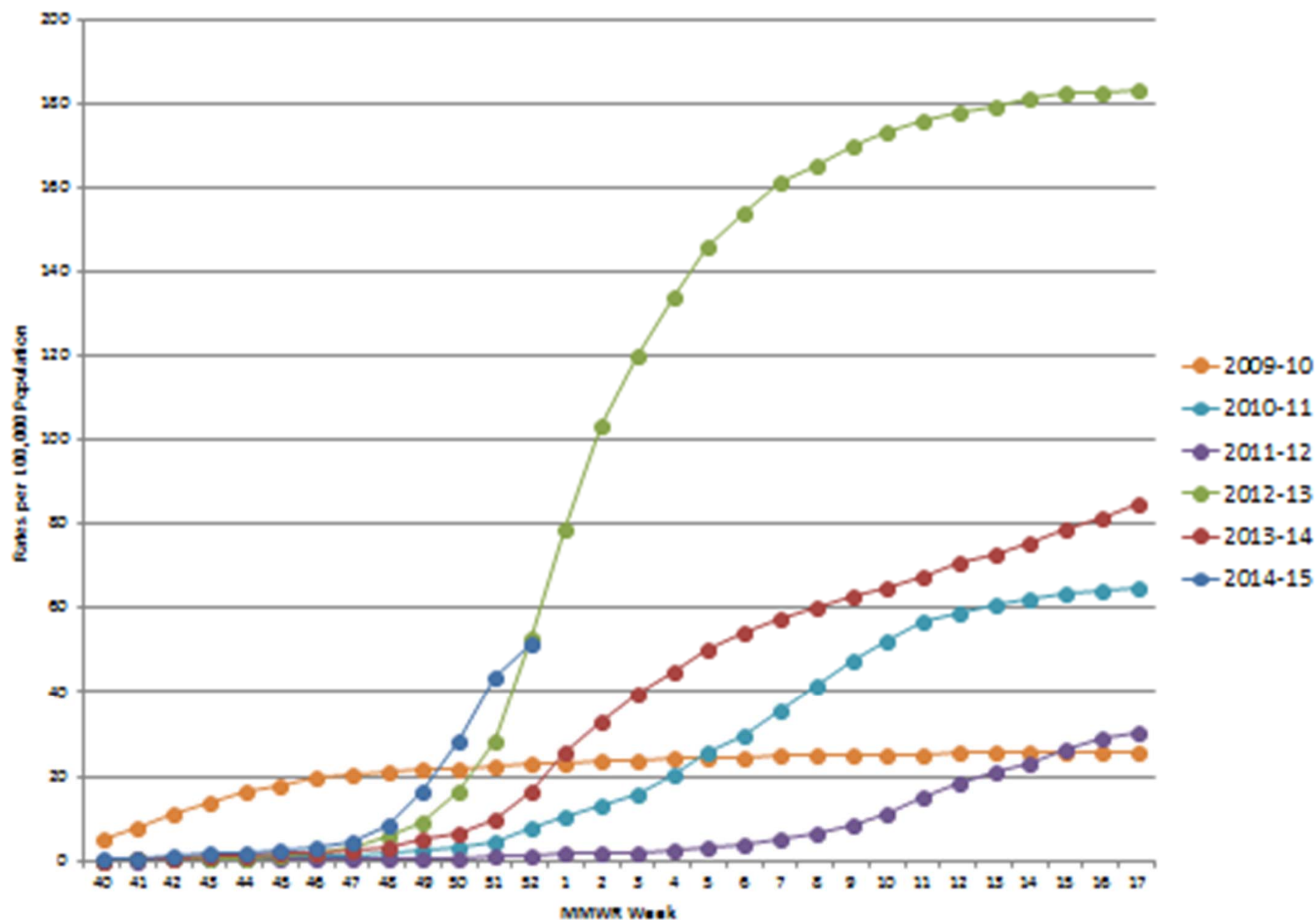
Laboratory-Confirmed Influenza Hospitalizations

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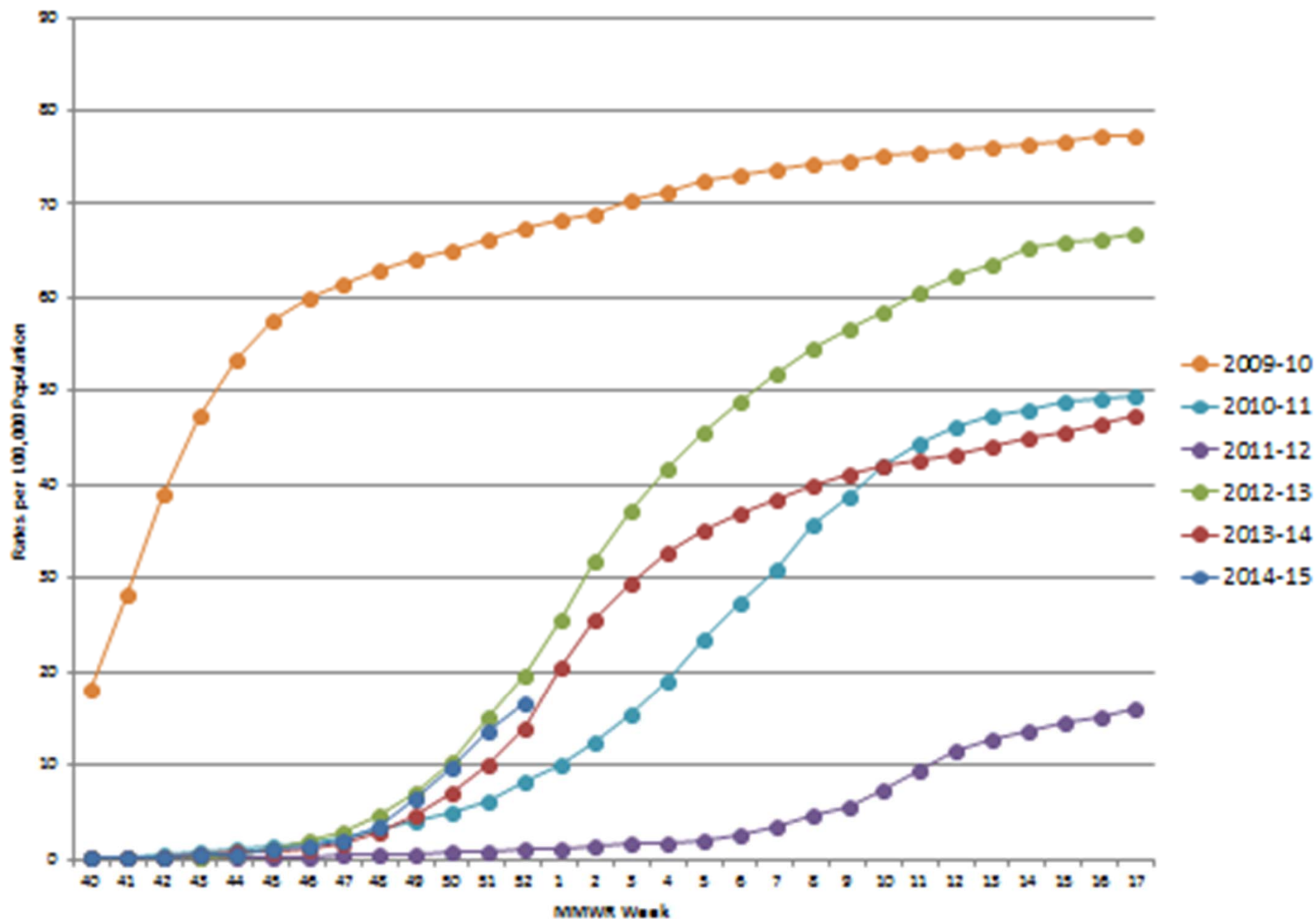
Preliminary rates as of Dec 27, 2014



Hospitalization Rates in People 65 and older, by Season



Hospitalization Rates in Children Younger than 5, by Season



CDC HEALTH ADVISORIES



www.cdc.gov/flu



This is an official
CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
December 03, 2014, 16:00 ET (4:00 PM)
CDCHAN-00374

CDC Health Advisory

CDC is reminding clinicians of the importance of influenza vaccination of unvaccinated patients.

Summary

Influenza activity is currently low in the United States. This season, influenza A (H3N2) viruses have been detected in almost all states.

During past seasons when influenza A (H3N2) viruses have predominated, higher overall and age-specific hospitalization rates and more mortality have been observed, especially among older people, very young children, and persons with certain chronic medical conditions compared with seasons during which influenza A (H1N1) or influenza B viruses have predominated.

Influenza viral characterization data indicates that 48% of the influenza A (H3N2) viruses collected and analyzed in the United States from October 1 through November 22, 2014 were antigenically "like" the 2014-2015 influenza A (H3N2) vaccine component, but that 52% were antigenically different (drifted) from the H3N2 vaccine virus. In past seasons during which predominant circulating influenza viruses have been antigenically drifted, decreased vaccine effectiveness has been observed. However, vaccination

Week 49: 67.5% of the 197 viruses tested were antigenically different from the H3N2 vaccine virus. Most were antigenically similar to A/Switzerland/9715293/2013.

fted

Dec 3, 2015 HAN

- Influenza A(H3N2) most common subtype
 - H3N2 predominant years often associated with higher mortality and hospitalization rates among young children and older adults
- Most of H3 viruses analyzed antigenically drifted from H3N2 component used in 2014-15 flu vaccine
- No viruses detected that are resistant to neuraminidase inhibitors
- Vaccination should still be first line of defense – the most important step in protecting against flu
- When indicated, the use of neuraminidase inhibitor antiviral medications is important for treatment and prevention of influenza as an adjunct to vaccination

CDC Health Advisory – Take Two

Jan 9, 2015 (planned)

Intended to provide:

1. A summary of influenza antiviral drug treatment recommendations
2. An update about approved antiviral drugs and drug supply this season
3. Background information for patients regarding antiviral treatment

CDC Health Advisory – Jan 9, 2015 (planned)

Why?

Although antiviral medications that are effective in treating influenza and reducing complications are available and recommended, evidence from the current and previous influenza seasons suggests that these drugs are severely underutilized

CDC Antiviral Recommendations

- All hospitalized, severely ill and high risk patients (either hospitalized or outpatient) with suspected influenza **should** be treated as soon as possible, without waiting for confirmatory influenza testing
- Antiviral treatment **may** be prescribed on the basis of clinical judgment for any previously healthy (non-high risk) outpatient with confirmed or suspected influenza.

Timing of Treatment

- When indicated, antiviral treatment should be started as soon as possible after illness onset
 - Treatment should not be delayed even for a few hours to wait for the results of influenza testing
 - Ideally, treatment should be initiated within 48 hours of symptom onset
- However, antiviral treatment initiated later than 48 hours after illness onset can still be beneficial for some patients

Antiviral Medications

- Oral oseltamivir
- Inhaled zanamivir
- Intravenous peramivir
 - Approved on December 19, 2014, for the treatment of acute uncomplicated influenza in persons ≥ 18 years

Antiviral Supply

- No current national shortages of neuraminidase inhibitors
- Local spot shortages have been reported for some formulations
- It may be necessary to contact more than one pharmacy to fill a prescription for an antiviral medication

Additional Information for Clinicians

- Antibiotics are not effective against influenza
- Several reports suggest inappropriate use of antibiotics for patients with influenza
- Bacterial infections can occur as a complication of influenza, so should be considered and appropriately treated if suspected
- New pneumococcal vaccine recommendations for adults ≥ 65 years, and adults and children at increased risk for invasive pneumococcal disease due to chronic underlying medical conditions should be followed:
 - <http://www.cdc.gov/vaccines/vpd-vac/pneumo/vac-PCV13-adults.htm>
 - <http://www.cdc.gov/vaccines/vpd-vac/pneumo/vacc-in-short.htm>

Background Information for Patients

- If you get the flu, antiviral drugs are an option
- It is very important that antiviral drugs are used early to treat hospitalized patients, people with severe flu illness, and people who are at high risk for flu complications because of their age or underlying medical conditions
- Studies show that flu antiviral drugs work best for treatment when they are started within 2 days of getting sick; however, starting antivirals later may still be helpful
- Antibiotics are not effective against the flu

THANK YOU

[HTTP://WWW.CDC.GOV/FLU/PROFESSIONALS/ANTIVIRALS/SUMMARY-CLINICIANS.HTM](http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm)



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