



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE  
Thomas Farley, M.D., M.P.H.  
*Commissioner*

### Health Advisory #27: Influenza Advisory

- **Numbers of laboratory-confirmed influenza infections have been increasing in New York City since October. Although there is not yet evidence of widespread influenza activity, based on data from health department surveillance systems, influenza transmission is occurring in New York City.**
- **Vaccination is the recommended means of preventing influenza infection. Annual influenza vaccination is now recommended for all persons 6 months of age and older, and is especially important for pregnant women, persons with underlying health conditions, infants and persons 65 years of age and older because of their increased risk of influenza-associated complications. In addition, persons living in long-term care facilities, persons caring for infants under the age of 6 months, and all healthcare workers should receive influenza vaccination. Vaccine is in plentiful supply and widely available.**
- **Clinicians, especially those working in long-term care facilities or with other patients at high risk for complications due to influenza, should be alert for cases of influenza-like illness (ILI), test for influenza in these patients, and institute antiviral treatment and prophylaxis when appropriate.**

**Please distribute to staff in the Departments of Critical Care, Emergency Medicine, Family Practice, Geriatrics, Internal Medicine, Infectious Disease, Infection Control, Obstetrics, Pediatrics, Pulmonary Medicine, Pharmacy, and Laboratory Medicine**

December 17, 2010

Dear Colleagues,

The number of laboratory-confirmed influenza cases in NYC has been slowly increasing since October, as have reported cases of influenza-associated hospitalizations. The health department's influenza surveillance systems have not yet shown evidence of widespread influenza activity. To date, most influenza in NYC during the 2010-11 season has been caused by influenza A (H3N2), though there have been 2 cases of 2009 A (H1N1) and several cases of influenza B reported. Weekly updates on current New York City influenza surveillance activity may be found at <http://www.nyc.gov/html/doh/flu/html/home/home.shtml>.

Clinicians should be alert for influenza infection in their patients with febrile respiratory illness, test specifically for influenza in those patients at higher risk for complications for whom early treatment should be considered, and report nosocomial outbreaks of febrile respiratory disease. Additionally, clinicians should report cases of hospitalized laboratory-confirmed influenza online via Reporting Central, and should report all pediatric influenza-associated deaths in patients aged < 19 years. See <http://www.nyc.gov/html/doh/flu/html/providers/reporting.shtml> for more detailed information on influenza reporting. For information regarding control of influenza outbreaks in acute and long-term care facilities, please contact the DOHMH's influenza coordinators, Ms. Beth Nivin (212-442-9050) or Ms. Alice Yeung (212-341-0403).

**Recommend an influenza vaccine as vigorously as you would any life-saving measure.** This year, influenza vaccine is widely available. Vaccine is still available for purchase by those providers who need additional vaccine to make sure all their patients are vaccinated. Four manufacturers currently supply inactivated influenza vaccine to the United States market: sanofi pasteur (Fluzone® and Fluzone® High-Dose), GlaxoSmithKline (Fluarix® and FluLaval®), Novartis (Fluvirin® and Agriflu®), and CSL Biotherapies (Afluria®). A fifth manufacturer, MedImmune, produces a live, attenuated intranasal vaccine (FluMist®). Influenza vaccine distribution began in August 2010 and is expected to continue into 2011.

If you have questions about your Vaccines for Children (VFC) influenza vaccine order, send an e-mail to [nycimmunize@health.nyc.gov](mailto:nycimmunize@health.nyc.gov). Should you need to order additional VFC vaccine, please go to [www.nyc.gov/health/cir](http://www.nyc.gov/health/cir) and log on to the Online Registry to place your order. You may also fax your

influenza order form to 212-676-2314 (the form is available at <http://www.nyc.gov/html/doh/downloads/pdf/imm/flu-order-form-9072910.pdf>). Clinicians in need of non-VFC vaccine should first check with their supplier. If unable to obtain vaccine, requests for vaccine may be placed through DOHMH by calling 212-676-2323 or sending an e-mail to [nycimmunize@health.nyc.gov](mailto:nycimmunize@health.nyc.gov).

**Changes in the influenza vaccination recommendations for the 2010-11 influenza season include:**

- **Annual influenza vaccination is now recommended for all persons 6 months of age and older, and is especially important for pregnant women, persons with underlying health conditions, infants and persons 65 years of age and older because of their increased risk of influenza-associated complications. In addition, persons living in long-term care facilities, persons caring for infants under the age of 6 months, and all healthcare workers should receive influenza vaccination.**
- As in previous recommendations, all children 6 months to 9 years of age who receive a seasonal influenza vaccine for the first time should receive 2 doses. Other children who should receive a second dose of influenza vaccine are:
  - Children 6 months to 9 years of age that received only one dose of seasonal influenza vaccine during the last influenza season, if last influenza season was their first year of receiving an influenza vaccine.
  - Children 6 months to 9 years of age who did not receive at least 1 dose of an influenza A (H1N1) 2009 monovalent vaccine in 2009-2010 should receive 2 doses of a 2010-11 seasonal influenza vaccine, regardless of previous influenza vaccination history.
  - Children 6 months to 9 years of age for whom the previous 2009-10 seasonal or influenza A (H1N1) 2009 monovalent vaccine history cannot be determined should receive 2 doses of a 2010-2011 seasonal influenza vaccine.
- A newly approved inactivated trivalent vaccine containing 60 mcg of hemagglutinin antigen per influenza vaccine virus strain (Fluzone® High-Dose) is an alternative inactivated vaccine for persons aged  $\geq 65$  years. The high-dose vaccine produces a more robust immune response compared to the standard dose vaccine. Persons aged  $\geq 65$  years can be administered any of the standard-dose TIV preparations or Fluzone® High-Dose. Persons aged  $< 65$  years who receive inactivated influenza vaccine should be administered a standard-dose TIV preparation.
- Previously approved inactivated influenza vaccines that were approved for different age indications in 2009 include Fluarix® (GlaxoSmithKline), which is now approved for use in persons aged  $\geq 3$  years, and Afluria® (CSL Biotherapies), which is now approved for use in persons aged  $\geq 9$  years; Afluria® is no longer recommended for persons aged 6 months through 8 years.
- A new inactivated influenza vaccine, Agriflu® (Novartis), has been approved for persons aged  $\geq 18$  years.

**Influenza Vaccination for Healthcare Centers and Healthcare Personnel**

Strategies to improve inpatient and outpatient influenza vaccination rates should be implemented. Use of standing orders has been demonstrated to significantly increase coverage among patients and should be considered the standard of care. New York State law requires that hospitals have policies in place to ensure influenza and pneumococcal vaccination of all persons age 65 and older who are admitted to the hospital. Although many facilities have now implemented standing orders, it is strongly recommended that all healthcare facilities monitor vaccination levels to determine if current policies are effective.

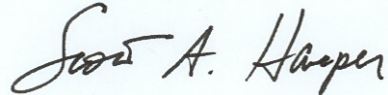
Increased efforts should be undertaken to ensure that hospital and clinic staff are vaccinated. In 2009, approximately 75% of health care workers in New York City had received an influenza vaccine in the previous 12 months, according to data from the New York State Health Emergency Response Data System, indicating an increase compared with previous years. Vaccination of staff has been shown to decrease work absenteeism by approximately half. If employees decline influenza vaccination, they should sign a refusal form. Information on strategies to promote influenza vaccination among health care workers may be found at [www.nfid.org/pdf/publications/hcwmonograph.pdf](http://www.nfid.org/pdf/publications/hcwmonograph.pdf).

Additional information on influenza prevention and control, influenza vaccination recommendations, and ordering influenza vaccine and vaccine supply is available at <http://nyc.gov/html/doh/flu/html/providers/providers.shtml>. For more information about standing orders, sample refusal forms, influenza and pneumococcal guidance, posters and patient education materials, and additional resources to promote influenza vaccination, go to [www.nyc.gov/flu](http://www.nyc.gov/flu) or call the Bureau of Immunization at 212-676-2259.

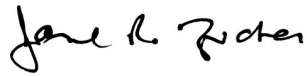
## **2) Antiviral Medications for Influenza**

The influenza antiviral medications oseltamivir or zanamivir should be used for prophylaxis and treatment of human influenza this season, especially in persons deemed at high risk for serious complications secondary to influenza infection. During recent influenza seasons, significant influenza antiviral resistance has been demonstrated against amantadine and rimantadine for influenza A viruses, and neither of these medications is effective against influenza B viruses. Neither amantadine nor rimantadine should be used for prophylaxis or treatment of influenza.

As always, we appreciate the cooperation of the medical community in New York City in helping to reduce influenza-related morbidity and mortality and will update you with any new information on the current influenza season, if relevant to clinical management of your patients.



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