BOSTON PUBLIC HEALTH COMMISSION
Communicable Disease Control Division
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WWW.BPHC.ORG/CDC

HEALTH ADVISORY:
Updated Recommendations for Prevention and Control of Influenza for the 2016-2017 Season

Since October 1, 2016, two laboratory-confirmed influenza cases have been reported to the Boston Public Health Commission (BPHC), mirroring a low number of cases reported to date nationwide. Annual influenza vaccination is recommended for everyone ≥6 months who does not have a specific vaccine contraindication. For the 2016-7 influenza season, live attenuated influenza vaccine (LAIV4), also referred to as FluMist®, is NOT recommended for use. There is no preference for any of the recommended injectable vaccines over another.

> ***Healthcare providers and laboratories in Boston are required by city health department regulations to report all laboratory-confirmed cases of influenza, as well as any clusters of illness*, to BPHC by phone (617) 534-5611 or fax (617) 534-5905.**

BACKGROUND

During the 2015-2016 influenza season, 1,747cases of laboratory-confirmed influenza were reported in Boston residents. Of these, 293 (17%) were hospitalized, and 14 (1%) died. Influenza A (H1N1) predominated through most of the season, and all influenza A components of the 2015-2016 vaccine were well-matched to circulating strains. Influenza B appeared later in the season and was well-matched to the vaccine strain. Detailed information on the 2015-2016 Boston influenza season can be found by clicking here: **Boston's 2015-2016 Influenza Season in Review**.

Preliminary data from the CDC and WHO on antigenically characterized influenza viruses circulating between May and September 2016 indicate that all influenza A (H3N2, H1N1) and influenza B (two distinct lineages[1]) components of the 2016-7 influenza vaccine appear to be well matched to circulating strains.
(see: https://www.cdc.gov/mmwr/volumes/65/wr/mm6537a5.htm?s_cid=mm6537a5_w).

The influenza season is unpredictable, and we will be monitoring whether these data evolve throughout the course of the season.

VACCINATION

- Annual influenza vaccination is recommended for everyone ≥6 months who does not have a specific vaccine contraindication. Vaccination of an individual offers protection to the person vaccinated as well as to those around them who may be at higher risk from influenza such as young children, the elderly, pregnant women, and those with underlying medical conditions.
- There is **no** preferential recommendation for one vaccine type over another in any age group. However, for the 2016-7 influenza season, CDC has recommended that live attenuated influenza vaccine (LAIV4) also referred to as FluMist®, NOT be used based on information demonstrating the low effectiveness of the H1N1 component (see: http://www.cdc.gov/flu/about/qa/nasalspray.htm). CDC recommends inactivated influenza vaccine (IIV) in children and adults, and either standard dose or high dose IIV in those >64 years old. There is no preferred vaccine type within either of these groups.

[1] Trivalent formulations contain one B lineage component; quadrivalent formulations contain both B lineages

TREATMENT

- A summary of CDC treatment guidelines is available at: http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm.
- Antiviral treatment is recommended as early as possible for any patient with confirmed or suspected influenza who:
  - is hospitalized; or
  - has severe, complicated, or progressive illness; or
  - is at higher risk for influenza complications. This includes:
    - children aged younger than 2 years;
    - adults aged 65 years and older;
    - persons with chronic pulmonary (including asthma), cardiovascular, renal, hepatic, hematological, metabolic, or neurologic disorders; and persons with immunosuppression;
    - women who are pregnant, or postpartum (within 2 weeks after delivery);
    - persons under 19 years old who are receiving long-term aspirin therapy;
    - persons who are morbidly obese (i.e., body-mass index >= 40); and
    - residents of chronic-care facilities.
- Antiviral treatment can also be considered for suspected or confirmed influenza in previously healthy, symptomatic outpatients not at high risk on the basis of clinical judgment, especially if treatment can be initiated within 48 hours of illness onset.
- **In prior years, localized shortages of influenza antivirals have been reported. Healthcare providers in Boston who become aware that patients are experiencing difficulty obtaining these medications are asked to contact the BPHC Medical Intelligence Center (MIC) by calling (617) 343-6920 or emailing MIC@bphc.org.**

TESTING

- CDC guidance on diagnostic testing for influenza is available at: http://www.cdc.gov/flu/professionals/diagnosis/rapidlab.htm.
- Rapid influenza diagnostic tests (RIDTs) have sensitivities ranging from 50-70% and may produce false negative results
- PCR testing offers greater sensitivity and specificity. Contact your laboratory to see if PCR testing is available at your facility.

EDUCATION

- BPHC has numerous educational materials, including fact sheets in several languages, available on its website: http://bphc.org/whatwedo/infectious-diseases/flu-information-center/Pages/Educational-Material.aspx
- A 30 second PSA on influenza and vaccination is available in both English and Spanish though YouTube: BPHC Influenza PSA (English), YouTube, BPHC Influenza PSA (Spanish), YouTube.

REPORTING

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