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Communicable Disease
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to send suggestions
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distribution list.

The purpose of this two-page surveillance update is to promote the control and prevention of **communicable disease (CD)** by providing clinically relevant information and resources to healthcare professionals in DuPage County.



Under the Microscope Influenza

To report a suspect or known case of influenza A, novel virus or ICU hospitalization or pediatric death due to influenza, please contact the DuPage County Health Department at (630) 221-7553.

Influenza (flu) viruses typically circulate widely in the U.S. annually from the late fall through early spring. Although most persons who become infected with influenza viruses will recover without sequelae, influenza can cause **serious illness and death, particularly among persons aged ≥65 years and <2 years and those with medical conditions that confer high risk for complications from influenza.**¹ During 31 seasons between 1976 and 2007, estimated influenza-associated deaths ranged from 3,000 to 49,000 annually. During a regular flu season, about 90% of deaths occur in people 65 years and older.²

Annual influenza vaccination is the primary means of preventing influenza and its complications. Vaccination optimally should occur before onset of influenza activity in the community. Healthcare providers should offer vaccination soon after vaccine becomes available (by October, if possible). Vaccination should be offered as long as influenza viruses are circulating. To avoid missed opportunities for vaccination, **providers should offer vaccination during routine health care visits and hospitalizations when vaccine is available.**³

For 2014–15, U.S.-licensed influenza vaccines will contain the same vaccine virus strains as those in the 2013–14 vaccine. Trivalent influenza vaccines will contain hemagglutinin (HA) derived from an A/California/7/2009 (H1N1)-like virus, an A/Texas/50/2012 (H3N2)-like virus, and a B/Massachusetts/2/2012-like (Yamagata lineage) virus. Quadrivalent influenza vaccines will contain these antigens, and also a B/Brisbane/60/2008-like (Victoria lineage) virus.³

Annual influenza vaccination is recommended for all persons aged 6 months and older, as has been recommended since the 2010–11 influenza season. Because the virus composition of the 2014–15 seasonal influenza vaccine is the same as it was for the 2013–14 season, children aged 6 months through 8 years need only 1 dose of vaccine in 2014–15 if they received ≥1 dose of 2013–14 seasonal influenza vaccine, regardless of previous vaccination history.³

Centers for Disease Control and Prevention (CDC) has not expressed a preference for which flu vaccine people should get this season except for one: when immediately available, live attenuated influenza vaccine (LAIV) should be used for healthy children aged 2 years through 8 years who have no contraindications or precautions. However, inactivated influenza vaccine (IIV) should be used if LAIV is not immediately available. Vaccination should not be delayed to get LAIV.³ There are **several flu vaccine options for the 2014-2015 flu season**; for additional information on vaccine options, see www.cdc.gov/flu/protect/keyfacts.htm.

To protect vulnerable patients and healthcare personnel (HCP) from influenza-related illness and its potentially serious consequences, **CDC recommends that all HCP be vaccinated against influenza during each influenza season.** HCP should also follow **handwashing, respiratory hygiene, and other infection control** recommendations to prevent influenza transmission. Based on a survey conducted during April 1–16, 2014, CDC estimates that, overall, **75.2% of HCP reported having had an influenza vaccination for the 2013–14 season**, a slight increase from 72.0% vaccination coverage during the 2012–13 season. By occupational setting, vaccination coverage was **highest among hospital-based HCP (89.6%)** and was **lowest among HCP at long-term care facilities (LTCF) (63.0%).**⁴

HCP working in settings where vaccination was required had higher coverage (97.8%) compared with HCP working in settings where influenza vaccination was not required but promoted (72.4%) or settings where there was no requirement or promotion of vaccination (47.9%). Among HCP without an employer requirement for vaccination, coverage was higher for HCP working in settings where vaccination was offered on-site at no cost for 1 day (61.6%) or multiple days (80.4%) compared with HCP working in settings not offering free on-site vaccination (49.0%).⁴

Comprehensive vaccination strategies that include making vaccine available at no cost at the workplace along with active promotion of vaccination might be needed to increase vaccination coverage among HCP and minimize the risk for influenza to HCP and their patients.⁴ Resources for improving HCP vaccination rates are available at: www.preventinfluenza.org/profs_workers.asp and www.immunize.org/catg.d/p2014.pdf.

References:

1. www.cdc.gov/mmwr/pdf/rr/rr6207.pdf
2. www.cdc.gov/flu/protect/keyfacts.htm
3. www.cdc.gov/mmwr/preview/mmwrhtml/mm6332a3.htm
4. www.cdc.gov/mmwr/preview/mmwrhtml/mm6337a1.htm?s_cid=mm6337a1_w



