

2008-2009 Influenza Season Kick-Off

November 14, 2008

The Southern Nevada Health District (SNHD), Office of Epidemiology (OOE), has received its first laboratory confirmed influenza case in Clark County. The case was confirmed influenza A H3 by PCR. Surveillance for the 2008-2009 influenza season began September 28, 2008, and will continue through May. Currently, levels of influenza-like-illness, characterized by temperature of 100°F or greater and sore throat or cough, remain low in Clark County as well as the nation.

SNHD OOE will be distributing newsletters throughout the upcoming months. The newsletters will contain important information on influenza and trends seen in Clark County, as well as the nation. For now, the newsletters will be sent out sporadically; as the flu season progresses the newsletters will come on a weekly basis. If you have any questions on influenza or influenza surveillance, please contact Brooke Doman, Influenza Surveillance Coordinator, at (702) 759-1300 or by email at doman@snhdmail.org.

Influenza Vaccine

Annual influenza vaccination is the most effective method for preventing influenza and its associated complications (1). There are two types of vaccine available, trivalent inactivated influenza vaccine (TIV) and live, attenuated influenza vaccine (LAIV). TIV is injected into the muscle of the upper arm or thigh muscle and can be given to individuals 6 months of age or older, including healthy people, people with chronic medical conditions, and pregnant women. TIV contains killed viruses and therefore cannot cause influenza. LAIV is given as a nasal spray and can be given to healthy people ages 2-49 years who are not pregnant. LAIV contains live attenuated viruses that have the potential to cause mild signs or symptoms such as runny nose, nasal congestion, fever, or sore throat (2).

Providers should begin vaccinating their patients as soon as they receive influenza vaccine. Typically, peak influenza season occurs in January or later and providers should continue vaccinating patients into December and beyond (2).

2008-2009 ACIP Recommendations

CDC's Advisory Committee on Immunization Practices (ACIP) has made five major changes/updates to this year's influenza vaccination recommendations from last

year. The recommendations include:

- Annual vaccination of all children 5-18 years is recommended and should begin in September or as soon as the vaccine is available.
- Annual vaccinations for children 6 months to 4 years and older children with conditions that place them at increased risk for complications from influenza should continue. Children and adults at high risk for influenza complications should continue to be a high priority as providers transition to routinely vaccinating all children.
- Either TIV or LAIV can be used when vaccinating people 2-49 years. Children 6 months-8 years should receive 2 doses of vaccine if they have not been vaccinated previously at any time with either TIV or LAIV (doses separated by 4 or more weeks). Children 6 months-8 years who received only 1 dose in their first year of vaccination should receive 2 doses the following year. LAIV should not be administered to children less than 5 years with possible reactive airways, such as those who have had recurrent wheezing or a recent wheezing episode. Children with possible reactive airways, persons at higher risk for influenza complications because of underlying medical conditions, children aged 6-23 months, and persons aged 49 years or greater should receive TIV.
- The 2008-09 trivalent influenza vaccine virus strains are A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Florida/4/2006-like antigens.

Although oseltamivir-resistant influenza A (H1N1) strains have been identified in the United States and other areas of the world, oseltamivir or zanamivir continue to be the recommended antivirals for treating influenza because other influenza viruses remain sensitive to oseltamivir and resistance levels to other antiviral medications remains high. Antiviral resistance information on this year's influenza strains is still unknown (2).

- (1) Prevention and control of influenza: Recommendations from the Advisory Committee on Immunization Practices (ACIP), 2008. *MMWR*. 2008; 57: 1-60. Accessed at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr57e717a1.htm>.
- (2) Primary changes and updates in the 2008 ACIP recommendations. Centers for Disease Control and Prevention. Accessed at: <http://www.cdc.gov/flu/professionals/acip/primarychanges.htm>