

**To:** Vermont Healthcare Providers, Healthcare Facilities, Long-term Care Facilities, and Institutional Settings

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## **CIRCULATION OF DRIFTED INFLUENZA A (H3N2) VIRUSES**

### **Key Information**

- Influenza activity is currently low in the United States as a whole, but is increasing in some parts of the country. Surveillance data indicates that influenza A (H3N2) viruses have predominated so far, with fewer influenza B viruses and very few H1N1 viruses detected.
- CDC has characterized 132 influenza viruses [1 A(H1N1), 114 A(H3N2), and 17 influenza B viruses] collected by U.S. laboratories since October 1, 2014.
- Of the 114 H3N2 viruses characterized at CDC, 42% were antigenically “like” the 2014-2015 influenza A (H3N2) vaccine component, but 58% are significantly different (drifted) from A/Texas/50/2012, the U.S. H3N2 vaccine virus component.
- Most of the drifted H3N2 viruses are A/Switzerland/9715293/2013 virus, which is the H3N2 virus selected for the 2015 Southern Hemisphere influenza vaccine. A/Switzerland-like H3N2 viruses were first detected in the United States in small numbers in March of 2014 and began to increase through the spring and summer.
- During past seasons when influenza A (H3N2) viruses have predominated, higher overall and age-specific hospitalization rates and mortality have been observed compared with seasons during which influenza A (H1N1) or influenza B viruses have predominated.
- Vaccination has been found to provide some protection against drifted viruses. Though efficacy is reduced, this cross-protection might reduce the likelihood of severe outcomes such as hospitalization and death. Vaccination will also offer protection against circulating influenza strains that have not undergone significant antigenic drift from the vaccine viruses (such as influenza A (H1N1) and B viruses).

### **Recommendations for Health Care Providers**

- **Continue to vaccinate patients who have not yet received influenza vaccine this season.**
- Encourage all persons with influenza-like illness who are at high risk for influenza complications to promptly seek care to determine if antiviral treatment is warranted.

- Antiviral treatment with oseltamivir or zanamivir is recommended as early as possible for any patient with confirmed or suspected influenza who is hospitalized; has severe, complicated, or progressive illness; or is at a high risk for influenza complications.
- **Decisions about starting antiviral treatment should not wait for laboratory confirmation of influenza. Antiviral treatment should be started as soon as possible after illness onset, ideally within 48 hours.**

### Special Considerations for Institutional Settings

- Call the Vermont Department of Health 24/7 (800-640-4374 or 802-863-7240) to report an outbreak and for guidance on control measures. Also see: <http://healthvermont.gov/prevent/flu/documents/2014guidelinesLTCF.pdf>
- Administer influenza antiviral *treatment* immediately to all residents who have confirmed or suspected influenza. **Antiviral treatment should not wait for laboratory confirmation of influenza.** For more information on the use of antiviral medications for influenza treatment and prophylaxis, see <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm#dosage>.
- When at least two residents are ill within 72 hours of each other and at least one resident has lab-confirmed influenza, promptly initiate antiviral *prophylaxis* to all non-ill residents. Antiviral prophylaxis should be administered for a minimum of two weeks, and continue for at least seven days after the last known case was identified.
- If your facility uses rapid influenza diagnostic tests, be aware that false negative results can occur. A negative rapid test cannot exclude influenza as a cause of an outbreak in a facility with ill residents and/or staff who have clinically-compatible illness. See: [http://www.cdc.gov/flu/professionals/diagnosis/clinician\\_guidance\\_ridt.htm](http://www.cdc.gov/flu/professionals/diagnosis/clinician_guidance_ridt.htm).

### For More Information –

Summary of influenza antiviral treatment recommendations:

<http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm#summary>

#### HAN Message Type Definitions

**Health Alert:** Conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** Provides important information for a specific incident or situation; may not require immediate action.

**Health Update:** Provides updated information regarding an incident or situation; unlikely to require immediate action.

**Info Service Message:** Provides general correspondence from VDH, which is not necessarily considered to be of an emergent nature.

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You have received this message based upon the information contained within our emergency notification data base. If you have a different or additional e-mail address or fax number that you would like us to use please contact your Health Alert Network (HAN) Coordinator at: [vthan@state.vt.us](mailto:vthan@state.vt.us) or [Lee.Dorf@state.vt.us](mailto:Lee.Dorf@state.vt.us).

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