September 2016

Contents:

CHELAN-DOUGLAS PUBLIC HEALTH

Current Conditions of Interest

TO REPORT A NOTIFIABLE CONDITION:

Phone (509) 886-6400
Fax (509) 886-6478
After hours call:
(509) 886-6499

"Always Working for a Safer and Healthier Community"

Prevention and Control of Seasonal Influenza with Vaccines

Routine annual influenza vaccination of all persons aged ≥6 months without contraindications continues to be recommended. No preferential recommendation is made for one influenza vaccine product over another for persons for whom more than one licensed, recommended product is otherwise appropriate. Updated information and guidance in this document includes the following:

- In light of low effectiveness against influenza A(H1N1)pdm09 in the United States during the 2013–14 and 2015–16 seasons, for the 2016–17 season, ACIP makes the interim recommendation that LAIV4 should not be used. Because LAIV4 is still a licensed vaccine that might be available and that some providers might elect to use, for informational purposes, reference is made to previous recommendations for its use.
- 2016–17 U.S. trivalent influenza vaccines will contain an A/California/7/2009 (H1N1)–like virus, an A/Hong Kong/4801/2014 (H3N2)–like virus and a B/Brisbane/60/2008–like virus (Victoria lineage). Quadrivalent vaccines will include an additional vaccine virus strain, a B/Phuket/3073/2013–like virus (Yamagata lineage).
- Recent new vaccine licensures are discussed:
    - An MF59-adjuvanted trivalent inactivated influenza vaccine (aIIV3), Fluad (Seqirus, Holly Springs, North Carolina), was licensed by FDA in November 2015 for persons aged ≥65 years. Regulatory information is available. aIIV3 is an acceptable alternative to other vaccines licensed for persons in this age group. ACIP and CDC do not express a preference for any particular vaccine product.
    - A quadrivalent formulation of Flucelvax (cell culture-based inactivated influenza vaccine [ccIIV4], Seqirus, Holly Springs, North Carolina) was licensed by FDA in May 2016, for persons aged ≥4 years. Regulatory information is available . ccIIV4 is an acceptable alternative to other vaccines licensed for persons in this age group. No preference is expressed for any particular vaccine product.
- Recommendations for influenza vaccination of persons with egg allergy have been modified, including
    - Removal of the recommendation that egg-allergic recipients should be observed for 30 minutes postvaccination for signs and symptoms of an allergic reaction. Providers should consider observing all patients for 15 minutes after vaccination to decrease the risk for injury should they experience syncope, per the ACIP General Recommendations on Immunization (*8*).
    - A recommendation that persons with a history of severe allergic reaction to egg (i.e., any symptom other than hives) should be vaccinated in an inpatient or outpatient medical setting (including but not necessarily limited to hospitals, clinics, health departments, and physician offices), under the supervision of a health care provider who is able to recognize and manage severe allergic conditions.

See Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2016–17 Influenza Season. MMWR 2016. August 26, 2016 / 65(5);1–54 for the full recommendations.

Washington State Influenza Update

Week 35: August 28, 2016—September 3, 2016

Washington State Department of Health, Communicable Disease Epidemiology

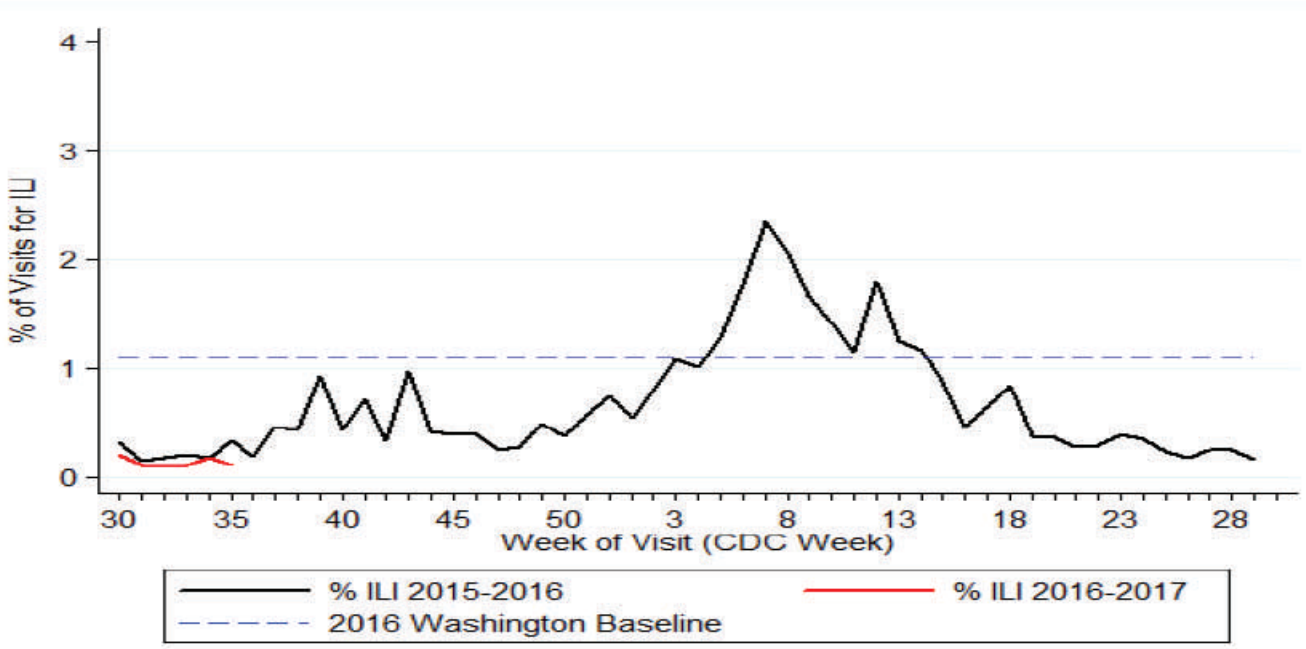
State Summary: Flu activity is low

- One lab-confirmed influenza death has been reported for the 2016-2017 season to date.
- During week 35, 187 specimens were tested by the World Health Organization/National Respiratory and Enteric Virus Surveillance System (WHO/NREVSS) collaborating laboratories in Washington, with one specimen positive for influenza A (H3N2).
- During week 35, the proportion of outpatient visits for influenza-like illness (ILI) was 0.1 percent, below the baseline of 1.1 percent.
- Influenza is characterized as sporadic in Washington.

Outpatient Influenza-like Illness Surveillance Network (ILINet) Data

ILI is defined as fever (temp ≥ 100°F/37.8°C) plus cough and/or sore throat. **During week 35, 33 sentinel providers in Washington reported data through the U.S. Outpatient Influenza-like Illness Surveillance Network Surveillance Network (ILINet). Of 1,592 visits reported, 2 (0.1%) were due to ILI, below the baseline of 1.1%.**

Figure 3. Percentage of ILI Visits Reported by Sentinel Providers, Washington, 2014–2016



More information can be found at the Washington State Influenza Surveillance Data pages

Zika Virus Testing Through WA State Public Health Lab

1. Verify that the case meets the Criteria for Testing Through Washington Public Health Labs (PDF).

2. If your case meets the criteria, complete a Zika Virus Intake Form for Healthcare Providers (PDF) and fax to your Local Health Jurisdiction (PDF). **Submissions must be pre-approved by your local health jurisdiction prior to submitting specimen to Washington Public Health Laboratories. Be sure to complete all fields.**

    - **Missing details will result in specimen rejection**.

3. Label specimens and the specimen submission form. **Two patient identifiers are required**, as well as specimen types.

4. Complete a laboratory Specimen Submission Form for Laboratory Submitters (PDF) for each approved specimen.

5. Label specimens and the specimen submission form. **Two patient identifiers are required**, as well as specimen types.

    - **Improper labeling will result in specimen rejection**.

6. Ship approved specimen(s) using **Category B labels and packaging** in an insulated container following Zika Virus Specimen Collection, Storing and Shipping (PDF) instructions, with completed specimen submission form to **Public Health Laboratories, 1610 NE 150th St, Shoreline, WA 98155**. Weekday arrivals only.

7. **Required:** report all positive diagnostic tests for Zika to the local health jurisdiction (PDF) of the patient's residence. How to report notifiable conditions NOTE: Communicable Disease staff are available for consultation as needed. Call your Local Health Jurisdiction (PDF).

Zika Resources for Healthcare Providers and Clinical Labs

Forms and Documents

- Criteria for Zika Virus Testing Through Public Health (PDF)
- Zika Virus Specimen Collection, Storing and Shipping (PDF)
- Zika Virus Detailed Laboratory Ordering Guidance (PDF)
- Zika Virus Intake Form (PDF)
- Zika Specimen Submission Form (PDF)

If a patient is insured commercial labs are the preferred route of testing. Turn-around-time at the state lab is approximately one week or more vs. commercial labs of 2-3 days. The state lab may change its policy at any time to a longer turn around time.

Washington State Department of Health

DOH 420-165

Criteria for Zika Virus Testing Through Public Health

***Possible exposure** is defined as travel to an area with known Zika virus transmission **OR** unprotected sex with a person who traveled to or resides in an area with Zika virus transmission, regardless of partner's symptoms.

- Male partner's possible Zika virus exposure should have occurred in the past 6 months
- Female partner's possible Zika virus exposure should have occurred in the past 8 weeks.

Criteria for testing through public health
Any non-pregnant person with illness consistent with Zika virus disease, including *at least two* of: acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis, during or within 2 weeks of possible exposure* to Zika virus.
All pregnant women with possible exposure* during pregnancy (at any trimester of pregnancy), including any possible exposure* during the 8 weeks before conception (6 weeks before last menstrual period). Note that testing >12 weeks after symptom onset or possible exposure* may not be definitive (e.g. a negative IgM does not rule out infection) and additional testing at the time of delivery might be indicated.
Woman experiencing fetal loss with possible exposure* to Zika during pregnancy if not previously tested.
Pregnant women with fetal abnormalities identified on ultrasound who originally tested negative or who were not tested for Zika virus infection following possible exposure* should be tested/retested.
Infants born to women with possible exposure* to Zika during pregnancy with EITHER: a) maternal positive or inconclusive test result for Zika virus; OR b) infants who have abnormal clinical or neuroimaging findings suggestive of congenital Zika virus syndrome, regardless of maternal testing; OR c) acute symptoms of Zika disease (fever, rash, arthralgia, or conjunctivitis) in the infant within 2 weeks of birth and maternal exposure occurred within 2 weeks of delivery.
There are many areas of the US with known *Ae. aegypti* or *Ae. albopictus* populations (the vector for Zika, dengue, and chikungunya), but that are not known to have active Zika virus transmission. If a patient traveled to an area where mosquito-borne transmission is possible, and is exhibiting two or more symptoms of Zika virus disease (acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis, during or within 2 weeks of travel) with no alternative diagnosis after laboratory testing for more common etiologies, Zika testing is recommended.

For more information, go to Zika Virus for Healthcare Providers and Clinical Labs.