

FOR IMMEDIATE RELEASE 01/24/2018

TO: Grant County healthcare providers, infection control staff, supervisory nursing staff, clinic management, school nurses.

FOR INFORMATION CONTACT

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2017-2018 Influenza Season Update.

GCHD has received reports of continued influenza activity, schools experiencing high absenteeism rates, hospitalizations and related deaths.

The Grant County Health Officer, Dr. Alexander Brzezny, has issued the following alert to update the Grant County healthcare community on the 2017-2018 influenza season. Influenza and influenza like illness (ILI) in Grant County and Washington State have continued above the epidemic threshold. **The numbers seem to be leveling off in our region or are showing some reduction in trend.** While influenza could be leveling off, RSV cases in Washington are increasing.

All healthcare facilities should continue enforcing their policies regarding healthcare workers' influenza vaccinations and masking. Nationally, the percentage of positive Flu A cases (H3N2) has leveled off, while the number of Flu B cases are increasing (typical flu season cycle). **2017-2018 influenza season is one of the strongest since 2011.**

Grant County Statistics for 2017-2018 Influenza season:

As a disclaimer, influenza reporting is not mandated at this time and our numbers are generated from several healthcare entities.

- **1 lab-confirmed influenza death (A).** In a 65+ year old resident of a long term care (LTC) facility
- **248 Influenza A cases** reported to date for the whole season with trends recently flattening or decreasing.
- **140 Influenza B cases** reported to date for the whole season with a recent increase in proportion of all flu cases
- > 50% are pediatric cases with several schools having > 10% absenteeism for ILI
- 2 long term care facility influenza outbreaks

County	Count of deaths reported to WA-DOH from week 40 (2017) to Present
Benton	4
Chelan	1
Clallam	2
Clark	4
Grant	1
Grays Harbor	2
Island	1
King	9
Kitsap	8
Mason	1
Pierce	8
Skagit	1
Snohomish	19
Spokane	15
Stevens	1
Thurston	1
Walla Walla	2
Whatcom	3
Yakima	3

Washington State Influenza update (Week 02: January 7, 2018-January 13, 2018):

- 86 lab-confirmed influenza deaths have been reported for the 2017-2018 season to date.
- 64 influenza-like illness outbreaks in LTC facilities have been reported to date.
- During week 2, 2.3% of visits among Influenza-like illness Network participants were for influenza-like illness, above the baseline of 1.1%.
- During week 2, 24.2% of specimens tested by WHO/NREVSS collaborating laboratories in Washington were positive for influenza.
- Influenza A and influenza B were reported during week 2.

Table 4: Count and rate of reported laboratory-confirmed influenza-associated deaths by age group, Washington, 2017-2018 season to date

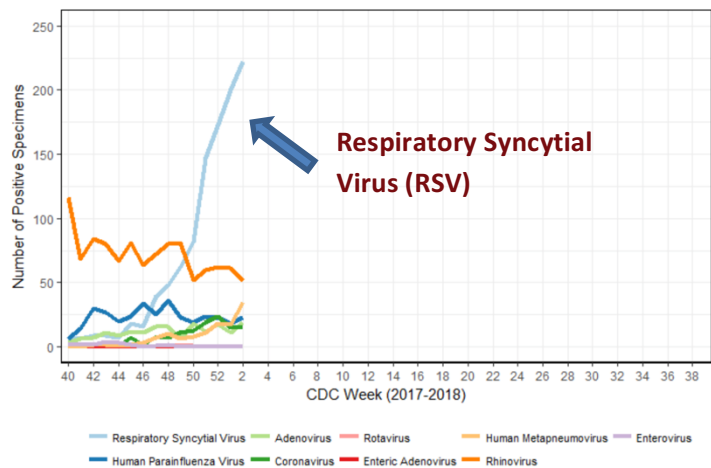
Age Group (in years)	Count of Deaths	Death Rate (per 100,000 population)
0-4	1	0.23
5-24	0	0.00
25-49	3	0.13
50-64	17	1.22
65+	65	6.94
Total	86	1.25

If it is not influenza, what is it?

With only 27% of submitted specimens testing positive for either influenza A or B, please take a look at the other viruses that are circulating in Washington State for this season. Please consider the current circulating diseases in your differential diagnosis if your influenza testing is negative. Refer to the following website for the most current information:

[Washington State Influenza Update](#)

Figure 10: Respiratory and Enteric Viruses, Washington, 2017-2018 Season to Date



Influenza outbreak in the long term care setting:

Testing for influenza should occur when any resident has signs and symptoms that could be attributed to influenza. When influenza is circulating in the surrounding community of the LTCF, a high index of suspicion should be maintained.

GCHD asks that you consider the following WA DOH/CDC guidelines when providing care for person (s) that live in a long-term care setting with ILI:

- Administer antiviral treatment to patients with suspected or confirmed influenza according to current CDC recommendations.

- When at least 2 patients are ill within 72 hours of each other and at least one resident has laboratory-confirmed influenza, administer chemoprophylaxis to all non-ill residents regardless of vaccination status for a minimum of 2 weeks, and at least 7-10 days after last known case is identified.
 - *Note: Persons who develop acute respiratory illness >72 hours after beginning antiviral chemoprophylaxis should be immediately tested for influenza and reported to the LHJ.*

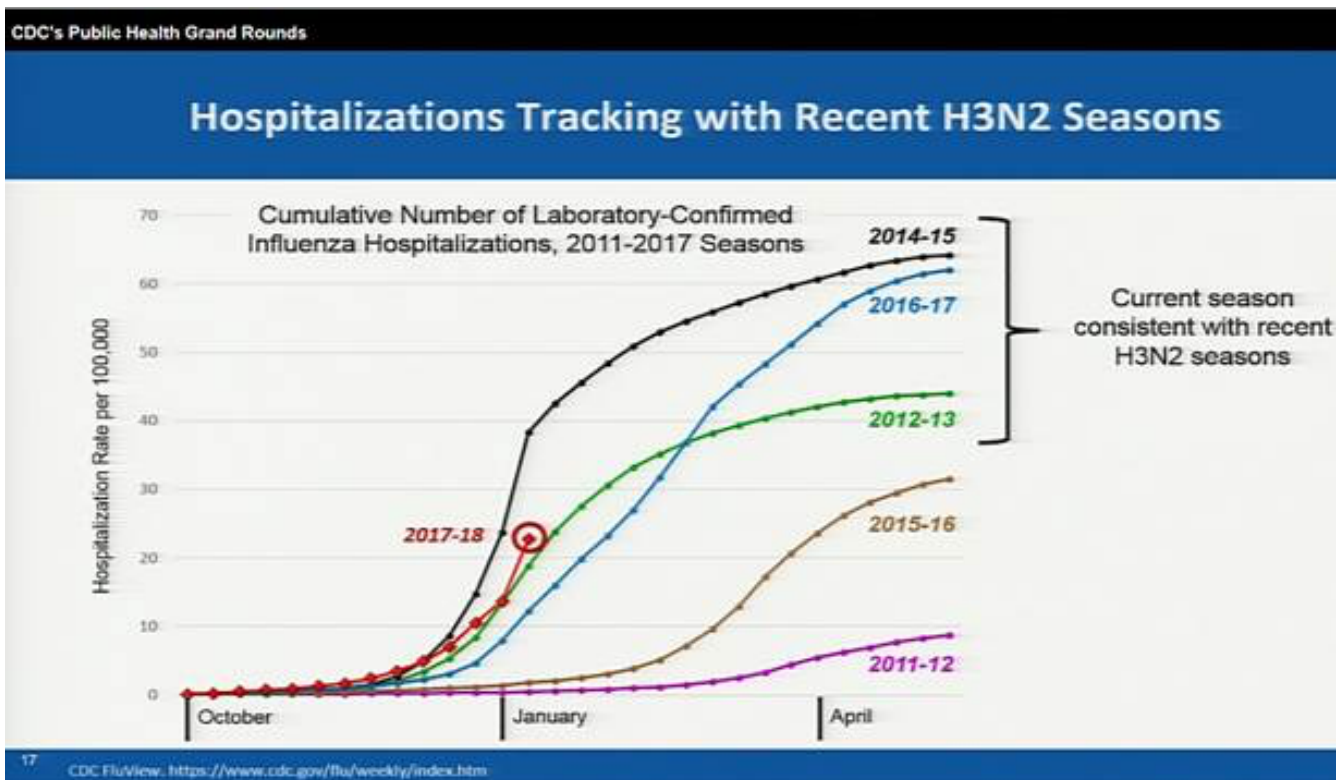
What is an Outbreak?

Long term care facilities are required to report all **suspected** and **confirmed outbreaks** to their local health jurisdiction (LHJ) per [Washington Administrative Code \(WAC\) 246-101-305](#).

LTCFs are required to report the following:

- A sudden increase in acute febrile illness* over the normal background rate (e.g., 2 or more cases of acute respiratory illness occurring within 72 hours of each other)
- OR
- Any resident who tests positive for influenza.

*Acute febrile respiratory illness is defined as fever $\geq 100^{\circ}\text{F}$ AND one or more respiratory symptoms (runny nose, sore throat, laryngitis, or cough). Please note that elderly patients with influenza may not develop fever.



Resources:

[Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities](#) | CDC

Consultation

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