



# Health Alert Network

**Tri-County Health Department**

Serving Adams, Arapahoe and Douglas Counties

Phone 303/220-9200 • Fax 303/741-4173 • [www.tchd.org](http://www.tchd.org)

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John M. Douglas, Jr., M.D. Executive Director

The pages that follow contain information critical to protecting the health of your patients and the citizens of Colorado.

## HAN ALERT

Number of pages including cover: 5

Subject: **Alert - Indicators of Influenza Activity Show Marked Increase in Disease - December 17, 2019**

Message ID: 12/17/2019 10:00:00 AM

Recipients: HAN Community Members.

From: TRI-COUNTY HEALTH DEPARTMENT

Adams, Arapahoe and Douglas County, Colorado

Recipient Instructions: **For your information. No response required.**

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You have received this message based upon the information contained within our Health Alert Network Notification System. If you have a different or additional e-mail or fax address that you would like us to use, or if you have additional questions, call 720-200-1477.

### Categories of Health Alert Network Messages:

**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/Public Health Brief:** Provides general information that is not necessarily considered to be of an emergent nature.

You may download a copy of this HAN from the TCHD website at

<http://www.tchd.org/259/Health-Alert-Network>



## HEALTH ALERT | Indicators of Influenza Activity Show Marked Increase in Disease | December 17, 2019

**Hospitals, Long-term Care Facilities, Health Care Providers: Please distribute widely in your facility**

### Key points

- Indicators of influenza activity show marked increase in disease.
- Ensure vaccination of health care facility staff and residents of long term care facilities.
- Outbreaks of influenza in long-term care facilities are reportable within 24 hours to your local or state health department.
- Prompt antiviral treatment is recommended for persons with confirmed or suspect influenza infection at high risk for developing complications, including hospitalized patients, children under age 2 years, adults age 65 years and older, pregnant women, and individuals with chronic health condition.
- Antiviral chemoprophylaxis is also recommended for all eligible long-term care facility residents during an outbreak; regardless of whether they received influenza vaccine.
- Nursing homes participating in Medicare and Medicaid programs are required to offer all residents influenza vaccines and to document the receipt of vaccination by residents.

### Indicators of Influenza Activity Show Marked Increase in Disease

Through the surveillance week ending December 7, 2019, data on laboratory testing for influenza and outpatient visits for influenza-like illness indicate we have entered a period of more intense influenza activity. Based on similar patterns from previous influenza seasons, we anticipate influenza activity to continue to escalate and potentially approach peak activity within the next 4 weeks.

Tri-County Health Department (TCHD) monitors several influenza surveillance data indicators throughout each winter season to try to identify when levels of influenza disease are markedly increasing. TCHD uses a threshold of laboratory

test positives to alert hospitals and long term care facilities (LTCFs) to step up and sustain prevention and control measures in their facilities.

## **Recommendations / guidance**

TCHD strongly encourages hospitals and LTCFs to ensure the following steps are in place for disease control:

- **Ensure vaccination of hospital and LTCF staff and residents of LTCFs.**
  - For facilities licensed by Colorado Department of Public Health and Environment (CDPHE), hospitals and LTCFs are required to track influenza vaccination status of their staff (i.e, proof of influenza immunization or a medical exemption). Continue to encourage staff vaccination and ensure easy access to vaccine.
  - LTCFs should track resident vaccination status and ensure their medical directors or private health care providers are vaccinating residents.
- **Review visitation policies and ensure visitors are screened for acute respiratory illness.**
  - Consider restricting ill-visitors from entering the facility.
  - Make hand hygiene stations readily available for visitors.
- **Treat high risk patients with confirmed or suspect influenza disease with antiviral agents, using oseltamivir (available as a generic version or under the trade name Tamiflu®), inhaled zanamivir (trade name Relenza®), intravenous peramivir (trade name Rapivab®), or oral baloxavir marboxil (trade name Xofluza®).**
  - All hospitalized patients.
  - Any patient who has severe, complicated, or progressive illness. This may include outpatients with severe or prolonged progressive symptoms or who develop complications such as pneumonia but who are not hospitalized.
  - Any non-hospitalized patient noted below who is at higher risk for influenza complications, based on clinical judgement of the patient’s disease severity and progression, age, underlying medical conditions, likelihood of influenza, and time since onset of symptoms.
    - Children younger than 2 years.
    - Adults aged 65 years and older.
    - People with chronic pulmonary (including asthma), cardiovascular (except hypertension alone), renal, hepatic, hematological (including sickle cell disease), and metabolic disorders (including

diabetes mellitus), or neurologic and neurodevelopmental conditions, stroke, intellectual disability, moderate to severe developmental delay.

- People with immunosuppression, including that caused by medications or by HIV infection.
- Women who are pregnant or postpartum (within two weeks after delivery).
- People aged younger than 19 years who are receiving long-term aspirin therapy.
- American Indians/Alaska natives.
- People with extreme obesity (i.e., body-mass index is equal to or greater than 40).
- Residents of nursing homes and other chronic-care facilities.

When indicated, antiviral treatment should be started as soon as possible after illness onset, ideally within 48 hours of symptom onset. However, antiviral treatment might have some benefits in patients with severe, complicated or progressive illness, and in hospitalized patients when started after 48 hours of illness onset.

- **LTCFs should stay alert for influenza outbreaks**

- An outbreak of influenza in a health care facility is defined as one or more cases of influenza-like illness (ILI) within a one week period OR at least one resident with a positive influenza test among two or more residents with ILI. ILI is defined as [Fever (>100 F or new prostration) AND [new cough or sore throat].
- Please report outbreaks of influenza in long-term care facilities to TCHD or your local public health agency no later than 24 hours after identification so public health can assist with prevention and control measures.
- LTCF residents with confirmed or suspect influenza should be treated with an antiviral agent.
- Prophylactic use of antiviral agents are also a key component of outbreak control in LTCFs. Consult with public health regarding recommendations.
  - Antiviral chemoprophylaxis is recommended for all eligible LTCF residents (regardless of whether they received influenza vaccine) who are not exhibiting influenza-like illness once an influenza outbreak is identified. Residents that develop influenza-like illness while on prophylaxis should be switched to treatment doses of antiviral medications.
  - Consideration can be given to restricting antiviral chemoprophylaxis to residents of a particular unit when the outbreak is clearly confined to that unit or care area. When the outbreak involves multiple units or care areas, or is widespread in the facility, antiviral chemoprophylaxis of the entire facility is recommended.

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## For more information

- Summary of Influenza Antiviral Treatment Recommendations for Clinicians:  
[www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm](http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm)
- Colorado Influenza Report: [www.colorado.gov/pacific/cdphe/influenza](http://www.colorado.gov/pacific/cdphe/influenza)
- Tri-County Health Department Influenza Like Illness Notification Report: <https://www.tchd.org/637/Syndromic-Surveillance-Newsletters-Report>
- Guidelines for Prevention and Control of Influenza Outbreaks in Long Term Care Facilities:  
<https://drive.google.com/file/d/1hlaSfci4J6P8bq6Egp-EtSSxgqrcxyQ/view>
- Tri-County Health Department 24/7 Communicable Disease Reporting: 303-220-9200
- CDPHE Disease Reporting Line: 303-692-2700 or 303-370-9395 (after hours)