



# COMMONWEALTH of VIRGINIA

## Department of Health

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### Respiratory Illnesses – A Seasonal Update

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Dear Colleague:

Fall has arrived in Virginia and with it the expected increase in respiratory illnesses. Thank you for your efforts to prepare yourself, your colleagues and your patients to mitigate the effects of these diseases. This correspondence is provided to assure you are updated in three key areas:

- [Influenza activity and the latest recommendations from the national Advisory Committee on Immunization Practices \(ACIP\);](#)
- [Increased surveillance for acute flaccid myelitis \(AFM\);](#) and
- [Ongoing surveillance to detect severe respiratory illnesses associated with travel or animal exposures.](#)

#### Current Influenza Activity in Virginia and ACIP Recommendations

Flu activity in Virginia and in the United States is currently low; however, since September 1<sup>st</sup> the Virginia Department of Health (VDH) has received laboratory reports of influenza types A and B circulating in the state. Please take the time now to focus on vaccination efforts for yourself, your patients and fellow healthcare providers.

In the August 7, 2015 [Morbidity and Mortality Weekly Report](#), ACIP published updated recommendations for the prevention and control of influenza. Highlights from the report include:

- Updated vaccine formulation for the 2015-2016 season - The trivalent vaccine for this season has been reformulated to include updated components for the influenza A (H3N2) and influenza B strains. The quadrivalent vaccine will also contain an additional influenza B (Victoria lineage) strain.
- Updated dosing algorithm for children aged 6 months through 8 years – If a child has received two or more total doses of trivalent or quadrivalent influenza vaccine before July 1, 2015, only one dose of 2015-2016 influenza vaccine is required. The two doses need not have been received during the same season or consecutive seasons. Children in this age group who have not previously received a total of two or more doses of trivalent or quadrivalent vaccine before July 1, 2015 require two doses for 2015-2016. The interval between the doses should be at least 4 weeks.

- Use of Live Attenuated Influenza Vaccine (LAIV) and Inactivated Influenza Vaccine (IIV) – For healthy children aged 2 through 8 years who have no contraindications, either LAIV or IIV may be administered. No preference for LAIV over IIV is recommended.

VDH recommends that all persons aged six months and older, who do not have contraindications, should receive influenza vaccine annually. While last year's vaccine provided reduced protection against the circulating strain, vaccination remains the best tool to prevent disease and reduce serious outcomes from influenza. [National influenza surveillance data](#) reported to date suggest that the vaccine will be a better match for influenza strains circulating this season.

### Surveillance for Acute Flaccid Myelitis (AFM)

From August to October 2014, public health staff in Virginia and across the United States received reports of cases of acute flaccid myelitis (AFM). Cases were reported to have developed a sudden onset of weakness in one or more arms or legs with MRI scans that showed inflammation of the gray matter in the spinal cord. While the AFM reports coincided temporally with an outbreak of respiratory illness caused by enterovirus D68 (EV-D68), a cause for the AFM cases has not yet been determined.

In an effort to monitor AFM reports and better understand potential causes, VDH is asking healthcare providers to partner with us to increase surveillance for AFM. Regardless of whether enterovirus testing has been conducted, please report to your [local health department](#) upon suspicion:

- Any patients presenting with a sudden onset of neurologic illness associated with limb weakness **and**
  - An MRI showing a spinal cord lesion largely restricted to gray matter and spanning one or more spinal segments **or**
  - CSF showing pleocytosis.

Clinicians are asked to collect specimens from patients suspected of having AFM as early as possible in the course of illness (preferably on the day of onset of limb weakness). Local health department staff is available to assist with gathering information and can provide details on specimen collection and laboratory testing. Additional information on AFM can be found in the CDC Clinician Outreach and Communication Activity (COCA), [Clinical Reminder](#), published on August 15, 2015.

### Ongoing Surveillance to Detect Severe Respiratory Illness Associated with Travel or Animal Exposures

VDH asks for your continued assistance in detecting emerging respiratory diseases, including [Middle East Respiratory Syndrome coronavirus \(MERS-CoV\) infection](#), as well as potential human infections following exposures to birds (domestic or abroad) infected with [highly pathogenic avian influenza \(HPAI\)](#). Your involvement in these surveillance efforts is critical in identifying and controlling disease entering Virginia. Please : (1) collect a thorough and detailed exposure history on all patients who present with severe respiratory illness, including assessing travel history to areas where human cases have been identified or to areas where the diseases are known to be circulating in animals; and (2) report suspected cases to your local health department.

Thank you for your continued partnership in protecting the health of Virginians. I wish you a safe and healthy season.

Sincerely,

Marissa J. Levine, MD, MPH, FAAFP  
State Health Commissioner

A pdf version of this letter is available on the VDH [Resources for Health Care Professionals](#) web page.