



COMMONWEALTH of VIRGINIA

Department of Health

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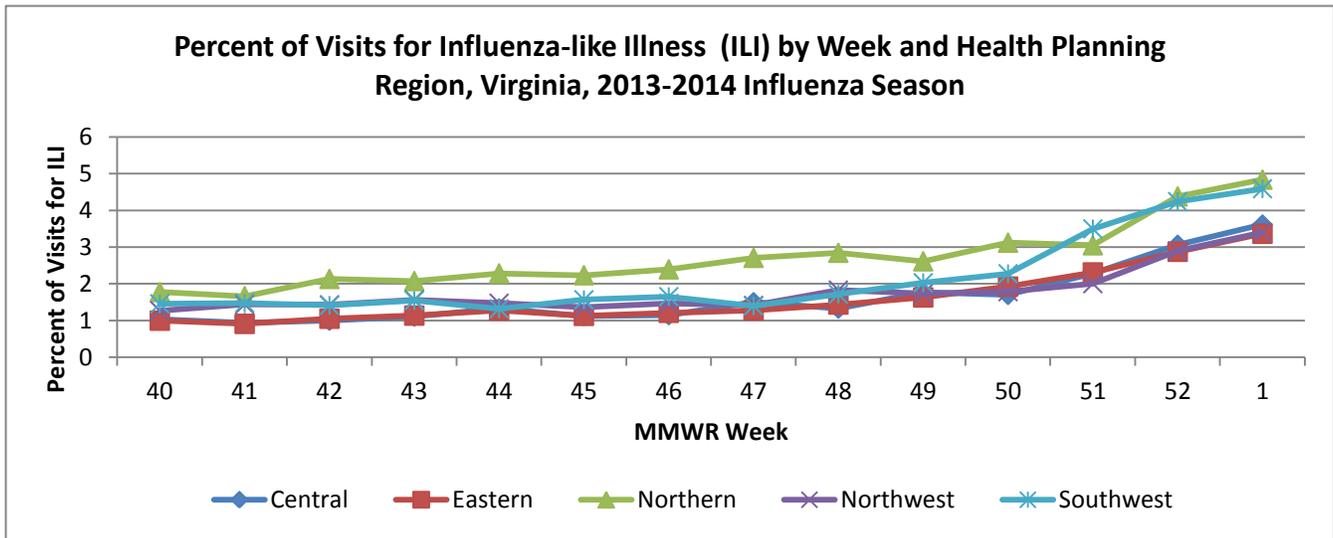
January 10, 2014

Dear Colleague:

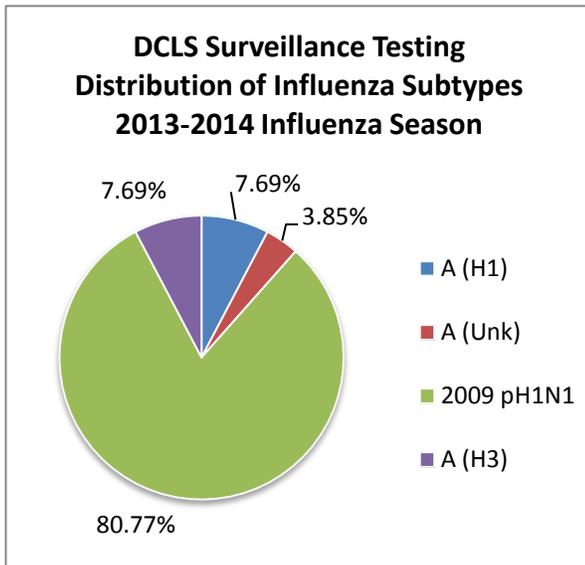
Each year we work together to mitigate the impact of influenza on the people of Virginia. I am writing again to thank you for those efforts and to provide key updated information to assist you in your day-to-day health care decision-making. There are four critical points I am sharing with you today:

1. Influenza activity is now widespread in Virginia.
2. Influenza A (H1N1) is the predominant strain currently circulating in Virginia. This heightens the potential for disproportionate impact on young and middle-aged adults – generally the group with the lowest flu vaccination rate.
3. Novel influenza viruses (such as avian influenza A H7N9 and H5N1) are still of concern. This correspondence provides testing guidance.
4. VDH has significant influenza guidance available at <http://www.vdh.virginia.gov/epidemiology/flu/>.

Since mid-December there has been a steady increase in visits for influenza-like illness (ILI) to emergency departments and urgent care centers in all regions of the state (graph). ILI visits have increased among all age groups, but most notably among children and younger adults.



Influenza A (H1N1) pdm09 (pH1N1) virus, the pandemic influenza virus that first emerged in 2009, has been the virus most commonly identified through surveillance testing by the Division of Consolidated Laboratory Services (DCLS), but influenza A (H3) also has been confirmed (graph). To date, only five (5) ILI outbreaks have been



reported; pH1N1 was confirmed in three outbreaks. This differs from the last flu season when 140 ILI outbreaks were investigated (76% lab-confirmed as influenza, primarily influenza A (H3)) in December and January.

In a late December 2013 Health Advisory, the Centers for Disease Control and Prevention (CDC) reported on severe respiratory illness occurring among young and middle-aged adults, many of whom were infected with pH1N1 influenza (<http://www.bt.cdc.gov/HAN/han00359.asp>). In 2009-2010, the pH1N1 virus caused more illness in children and young adults, compared to older adults, although severe illness was seen in all age groups. While it is not possible to predict which influenza viruses will predominate during the entire 2013-14 influenza season, so far pH1N1 has been the predominant circulating virus nationwide. **For the 2013-14 season, if pH1N1 virus continues to circulate widely,**

illness that disproportionately affects young and middle-aged adults may occur. CDC has not detected any significant changes in pH1N1 viruses that suggest increased virulence or transmissibility.

Annual vaccination is the best tool for prevention of influenza and its complications. Annual influenza vaccination is recommended for everyone 6 months of age and older, including pregnant women. Anyone who has not yet been vaccinated this season should get the flu vaccine now. The antigenic characterization of circulating pH1N1 virus matches the pH1N1 component of the annual influenza vaccine. For detailed information on flu vaccine dosing and administration, go to <http://www.cdc.gov/flu/professionals/vaccination/>.

Treatment with a neuraminidase inhibitor antiviral drug (oral oseltamivir or inhaled zanamivir) is an important second line of defense for those who become ill to reduce morbidity and mortality. Antiviral treatment 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 higher risk for influenza complications. The majority of currently circulating influenza viruses are susceptible to oseltamivir and zanamivir; however, rare sporadic cases of oseltamivir-resistant pH1N1 and A (H3N2) viruses have been detected in the United States and worldwide.

Please remain vigilant for **novel influenza virus infections, such as avian influenza A H7N9 or H5N1.** Individuals with new-onset severe acute respiratory infection requiring hospitalization AND recent travel (within <10 days of illness onset) to areas where these avian influenza viruses are known to be circulating may be candidates for testing by DCLS. Please contact your local health district if you have questions or need further information.

To help you stay abreast of influenza in Virginia, VDH has a comprehensive influenza website at <http://www.vdh.virginia.gov/epidemiology/flu/> that includes detailed information and recommendations for healthcare professionals and facilities. VDH tracks influenza and influenza-like illnesses and provides a weekly surveillance update at <http://www.vdh.virginia.gov/epidemiology/flu/Surveillance.htm>.

Thank you for your ongoing commitment to your patients and the public's health. Working together we will effectively promote health and help minimize morbidity and mortality from influenza in Virginia.

Sincerely,

Cynthia C. Romero, MD, FAAFP
State Health Commissioner