



COMMONWEALTH of VIRGINIA

Department of Health

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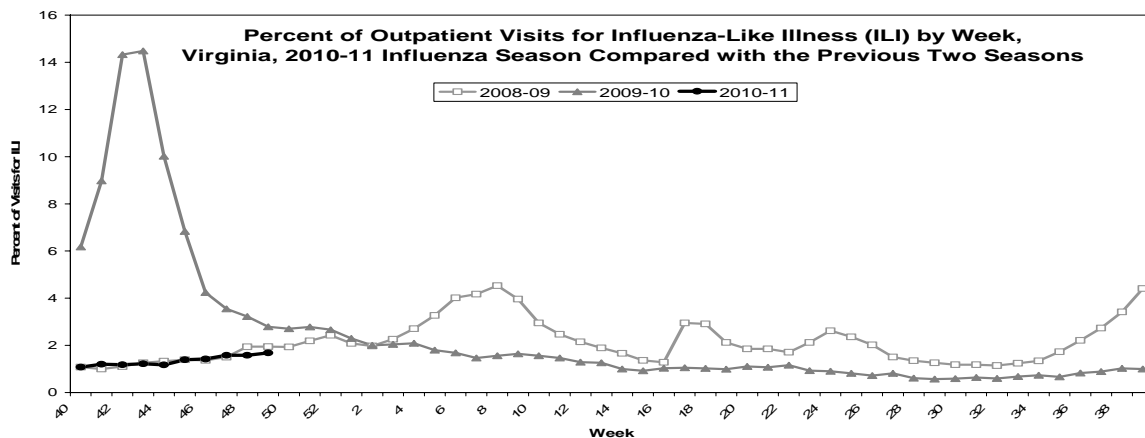
December 20, 2010

Dear Colleague,

As each of you is a valued health care partner, I want to provide you with the latest influenza surveillance and vaccination data that the Virginia Department of Health has collected and analyzed to help complement your continuing influenza prevention and treatment activities.

Surveillance

Currently, influenza like illness (ILI) activity remains relatively low in Virginia having increased slightly in recent weeks. This is suggestive, however, of the beginning of increases in ILI in the Commonwealth and across the United States. So far, 2010-11 flu activity closely mirrors the pattern of the 2008-09 influenza season. Further, trends observed in the southern hemisphere and United States signals a transition toward seasonal patterns of influenza. The graph below shows recent influenza-like illness activity in the Commonwealth.



Since September 2010, the VDH has received laboratory confirmations of a mixture of circulating influenza viruses that have been identified in Virginia, including:

- **Influenza A/H1**
- **Influenza A/H3**
- **Influenza B**
- **Influenza A - for which no typing was done**

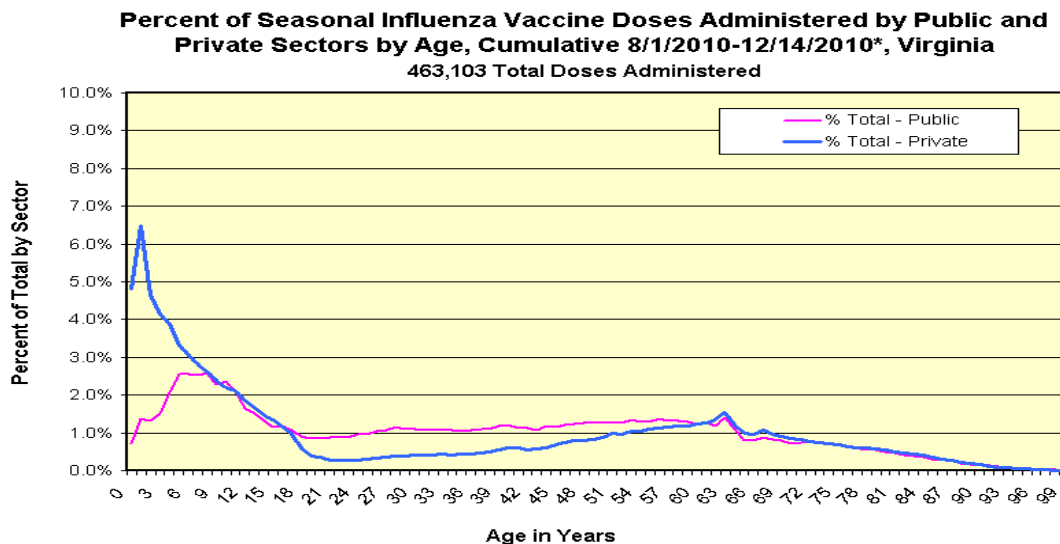
These are the strains targeted by this season's vaccine, and expected, based on what was circulating in the southern hemisphere during winter. We can be pleased to have a "good match"

for this year's influenza vaccine with the currently circulating strains of flu. Many individuals have some immunity to the 2009 H1N1 strain. However, it is likely that the recognized 2009 H1N1 risk groups – including younger age groups, those with asthma, diabetes, chronic conditions and pregnant women – will continue to be affected disproportionately by complications of influenza.

If your patients do become ill, the Centers for Disease Control and Prevention (CDC) is recommending that physicians use **oseltamivir** and **zanamivir** to treat influenza caused by the circulating viruses – especially for those hospitalized with influenza or are at high risk of complications. Treatment is best started within 48 hours of symptoms and without waiting for laboratory confirmation of influenza. Even after 48 hours, recent data indicate more severely ill and at risk patients still benefit from these agents by reducing complications and death.

Vaccination & Virginia Immunization Information System

As of December 14, 2010, **463,103** doses of seasonal influenza vaccine have been reported as administered. Doses administered by age and provider type can be seen in the following graph.



*Note: Data for Fairfax Health District is through 11/30/10. Data sources include WebVISION and VIS.

Early vaccination feedback has shown that some consumers have safety concerns about the 2009 H1N1 strain being included in the vaccine, which can be a barrier to seeking vaccination. We appreciate all you do to encourage your patients to get vaccinated. For your patients who have not yet received a vaccination, please consider doing so as it is not too late. Your advice really matters. Studies have shown that your recommendation makes the difference in persuading a patient to seek an influenza vaccination.

This year, adults aged 65 years and older can choose to be vaccinated with the regular seasonal influenza vaccine or a new, high-dose influenza vaccine from Sanofi Pasteur. Available for the first time this season, the high-dose formulation contains four times the amount of antigen

compared to a regular flu vaccination, and is intended to create a stronger immune response. Both the regular and high-dose formulations are recommended as adequate for seniors, with no preference indicated by the CDC.

Unfortunately, influenza vaccination rates among health care professionals remain at historically low levels. Despite annual recommendations, only 49% of health care professionals received influenza vaccine during the 2007-2008 season. If you haven't already done so, please ensure that you and your staff are vaccinated, not only to prevent staffing shortages due to illness, but to protect your vulnerable patient population.

In addition to ensuring employees are vaccinated, there are other steps you can take to protect your workplace. The CDC recently published updated recommendations for prevention and control of seasonal influenza in health care facilities. The document, *Prevention Strategies for Seasonal Influenza in Healthcare Settings*, can be found at www.cdc.gov/flu/pdf/infectioncontrol_seasonalflu_ICU2010.pdf. This guide highlights the importance of infection control strategies, including the appropriate use of personal protective equipment such as surgical masks for routine patient care and N95 respirators for aerosol generating procedures.

For those of you who used the Virginia Immunization Information System (VIIS) to report H1N1 doses administered, I thank you, and ask that you continue to use this database for seasonal flu and all vaccines administered in your practice. VIIS can provide numerous benefits including:

- **Reducing time and money spent on unnecessary duplicate vaccinations;**
- **Reducing the need for manual chart pulls;**
- **Increasing immunization data quality and completeness; and,**
- **Providing a list of patients for reminders and, or, recalls.**

For more information on VIIS, please contact the VDH Division of Immunization at **804-864-8055** and ask to speak to a VIIS consultant.

Fortunately this influenza season has been mild, compared to the pandemic our nation faced last year. I am grateful for the support you provided last year as we partnered to keep our community as healthy as possible. To review a full after action report, please visit www.vdh.virginia.gov/Influenza/pdf/2009-2010_Nove_Flu_AAR-IP_Pub.pdf.

Through continued collaboration among clinicians, local health departments and other state agencies, we can continue to keep our communities healthy in partnership. I am grateful for your dedication and your leadership in our communities.

Sincerely,



Karen Remley, MD, MBA, FAAP
State Health Commissioner