



COMMONWEALTH of VIRGINIA

Department of Health

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Health Advisory: Seasonal Influenza Update January 8, 2018

Dear Colleagues:

Influenza activity started affecting all regions of Virginia in December, and outpatient visits for influenza-like illness (fever with cough and/or sore throat) are now increasing in all parts of our state. The Virginia Department of Health is also receiving reports of outbreaks and confirmed cases of influenza. In recent weeks, influenza A and influenza B have been confirmed in Virginia (85% influenza A). Of the influenza A viruses that have been subtyped, A/H3 has been identified twice as often as A/H1. Weekly reports on influenza activity in Virginia are posted on the [VDH influenza surveillance webpage](#).

On December 27th, 2017, the Centers for Disease Control and Prevention (CDC) issued a [Health Advisory](#) on seasonal influenza to 1) remind clinicians to include influenza high on their list of possible diagnoses for ill patients because influenza activity is increasing nationwide and 2) advise clinicians that treatment with a neuraminidase inhibitor antiviral as soon as possible is the recommended approach for all hospitalized patients and all high-risk patients (either hospitalized or outpatient) with suspected influenza.

The CDC Health Advisory includes the following key messages:

- CDC recommends antiviral medications for treatment of influenza as an important adjunct to annual influenza vaccination.
- Treat any patient with suspected or confirmed influenza in the following categories as soon as possible with a neuraminidase inhibitor:
 - 1) Any patient who is hospitalized—treatment is recommended for all hospitalized patients;
 - 2) 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;
 - 3) Any patient who is at higher risk for influenza complications but not hospitalized. Please refer to the CDC [Health Advisory](#) for additional details, including categories of high risk patients, information about testing, specific agents that can be prescribed, possible adverse events, and information for patients.
- Clinical benefit is greatest when antiviral treatment is administered as early as possible after illness onset. Therefore, start antiviral treatment as soon as possible after illness onset and

avoid delay even for a few hours to wait for the results of testing. Ideally, initiate treatment within 48 hours of symptom onset. However, **antiviral treatment initiated later than 48 hours after illness onset can still be beneficial for some patients.**

Please recommend the influenza vaccine to your patients if they have not received it already this season, advise them to stay home while sick with influenza, and to cover their coughs and wash their hands to protect others from the virus.

Your [local health department](#) is available to discuss the latest recommendations about influenza prevention and control. Thank you for providing care to your patients and for your partnership with public health. I am very grateful for your efforts to help ensure the people of Virginia receive the best protection possible from this annual disease threat.

Sincerely,

Marissa Levine, MD, MPH, FAAFP
State Health Commissioner