



TO: West Virginia Healthcare Providers, Hospitals and other Healthcare Facilities

**FROM: Rahul Gupta, MD, MPH, MBA, FACP, Commissioner and State Health Officer
WVDHHR, Bureau for Public Health**

DATE: January 19, 2018

LOCAL HEALTH DEPARTMENTS: PLEASE DISTRIBUTE TO COMMUNITY HEALTH PROVIDERS, HOSPITAL-BASED PHYSICIANS, INFECTION CONTROL PREVENTIONISTS, LABORATORY DIRECTORS, AND OTHER APPLICABLE PARTNERS

OTHER RECIPIENTS: PLEASE DISTRIBUTE TO ASSOCIATION MEMBERS, STAFF, ETC.

Influenza activity has increased significantly in the United States in recent weeks. West Virginia is characterized as having widespread activity. This influenza season is notable for the sheer volume of ill cases that has caused stress to health systems. The Centers for Disease Control and Prevention (CDC) released a Health Advisory (<https://emergency.cdc.gov/han/han00409.asp>) that warned of a high-severity influenza A (H3N2) season and resulting clinical implications. As of January 6, 2018, 20 pediatric influenza deaths were reported nationally, none in West Virginia.

Past influenza A (H3N2) virus-predominant seasons have been associated with severe illness in persons aged 65 years and older and young children. An increased percentage of outpatient visits for influenza-like illness (ILI), higher rates of hospitalization, more reported deaths due to pneumonia and influenza, and more outbreaks in healthcare settings and schools were observed during the 2012 - 2013 season in West Virginia, during which A (H3N2) was the predominant strain. For the current season, 64 outbreaks were confirmed during December 2017 to January 15, 2018. The percentage of individuals seeking care for an ILI is elevated for the fourth straight week, and at rates higher than West Virginia has seen in the past five (5) influenza seasons.

Healthcare providers are being advised of the following key points:

- Vaccination remains the single most effective way to protect individuals from becoming sick throughout the influenza season and reduce risks of influenza-related complications. Vaccination also provides herd immunity, protecting those not vaccinated from becoming ill.
- Antiviral drugs are the second line of defense used to treat influenza illness. Most currently circulating influenza viruses are susceptible to the neuraminidase inhibitor medications such as oseltamivir, zanamivir, and peramivir. CDC recommends administration of these antivirals (within 48 hours, if possible) in all hospitalized, severely ill, and high-risk patients with suspected or confirmed influenza.

For more information on influenza, including surveillance data and diagnosis and treatment information, visit the Office of Epidemiology and Prevention Services, Division of Infectious Disease Epidemiology's (DIDE) website at <http://dhhr.wv.gov/oeps/disease/flu/Pages/default.aspx>. You may also contact your local health department or DIDE at 1-800-423-1271, ext.1 or (304) 558-5358, ext. 1.

This message was directly distributed by the West Virginia Bureau for Public Health to local health departments and professional associations. Receiving entities are responsible for further disseminating the information as appropriate to the target audience.

Categories of Health Alert 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.