



INFLUENTIAL MATTERS: THREE INFLUENZA STRAINS CIRCULATING STATEWIDE



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VISIT THE DIVISION OF EPIDEMIOLOGY'S
INFLUENZA WEBSITE:

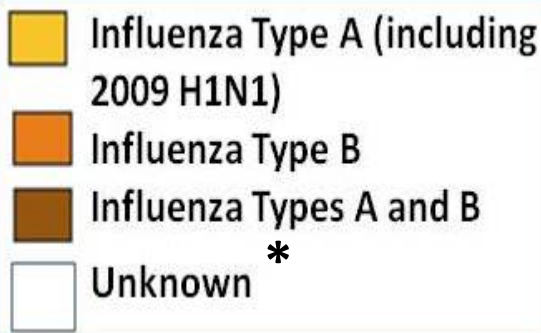
[HTTP://WWW.ADPH.ORG/INFLUENZA](http://www.adph.org/influenza)

Influenza has been identified in 37 counties, 14 of which had multiple strains. The Bureau of Clinical Laboratories (BCL) has received a total of 912 specimens for influenza virus testing by Polymerase Chain Reaction (PCR) from health care providers.

The map to the left, represents the geographic distribution of 470 positive influenza specimens identified at the BCL since October 3, 2010. There were 350 (74.5%) specimens positive for influenza B, followed by influenza A, subtype H3 (17.9%), and H1N1 (7.6%).

Approximately 67% of the positive influenza specimens were from patients younger than 19 years old.

In the last three weeks, 125 (54.8%) of 228 samples submitted to the BCL, tested positive for influenza. The strains included influenza B (58.4%), influenza A, H3 (24.0%), and A, H1N1 (17.6%).



* **Note:** Counties shown as white are due to three possible causes: (1) sent in samples that tested negative, (2) sent in unsatisfactory samples, or (3) did not submit any samples to the BCL.

ILINET AND SPECINET PROVIDERS

We encourage all healthcare providers participating in our Outpatient Influenza-like Illness Surveillance Network (ILINet) and Specimen Network (SpeciNet) to continue submitting weekly ILI reports and viral specimens, respectively. The ADPH Epidemiology Division utilizes several different methods of influenza surveillance to assess influenza activity year-round in Alabama. For more information on Alabama’s influenza surveillance please visit our website at <http://adph.org/Influenza/>. To access the provider reporting form, or to find out how to become an ILINet provider, click on the link titled “Report”, or by e-mail epidemiology@adph.state.al.us.

INFLUENZA STRAINS AND ILI FOR 2010-2011 SEASON

Figure 2 below, describes the temporal distribution of influenza-like illness activity for the 2010-2011 season including previous seasons. From this graph you can observe the season started with low activity since October 3, 2010 until the end of November when activity increased, peaked by the middle of December and continues to circulate in significant proportions. As of February 5, two peaks of increased activity (~14.0 and 15.0%) appear. In Alabama, the threshold of significance influenza activity is 4.71% compared to 2.3% for United States, Region IV (Alabama, Florida, Georgia, Kentucky, Mississippi, North and South Carolina, and Tennessee). In addition, the graphic depicts the positive influenza specimens received at the BCL for different influenza strains circulating in Alabama from samples sent to the BCL from providers. Subtypes identified are also depicted.



INFLUENZA-RELATED HOSPITALIZATIONS CONFIRMED AT THE BCL BY STRAIN AND BY AGE GROUP

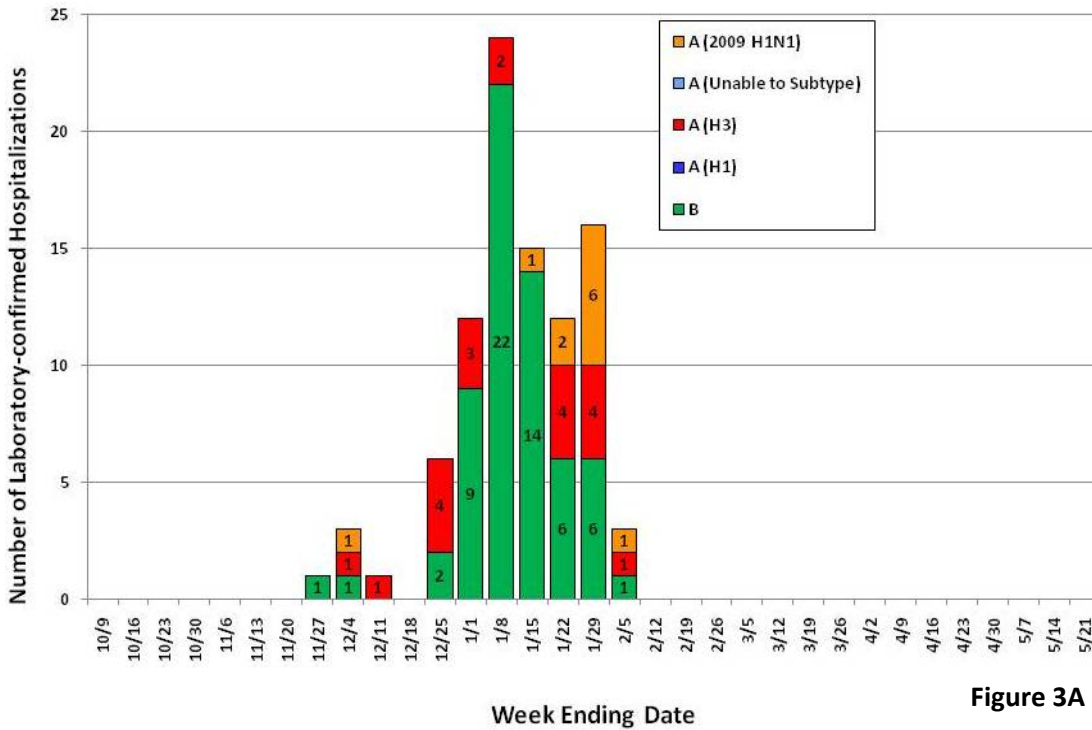


Figure 3A

Figure 3A depicts the number of laboratory-confirmed hospitalizations with influenza strains submitted to the BCL. Most of the PCR results have been positive for influenza B, followed by influenza A (H3 and H1N1).

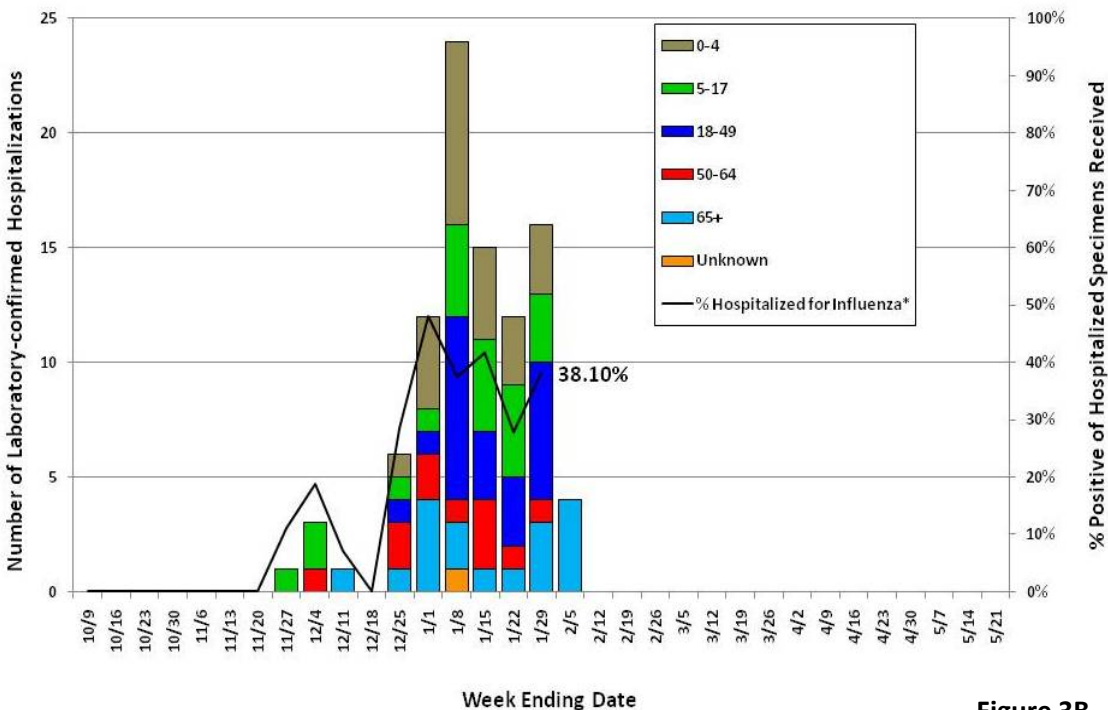


Figure 3B

Figure 3B depicts the number and percentage of laboratory-confirmed hospitalizations with influenza submitted to the BCL grouped by age. In this graphic, January was the month with the most submitted specimens positive for influenza among hospitalized patients.

* Percent of viable specimens submitted from hospitalized patients.

VACCINE UPDATE AND DISEASE PREVENTION

It is extremely important that we continue to vaccinate against influenza during the remainder of the flu season. Influenza vaccine can be administered to children as young as 6 months of age. People in good health still need flu shots to protect themselves and others with whom they live and have contact. Alabama’s peak influenza season usually does not begin until January and it continues through March. It takes about two weeks after vaccination for a person to develop protective antibodies. All health care providers should be vaccinated against influenza to stop the chain of transmission to patients. In addition, everyone should take steps to prevent transmission of disease and are reminded to follow these precautions:

- Cover your cough or sneeze with a sleeve or tissue.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand sanitizers are also effective.
- Avoid touching your mouth, eyes and nose with your hands, and try to avoid close contact with sick people.
- If you get sick, stay home and limit contact with others to avoid infecting them.

CDC RECOMMENDATIONS FOR ANTIVIRAL TREATMENT

CDC’s Advisory Committee on Immunization Practices (ACIP) provides annual recommendations for the prevention and control of influenza. As per the CDC’s “FluView” publication on January 21, 2011, at <http://www.cdc.gov/flu/weekly/>, the table from below summarizes the antiviral recommended dosage and schedule of influenza antiviral medications. For more information, visit <http://www.cdc.gov/flu/professionals/antivirals/index.htm>. Noteworthy to emphasize that no antiviral resistance has been identified in the strains circulating this season.

Antiviral agent		Age group (yrs)				
		1-6	7-9	10-12	13-64	≥65
Zanamivir	Treatment, influenza A & B	NA	10mg (2 inhalations) twice daily	10mg (2 inhalations) twice daily	10mg (2 inhalations) twice daily	10mg (2 inhalations) twice daily
	Chemoprophylaxis, influenza A & B	NA for ages 1-4	Ages 5-9, 10mg (2 inhalations) once daily	10mg (2 inhalations) once daily	10mg (2 inhalations) once daily	10mg (2 inhalations) once daily
Oseltamivir*	Treatment*, influenza A & B	Dose varies by child’s weight*	Dose varies by child’s weight*	Dose varies by child’s weight* >40kg=adult dose	75 mg twice daily	75 mg twice daily
	Chemoprophylaxis, influenza A & B	Dose varies by child’s weight*	Dose varies by child’s weight*	Dose varies by child’s weight* >40kg=adult dose	75 mg once daily	75 mg once daily

*See further recommendations at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6001a1.htm?s_cid=rr6001a1_e

RECOMMENDED WEB RESOURCES

ADPH Influenza Website: <http://www.adph.org/influenza>

CDC FluView: <http://www.cdc.gov/flu/weekly/>

MMWR Online: <http://www.cdc.gov/mmwr/>

ADPH Guidance for laboratory testing for influenza viruses: http://www.adph.org/bcl/assets/Guide_Lab_Test_Inf_Virus_092210.pdf