

IHS Influenza Update

February 9th, 2016

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Objectives

- Describe current influenza-like-illness trends in the U.S. and in IHS
- Report influenza vaccine coverage levels by IHS region

- Flu activity continues to increase slowly overall in the United States.

U.S. Influenza Activity

- Flu activity continues to increase slowly in the U.S.
 - Increase in proportion of ILI visits in previous weeks likely related to reduced routine healthcare visits over the holidays
- Predominantly H1N1 strains circulating
- Reports of serious flu illness
 - CDC issued a health advisory Feb 1 urging rapid treatment with antivirals for very ill and high-risk patients suspected with influenza
- To date, most circulating influenza viruses are well-matched to those in the 2015-2016 influenza vaccine
- Across the U.S., seven influenza-associated pediatric deaths reported thus far during the 2015-2016 season

CDC Health Advisory



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Centers for Disease Control and Prevention (CDC) HAN Priority Professional and Media Partners Update

Centers for Disease Control and Prevention (CDC) sent this bulletin at 02/01/2016 10:43 AM EST

This is an official
CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
February 1, 2016, 0850 EST (8:50 AM EST)
CDCHAN-00387

Flu Season Begins: Severe Influenza Illness Reported *CDC urges rapid antiviral treatment of very ill and high risk suspect influenza patients without waiting for testing*

Summary

Influenza activity is increasing across the country and CDC has received reports of severe influenza illness. Clinicians are reminded to treat suspected influenza in high-risk outpatients, those with progressive disease, and all hospitalized patients with antiviral medications as soon as possible, regardless of negative rapid influenza diagnostic test (RIDT) results and without waiting for RT-PCR testing results. Early antiviral treatment works best, but treatment may offer benefit when started up to 4-5 days after symptom onset in hospitalized patients. Early antiviral treatment can reduce influenza morbidity and mortality.

Since October 2015, CDC has detected co-circulation of influenza A(H3N2), A(H1N1)pdm09, and influenza B viruses. However, H1N1pdm09 viruses have predominated in recent weeks. CDC has received recent reports of severe respiratory illness among young- to middle-aged adults with H1N1pdm09 virus infection, some of whom required intensive care unit (ICU) admission; fatalities have been reported. Some of these patients reportedly tested negative for influenza by RIDT; their influenza diagnosis was made later with molecular assays. Most of these patients were reportedly unvaccinated. H1N1pdm09 virus infection in the past has caused severe illness in some children and young- and middle-aged adults. Clinicians should continue efforts to vaccinate patients this season for as long as influenza viruses are circulating, and promptly start antiviral treatment of severely ill and high-risk patients if influenza is suspected or confirmed.

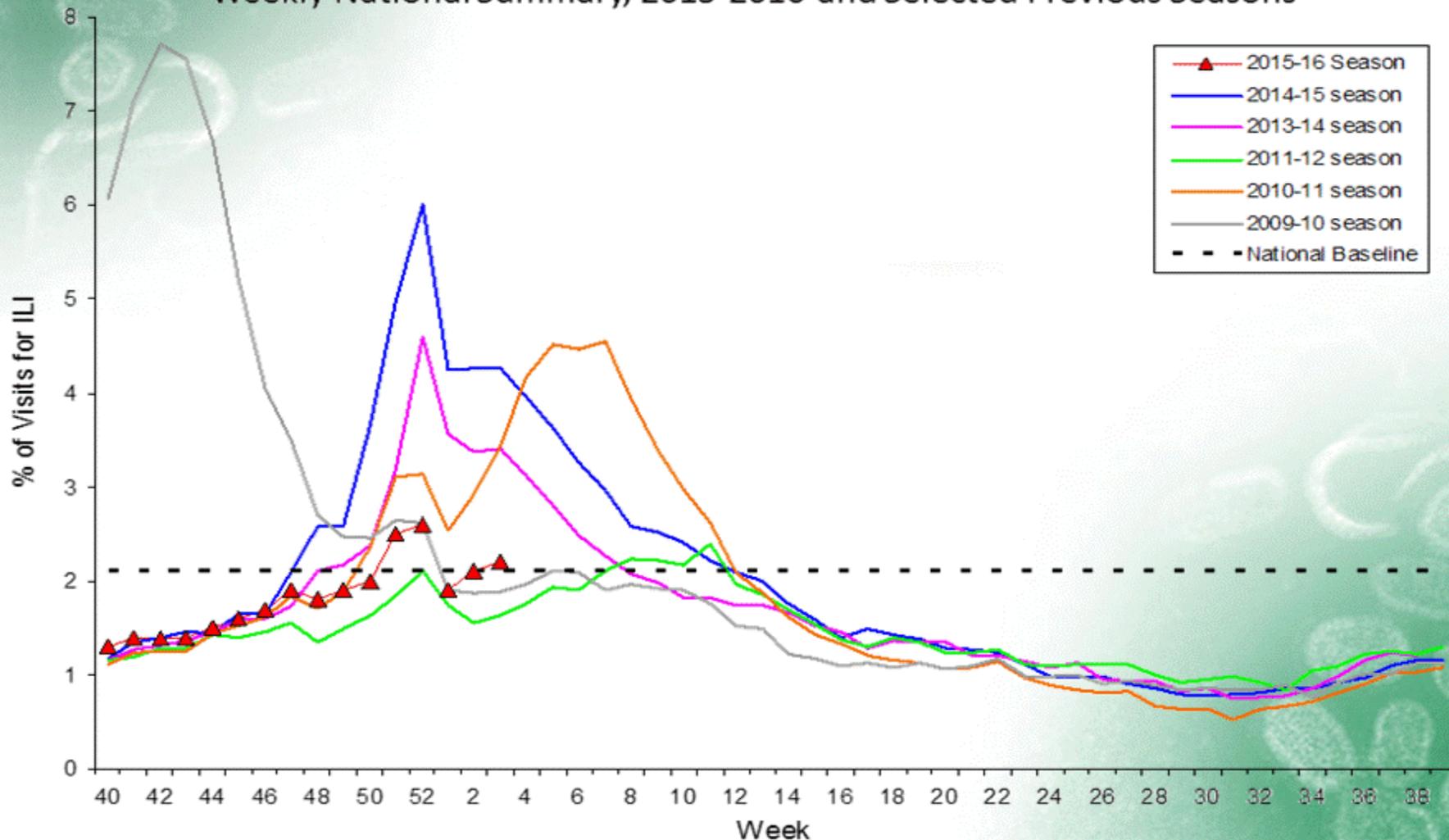
<http://content.govdelivery.com/accounts/USCDC/bulletins/133a8ad>

FLUVIEW



A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, 2015-2016 and Selected Previous Seasons

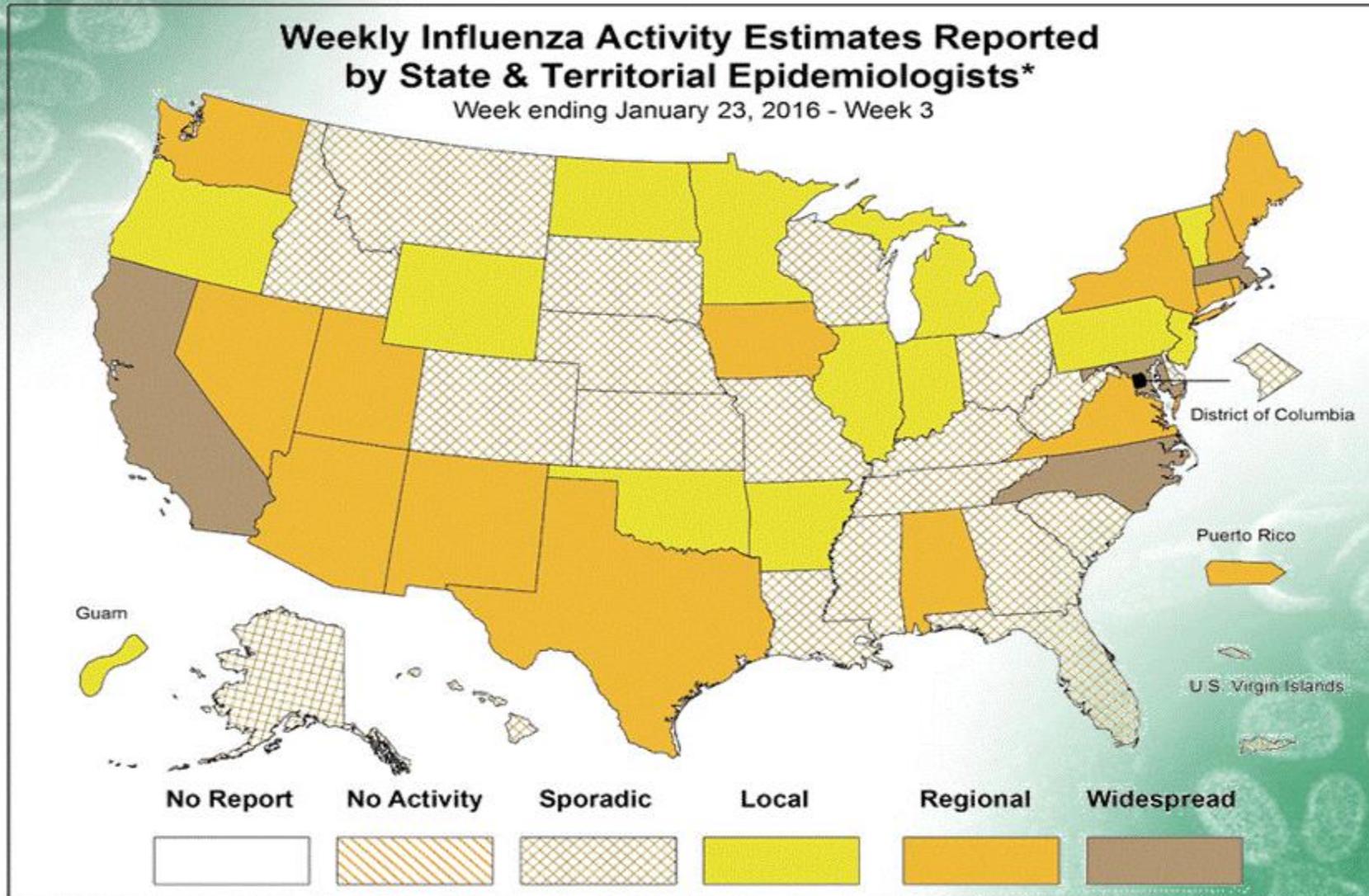


FLUVIEW

A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists*

Week ending January 23, 2016 - Week 3

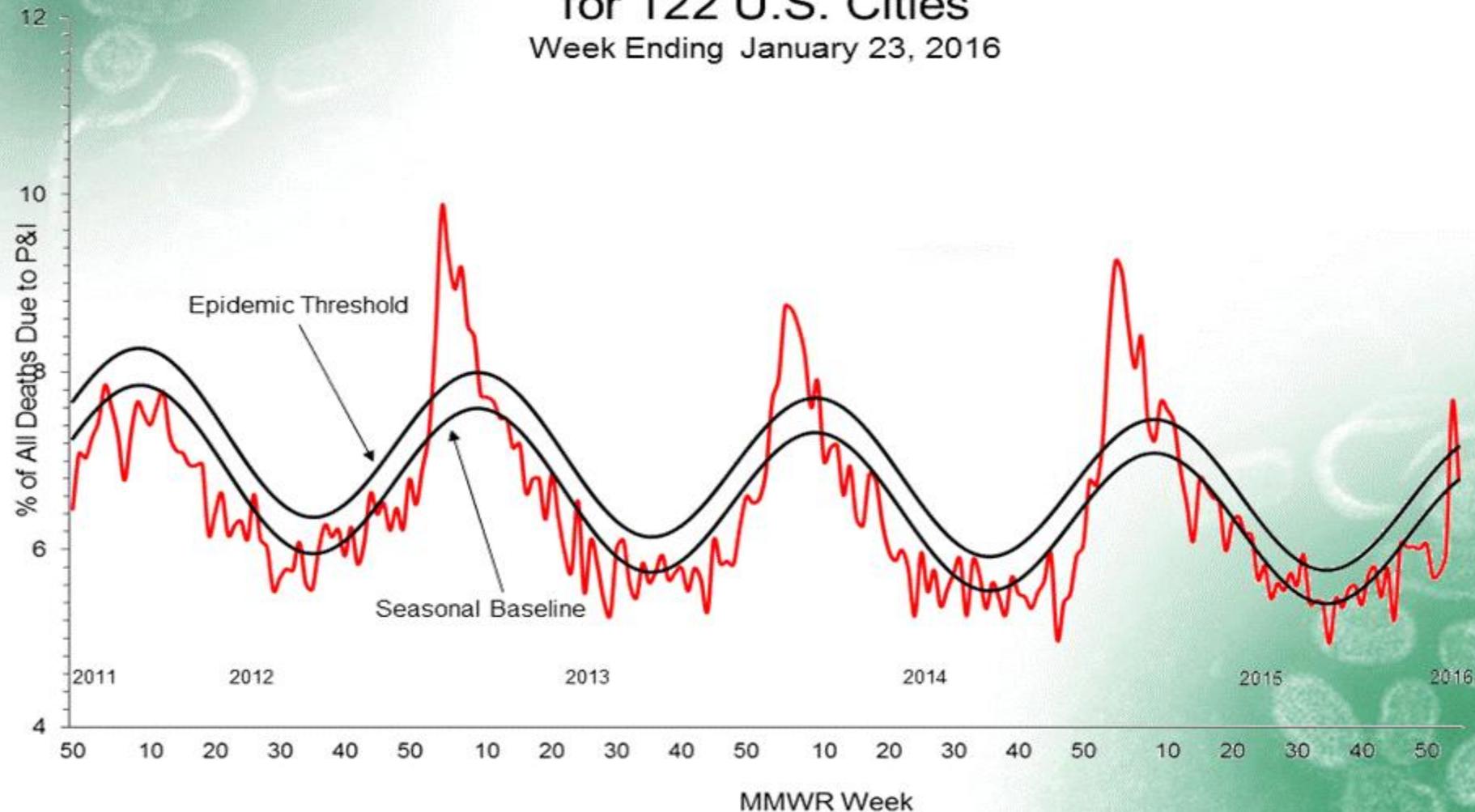


* This map indicates geographic spread & does not measure the severity of influenza activity

A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Pneumonia and Influenza Mortality for 122 U.S. Cities

Week Ending January 23, 2016



U.S. Influenza Vaccine Supply

- Influenza vaccine supply:
 - Projected: 171-179 million
 - Shipped (as of January 22nd, 2016): 145.8 million doses

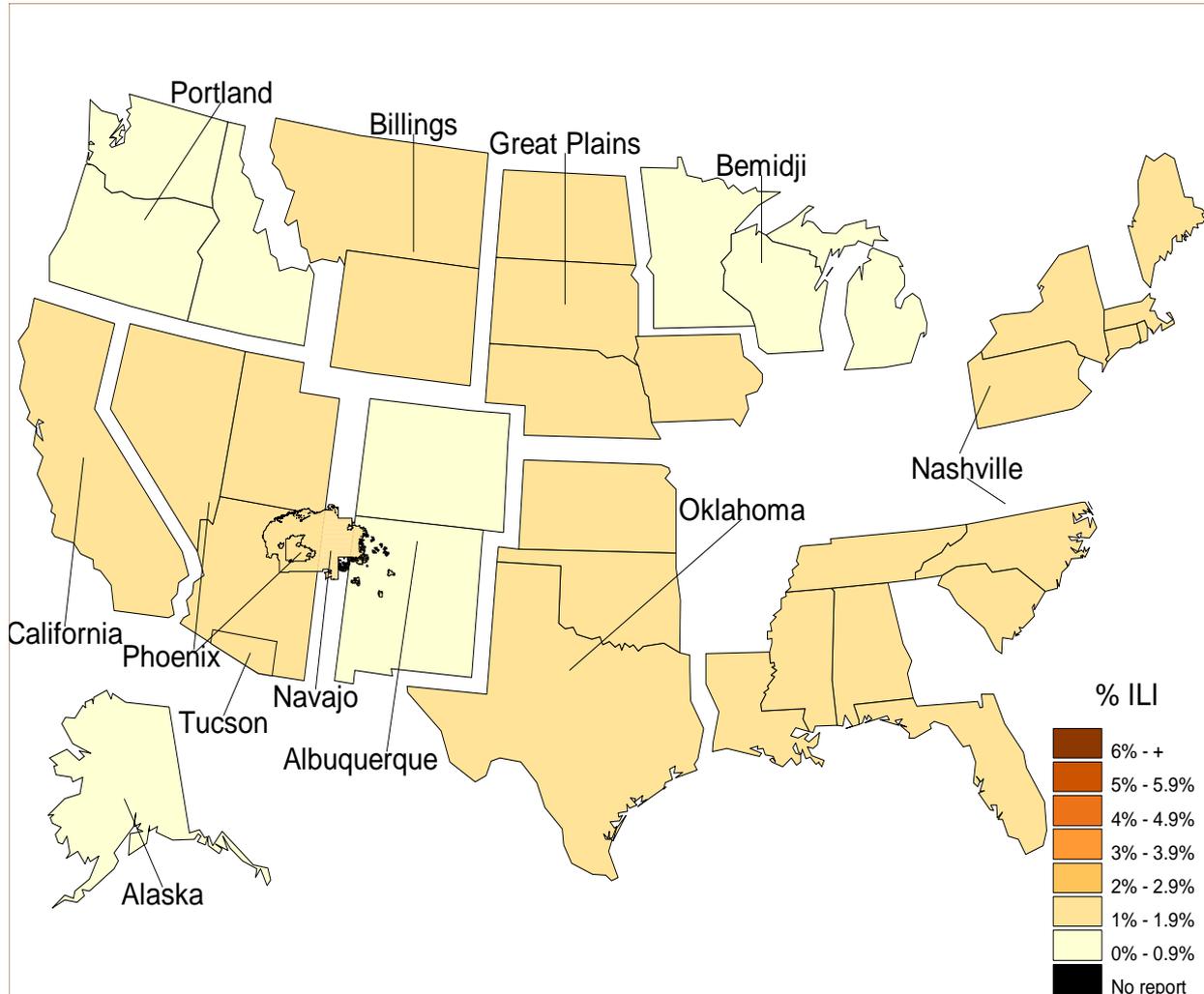
U.S. Influenza Vaccine Coverage

- Early estimates, as of Nov. 2015
- Based on self-report
 - 39.0% of all persons 6 months and older
 - 39.2% of children 6 months through 17 years
 - 39.0% of adults 18 years and older
 - 66.7% of Healthcare Personnel (Internet Panel)

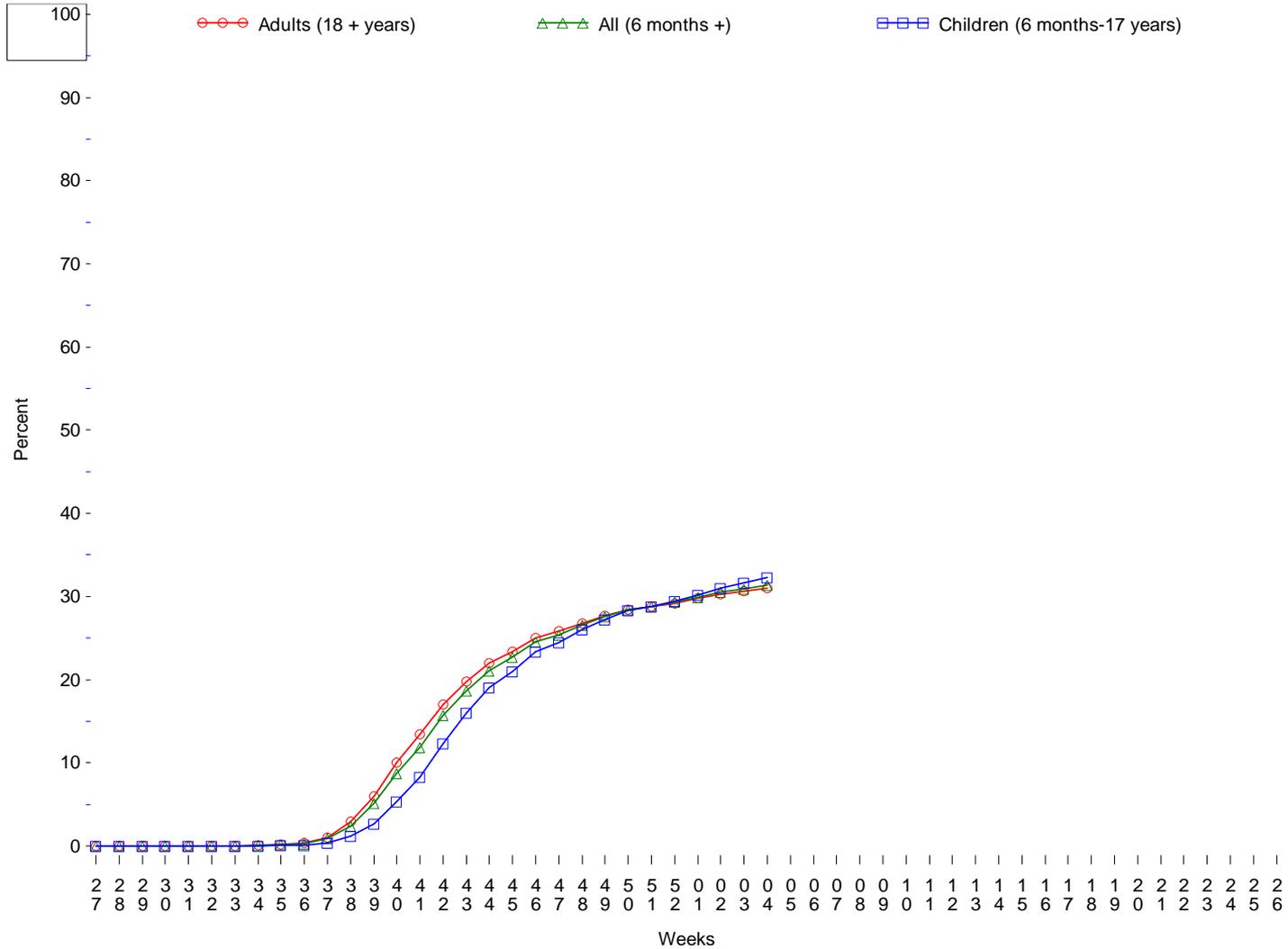
IHS Influenza Awareness System Summary as of 1/30/2016

- Low influenza activity across all IHS Areas
- ~344,000 doses of influenza vaccine have been administered in IHS
- Overall flu vaccine coverage is 31.4%
- Weekly IIAS reports now available on the IHS Flu Website
 - www.ihs.gov/flu

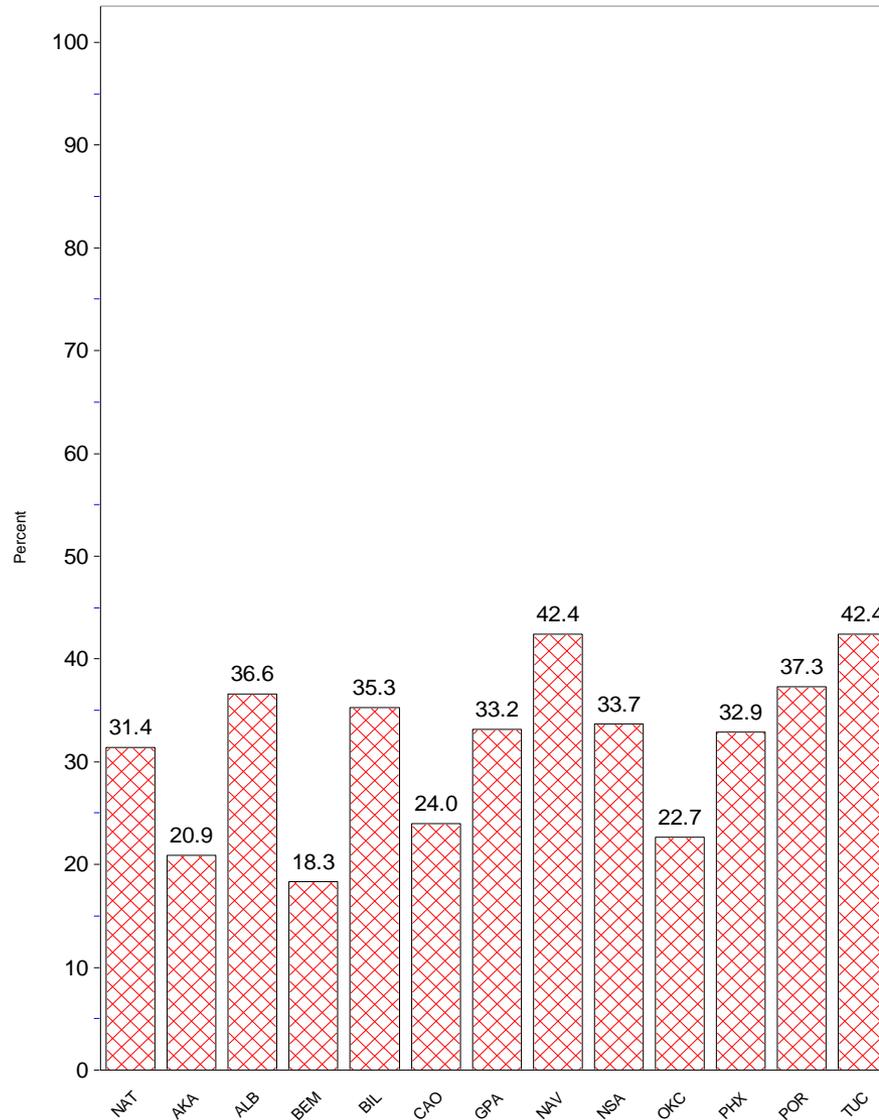
Percent of outpatient ILI visits as of 1/30/16



Influenza Vaccine Coverage as of 1/30/2016



Influenza Vaccine Coverage by IHS Area as of 1/30/2016

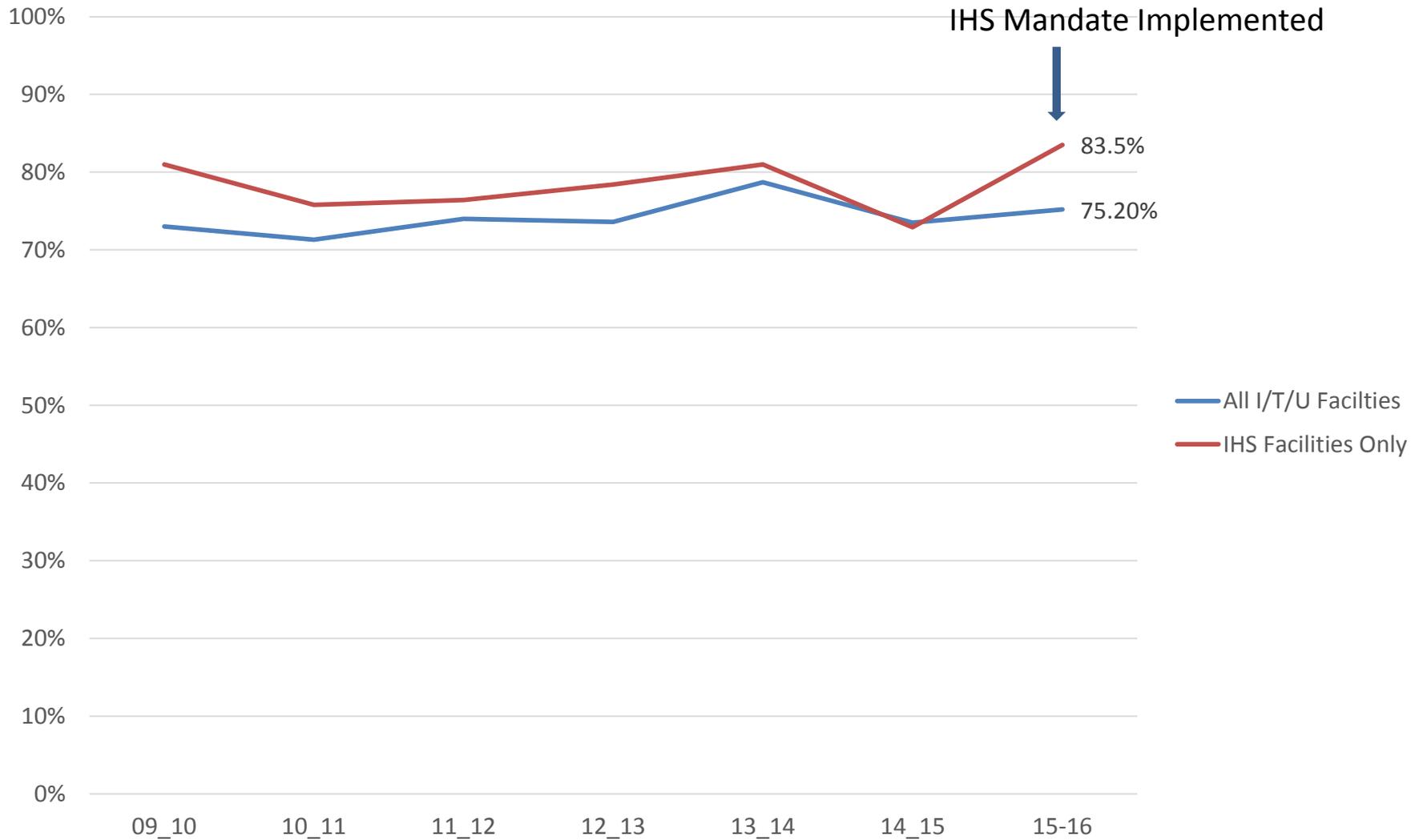




**IHS HEALTHCARE PERSONNEL FLU VACCINE
COVERAGE – PRELIMINARY DATA AS OF
12/31/2016**

HCP Flu Vaccine Coverage as of 12/31

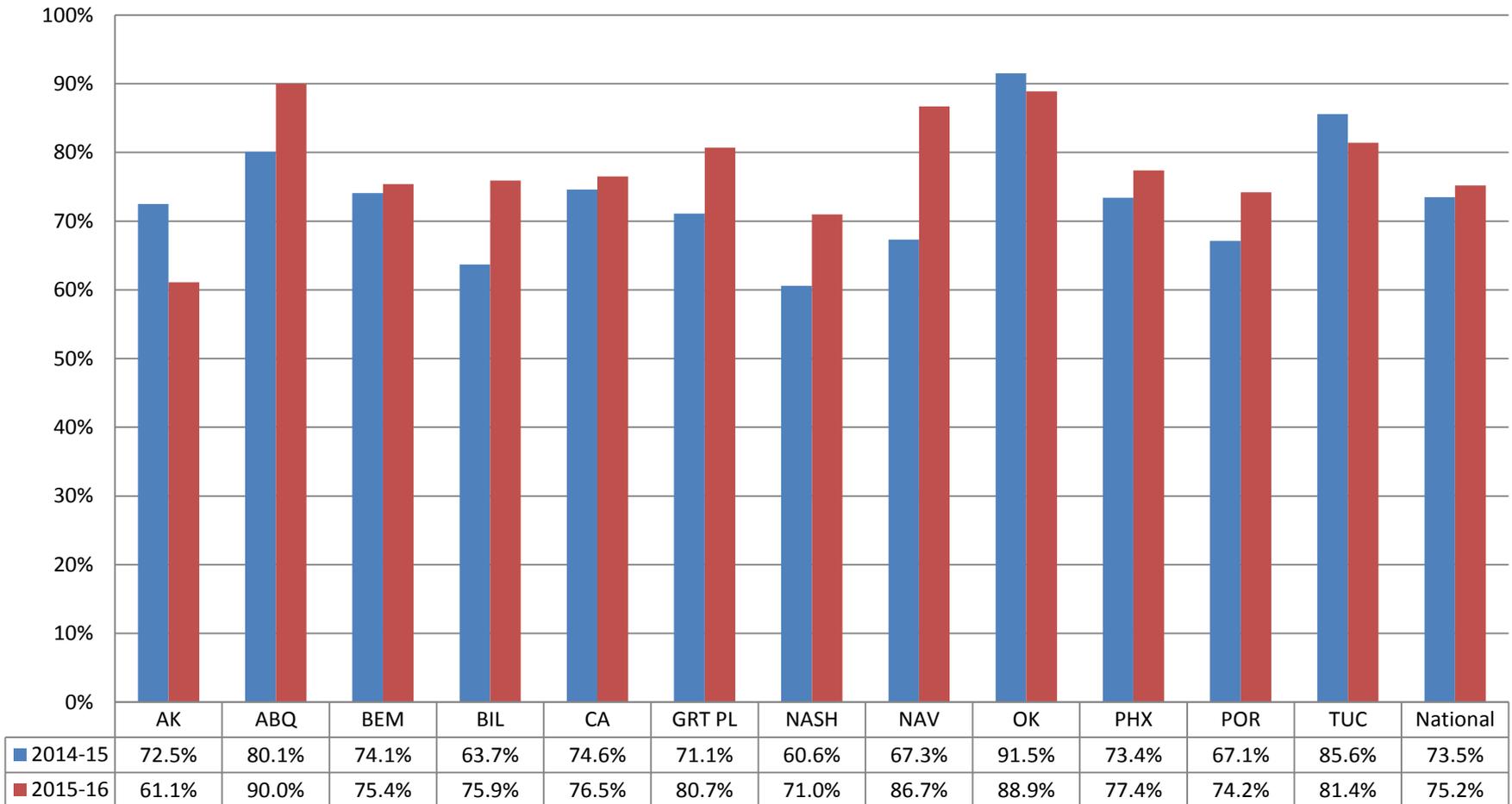
All vs. IHS Only Facilities



All I/T/U Facilities

Data as of 12/31

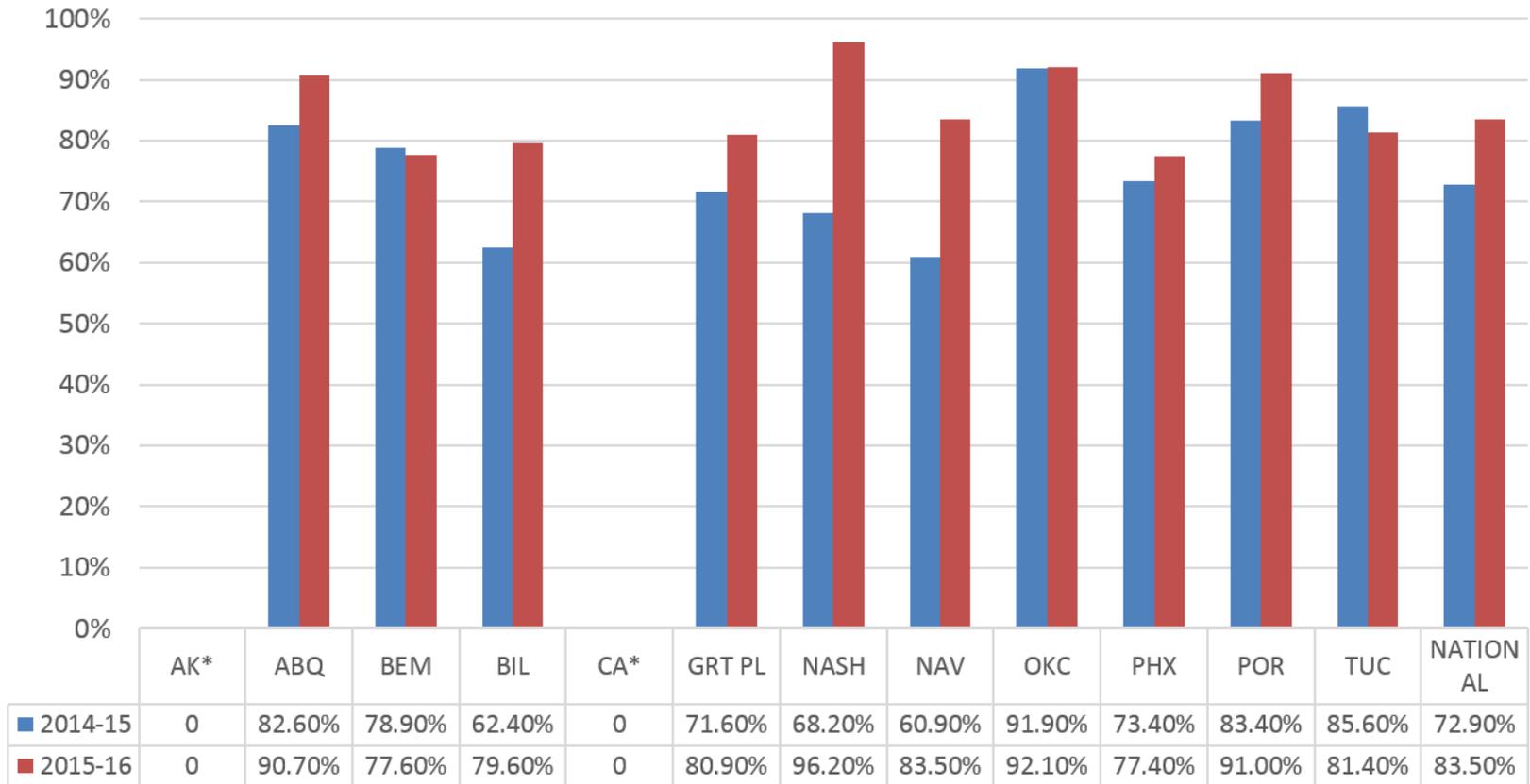
HCP Influenza vaccine coverage



IHS Facilities Only

Data as of 12/31

HCP Influenza Vaccine Coverage



* No IHS facilities, only Tribal and Urban Indian facilities

Summary

- Influenza activity low across the U.S. and in IHS, increasing slowly
- Still time to get vaccinated!
- ~70% of the IHS patient population has NOT been vaccinated
- Ensure rapid treatment with antivirals for severely ill and high-risk patients suspected of having influenza even without laboratory confirmation