

IN THIS ISSUE: 2020-21 INFLUENZA SEASON

2020-21 INFLUENZA SEASON: Reporting Requirements, ACIPS Vaccine Recommendations

Influenza Reporting Requirements

The 2021-22 Influenza Season starts Sunday, October 03, 2021. Reporting requirements are listed in Chapter 441A of the Nevada Administrative Code (NAC). Influenza must be reported to your local health department if:

1. Hospitalized positive influenza case (includes hospitalized for a reason other than influenza) OR
2. Pediatric death with a positive flu test OR
3. Influenza strain is known or suspected to pose a risk of a national or global pandemic as determined by the Centers for Disease Control and Prevention or the World Health Organization OR
4. Influenza strain is novel or untypable. This would include avian flu (e.g., H5N1, H7N9) and swine flu (e.g., H3N2v). OR
5. Suspect an influenza outbreak is occurring

Reporting is not limited to physicians and laboratories. Schools, daycares, and correctional facilities are required to report influenza outbreaks. For a complete description of persons required to report, please see [NAC 441A.225 - NAC 441A.260](#).

Reports of influenza can be faxed to 775-328-3764 or called into the Washoe County Health District's Communicable Disease Line at 775-328-2447.

ACIPS Recommendations

The Advisory Committee for Immunization Practices (ACIP) released recommendations for the 2021-22 Influenza Season. Highlights of the report are provided in this Epi-News issue; however, Washoe County Health District (WCHD) encourages all providers to read the report for greater insight and information. The full report is available [here](#).

Vaccine Components

All 2021-22 seasonal influenza vaccines offered will be quadrivalent. Inactivated influenza vaccines (IIV4s), recombinant inactivated vaccines (RIV4), and live attenuated influenza vaccines (LAIV4) will be available. Changes to the vaccine virus composition

have been made for: influenza A (H1N1) pdm09 and influenza A (H3N2).¹

U.S. egg-based influenza vaccines will contain hemagglutinin (HA) derived from:¹

- influenza A/Victoria/2570/2019 (H1N1) pdm09-like virus;
- influenza A/Cambodia/e0826360/2020 (H3N2)-like virus;
- influenza B/Washington/02/2019 (Victoria lineage)-like virus; and
- influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus.

U.S. cell culture-based inactivated vaccines (ccIIV4) and RIV4 vaccines will contain HA derived from:¹

- influenza A/Wisconsin/588/2019 (H1N1)pdm09-like virus;
- influenza A/Cambodia/e0826360/2020 (H3N2)-like virus;
- influenza B/Washington/02/2019 (Victoria lineage)-like virus; and
- influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus.

Recommended Influenza Vaccines

In March 2021, the FDA approved Flucelvax Quadrivalent vaccines for persons ≥ 2 years and may now be administered to this younger age group. However, no vaccine preference is advised. Providers may give any licensed, age-appropriate flu vaccines.¹

Persons Recommended for Vaccination

Routine annual influenza vaccination is recommended for **ALL** persons aged ≥ 6 months with no contraindications. However, vaccination is especially important for individuals at an increased risk for severe illness and complications from influenza. These high-risk groups include:¹

- Adults ≥ 50 years
- Children aged 6-59 months (<5 years)
- Women who are and will be pregnant
- Persons with chronic pulmonary, cardiovascular, renal, hepatic, neurologic, hematologic, or metabolic disorders
- Persons considered immunocompromised

- Nursing homes residents or other long-term care facilities
- Persons extremely obese (BMI \geq 40 in adults)
- Children and adolescents (6 mo-18 yrs) taking medication with aspirin or salicylate and might be at risk for Reye syndrome after influenza virus infection
- American Indians/Alaska Natives

Vaccinating persons living with/caring for those considered high risk is also recommended (e.g., healthcare providers, caretakers, household contacts). During influenza vaccine shortage, priority should be placed on high-risk groups and persons living with/caring for these individuals.¹

Precautions and contraindications have been made for the following:

- ccIIV4 if there is a previous severe allergic reaction to any egg based IIV, LAIV, or RIV.
- RIV4 if there is a previous severe allergic reaction to any egg based IIV, ccIIV, or LAIV
- cIIV4 if there is previous severe allergic reaction to any ccIIV or components of ccIIV4.
- RIV4 if there is previous severe allergic reaction to any RIV or components of RIV4.¹

Administration of vaccines to those meeting the precaution criteria should be done in a supervised medical setting.

Timing of Influenza Vaccination

Vaccination should be administered by the end of October and continued to be offered throughout the season. Vaccines given too early in the season may result in suboptimal immunity as its protection may decline over time. Children requiring 2 doses (6 mo-8 yrs) should receive the first dose as soon as possible in order to take the second dose by the end of October. The second dose should be given \geq 4 weeks from the first dose. Timing of vaccination for pregnant women in their third trimester has been adjusted. Vaccination may now be considered as soon as vaccines are available for this population. This recommendation is to reduce the likelihood of infant influenza during the first few months of life.¹

The novel coronavirus disease 2019 (COVID-19) will continue to spread during the 2021-22 influenza season. With COVID-19 and influenza cocirculating, influenza vaccination may alleviate stress on the healthcare system by reducing hospitalizations. However, vaccination should be postponed for individuals suspected or confirmed to have COVID-19 until they have met the CDC's criteria for quarantine or isolation release.¹

Influenza Vaccine Coadministration

Other inactivated or live vaccines may be given simultaneously with IIV4s, RIV4, and LAIV4 vaccines. If both vaccines are injections, separate anatomical sites should be used. In situation where two live vaccines were not coadministered, wait at least 4 weeks after the inoculation of one live vaccine before giving another.¹

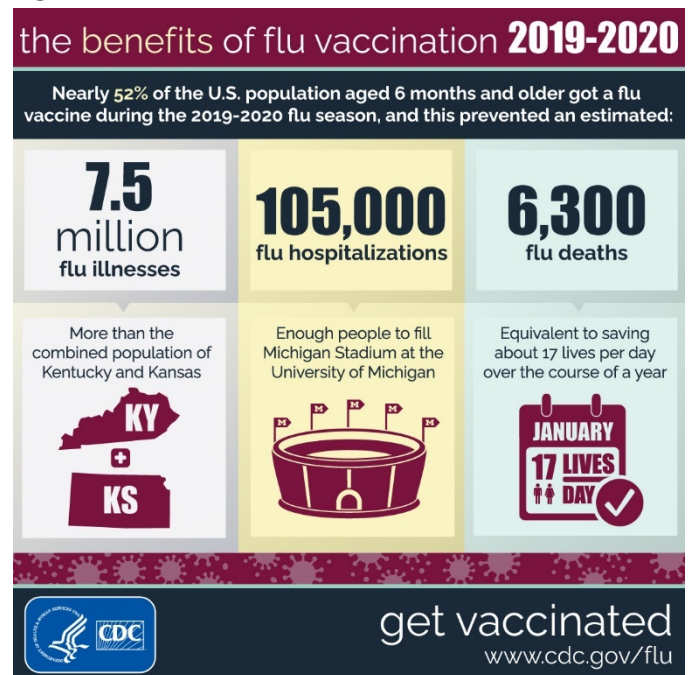
COVID-19 vaccination may be coadministered with other vaccines. However, different limbs should be used in the likelihood a local reaction is expected to occur.^{1,2} Please click the following for additional info on the COVID-19 vaccine [CDC COVID-19 Guidance](https://www.cdc.gov/covid-19/guidance).

Nevada Influenza Vaccination Estimates

The Healthy People 2030 target for vaccination coverage is 70% to reduce the burden of vaccine preventable diseases.³ In the 2019-20 season, Nevada ranked last in the nation for flu vaccinations among persons 6 months and older with a coverage of 44%.⁴ The overall United States influenza vaccination coverage was 51.8% for the same season.⁴ In order to improve our vaccination coverage, please continue to encourage flu vaccination to your patients, colleagues, family, and friends. After all, vaccination works!

During the 2019-20 season flu vaccination prevented 7.5 million illnesses, 105,000 hospitalizations, and 6,300 deaths.⁵

Figure 1. The Benefits of Flu Vaccination, 2019-20



Source: <https://www.cdc.gov/flu/about/burden-averted/2019-2020.htm>

WCHD's Influenza Surveillance Program

WCHD's influenza surveillance program consists of four major components: weekly reports of influenza-like illness by selected sentinel healthcare providers; the collection of a limited number of specimens by sentinel healthcare providers; monitoring of influenza, pneumonia, and COVID-19 mortality through death certificates; and routine reporting of confirmed cases of influenza. WCHD produces and disseminates reports each week during flu season. If you would like to receive these reports email epicenter@washoecounty.us and include in the request: name, organization, and email address. Past reports can be located here: <https://tinyurl.com/FluWashoe>.

WCHD COVID-19 Vaccination

To schedule a free COVID-19 vaccine, please visit the WCHD COVID-19 page: <https://covid19washoe.com/>.

Acknowledgement

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References

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