## Miami-Dade County Health Department Epidemiology, Disease Control & Immunization Services (EDC-IS)

VOLUME 10. ISSUE 9 SEPTEMBER 2009

# Epi Monthly Report

Updated Interim Recommendations for the Use of Antiviral Medications in the Treatment and Prevention of Influenza for the 2009-2010 Season

On September 2009, CDC updated its interim recommendations for the use of antiviral medications in the treatment and prevention of influenza for the 2009-2010 season. This document has been updated to:

1. Provide additional context and guidance for clinicians regarding the risk for complications and treatment considerations for young and very young children.

2. Provide more information about the possible underlying physiological conditions that may be associated with neuromuscular and neurocognitive disorders that might contribute to the increased risk of influenza-related complications in persons with these disorders.

3. Provide information regarding the oral dosing dispenser included in the Tamiflu® oral suspension packaging to insure that units of measure on the dosing device and the prescription instructions match.

#### Summary

Most healthy persons who develop an illness consistent with influenza, or persons who appear to be recovering from influenza, do not need antiviral medications for treatment or prophylaxis. However, persons presenting with suspected influenza and more severe symptoms such as evidence of lower respiratory tract infection or clinical deterioration should receive prompt empiric antiviral therapy, regardless of previous health or age. Treatment with oseltamivir or zanamivir is

recommended for all persons with suspected or confirmed influenza requiring hospitalization.

Early empiric treatment with oseltamivir or zanamivir should be considered for persons with suspected or confirmed influenza who are at higher risk for complications including:

- Children younger than 2 years old;
- Persons aged 65 years or older
- Pregnant women
- Persons of any age with certain chronic medical or immunosuppressive conditions (see page 3); and,
- Persons younger than 19 years of age who are receiving long-term aspirin therapy.

Inside this issue:

Use of Antiviral Medications in the Treatment and Prevention of Influenza for the 2009-2010 Season

Miami-Dade Coun Epi-Monthly

*Use of Antiviral Medications in the Treatment and Prevention of Influenza for the 2009-2010 Season* 

Selected Notifiable Disease Reports, Historical data, August 2009

EDC-IS Influenza/Respiratory Illness Surveillance Report

Monthly Report, Selected Reportable Diseases/ Conditions in August 2009

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www.dadehealth.org

Children 2 year to 4 years old are more likely to require hospitalization or urgent medical evaluation for influenza compared with older children, although the risk is much lower than for children younger than 2 years old. Children aged 2 years to 4 years without high risk conditions and with mild illness do not necessarily require antiviral treatment.

Treatment, when indicated, should be initiated as early as possible because studies show that treatment initiated early (i.e., within 48 hours of illness onset) is more likely to provide benefit.

Actions that should be taken to reduce delays in treatment initiation include:

- Informing persons at higher risk for influenza complications of signs and symptoms of influenza and need for early treatment after onset of symptoms of influenza (i.e., fever, respiratory symptoms);
- Ensuring rapid access to telephone consultation and clinical evaluation for these patients as well as patients who report severe illness;
- Considering empiric treatment of patients at higher risk for influenza complications based on telephone contact if hospitalization is not indicated and if this will substantially reduce delay before treatment is initiated.

Treatment should not wait for laboratory confirmation of influenza because laboratory testing can delay treatment and because a negative rapid test for influenza does not rule out influenza. The sensitivity of rapid tests in detecting 2009 H1N1 has ranged from 10% to 70%. Testing for 2009 H1N1 influenza infection with real-time reverse transcriptase-polymerase chain reaction (rRT-PCR) should be prioritized for persons with suspected or confirmed influenza requiring hospitalization and based on guidelines from local and state health departments. Consideration for antiviral chemoprophylaxis should generally be reserved for persons at higher risk for influenzarelated complications who have had contact with someone likely to have been infected with influenza. However, early treatment is an emphasized alternative to chemoprophylaxis after a suspected exposure. Household or close contacts (with risk factors for influenza complications) of confirmed or suspected cases can be counseled about the early signs and symptoms of influenza, and advised to immediately contact their health care provider for evaluation and possible early treatment if clinical signs or symptoms develop.

Based on global experience to date, 2009 H1N1 influenza viruses likely will be the most common influenza viruses among those circulating in the coming season, particularly those causing influenza among younger age groups. Circulation of seasonal influenza viruses during the 2009-10 season is also expected. Influenza seasons are unpredictable, however, and the timing and intensity of seasonal influenza virus activity versus 2009

H1N1 circulation cannot be predicted in advance. Currently circulating 2009 H1N1 viruses are susceptible to oseltamivir and zanamivir, but resistant to amantadine and rimantadine; however, antiviral treatment regimens might change according to new antiviral resistance or viral surveillance information.

Please click on this link for further information: http://www.cdc.gov/h1n1flu/recommendations.htm

## Please stay updated by visiting CDC.gov



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# Upcoming October Topic is.. <u>"Let's Talk Month"</u>



Let's Talk Month is a national public education campaign celebrated in October and coordinated by Advocates for Youth. Let's Talk Month is an opportunity for community agencies to plan programs and activities which encourage parent/child to educate and communicate to their teens about sexuality.

- Parents are the best sexuality educators for their children.
- Parents want to be good sex educators, but may not always understand how to do the job well.
- Children want sex education from their parents or legal guardians.
- You can be an "askable" parent, a caring parent, and a wise counselor.
- TALK WITH YOUR KIDS …

www.advocatesforyouth.org



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TO REPORT ANY DISEASE AND FOR INFORMATION CALL: Epidemiology, Disease Control & Immunization Services

Childhood Lead Poisoning

Prevention Program	305-470-6877
Hepatitis	
Immunizations or outbrea	iks
HIV/AIDS Program	
STD Program	
Tuberculosis Program	
Immunization Service	
To make an appointment.	786-845-0550

## Miami-Dade County Health Department <u>EDC-IS Influenza/Respiratory Illness</u> <u>Surveillance Report</u>



#### Week 37: 9/13/2009 – 9/19/2009

Miami Dade County Health Department EDC-IS collects and analyzes weekly information on influenza activity in Miami-Dade County. On a daily basis, selected Miami-Dade County hospitals electronically transmit hospital emergency department data to the Miami-Dade County Health Department.

This data is then categorized into 10 distinct syndromes. The influenza-like illness (ILI) syndrome consists of fever with either cough or sore throat. It can also include a chief complaint of "flu". Each week, staff will determine the percentage of all emergency department visits that fall into the ILI category.



During this week, influenza-like illness activity increased and was above the mean. About 6.75% of emergency department visits were attributed to influenza-like illness, compared with 1.3% observed during the same week last influenza season.

For more information, please contact **Erin O'Connell** at 305-470-5660.

#### PARTICIPATE IN INFLUENZA SENTINEL PROVIDER SURVEILLANCE

# The Miami-Dade County Health Department NEEDS Influenza Sentinel Providers!!

Sentinel providers are key to the success of the Florida Department of Health's Influenza Surveillance System. Data reported by sentinel providers gives a picture of the influenza virus and ILI activity in the U.S. and Florida which can be used to guide prevention and control activities, vaccine strain selection, and patient care.

- Providers of any specialty, in any type of practice, are eligible to be sentinel providers.
- Most providers report that it takes less than 30 minutes a week to compile and report data on the total number of patients seen and the number of patients seen with influenza-like illness.
- Sentinel providers can submit specimens from a subset of patients to the state laboratory for virus isolation **free of charge**.

For more information, please contact **Erin O'Connell** at 305-470-5660.



The Epi Monthly Report is a publication of the Miami-Dade County Health Department Epidemiology, Disease Control & Immunization Services, The publication serves a primary audience of physicians, nurses, and public health professionals. Articles published in the Epi Monthly Report may focus on quantitative research and analysis, program updates, field investigations, or provider education. For more information or to submit an article, contact Lizbeth Londoño at 305-470-6918.

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## Monthly Report Selected Reportable Diseases/Conditions in Miami-Dade County, August 2009

Diseases/Conditions	2009	2009	2008	2007	2006	2005
	this Month	Year to Date				
AIDS *Provisional	67	717	1096	791	N/A	N/A
Campylobacteriosis	33	103	87	104	119	103
Ciguatera Poisoning	13	29	18	0	0	0
Cryptosporidiosis	3	14	23	20	13	18
Cyclosporosis	0	1	5	0	0	11
Dengue Fever	1	4	3	3	1	1
<i>E. coli</i> , O157:H7	0	0	2	1	0	0
<i>E. coli</i> , Non-O157	0	0	1	0	0	1
Encephalitis (except WNV)	0	0	5	1	0	0
Encephalitis, West Nile Virus 🛛 🗛	0	0	0	0	0	0
Giardiasis, Acute	68	422	165	180	141	140
Hepatitis A	2	35	22	22	29	38
Hepatitis B	1	9	13	10	18	35
HIV *Provisional	90	929	1265	1075	N/A	N/A
Influenza A (H5)	0	0	0	0	0	0
Influenza Isolates	0	0	0	0	0	0
Influenza Novel Strain	120	1246	0	0	0	0
Influenza, Pediatric Death	1	2	0	0	0	0
Lead Poisoning	1	71	111	105	101	113
Legionnaire's Disease	3	12	6	1	7	2
Leptospirosis	0	0	0	0	0	2
Lyme disease	1	2	4	0	0	0
Malaria	4	14	6	7	10	7
Measles	-0	0	0	0	0	0
Meningitis (except aseptic)		0	3	6	11	11
Meningococcal Disease	0	13	6	5	8	5
Mumps	0.000	0	2	2	0	0
Pertussis	10	28	17	13	5	9
	0	0	1	0	0	0
	0	0	0	0	0	0
	66	311	287	244	348	319
	20	112	32	94	83	192
	2	77	80	62	78	53
Tetanus	0	0	0	0	0	0
	0	1	0	1	0	9
		N/A	N/A	N/A	N/A	N/A
	1	3	1	1	3	2
	0	0	0	0	0	0
	0	0	0	0	0	0
	20	- 0	0	0	0	0
	0	0	0	0	0	0



\*Data on AIDS are provisional at the county level and are subject to edit checks by state and federal agencies.

\*\* Data on tuberculosis are provisional at the county level.