

TO: Physicians and other Health Care Providers

# Please distribute a copy of this information to each provider in your organization.

Questions regarding this information may be directed to the office of:

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### **Alert categories:**

**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; no immediate action necessary.

# HEALTH ALERT January 10, 2017

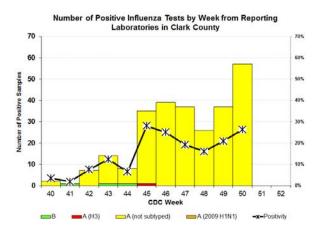
# Influenza update – recommendations for providers in response to statewide surge in influenza cases.



#### **Summary**

This year's influenza activity in Washington State is geographically widespread and continues to increase, reaching epidemic levels according to the Department of Health. Similarly, the number of influenza cases in Clark County has been steadily increasing since early November.

As a result, Clark County has received several reports of influenza outbreaks in long-term care settings. As part of outbreak control measures, providers may receive requests for antiviral chemoprophylaxis or treatment for residents (and



possibly staff) of long-term care facilities, and should be aware of the recommended dose and duration of each.

Additionally, hospitals along the I-5 corridor are reporting limited to no bed availability and the need to board patients in EDs and other locations. Several emergency departments are also experiencing large volumes of patients and long wait times. In order to prevent unnecessary visits to and overcrowding in our hospital emergency departments, patients are encouraged to seek medical assistance for flu like illness through their primary care provider or an urgency care facility if possible.

#### **Recommendations**

- Vaccination: remains the best protection against influenza and is recommended for everyone 6 months of age and older. Healthcare facilities should ensure all healthcare workers are vaccinated against influenza. Unvaccinated individuals are urged to consider vaccinations (<a href="https://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm">https://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm</a>).
- □ Antiviral treatment: Use prompt antiviral drug treatment for influenza infection in high risk patents to minimize complications and need for hospitalization. Clinical benefit is greatest when antiviral treatment is administered early, especially within 48 hours of influenza illness onset. Full Influenza Antiviral Medications: Summary for Clinicians is available at: <a href="https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm">https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm</a>
- □ Chemoprophylaxis during outbreaks in long-term care settings: recommended for nonill residents of long-term care facilities experiencing an influenza outbreak, regardless of vaccination status. CDC recommends a minimum of 2 weeks of antiviral chemoprophylaxis, continuing for at least 7 days after the last known case is identified. (https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm)

Minimize emergency department overcrowding: make all available efforts to manage low
acuity patients in outpatient settings, including when providing telephone triage messages to
patients. Expand office hours, staffing and outpatient clinic capacity to accommodate an
increase in patients where possible

#### Resources

For weekly influenza updates visit:

- the Washington State Department of Health for statewide surveillance data and information (<a href="http://www.doh.wa.gov/Portals/1/Documents/5100/420-100-FluUpdate.pdf">http://www.doh.wa.gov/Portals/1/Documents/5100/420-100-FluUpdate.pdf</a>).
- Clark County Public Health for local surveillance data (<a href="https://www.clark.wa.gov/public-health/flu">https://www.clark.wa.gov/public-health/flu</a>).

## Thank you for your partnership.

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