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Seasonal Influenza Update and Recommendations, 2021-22

Key Points and Recommendations:

- Review [Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the ACIP – United States, 2021-22 Influenza Season](#).
 - All influenza vaccines available in the U.S. this season are quadrivalent.
 - Vaccines contain updated A(H1N1) and A(H3N2) strains in addition to B(Victoria) and B(Yamagata) lineages.
- Offer and recommend influenza vaccination for everyone six months of age or older who does not have a medical contraindication. Offer vaccination now while influenza rates are low, and offer throughout the season as long as influenza is circulating.
- Influenza vaccination will help prevent influenza illness symptoms that might be confused with COVID-19, and will help reduce the burden on the healthcare system by preventing healthcare visits and hospitalizations related to influenza.
- COVID-19 vaccines may be administered without regard to timing of other vaccines, including influenza. If multiple vaccines are administered at a single visit, administer each injection in a different injection site. See CDC guidance about [coadministration of COVID-19 vaccines with other vaccines](#).
- Symptoms of COVID-19 and influenza are similar – symptomatic patients should be tested for SARS-CoV-2 and influenza based on the following guidance:
 - **SARS-CoV-2 Testing:** NH Division of Public Health Services (DPHS) continues to recommend testing for persons with any new or unexplained [symptoms of COVID-19](#), even for mild cold symptoms.
 - Review the NH DPHS [healthcare provider letter](#) discussing testing recommendations, which includes NH-specific data on the frequency of specific symptoms in the pediatric population.
 - Information on NH COVID-19 testing locations can be found [online](#).
 - ClearChoiceMD is also now operating 4 new fixed testing sites in Manchester, Nashua, Newington, and Claremont on a first-come-first-serve basis (i.e., no scheduling of appointments). Additional information on location and schedule can be found at <https://ccmdcenters.com/state-of-nh-covid-19-testing>.
 - **Influenza Testing:** Review CDC's [Information for Clinicians on Influenza Virus Testing](#). The following symptomatic persons are recommended to be tested for influenza:
 - Outpatients in whom an influenza test will influence clinical management (e.g., [people at high-risk for complications](#) from influenza), and for infection control decisions (e.g., in congregate living settings).
 - Patients admitted to a hospital with acute respiratory illness or acute worsening of an underlying chronic cardiopulmonary medical conditions (e.g., COPD, asthma, heart failure).

- Persons with influenza-like illness (ILI) associated with a respiratory virus outbreak at a facility (e.g., long-term care facility).
- The NH Public Health Laboratories (PHL) is now testing all specimens submitted either for SARS-CoV-2 or influenza testing on a multiplex RT-PCR assay that tests for SARS-CoV-2 and Influenza A/B (even if not requested).
 - Providers unable to access influenza testing through local mechanisms can request testing support from the NH PHL by calling 603-271-4605.
 - Specimen collection kits for influenza and SARS-CoV-2 testing are the same; the specimen should be placed in 2-3mL of viral transport media and stored and transported at 4°C within 48 hours of collection.
 - Submit a completed [influenza laboratory test requisition](#) form with any specimen.
- Hospital laboratories and outpatient practices should send locally identified positive influenza specimens to the NH PHL for influenza sub-typing for local and national surveillance. The NH PHL will not report individual sub-typing results to providers.
- Review CDC's guidance on [Influenza Antiviral Medications: Summary for Clinicians](#).
 - Antiviral therapy is recommended as early as possible for patients with confirmed or suspected influenza infection who are hospitalized; have severe, complicated, or progressive illness; or who are at higher risk of complications. Treatment should not be delayed while awaiting laboratory confirmation.

Epidemiology:

For the 2021-2022 influenza season, levels of influenza are expected to be higher compared with the 2020-2021 influenza season. The unusually low influenza activity both in the United States and globally last season was likely due to COVID-19 mitigation measures, but there are decreased implementation of mitigation measures this season. Influenza activity is currently low nationally and in New Hampshire, and there has not been any PCR-confirmed influenza activity detected so far in New Hampshire at the NH PHL. For updated information about influenza activity in NH, review the [Weekly Influenza Surveillance Report](#).

Vaccination:

All persons 6 months of age or older who do not have a contraindication should be vaccinated against influenza annually, especially [people at higher risk for flu complications](#), and those who live with or care for persons at higher risk for influenza-related complications (including healthcare professionals). Vaccination is also recommended for persons with a history of influenza illness or vaccination in past years due to natural waning of immunity and changes in circulating virus. Ideally, vaccination should be accomplished by the end of October before influenza is widely circulating, but vaccination should be offered throughout the season as long as influenza is circulating.

For the upcoming 2021-22 influenza season, all vaccines available are quadrivalent. Providers may choose to administer any licensed, age-appropriate influenza vaccine, including inactivated influenza vaccine (IIV4), recombinant influenza vaccine (RIV4), or live attenuated influenza vaccine (LAIV4). Refer to [Table 2](#) of the recent MMWR publication for contraindications and precautions to the use of influenza vaccines.

Vaccinating Children:

Children 6 months through 8 years of age who have not previously received 2 or more total doses of influenza vaccine before July 1, 2021, or whose previous vaccination history is unknown should

receive 2 doses of influenza vaccine this season administered at least 4 weeks apart. The two previous doses do not need to have been given during the same season or consecutive seasons in order to qualify for only one dose of vaccine this season. For further information, please review the [MMWR publication](#) and associated [Figure](#).

Vaccinating Pregnant Women:

All women who are pregnant, or who might be pregnant or postpartum during the influenza season should receive an influenza vaccine because of higher risk for severe influenza illness and complications, particularly during the second and third trimesters. LAIV4 should NOT be used during pregnancy, but can be used postpartum. Influenza vaccine can be administered at any time during pregnancy. Vaccination will also help to protect newborns for whom vaccination is not recommended (i.e. children <6 months of age). Additional information can be found online about [Addressing Concerns Pregnant People Might Have About Influenza Vaccine Safety](#).

- For any questions regarding this notification, please call the NH DHHS, DPHS, Bureau of Infectious Disease Control at (603) 271-4496 during business hours (8:00 a.m. – 4:30 p.m.).
- If you are calling after hours or on the weekend, please call the New Hampshire Hospital switchboard at (603) 271-5300 and request the Public Health Professional on-call.
- To change your contact information in the NH Health Alert Network, please send an email to DHHS.Health.Alert@dhhs.nh.gov.

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Attachments: None

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