WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

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EPI-NEWS

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2022-23 INFLUENZA SEASON: Reporting Requirements, ACIP Vaccine Recommendations

Influenza Reporting Requirements

The 2022-23 Influenza Season starts Sunday, October 2, 2022. 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 using a Communicable Disease form located at https://tinyurl.com/ReportDisease can be faxed to 775-328-3764 or called into the Washoe County Health District's (WCHD) Communicable Disease Line at 775-328-2447.

If you suspect an influenza outbreak, report it using the WCHD secure online Outbreak Reporting form:
https://washoecountynv.seamlessdocs.com/f/OutbreakReportingForm

ACIP Recommendations

The Advisory Committee for Immunization Practices (ACIP) released recommendations for the 2022-23 Influenza Season on August 26, 2022. Highlights of the report are provided in this Epi-News issue; however, WCHD encourages all providers to read the report for greater insight and information. The full report is available at https://www.cdc.gov/mmwr/volumes/71/rr/rr7101a1.htm?s_cid=rr7101a1_w.

Vaccine Components

All 2022-23 seasonal influenza vaccines available will be quadrivalent. Inactivated influenza vaccines (IIV4s), recombinant inactivated vaccines (RIV4), and live attenuated influenza vaccines (LAIV4) are expected to be available. Changes to the vaccine virus composition have been made for the influenza A(H3N2) and influenza B/Victoria components.[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/Darwin/9/2021 (H3N2)-like virus,
- influenza B/Austria/1359417/2021 (Victoria lineage)-like virus, and
- influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus.

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

- influenza A/Wisconsin/588/2019 (H1N1)pdm09-like virus,
- influenza A/Darwin/6/2021 (H3N2)-like virus,
- influenza B/Austria/1359417/2021 (Victoria lineage)-like virus, and
- influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus.

Recommended Influenza Vaccines

In October 2021, the approved age indication for Flucelvax Quadrivalent (ccIIV4) vaccines was changed to persons aged ≥ 6 months and may now be administered to this younger age group.[1] For those aged ≥ 65 years, it is now recommended they preferentially receive any of the higher dose or adjuvanted influenza vaccines (HD-IIV4, RIV4, or aIIV4). Persons who care for severely immunocompromised persons requiring a protected environment should not receive LAIV4. Other than these distinctions, providers may give any licensed,

age-appropriate flu vaccines to those who do not have contraindications.[1]

Persons Recommended for Vaccination
Routine annual influenza vaccination is recommended for **ALL** persons aged ≥ 6 months who do not have contraindications.[1] However, vaccination is especially important for individuals at an increased risk for severe illness and complications from influenza. If there is limited influenza vaccine, priority should be placed on high-risk groups and persons living with/caring for these individuals (e.g., healthcare providers, caretakers, household contacts). These high-risk groups include (in no particular order):[1]

- Children aged 6-59 months (<5 years)
- Adults ≥ 50 years
- Persons with chronic pulmonary, cardiovascular, renal, hepatic, neurologic, hematologic, or metabolic disorders
- Persons considered immunocompromised
- Persons who are or will be pregnant
- Children and adolescents (6 months -18 years) receiving medication with aspirin or salicylate and might be at risk for Reye syndrome after influenza virus infection
- Persons who are residents of nursing homes or long-term care facilities
- American Indians/Alaska Natives
- Persons who are extremely obese (BMI ≥ 40 in adults)

Consult manufacturer package inserts and updated CDC and ACIP guidance for information on contraindications and precautions for individual influenza vaccines. Dosage, administration, contraindications, and precautions for influenza vaccines can be found in the full ACIP report at https://www.cdc.gov/mmwr/volumes/71/rr/rr7101a1.htm?s_cid=rr7101a1_w.

Administration of vaccines to those meeting the precaution criteria should be done in a supervised medical setting. Prophylactic use of antiviral agents can be considered for preventing influenza among persons who cannot receive vaccine, particularly for those who are at higher risk for medical complications attributable to severe influenza.

Timing of Influenza Vaccination
Recommended timing of vaccination is similar to the 2021-2022 season. For most people who require only one dose of vaccination, vaccination should be administered during September and October, but continued to be offered throughout the season.[1] Vaccines given too early in the season (July and August) may result in suboptimal immunity as protection declines over time. Children requiring two doses (6 months-8 years) 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 ≥ 4 weeks from the first dose. Vaccination for pregnant women in their third trimester should be considered as soon as vaccines are available. This recommendation is to reduce the likelihood of infant influenza during the first few months of life.[1] Vaccination for pregnant women in their first or second trimester should occur during September or October.

There is no recommendation for revaccination (booster dose) later in the season after initial vaccination.[1]

With COVID-19 and influenza cocirculating, certain considerations should be taken.[1] For those with moderate or severe COVID-19, vaccination should be deferred until the individual has recovered. For those who have mild or asymptomatic COVID-19, deferral may be considered to avoid postvaccination reactions being confused with COVID-19 symptoms. For individuals in isolation or quarantine, they should not be brought into a vaccination setting to avoid others being exposed to COVID-19. See up-to-date guidance at https://www.cdc.gov/vaccines/pandemic-guidance/index.html.

Influenza Vaccine Coadministration
Inactivated or live vaccines may be given simultaneously with IIV4s and RIV4 vaccines.[1] If both vaccines are injections, separate anatomical sites should be used. However, if two live vaccines were not coadministered, wait at least 4 weeks after the administration of one live vaccine before giving another.[1]

For more information on co-administration with other vaccines, visit the full ACIP recommendations for the 2022-23 Influenza Season at https://www.cdc.gov/mmwr/volumes/71/rr/rr7101a1.htm?s_cid=rr7101a1_w.

Nevada Influenza Vaccination Estimates

The Healthy People 2030 target for vaccination coverage is 70% to reduce the burden of vaccine preventable diseases.[2] In the 2020-21 season, Nevada ranked fourth to last in the nation for flu vaccinations among persons 6 months and older with a coverage of 43%.[3] The overall United States influenza vaccination coverage was 52.1% for the same season.[4] Flu vaccination prevented 7.5 million

illnesses, 105,000 hospitalizations, and 6,300 deaths during the 2019-20 season.[4,5] In order to improve vaccination coverage and to protect against seasonal influenza's potentially severe consequences, encourage flu vaccination to patients, colleagues, family, and friends.

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 the flu season. If you would like to receive these reports, email epicenter@washoecounty.gov and include in the request: name, organization, and email address. Past reports are located here: https://tinyurl.com/FluWashoe.

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