



Tarrant County Influenza Surveillance Activity Summary October 2014 – May 2015

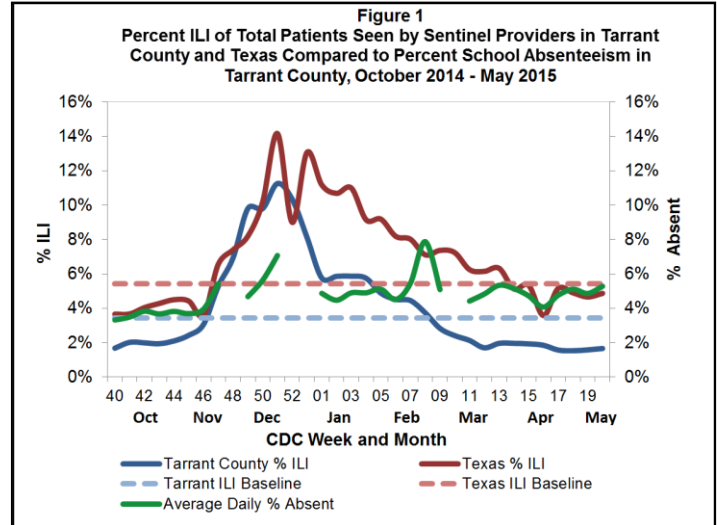
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What was the 2014-2015 flu season like?

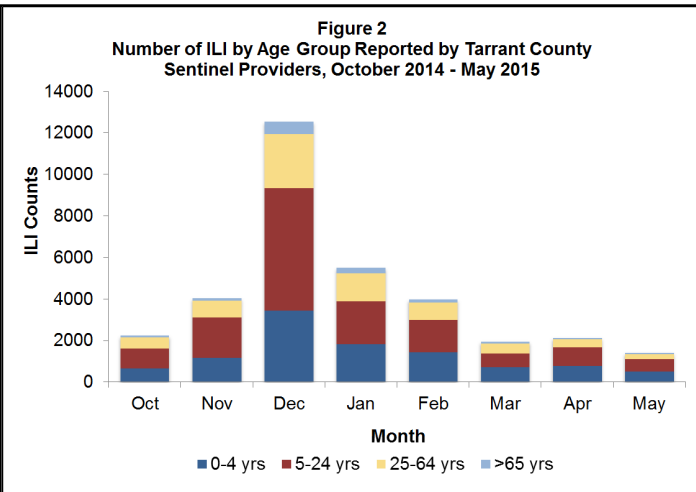
Tarrant County influenza activity in the 2014-2015 influenza season peaked in late December, which was earlier than the 2013-2014 season. During the 2014-2015 season, activity was at or above the Tarrant County baseline for fifteen consecutive weeks and above the HHS Region 6 baseline (3.3%) for the same fifteen weeks. The first week that influenza activity was above the Tarrant County baseline was November 16-22, 2014 and the last week was February 22-28, 2015.

When did the 2014-2015 flu season peak?

Influenza activity in the county peaked during CDC Week 51 (December 14-20, 2014), the same week that statewide influenza activity peaked. Student absenteeism in Tarrant County peaked about two months later than influenza activity, at CDC Week 8 (February 22-28, 2014).



Student absenteeism usually follows a similar trend to influenza-like illness (ILI), but that did not occur in the 2014-2015 season (Figure 1).

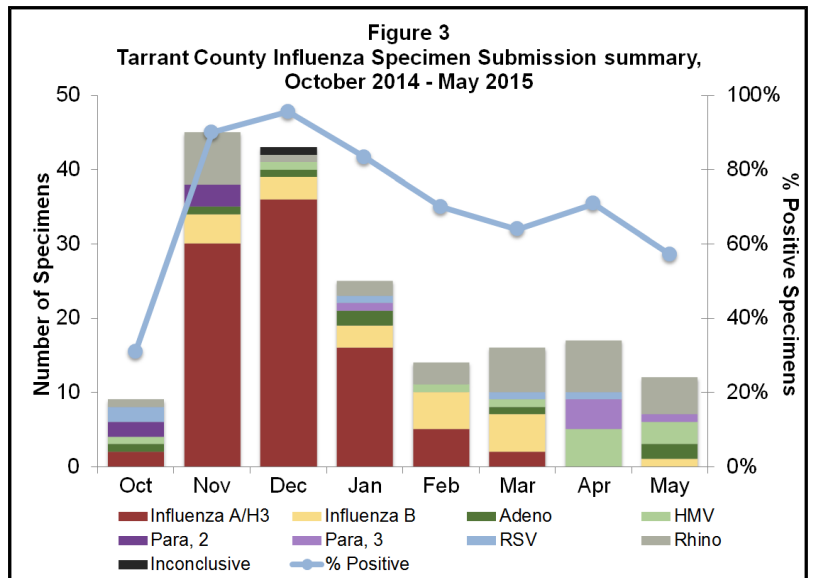


What age groups were most affected this season?

Throughout the 2014-2015 influenza season, reported ILI was generally highest among 5-24 year olds. ILI among individuals 65 years and older was consistently lower than that of other age groups. Reported ILI peaked in December with over 3,000 influenza-like illnesses in CDC Week 51, of which people 5 to 24 years of age comprised the greatest proportion of ILI (54%). In October, November, December, January, February, April, and May the majority of ILI was reported in those 5 to 24 years of age (43%, 48%, 47%, 38%, 39%, 42%, 43%). Individuals 0 to 4 years of age accounted for the majority of ILI in March (37%) (Figure 2).

What viruses circulated this season?

Of the 244 specimens submitted during the 2014-2015 season for testing to the North Texas Regional Laboratory (NTRL), approximately 74 percent were positive for at least one of the tested respiratory viruses. Among specimens testing positive for influenza (112), the majority subtyped as influenza A/H3N2 (81%) followed by influenza B (19%). No specimens tested at NTRL were positive for influenza A/H1N1 during the 2014-2015 season. In October, other respiratory viruses were more common than influenza, including respiratory syncytial virus (RSV), rhinovirus, and parainfluenza-2. The first specimen to test positive for influenza was an influenza A/H3N2 in October. The last specimen to test positive during the 2014-2015 flu season was an influenza B in May. During the 2014-2015 season there was a shift from influenza A/H3N2 to influenza B beginning in February, although influenza B did appear starting in November (Figure 3).



No Specimens tested positive for Influenza A/H3 or Parainfluenza-1

What ongoing program activities does Tarrant County conduct?

As in previous years, the Tarrant County Public Health Influenza Surveillance Program continues to conduct year-round influenza surveillance. Additionally, NTRL conducts tests on submitted specimens for influenza (by subtype) as well as for parainfluenza (types 1, 2, and 3), RSV, adenovirus, human metapneumovirus, and rhinovirus.

To obtain updates on weekly influenza activity within Tarrant County, visit www.tarrantcounty.com/flu. If your facility would like to partner with our program as a sentinel provider site, contact Kristin McElroy, MPH, *Tarrant County Public Health Influenza Surveillance Specialist*, at (817) 321-5321 or kdmcelroy@tarrantcounty.com.

What can be expected for the 2015-2016 influenza season?

The week of October 4, 2015 marks the beginning of the 2015-2016 influenza season. Predicting the exact timing of influenza activity and which strains will dominate remains challenging. In February 2015, experts from the World Health Organization released their selection of proposed 2015-2016 northern hemisphere vaccine strains based on national and global surveillance. The U.S. Food and Drug Administration (FDA) Vaccines and Related Biological Products Advisory Committee (VRBPAC) adopted the proposed vaccine strains for the trivalent vaccine:

- an A/California/7/2009 (H1N1)pdm09-like virus
- an A/Switzerland/9715293/2013 (H3N2)-like virus
- a B/Phuket/3073/2013-like virus (B/Yamagata lineage)

The committee also recommended that quadrivalent vaccines contain a B/Brisbane/60/2008-like (B/Victoria lineage) virus in addition to the above mentioned virus strains.^{1,2} To date, the CDC has not released changes to guidance for the use of antiviral agents for the treatment and chemoprophylaxis of influenza. Clinicians should continue to utilize guidelines previously released until new recommendations are available. The latest recommendations for antiviral use and the use of rapid influenza tests are available on the Tarrant County Public Health Influenza Surveillance Program website (www.tarrantcounty.com/flu).

What are the influenza vaccination recommendations for the 2015-2016 season?

The Advisory Committee on Immunization Practices (ACIP) released updated influenza vaccination recommendations for the 2015-2016 influenza season on the CDC MMWR webpage on August 7, 2015. These recommendations are available on the Tarrant County Public Health Influenza Surveillance Program website (www.tarrantcounty.com/flu).

Influenza Vaccination recommendations:

- Annual influenza vaccination is recommended for people 6 months of age or older who do not have contraindications¹
- Children 6 months through 8 years of age should receive 2 doses, a minimum of 4 weeks apart, during their first season of vaccination, please see the CDC's webpage for more details¹
- Recommendations are available for people with egg allergies, see the CDC's webpage for more details¹
- Target groups include people who are at high risk of developing serious complications and those who live with or care for those at high risk. Target groups for influenza vaccination include:
 - Children aged 6 months through 4 years (59 months)
 - People aged 50 years and older
 - People with chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus)
 - People who are immunosuppressed (including immunosuppression caused by medications or by human immunodeficiency virus)
 - Women who are or will be pregnant during the influenza season
 - People who are aged 6 months through 18 years and receiving long-term aspirin therapy and who therefore might be at risk for experiencing Reye syndrome after influenza virus infection
 - People who are residents of nursing homes and other chronic-care facilities
 - American Indians/Alaska Natives
 - People who are morbidly obese (body-mass index is 40 or greater)
 - Health-care personnel
 - Household contacts and caregivers of children younger than 5 years and adults aged 50 years and older, with particular emphasis on vaccinating contacts of children aged younger than 6 months
 - Household contacts and caregivers of people with medical conditions that put them at higher risk for severe complications from influenza³
- Vaccination is currently NOT recommended for some people:
 - Children younger than 6 months are too young to get a flu shot
 - People with severe, life-threatening allergies to flu vaccine or any ingredient in the vaccine. This might include gelatin, antibiotics, or other ingredients. See the CDC's website for more information
- Some people should talk to their doctor before getting the flu shot:
 - People with an allergy to eggs or any of the ingredients in the vaccine
 - People that have ever had Guillain-Barré Syndrome
 - People that are not feeling well³

For detailed recommendations and information about the different influenza vaccines available and their specific recommendations and precautions, please visit the CDC influenza webpage or contact Kristin McElroy, *Tarrant County Public Health Influenza Surveillance Specialist* at kdmcelroy@tarrantcounty.com.

1. "Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices, United States, 2015–16 Influenza Season." *MMWR*. Centers for Disease Control and Prevention, 7 August 2015. Web. 26 August 2015.

2. "Selecting Viruses for the Seasonal Influenza Vaccine." *Seasonal Influenza (Flu)*. Centers for Disease Control and Prevention, 17 June 2015. Web. 26 August 2015.

3. "Vaccination: Who Should Do It, Who Should Not and Who Should Take Precautions." *Seasonal Influenza (Flu)*. Centers for Disease Control and Prevention, 4 September 2014. Web. 26 August 2015.