

## Health Advisory:

### 2012-2013 Seasonal Influenza Activity in Missouri

January 16, 2013

This document will be updated as new information becomes available. The current version can always be viewed at <http://www.health.mo.gov>

The Missouri Department of Health & Senior Services (DHSS) is now using 4 types of documents to provide important information to medical and public health professionals, and to other interested persons:

**Health Alerts** convey information of the highest level of importance which warrants immediate action or attention from Missouri health providers, emergency responders, public health agencies, and/or the public.

**Health Advisories** provide important information for a specific incident or situation, including that impacting neighboring states; may not require immediate action.

**Health Guidances** contain comprehensive information pertaining to a particular disease or condition, and include recommendations, guidelines, etc. endorsed by DHSS.

**Health Updates** provide new or updated information on an incident or situation; can also provide information to update a previously sent Health Alert, Health Advisory, or Health Guidance; unlikely to require immediate action.

Health Advisory  
January 16, 2013

FROM: GAIL VASTERLING  
ACTING DIRECTOR

SUBJECT: **2012-2013 Seasonal Influenza Activity in Missouri**

The Missouri Department of Health and Senior Services (DHSS) has upgraded influenza activity in Missouri to “**widespread**” as of the first week of January 2013. **Recent surveillance data suggests a possible shift in influenza activity in Missouri from predominantly influenza B to increasing influenza A activity.**

Nationally, for the week ending January 5, 2013, of laboratory-confirmed influenza cases, approximately 80% were due to Influenza A and 20% to Influenza B. In Missouri, from week 40 (week ending October 5, 2012) through week 52 (week ending December 29, 2012), of influenza-positive specimens at the Missouri State Public Health Laboratory (MSPHL), 92.1% were due to Influenza B and 15.7% to Influenza A. However, within the past two weeks that pattern has changed, and during this period, 78.6% of influenza-positive specimens at MSPHL were due to Influenza A and 21.4% due to Influenza B.

So far this year, the relative disease burden from influenza in Missouri has been smaller than that seen in many other states. This could be partly explained by the overwhelming predominance of influenza B in the state. **If influenza A activity in Missouri continues to increase, more demand for health care services would be expected since influenza A tends to cause more severe illness than influenza B.**

According to Missouri’s sentinel influenza surveillance network, the proportion of patient visits to physician offices for influenza-like illness (ILI)\* has increased over a one-week period from 5.60% to 5.73% for the week ending January 12, 2013, which is above Missouri’s influenza season baseline of 1.66%. At the same time, syndromic surveillance (ESSENCE) data indicate the proportion of patients with ILI chief complaints in emergency departments (EDs) has shown a one-week increase from 3.3% to 3.57%. This remains below Missouri’s influenza season threshold of 4.1%.

The percentage of patients hospitalized (following ED visits) for influenza and/or pneumonia syndromes has generally been increasing statewide over the last four weeks, although during the most recent week, decreases were seen in some age groups. The most affected group comprises people  $\geq 65$  years and there is a steady increase in hospitalizations in the 0-4 year age group. While DHSS cannot predict the future number of influenza cases reported or the future percentage of ED visits for ILI, historically an increase in ED visits for ILI correlates with an increase in reported influenza cases within 2-3 weeks.

Missouri has no reported influenza-associated pediatric deaths in the current season. Two school closures due to influenza were reported last week compared to a total of five since the start of the current flu season.

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**The single best way to protect against influenza is to get vaccinated each year. It is still not too late to receive the vaccine.**

Guidance:

- Vaccination is recommended for as long as influenza viruses are circulating. It takes about two weeks after vaccination for antibodies to develop in the body that provide protection against influenza. Findings from early data suggest that this season's vaccine so far is reducing the risk of having to go to the doctor for influenza by about 60% for vaccinated people. The data are published in "[Early Estimates of Seasonal Influenza Vaccine Effectiveness - United States, January 2013](#)," in the January 11, 2013, *Morbidity and Mortality Weekly Report (MMWR)*.
- Currently there is no shortage of influenza vaccine in Missouri.
- According to the Centers for Disease Control and Prevention (CDC), the majority of currently circulating influenza viruses in the U.S. are susceptible to the neuraminidase inhibitor antiviral medications oseltamivir and zanamivir. Antiviral treatment with oseltamivir or zanamivir is recommended as early as possible for patients with confirmed or suspected influenza who have severe, complicated, or progressive illness; who require hospitalization; or who are at greater risk for serious influenza-related complications. Additional information is available at <http://www.cdc.gov/flu/antivirals/index.htm>.

**For additional information on Missouri influenza data, go to:**

<http://health.mo.gov/living/healthcondiseases/communicable/influenza/reports.php>

**Links to comprehensive information and guidance for medical professionals on seasonal influenza are available on DHSS' Web site at:**

<http://health.mo.gov/emergencies/ert/med/seasonal.php>

**Additional questions should be directed to DHSS' Bureau of Communicable Disease Control and Prevention at 573/751-6113, or 800/392-0272 (24/7)**

\*ILI is defined as a fever (temperature  $\geq 100^{\circ}\text{F}$  [ $37.8^{\circ}\text{C}$ ] oral or equivalent) and cough and/or a sore throat in the absence of a KNOWN cause other than influenza.