

**Ministry of Health
and Long-Term Care**

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MEMORANDUM**TO:** Health System Partners**Re:** Preparing for a busy influenza season

Increasing influenza activity, including the circulation of potentially mismatched influenza A/H3N2 strains

Surveillance information from local, provincial and national public health agencies shows increasing influenza activity in recent weeks. To date, the predominant influenza virus circulating in Ontario is the influenza A/H3N2 subtype.

Commonly, when an A/H3N2 virus is the main circulating influenza virus, illness tends to be more severe. In the 2012-2013 season, when the influenza A/H3N2 viruses predominated in Ontario, higher hospitalization rates and more mortality was observed compared to other influenza seasons, particularly among individuals 65 years of age or older, children under the age of 5 years and persons with certain chronic medical conditions. During the 2012-2013 influenza season, there was a significant surge in emergency department visits as well as admissions to hospital which coincided with the holiday season. With the increasing influenza A/H3N2 activity, it is possible that Ontario may have a similar experience this year.

In addition, there are also concerns about decreased protection of the 2014/2015 influenza vaccine. In the United States, 58% of 114 A/H3N2 strains typed up until the latter part of November did not match the vaccine strain. In Canada, 8 of 10 A/H3N2 strains tested over the same time period did not match the vaccine strain. While there is limited information about currently circulating strains of influenza A/H3N2 in Ontario, there is no reason to believe that their circulation would be substantially different from what has been documented within Canada and the US.

It is important to note that even in years where there has been an A/H3N2 mismatch, the influenza vaccine has been found to offer some cross protection against the drifted strain. As an example, in the 2010/2011 and 2012/2013 influenza seasons, the most recent seasons for which there was an influenza A/H3N2 mismatch, vaccine effectiveness for this subtype was 39% and 41% respectively. In addition, the influenza vaccine offers protection against other influenza viruses, such as influenza B.

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Recommendations for health care providers in Ontario

The following are recommendations for health care providers in preparation for an increase in influenza activity which may increase the demand for health care services over the holiday season:

1. *Offer the influenza vaccine:*

Encourage all patients 6 months and older who have not yet received an influenza vaccine this season to be vaccinated against influenza as soon as possible. Children less than 9 years of age being vaccinated for the first time should receive a second dose at least 4 weeks after the first dose.

2. *Offer early antiviral treatment:*

Health care providers should consider timely administration of antivirals (e.g. oseltamivir or zanamivir) to recommended recipients presenting with influenza symptoms, regardless of immunization status, when there is evidence of influenza circulating in their community. This consideration will be increasingly important in the coming weeks when it is expected that influenza activity will increase, and a large percentage of people presenting with influenza-like illness will have influenza infection. Laboratory confirmation of influenza in these individuals is not required prior to administering antiviral medication.

Antivirals are recommended for:

- individuals with influenza-like illness severe enough to require hospitalization; and
- individuals with influenza-like illness at higher risk of complications from influenza infection as follows:
 - children younger than 5 years of age;
 - adults 65 years of age and older;
 - persons with chronic pulmonary (including asthma), cardiovascular (except hypertension alone), renal, hepatic, hematological (including sickle cell disease) or metabolic disorders (including diabetes mellitus), or neurologic and neurodevelopmental conditions;
 - persons with immunosuppression, including that caused by medications or by HIV infection;
 - women who are pregnant or postpartum (within 4 weeks after delivery);
 - Aboriginal people;
 - people younger than 18 years of age who are receiving long-term aspirin therapy;
 - people who are morbidly obese (i.e., body-mass index is equal to or greater than 40).

Encourage all people with influenza-like illness who are at higher risk for influenza complications to seek prompt care to determine if treatment with influenza antiviral medications is necessary since antivirals are most effective if taken within 48 hours of symptom onset. Ensure that plans are in place for this to occur during the holidays.

3. Prepare for an increased demand for health care services and outbreaks:

Acute care facilities: Prepare for a possible increase in emergency room visits, hospital admissions and need for intensive care beds over the holiday season. Should outbreaks of influenza A develop, it is recommended that vaccinated staff members be offered antiviral medication. This is due to the A/H3N2 mismatch and is in addition to the usual recommendation for unvaccinated staff members to receive antiviral medication during an influenza outbreak.

Primary care facilities: If possible, keep your offices open during the holiday season to accommodate the anticipated increase in influenza activity. If your office will be closed during the holidays, make efforts to communicate to your patients where they can go to seek care in case they develop influenza-like illness and require medical attention (e.g., include messaging on your office voicemail system, provide information on your office website, email information to patients, etc.).

Urgent care clinics: Prepare for an increase in patient volume over the holiday season. Keeping urgent care clinics open from December 26, 2014 to January 2, 2015 may help alleviate some of the burden on emergency departments.

Long term care homes: Prepare to detect and respond to outbreaks over the holiday season, including the rapid provision of antiviral medications (e.g. oseltamivir) to all residents. As well, because of the A/H3N2 mismatch, it is recommended that vaccinated staff members be offered antiviral medication during an influenza A outbreak. This is in addition to the usual recommendation for unvaccinated staff members to receive antiviral medication during an influenza outbreak. Long-Term Care homes should contact their local public health unit for more information regarding antiviral prophylaxis recommendations for all staff and reimbursement processes. Visit to locate your local public health unit.

4. Monitor influenza activity in your community:

To determine the need for antiviral medication, health care providers should be aware of influenza and other circulating respiratory viruses in their community. Local public health units can provide information on influenza activity in your jurisdiction. In addition, Public Health Ontario provides surveillance information in regards to the circulation of influenza and other respiratory viruses in the following weekly reports:

- The [Ontario Respiratory Virus Bulletin](#), which contains information about influenza activity
- The [Laboratory Based Respiratory Pathogen Surveillance Reports](#), which contain information including circulating respiratory pathogens and influenza percent positivity by health unit

5. Advise patients of measures to prevent acquisition and transmission of infections:

- Clean hands frequently with alcohol-based hand rubs or soap and water;
- Stay home if you are ill;
- Stay at least 2 meters (6 feet) away from people who are ill;
- Avoid touching your face;
- Frequently clean commonly touched surfaces;
- Cough and sneeze into your sleeve, not your hands.

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For more information, please contact your local public health unit. Visit [the ministry's website](#) to locate your local public health unit.

We thank you for your continued efforts to prevent and mitigate the impacts of influenza this year.

Original signed by

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