INFLUENZA HAS INCREASED SHARPLY. PLEASE CONTINUE TO OFFER INFLUENZA VACCINE, AND ORGANIZE EARLY TREATMENT FOR THOSE AT HIGH RISK OF COMPLICATIONS.

RECENT INFLUENZA ACTIVITY

Influenza activity increased sharply during the last week of December 2016 and has remained high throughout January 2017. The H3N2 strain is predominating. As is typical of this strain, the majority of cases and hospitalizations have been in patients over 65. Residential care facilities are experiencing a high number of influenza outbreaks.

INFLUENZA VACCINE

It is not too late to vaccinate. While interim vaccine efficacy estimates are pending, viral sequencing data indicate a good match between this year’s vaccine and circulating strains of Influenza A (H3N2) and Influenza A (H1N1). We have plenty of influenza vaccine for your patients.

Please note, one batch of Flumist vaccine expired mid-January and the second will expire 09 February 2017. Please review and remove expired vaccine inventory (including Flumist) from your fridge, and return it to your local public health unit.

ANTIVIRAL TREATMENT

Circulating influenza strains are susceptible to both oseltamivir and zanamivir.

1. At this time, symptoms of fever and cough are highly predictive of influenza. For patients at risk of complications who present with influenza-like-illness, treatment with antivirals is most effective if started as soon as possible. There is no need for laboratory confirmation.

2. Providing a prescription for one of these antivirals to your adult patients at high risk of complications means they can start treatment as soon as they develop symptoms of influenza.

3. Patients at high risk of complications include those with chronic medical conditions, as well as:
   - Patients 65 years of age or older
   - Aboriginal Peoples, and
   - Pregnant women and women up to 4 weeks post-partum women, regardless of how the pregnancy ended.

4. For adults at low risk of complications, antiviral treatment is not routinely recommended, but may be considered within 48 hrs of symptom onset.