

Influenza Key Points

January 27, 2012

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Summary Key Messages

- According to FluView, flu activity in the United States remained relatively low for the week ending January 21, 2012.
- Increases in activity are expected in the coming weeks based on previous experience.
- In 15 of the last 30 years, flu activity has begun to increase in January, peaked in February or March and continued into May.
- If you haven't gotten vaccinated yet, get your vaccine now before flu activity increases.
- You need this season's vaccine to protect against influenza this season.
- It takes about two weeks after vaccination for the body's immune response to fully kick in. CDC recommends that everyone 6 months and older get an annual flu vaccine.
- More than 132 million doses of vaccine had been delivered in the United States as of late January 2012.
- This season, people have more options than ever, both in terms of where they get vaccinated and which vaccine they chose to get.
- In addition to the traditional seasonal flu shot that has been available for decades, a nasal spray vaccine was introduced in 2003 for non-pregnant healthy people between 2 and 49 years of age, and a high dose flu shot was introduced last season for people aged 65 and older.
- Also, new for this season is an intradermal shot, which uses a needle 90% smaller than the regular flu shot and is approved for people 18 to 64 years of age.
- While doctor's offices and health departments continue to provide flu vaccinations, vaccine also is available at many pharmacies, work places and other retail and clinic locations.

FluView Activity Report

Below is a summary of the most recent key indicators:

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- [Visits to doctors](#) for influenza-like illness (ILI) remained below the national baseline this week. All 10 U.S. regions reported ILI activity below region-specific baseline levels.
- No states reported widespread [influenza activity](#). Regional influenza activity was reported by four states (an increase from one state last week). Eight states (the same number as last week) reported local influenza activity. Thirty-five states (a decrease from 38 states last week) and Guam reported sporadic influenza activity. Three states (the same number as last week) and the U.S. Virgin Islands reported no influenza activity. The District of Columbia and Puerto Rico did not report.
- Hospitalization rates of patients with laboratory-confirmed influenza, based on FluSurv-NET, are now lower than the rates reported at this time during previous influenza seasons.
- The [proportion of deaths](#) attributed to pneumonia and influenza (P&I) based on the 122 Cities Mortality Reporting System increased slightly from the previous report, and was slightly above the level expected for this time of year for the first time this season.
- The first [influenza-associated pediatric death](#) of the 2011-2012 season was reported this week. This death was associated with an influenza B virus infection, and occurred during the week ending October 29, 2011. (See [Deaths in Children from Flu Complications](#) below.)
- Nationally, the percentage of specimens testing positive for influenza in the United States was 4.9%, a little higher than last week's percentage of 4.3%.
- [Influenza viruses](#) identified so far include 2009 H1N1 viruses, influenza A (H3N2) viruses and influenza B viruses. Nationally influenza A (H3N2) viruses predominate, however, for the past 3 weeks in Region 6, 2009 H1N1 viruses have predominated.
- Though few [viruses](#) have been available for testing so far this season, isolates tested remain susceptible to the [antiviral drugs](#) oseltamivir and zanamivir.
- [FluView](#) is available – and past issues are archived – on the CDC website.

Deaths in Children from Flu Complications

- This week's FluView Influenza Surveillance report (MMWR week 3: January 15-21, 2012) describes the first officially reported child death from laboratory confirmed flu-related complications in the United States for the 2011-2012 flu season.

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- Because of confidentiality issues, CDC does not discuss or give details on individual cases. This death is a somber reminder of the importance of protecting children from the flu. The single best way to protect against seasonal flu and its potential severe complications in children is to get a seasonal flu vaccine each year.
- CDC recommends that everyone 6 months of age and older get a seasonal flu vaccine. For more information, see www.cdc.gov/flu/protect/children.htm.
- Vaccination is especially important for children younger than 5 years of age and children of any age with a long-term health condition like asthma, diabetes and heart disease. These children are at higher risk of serious flu complications if they get the flu.
- Yearly vaccination also is especially important for people in contact with certain groups of children in order to protect the child (or children) in their lives from the flu. This includes
 - Close contacts of children younger than 5 years old (people who live with them) should get a flu vaccine.
 - Out-of-home caregivers (nannies, daycare providers, etc.) of children younger than 5 years old should get a flu vaccine.
 - People who live with or have other close contact with a child or children of any age with a chronic health problem (asthma, diabetes, etc.) should get a flu vaccine.
 - In addition, CDC recommends that all health care workers be vaccinated each year to keep from spreading the flu to their patients.
- Children 6 months through 8 years of age who did not receive at least one dose of the 2010-2011 vaccine, or whom it is not certain whether the 2010-2011 vaccine was received, should receive 2 doses of the 2011-2012 seasonal vaccine.
 - The first dose should be given as soon as vaccine becomes available, and the second dose should be given 28 more days after the first dose.
 - The first dose “primes” the immune system; the second dose provides immune protection.
 - Children who only get one dose but need two doses can have reduced or no protection from a single dose of flu vaccine. Two doses are necessary to protect these children.
 - If your child needs the two doses, begin the process early, so that children are protected before influenza starts circulating in your community. Be sure to follow up to get your child a second dose if they need one.

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- It usually takes about two weeks after the second dose for protection to begin.
- Flu-related deaths in children younger than 18 years old should be reported through the Influenza-Associated Pediatric Mortality Surveillance System. The number of flu-associated deaths among children reported during the 2011-12 flu season will be updated each week and can be found at www.cdc.gov/flu/weekly.
- Since 2004, when pediatric deaths associated with influenza infection became a nationally notifiable condition, the number of deaths reported to CDC each year has ranged from 46 to 282 deaths.
 - During the 2010-11 season, 122 flu-associated deaths in children were reported to CDC.
 - During the 2009-10 season, 282 flu-associated deaths in children were reported to CDC.
 - (Note: During the 2009 pandemic, which occurred from April 15, 2009–October 2, 2010, 348 flu-associated deaths in children were reported to CDC).
 - During the 2008-09 season, 133 flu-associated deaths in children were reported to CDC
 - During the 2007-08 season, 88 flu-associated deaths in children were reported to CDC.
 - During the 2006-07 season, 77 flu-associated deaths in children were reported to CDC.
 - During the 2005-06 season, 46 flu-associated deaths in children under age 18 were reported to CDC
 - During the 2004-05 season, 47 flu-associated deaths in children under age 18 were reported to CDC.
 - During the 2003-04 season (the first year that CDC collected information on pediatric flu deaths), 153 flu-associated deaths in children under age 18 were reported to CDC.
- It also is important to remember that the flu vaccine is not perfect, and every year some vaccinated people still get sick from influenza. So, multiple strategies should be used at the same time to reduce, as much as possible, the risk of influenza and its complications, including:
 - The appropriate use of influenza antiviral medications.
 - Hand hygiene and cough etiquette (washing your hands often and covering coughs and sneezes).

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- Staying home from work and/or school when you are sick to avoid spreading your illness to others.
- Influenza antiviral drugs are an important second line of defense against influenza and can be used both to treat flu and to prevent flu.
 - Antiviral drugs are prescription medications (pills, liquid or an inhaled powder) that fight against the flu in your body. Antiviral drugs are not sold over-the-counter. You can only get them if you have a prescription from your doctor or health care provider. Antiviral drugs are different from antibiotics, which fight against bacterial infections.
 - Studies show that flu antiviral drugs work best for treatment when they are started within 2 days of getting sick.
 - More information on influenza antiviral medications for children is available at <http://www.cdc.gov/flu/children/antiviral.htm>.
 - General information on antiviral medications is available at <http://www.cdc.gov/flu/antivirals/index.htm> (general public) and for health care providers at <http://www.cdc.gov/flu/professionals/antivirals/index.htm>.

Background

- In 2004, influenza-associated deaths in children became a nationally notifiable condition, which allowed CDC to collect information about laboratory confirmed pediatric deaths on a national level in a standardized way through the Influenza-Associated Pediatric Mortality Surveillance System.
- Between 2004 and the start of the pandemic in April 2009, seasonal influenza-associated pediatric deaths reported to CDC by states have ranged from a low of 46 deaths during the 2005-2006 season to a high of 88 deaths during the 2007-2008 season.
- Between April 15, 2009 and October 2, 2010 (the period of time during which the 2009 H1N1 pandemic occurred), 348 laboratory-confirmed influenza-associated deaths in children were officially reported to CDC by states.
 - These deaths include 2009 H1N1-associated deaths in addition to deaths associated with the following: influenza A viruses for which the subtype was undetermined, seasonal influenza A (H1N1) viruses, influenza viruses for which the type (i.e., A or B) was not determined, and influenza B-associated deaths.
- Despite having a national reporting system, experts believe that reports of flu-associated deaths in children underestimate of the true number of flu-related deaths.

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- The reason why laboratory-confirmed data on flu-associated deaths reported to CDC underestimate the true number that occur each year is likely due to a combination of incomplete testing, use of influenza tests that are not highly sensitive, or diagnoses that attribute deaths to other causes, for example, secondary complications to influenza.
- For more information, visit www.cdc.gov/flu, or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).