

Current Influenza Activity Statewide Affects Many Texas School Districts

As the 2002-2003 influenza season continues in Texas, there is widespread activity in the state. Of particular concern is a large number of schools reporting much higher than usual levels of absenteeism due to influenza-like illness in their students and staff. As a result, many schools, and in some instances entire school districts, have been closed for several days because of influenza-like illness. Schools in the northeastern area of the state have been especially hard hit. Many of the ill children are experiencing gastrointestinal problems in addition to the standard respiratory symptoms.

Although influenza A H1N1 (New Caledonia) has also been culture confirmed this season in Texas, influenza B/Hong Kong/330/2001-like strain has been identified as the likely cause for the majority of respiratory illness in this season's outbreak. Many children have little or no immunity to this strain because it has not circulated in high levels since the mid-1980s and has not been identified in the US since 1991. Therefore, high attack rates in the student population are likely. It will not be unusual to see the high absentee rates reported from Smith County (up to 28%) repeated elsewhere in the state. In schools that have had outbreaks so far this year, absentee rates have been around 25%. The actual rate of illness could be quite a bit higher. High absentee levels in schools are expected this season, and the severity and duration of illness in the current outbreaks are not unusual for influenza.

Vaccination remains the single best way to prevent illness in all age groups. Both influenza strains identified in these outbreaks are components of the 2002-2003 vaccine, so individuals receiving influenza vaccinations at least 2 weeks prior to exposure should be well protected. Vaccine supplies are plentiful and should be used according to ACIP guidelines (See *DPN* Vol. 62 No. 21) to prevent spread to more vulnerable populations during the influenza season. Vaccination of all persons aged 6 months and older should continue to be recommended as long as influenza is circulating in a community. Emphasis should be placed on vaccinating those adults and children with underlying disease that places them at high risk for hospitalization and death. Vaccination of healthy children aged 6-23 months is encouraged when feasible because of their risk for hospitalization, but older children, particularly elementary school children, should also be strongly considered for vaccination. Previously unvaccinated children under 9 years of age may need two doses of vaccine. (See *MMWR* April 12, 2002 [RR 03]; 1-31 for specific recommendations for the 2002-2003 influenza season. [Web site: www.cdc.gov/mmwr/preview/mmwrhtml/rr5103a1.htm]

The use of antiviral medication may be considered for specific populations. Amantadine (Symmetrel®) and rimantadine (Flumadine®) are indicated only for influenza A. Zanamivir (Relenza®) and oseltamivir (Tamiflu®) are indicated for both influenza A and B. Product literature should be consulted for indications and precautions prior to prescribing.

Influenza B is highly contagious and can exacerbate underlying health problems. Preexisting pulmonary and cardiac conditions, particularly in the very old and the very young, can lead to secondary pneumonia and hospitalization.

Continued 

TDH recommends that health officials follow this advice to identify, control, and prevent influenza illness this season:

- ◆ Maintain a high index of suspicion for influenza B, particularly in persons under the age of 18 and those in schools.
- ◆ Be aware that current presentation of influenza B in school settings has not followed the typical characterization of influenza: abrupt onset of constitutional and respiratory signs and symptoms (fever, myalgia, headache, malaise, nonproductive cough, sore throat and rhinitis). Upper respiratory signs such as congestion, coughing, and sneezing often have been minimal, and gastrointestinal signs and symptoms such as nausea and vomiting have been commonly reported. Of course, foodborne illness is always a possibility with such a picture and should be ruled out with laboratory findings. In these atypical situations, TDH recommends laboratory testing for influenza, using throat swabs placed in viral transport media*
- ◆ Be aware that there are no state rules or recommendations regarding school closures. Decisions regarding school closures are made at the local level by the school district and local health authority. Although it would seem likely that school closures would reduce transmission among students, scientific studies have not been done to determine definitively whether these measures are effective and, if so, by what criteria.
- ◆ Vaccinate any health department staff investigating a possible outbreak. (Full immunity takes about 2 weeks after vaccination.)

Influenza is not a notifiable condition. However, unusual expressions, severity, or duration of disease should be reported to the local, regional, or state health department. The Texas Department of Health (TDH) is asking the health care community to be on the alert for surges in respiratory illness (especially due to influenza) in all age groups and especially in pediatric populations. Please report such cases to the local or regional health department.

*You may obtain further information regarding procedures for obtaining and shipping laboratory samples by calling the TDH Medical Virology Division at 512/458-7515.



Prepared by Linda Gaul, PhD, MPH; Neil Pascoe, RN, BSN, CIC; and Peggy Wright, RN, BSN, IDEAS.

For further information contact your local health department. You may also contact IDEAS by phone, 512/458-7676, fax: 512/458-7616, or e-mail: peggy.wright@tdh.state.tx.us or neil.pascoe@tdh.state.tx.us.

Additional information sources:

*TDH Immunization Division web site for influenza: www.tdh.state.tx.us/immunize/flu.htm
 CDC National Immunization Program: www.cdc.gov/nip/flu/default.htm*



Disease Prevention News (DPN)
 Texas Department of Health
 1100 West 49th Street
 Austin, TX 78756-3199

Phone: (512) 458-7677
 Fax: (512) 458-7340
 E-mail: dpn@tdh.state.tx.us

TDHPublication#E59-10940

The electronic version of *Disease Prevention News*, the subscription form, and a searchable index of issues from 1995 are available at the following website: www.tdh.state.tx.us/phpep/

Mario R. Andalzua, MD, Chair, Texas Board of Health
 Eduardo J. Sanchez, MD, MPH, Commissioner of Health
 Charles E. Bell, MD, Executive Deputy Commissioner
 Dennis M. Perrotta, PhD, CIC, State Epidemiologist

DPN Staff

Susan Penfield, MD, Medical Editor
 Susan Hammack, MEd, Managing Editor

DPN Editorial Board

Suzanne S. Barth, PhD
 Peter Langlois, PhD

Susan U. Neill, MBA, PhD
 Sharilyn K. Stanley, MD

Lucina Suarez, PhD