

Influenza Update for Geriatricians

2014-2015 Influenza Season, Summary Guidance

Background

It has been recognized for many years that people 65 years and older are at high risk of serious complications from influenza compared with young, healthy adults. During most seasons, it's estimated that 90 percent of seasonal influenza-related deaths and between 50 and 60 percent of seasonal influenza-related hospitalizations in the United States occur in people 65 years and older. People in this age group also have the highest hospitalization rate most seasons. Preventing influenza and treating it promptly may reduce the risk of influenza-associated complications, including hospitalization and death.

Current Situation

While certain key flu indicators have begun to decline, influenza activity remains elevated and widespread in much of the country. As of January 31, 2015, the flu season had been ongoing for 11 consecutive weeks. Mostly drifted H3N2 flu viruses continue to predominate this season, hitting older adults harder. The hospitalization rate for people 65 years and older is the highest recorded since CDC began tracking that information. As of January 31, that rate was 213.8 per 100,000 population, translating into about 92,000 hospitalizations in this age group already this season. Overall nearly 60 percent of flu-associated hospitalizations have been among people 65 years and older.

An average flu season lasts about 13 weeks, ranging from 1 week to 19 weeks over the past 13 seasons. Because this season started relatively early, it could last longer than 13 weeks and it's possible the country may see a second wave of influenza activity caused by a different flu virus.

While influenza vaccination is recommended as long as influenza viruses are circulating, vaccine effectiveness this season is reduced. CDC is reminding clinicians about the importance of antiviral medications as an adjunct to vaccination for early treatment of influenza illness in those who are severely ill and those who are at high risk of serious flu complications. This document summarizes CDC's influenza vaccine and antiviral recommendations.

CDC Recommendations

Influenza Vaccination

Preliminary vaccine effectiveness results of about 23% across all ages indicate that the vaccine is working less well this season, likely because of substantial antigenic and genetic drift among circulating H3N2 viruses. Because flu vaccine tends to work less well in older people, vaccine effectiveness in the 65 and older age group will likely be lower. Even though vaccine effectiveness for H3N2 is reduced this season, CDC continues to recommend flu vaccination because it may still provide some protection, including reducing more severe flu outcomes like hospitalization and death. Also, flu vaccines protect against three or four different viruses and it's possible that other viruses will circulate later in the season. As long as flu viruses are circulating in the community, health care professionals should continue to vaccinate patients who have not yet received influenza vaccine this season.

People 65 years and older have two flu shots available to choose from: a regular dose flu vaccine and the Fluzone High-Dose vaccine designed specifically for people age 65 years and older. The high-dose vaccine contains a higher dose of antigen than regular influenza shots, and this may give older people a better immune response to the vaccine. The CDC and its Advisory Committee on Immunization Practices (ACIP) have not expressed a preference for either vaccine. During seasons when drifted viruses have circulated, vaccination may still provide some protection, which may reduce the likelihood of severe outcomes such as hospitalization and death.

Those providers who have exhausted their supplies of influenza vaccine may be able to purchase additional vaccine. If unable to do so or if vaccine supply has been exhausted, providers should encourage their unvaccinated patients to seek influenza vaccine at other locations. The [HealthMap Vaccine Finder](#) can be a useful tool for helping patients to find vaccine clinics in the area. Vaccination of caretakers and close contacts of seniors is especially important to prevent spreading flu illness.

Antiviral Treatment

In the context of widespread circulation of H3N2 and reduced vaccine effectiveness, prompt antiviral treatment of severely ill and high risk patients becomes even more important as a second line of defense in reducing flu complications and death.

In both outpatient and hospital settings, empiric therapy is recommended for all persons 65 and older with suspected or confirmed influenza, even if disease is not currently severe. Providers should encourage their patients to seek treatment immediately after illness onset, and should prescribe antiviral medication as appropriate. There are three FDA-approved influenza antiviral drugs recommended by CDC this season. The brand names for these are Tamiflu® (generic name oseltamivir), Relenza® (generic name zanamivir), and Rapivab® (generic name peramivir). Peramivir was approved in December 2014. It is given intravenously (by IV).

Antiviral treatment should be started as early as possible, preferably within 48 hours after illness onset. Among hospitalized patients, treatment should be initiated on admission; several studies suggest that antiviral treatment reduces mortality and illness severity among hospitalized adults, even when initiated ≥ 48 hours after illness onset. The decision to initiate antiviral treatment should be made regardless of vaccination status and should not wait for laboratory confirmation of influenza; especially the decision should not be dependent on insensitive assays, such as rapid influenza diagnostic tests, because of frequent false negatives. More information on antivirals is available at: <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm> and <http://www.cdc.gov/flu/pdf/professionals/antivirals/antiviral-dosage-duration.pdf>

In addition, CDC continues to recommend prompt recognition and management of influenza outbreaks in long-term care facilities. Elderly patients residing in long-term care facilities are vulnerable to influenza outbreaks, which in this setting may cause widespread illness with a high fatality rate. To prevent outbreaks, all long-term care facility residents and health care personnel should be vaccinated against influenza. In addition, a suspected influenza outbreak should prompt immediate action. Surveillance should be implemented to identify new cases and standard and droplet precautions should be instituted for ill residents without delay. All facility residents who have confirmed or suspected influenza should receive antiviral treatment immediately without awaiting confirmatory testing. All residents in the entire facility, not just the affected unit, should receive chemoprophylaxis as soon as an influenza outbreak is identified.

For more details on the management of long-term care facility influenza outbreaks, please see [Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities](#). The [Toolkit for Long-Term Care Employers](#) is a guide to increasing flu vaccination among healthcare personnel in long-term care settings, including resources to help with providing access to flu vaccination for the long-term care workforce.

CDC is actively monitoring this situation and will provide updates as available.

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