

CDC Warning on Influenza Vaccine

The CDC sent out a [health advisory](#) on December 3, 2014 regarding the potential for a poor match between the circulating influenza strain and the vaccine.

The CDC states that flu activity is low right now, but expects it to begin increasing as the winter wears on. Influenza A (H3N2) is the predominant strain seen so far this flu season. **Past flu seasons where the H3N2 strain predominated were much more severe with increased morbidity and mortality, particularly among the elderly, the very young and those with chronic medical conditions.**

Studies have shown that of the influenza variant currently circulating; about half are genetically different from the vaccine strain used for this year's flu season. This is known as antigenic drift and could lead to decreased vaccine effectiveness against the flu. There may be, however, some cross protection from the vaccine to this different strain of flu virus.

Nonetheless, the CDC still recommends influenza vaccination as a primary means to prevent infection. In addition, healthcare workers should emphasize early use of antiviral medication. This medication should be started as soon as possible after the illness begins and ideally within 48 hours of onset of symptoms for those patients at higher risk for complications or people with severe disease.

Oseltamivir is approved for treatment of patients over 2 years old and for prevention of influenza in people over one year old. Zanamivir is approved for treatment of patients over 7 years old for prevention in people over 5 years old.

What does this mean to EMS?

- There is a potential for a bad flu season due to the strain in circulation (H3N2) and a poor match with this year's flu vaccine due to antigenic drift (mutation)

Both of these issues have the potential to make for:

- Increased call volumes
- Increased patient loads at hospitals and emergency departments
- Longer off load times
- Emergency Department Diversions
- Increase numbers of personnel calling in sick
- Increased need for PPE

EMS should:

- EMS should prepare now for the above challenges and work with their local public health departments to monitor influenza activity
- EMS agencies should monitor call volumes for increased respiratory complaints
- EMS workers should be vaccinated against the flu, regardless of its effectiveness
- EMS personnel should practice good hygiene including frequent hand washing, respiratory hygiene and using PPE when needed.
- EMS personnel should be aware of the potential for increased clinical severity of influenza patients in their communities, especially in nursing homes.
- EMS crews should be diligent with decontamination of equipment with each patient use
- EMS administrators should review policies and procedures to keep EMS personnel from coming to work if feeling poorly
- EMS administrators should have plans in place for potential offload delays and increased volumes

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