National Medical Association

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December 08, 2014

Dear Colleague:

This week, December 7-13, is National Influenza Vaccination Week and serves as a reminder about how important it is for everyone ages 6 months and older to receive an influenza vaccine. Predicting influenza activity presents a challenge each season. On December 3rd, the Centers for Disease Control and Prevention (CDC) issued a health advisory concerning the influenza A (H3N2) virus and the effectiveness of the current influenza vaccine. This letter summarizes the CDC advisory and recommendations.

Influenza A (H3N2)

Using reports from all 50 states, the CDC determined that H3N2 is the dominant influenza virus this season. In past seasons when influenza A (H3N2) viruses predominated, higher overall and age-specific hospitalization and mortality rates were observed, especially among older people, the very young children, and persons with chronic medical conditions.

Viral characterization of influenza A (H3N2) viruses collected and analyzed between October 1 and November 22, 2014 indicates that 48% of the viruses were antigenically "like" the 2014-2015 influenza A (H3N2) vaccine component and 52% were antigenically "different" or drifted from the H3N2 vaccine component. In past seasons, when the predominant circulating influenza viruses were antigenically drifted, decreased vaccine effectiveness was observed. However, vaccination continued to provide some protection against drifted viruses. Although decreased, the cross-protection reduces the likelihood of severe adverse outcomes such as hospitalization and death. As importantly, the vaccine offers protection against circulating influenza strains that have not undergone antigenic drift. I strongly urge you to continue to recommend influenza vaccination to all patients.

While the current influenza vaccine may not prevent the flu in all patients, it can shorten the duration of symptoms and reduce the risk of influenza complications such as otitis media in young children, premature labor in pregnant women, and pneumonia in adults. The vaccine reduces the likelihood of severe adverse outcomes such as hospitalization and death. The protection offered by the influenza vaccine is critically important to the health of our families and communities. More information about influenza vaccine options can be found on the CDC's influenza website. http://www.cdc.gov/flu/professionals/vaccination/index.htm

Antivirals

The use of neuraminidase inhibitor antiviral medications (oseltamivir [Tamiflu®]) and zanamivir [Relenza®]) when indicated is an important adjunct to influenza vaccination. Antivirals administered early in the course of infection, ideally within 48 hours of onset of symptoms, demonstrate the best clinical benefit. Even if given later, antiviral treatment may benefit patients with severe, complicated or progressive illness. Encourage your patients with flu like symptoms to seek care immediately -- specifically the very young, pregnant women, people 65 and older and people with chronic medical conditions. It is not necessary to wait for the results of influenza confirmation test to start treatment with antiviral medications. More information about antiviral therapy can be found on the CDC's influenza website. http://www.cdc.gov/flu/professionals/antivirals/

Thank you for your partnership in sharing this message with your patients and family members and your colleagues. Vaccination protects people from potentially serious complications of influenza infection.

Sincerely,

Lawrence L. Sanders Jr., MD, MBA
115th President