

NEW MEXICO HEALTH ALERT NETWORK (HAN)

ADVISORY

New Mexico Department of Health Advises Clinicians to Consider Testing for both Influenza and SARS-CoV-2

September 11, 2020

Summary

The New Mexico Department of Health (NMDOH) is preparing for the upcoming 2020-2021 influenza season. We are still seeing many cases of COVID-19, and expect to see more cases of influenza and other seasonal respiratory viruses in the coming weeks and months. For patients experiencing influenza-like illness (defined as fever of greater than 100° F, and cough and/or sore throat in the absence of another known cause), NMDOH advises healthcare practitioners to order laboratory testing for both SARS-CoV-2 and influenza, as well as other respiratory pathogens when such testing is indicated. This is especially important at the beginning of influenza season, so that the potential co-circulation of influenza and SARS-CoV-2 can be identified and characterized.

Isolation recommendations for patients experiencing respiratory illness include:

Laboratory result	Isolation Recommendation
In the absence of a confirmatory test or until the result comes back	<ul style="list-style-type: none"> At least 1 day (24 hours) have passed <i>since recovery</i> defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms; AND, At least 10 days have passed <i>since symptoms first appeared</i>.
Influenza positive, SARS-CoV-2 negative	<ul style="list-style-type: none"> At least 1 day (24 hours) have passed <i>since recovery</i> defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms (NO 10 day requirement)
Influenza positive, SARS-CoV-2 positive	<ul style="list-style-type: none"> At least 1 day (24 hours) have passed <i>since recovery</i> defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms; AND, At least 10 days have passed <i>since symptoms first appeared</i>.
Influenza positive, SARS-CoV-2 unknown	<ul style="list-style-type: none"> At least 1 day (24 hours) have passed <i>since recovery</i> defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms; AND, At least 10 days have passed <i>since symptoms first appeared</i>.
Influenza negative, SARS-CoV-2 positive	<ul style="list-style-type: none"> At least 1 day (24 hours) have passed <i>since recovery</i> defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms; AND, At least 10 days have passed <i>since symptoms first appeared</i>.

EPIDEMIOLOGY AND RESPONSE



NMDOH reminds providers and their staff that in accordance with New Mexico Administrative Code (NMAC) 7.4.3.13, influenza is a reportable condition for the following situations:

- Influenza, laboratory-confirmed hospitalizations only
- Influenza-associated pediatric death (<18 years old)
- Acute illness or condition of any type involving large numbers of persons in the same geographic area (outbreaks)
 - **Outbreaks should be reported to the on-call epidemiologist 24/7/365 at (505) 827-0006.**
- Other illnesses or condition of public health significance (novel influenza A)

Influenza Vaccinations

In accordance with the Centers for Disease Control and Prevention (CDC), NMDOH recommends that **everyone** six months of age and older get flu vaccine each flu season. Influenza vaccination is especially important this season to reduce the overall respiratory virus burden in hospitals, and to reduce the risk of co-infection.

The following groups of people are strongly recommended to be vaccinated because they are at high risk of having serious flu-related complications, or because they live with or care for people at high risk for developing flu-related complications:

- Children younger than 5, but especially children younger than 2 years old
 - Children aged 6 months through 8 years who have never been vaccinated against influenza, or have an unknown vaccination history, should receive two doses of influenza vaccine, administered at least 4 weeks apart
- Pregnant women (all trimesters), and up to two weeks post-partum
- People ages 65 years and older
- People of any age with medical conditions like asthma, diabetes, lung or heart disease, and those who are immunocompromised
- People who live in nursing homes and other long-term care facilities
- People who live with or care for those at high risk for complications from flu, including healthcare personnel and caregivers of babies younger than six months
- American Indians and Alaskan Natives
- People who are morbidly obese

All vaccinations for children and adults are required by law to be entered into the New Mexico State Immunization Information System (NMSIIS). If you need access, training, or assistance with using NMSIIS, contact the Help Desk at (505) 827-2356.

NMDOH flu shot clinic calendar

The NMDOH flu shot clinic calendar is designed to provide a streamlined location for community members to locate flu shot clinics nearby. Providers who are planning a community flu clinic are asked to submit details about their clinic on this link:

<https://forms.gle/i8vGkJHh2Zc6cMX79>

Clinics will be posted on the DOH website and also on the City of Albuquerque website (for clinics located in ABQ), as a way to promote the clinics and help community members find a flu vaccination clinic in their area.

The New Mexico Immunization Coalition is collaborating with NMDOH in this effort to publicize community flu shot clinics happening around the state this fall. Clinic information will be uploaded weekly to the DOH Influenza Vaccine page on [nmhealth.org](https://www.nmhealth.org)

Antiviral Treatment

Influenza antiviral medications can be used to shorten the duration of illness, reduce the risk of complications, and reduce death in hospitalized patients. These medications are most effective early in the course of illness, especially within 48 hours of onset. Antivirals are also effective as prevention in high-risk people exposed to influenza.

During periods when influenza and SARS-CoV-2 are co-circulating in the community, empiric antiviral treatment is recommended as early as possible for the following priority groups:

- a) hospitalized patients with respiratory illness;
- b) outpatients with severe, complicated, or progressive respiratory illness; and
- c) outpatients at higher risk for influenza complications who present with any acute respiratory illness symptoms (with or without fever).

Clinicians should be aware that a positive SARS-CoV-2 test does not preclude influenza co-infection, and a positive influenza test does not preclude SARS-CoV-2 co-infection. Multiplex assays testing for both influenza and SARS-CoV-2, as well as respiratory panels detecting other respiratory viruses can inform clinical decision making.

For more information on influenza and COVID-19, see the following:

- Information for Health Care Professionals 2020-2021 Flu Season
<https://www.cdc.gov/flu/season/health-care-professionals.htm>
- Similarities and Differences between Flu and COVID-19
<https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm>
- Influenza Antiviral Medications: Summary for Clinicians
<https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>
- Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2020–21 Influenza Season
https://www.cdc.gov/mmwr/volumes/69/rr/rr6908a1.htm?s_cid=rr6908a1_w