

MEMORANDUM

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To: Local health officers, public health administrators, and medical professionals

From: Joan Duwve, MD, MPH
State Health Officer

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State Epidemiologist and Environmental Health Officer

Subject: Updated recommendations regarding the management of persons with influenza

Background

Influenza viruses circulate annually in the United States from late fall through early spring. The Centers for Disease Control and Prevention (CDC) estimates that influenza results in between 13 million to 27 million illnesses; 120,000 to 260,000 hospitalizations; and 7,300 to 21,000 deaths annually. The burden of influenza disease can vary widely depending on the type of circulating influenza viruses, the length of the season, the effectiveness of the seasonal vaccine, and the number of persons vaccinated.

Kansas regulations only require health care providers to report pediatric influenza deaths and novel influenza A infections. Health care providers are not required to report other cases of influenza to KDHE. Instead, influenza activity is measured through seven components: the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), syndromic surveillance (ESSENCE), laboratory surveillance, respiratory panel testing, influenza-associated hospitalizations, outbreaks, and pneumonia and influenza mortality.

Prevention and Control

An annual seasonal influenza vaccine is the best protection against getting influenza. The benefits of influenza vaccination include reducing the risk of illnesses, hospitalizations and even the risk of influenza-related deaths in children. For the 2022-2023 flu season, the Advisory Committee on Immunization Practices recommends annual influenza vaccination for everyone 6 months and older with any licensed influenza vaccine that is appropriate for the recipient's age and health status. There are many vaccine options to choose from, but the most important thing is for all people 6 months and older to get a flu vaccine every year.

Although vaccination each year is the single best way to prevent contracting seasonal influenza, other prevention and control measures are very effective at preventing the spread of influenza and other respiratory viruses. To prevent the spread of influenza, people who have flu-like illness should avoid close contact with others and stay home from work, school, or daycare. Additionally, covering your mouth or nose when coughing or sneezing and washing your hands often with soap and water, or using alcohol-based hand sanitizers, are effective measures at preventing illnesses. Also, consider cleaning high touch surfaces often and masking if local levels of respiratory illnesses are high or if someone has a chronic illness.

Legal Issues

K.S.A 65-128 provides explicit authority for the Secretary of the Kansas Department of Health and Environment (KDHE) to adopt administrative regulations regarding the isolation and quarantine requirements for designated infectious diseases. These requirements have been established in K.A.R. 28-1-6. Additionally, the document adopted by reference in K.A.R. 28-1-6 also provides the authority for the Secretary of KDHE or the local health officer to alter the requirements for the isolation and quarantine as necessary for the protection of public health.

Currently, for the control of influenza, K.A.R. 28-1-6 requires:

- For each person hospitalized with a case, droplet precautions shall be followed for seven days following onset of illness or for the duration of the illness if the case is in an immune-compromised patient.
- For each person with a case shall remain in home isolation for seven days following onset of illness or for the duration of illness if the case is immunocompromised, except when seeking medical care.

After examining the scientific literature and evaluating data from last year's influenza season, these requirements of K.A.R. 28-1-6 are inconsistent with the current state of scientific knowledge about the length of infectiousness for most adults and children and did not reduce transmission in many schools, daycares, long term care facilities, and other work settings. According to Centers for Disease Control and Prevention (CDC)ⁱ and the Control of Communicable Disease Manualⁱⁱ, children and adults with influenza are most infectious 24 hours before the onset of symptoms and in the first 3 – 5 days of illness. Persons with the flu are most contagious during the first 3 days of their illness. Not everyone with flu will have a fever; therefore, CDC recommends that individuals with suspected or confirmed flu, who do not have a fever, should stay home from work at least 4-5 days after the onset of symptomsⁱⁱ. Therefore, KDHE is continuing to recommend this change to the isolation regulation for the control of influenza.

Recommendations to Alter Requirements of K.A.R. 28-1-6 for Influenza

KDHE strongly recommends yearly influenza vaccination per the Advisory Committee on Immunization Practices.

Additionally, to address the conflicts between the current state regulation and evidence-based practices, KDHE considers that persons who are symptomatic with influenza-like illness (temperature of 100.4°F [37.8°C*] or greater, a cough and/or a sore throat without a known cause other than influenza) AND have a positive laboratory test for influenza OR are being treated with an influenza antiviral medication are considered to have influenza. To control the spread of influenza the following isolation requirements should be followed:

- For each person hospitalized with a case, droplet precautions shall be followed **for 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer, while a patient is in a healthcare facility.**
- For each person with a case shall remain in home isolation for **five days following onset of illness or until fever free for 24 hours without the aid of fever reducing medications, whichever is longer. All persons may leave home isolation temporarily while seeking medical care.**

KDHE will be working on revisions to K.A.R. 28-1-6 and will address these conflicts in permanent regulations. If you have any questions, please feel free to contact out office via the Epidemiology Hotline at 877-427-7317.

Sincerely,



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ⁱ <https://www.cdc.gov/flu/about/disease/spread.htm>

ⁱⁱ <https://ccdm.aphapublications.org/doi/pdf/10.2105/CCDM.2745.083>

*Many authorities use either 100 (37.8 degrees Celsius) or 100.4 F (38.0 degrees Celsius) as a cut-off for fever, but this number actually can range depending on factors such as the method of measurement and the age of the person, so other values for fever could be appropriate. CDC has public health recommendations that are based on the presence (or absence) of fever. What is meant by this is that the person's temperature is not elevated beyond their norm.