Nebraska Department of Health and Human Services

Health Alert Network

Update

11/22/2024

Seasonal influenza and respiratory disease updates and recommendations

- Nebraska's Influenza and other Respiratory Diseases Surveillance System reports influenza activity that marks the beginning of the 2024-25 influenza season. To view Nebraska's influenza and other respiratory pathogen data, please visit https://dhhs.ne.gov/Pages/Seasonal-Respiratory-Diseases.aspx.

- An increase in influenza activity is expected as the flu season progresses, underscoring the importance of healthcare professionals discussing optimal choice options for administering Influenza, RSV, and COVID-19 vaccinations, which may be co-administered in some cases. For more information, please visit: https://www.cdc.gov/ncird/whats-new/immunization-can-prevent-severe-respiratory-illness-and-death.html.

- RSV vaccination recommendations were updated for this year. Vaccination is available for persons aged 75 years and over, persons aged 65-74 at high risk of severe RSV illness, and pregnant women. A monoclonal antibody therapy, called Nirsevimab, remains available for infants aged eight months or younger and young children entering their second RSV season who are at high risk of severe RSV illness. More information on these products and recommendations can be found here: https://www.cdc.gov/rsv/vaccines/index.html.

- With influenza, RSV, and COVID-19 expected to increase in circulation this time of year, concomitant influenza, RSV, and COVID-19 testing is available as well. If local testing options are exhausted, testing for these viruses is available through the Nebraska Public Health Laboratory (NPHL) to healthcare providers seeing inpatients and outpatients.

- The predominant influenza subtypes that have been detected in Nebraska this year are influenza A H1N1 and influenza A H3N2, in similar proportions. This is based on laboratory testing data reported to DHHS. The same is being reported nationally (https://www.cdc.gov/fluview/surveillance).

- Nebraska reports indicate increased *Mycoplasma pneumoniae* activity in the past several weeks, which remains elevated; same is being reported nationally. CDC recommends healthcare providers consider *M. pneumoniae* as a cause of pneumonia and test when indicated. Macrolides are recommended as first-line treatment as some antibiotics, like penicillin, will not treat *M. pneumoniae*. More information can be found here: https://www.cdc.gov/ncird/whats-new/mycoplasma-pneumoniae-infections-have-been-increasing.html

- Nebraska continues to report increases in pertussis activity. More information can be found here: https://dhhs.ne.gov/han%20Documents/ADVISORY10082024.pdf.

Influenza vaccination: Statistics
During the 2023-24 season, overall influenza activity again matched levels observed in seasons prior to the COVID-19 pandemic. Influenza B activity was observed at the highest levels reported since the COVID-19 pandemic, both in NE and nationally. For the 2023-24 season, nationally, 47.2% of the population aged six months or older received the influenza vaccine. This is down 2.1% from the previous year, marking the third consecutive year-to-year decrease nationally. During that same period in Nebraska, the estimated influenza vaccination coverage for people aged six months or older was 47.5%, down 3.6% from the previous year and is also the third consecutive year-to-year decrease (https://www.cdc.gov/fluvaxview/interactive/general-population-coverage.html). These decreases in influenza vaccination coverage, nationally and locally, are also observed among children aged six months-17 years; observed racial and ethnic disparities were documented as well as mentioned in this CDC study: https://www.cdc.gov/fluvaxview/coverage-by-season/2023-2024.html

Respiratory disease testing: concomitant influenza, RSV, and COVID-19 testing is available
As co-circulation of influenza, RSV, and COVID-19 continues to increase this fall/winter, healthcare facilities are reminded that symptoms of COVID-19, influenza, and RSV are similar and symptomatic patients should be tested for all three viruses. Review CDC's Information for Clinicians on Influenza Virus Testing at https://www.cdc.gov/flu/hcp/info-collection/index.html. Please contact NE DHHS at 402-471-2927 or dhhs.epi@nebraska.gov, or your local health department (LHD) at https://dhhs.ne.gov/lhd if you have questions or unusual situations.

In an effort to expand respiratory disease surveillance in Nebraska the NPHL is requesting respiratory specimens by way of three approaches, all cost-free for submitters:

1. Respiratory specimens previously tested via antigen methods for confirmatory testing and viral characterization (if positive).
2. Residual respiratory specimens in VTM or UTM that had positive molecular detections for influenza, SARS-CoV-2, or RSV for further viral characterization and sequencing (if SARS-CoV-2 positive).
3. If a false positive or false negative influenza test is suspected, the NPHL is available to confirm results.

For more information on these approaches, please contact the NPHL at 402-559-2440 or nphl.pfge@unmc.edu.

DHHS is asking providers/laboratories who utilize a molecular influenza test to send any specimens to NPHL with a cycle threshold (CT) of 25 or lower for confirmatory influenza surveillance testing.
Influenza positive specimens will be tested on the CDC Influenza-PCR assay to determine what viruses are currently circulating in Nebraska. This tests for influenza A virus, influenza B virus, influenza A virus subtype H3 [seasonal], and influenza A virus subtype 2009 [H1N1]. In turn, specimens are sent to the CDC for antigenic characterization of the virus. This information helps determine if the current vaccine covers for circulating viruses and what viruses should be included in the upcoming season's influenza vaccine.

Instructions to order influenza testing at NPHL
Use NUlirt (NPHL's Internet-based, electronic lab information system) to complete an order for influenza subtyping (FLUPCR) https://www.nphl.org/index.cfm/testing-results/?testlink=51.
To access NUlirt, click here (https://nulirt.nebraskamed.com/login). If you are a new user, follow the previous link to register and create a new account. Please complete all the requested data fields included with the Ask On Entry (AOE) questions. A properly completed requisition is required for order processing. For orders created electronically, submitters should print a completed batch list within the NUlirt system to accompany the specimen. For issues related to NUlirt access, contact the NUlirt support group via email nulirtsupport@nebraskamed.com or contact client service representatives at 402-559-2440; or toll-free: 1-866-290-1406.

Specimen Collection Requirements (NPHL only): The optimal specimen is a flocked, synthetic nasopharyngeal swab placed in a single tube of viral or universal transport medium. See information about collecting, handling, and transport of influenza laboratory specimens here: https://www.nphl.org/sites/default/assets/Infectious_Disease/Influenza_Surveillance_collection_transport_2024_final.pdf.

Influenza reporting: report pediatric deaths, novel viruses, and outbreaks
Pediatric influenza-associated deaths and variant/novel viruses ARE reportable (https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-173/Chapter-01.pdf). Outbreaks of influenza or other respiratory diseases (RSV, hMPV, adenovirus, etc.) ARE reportable in congregate settings such as long-term care facilities, correctional facilities, or group homes. Reporting should occur when there are two or more cases of influenza-like illness among residents within 72 hours with at least one of the ill residents having laboratory-confirmed influenza or another respiratory disease. Outbreaks of influenza and other respiratory diseases in schools/daycares are also reportable to public health (either NE DHHS or your LHD). Individual cases of influenza or other respiratory diseases are NOT reportable unless the case is tested and resulted by a laboratory that currently participates in automated electronic laboratory reporting.

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