

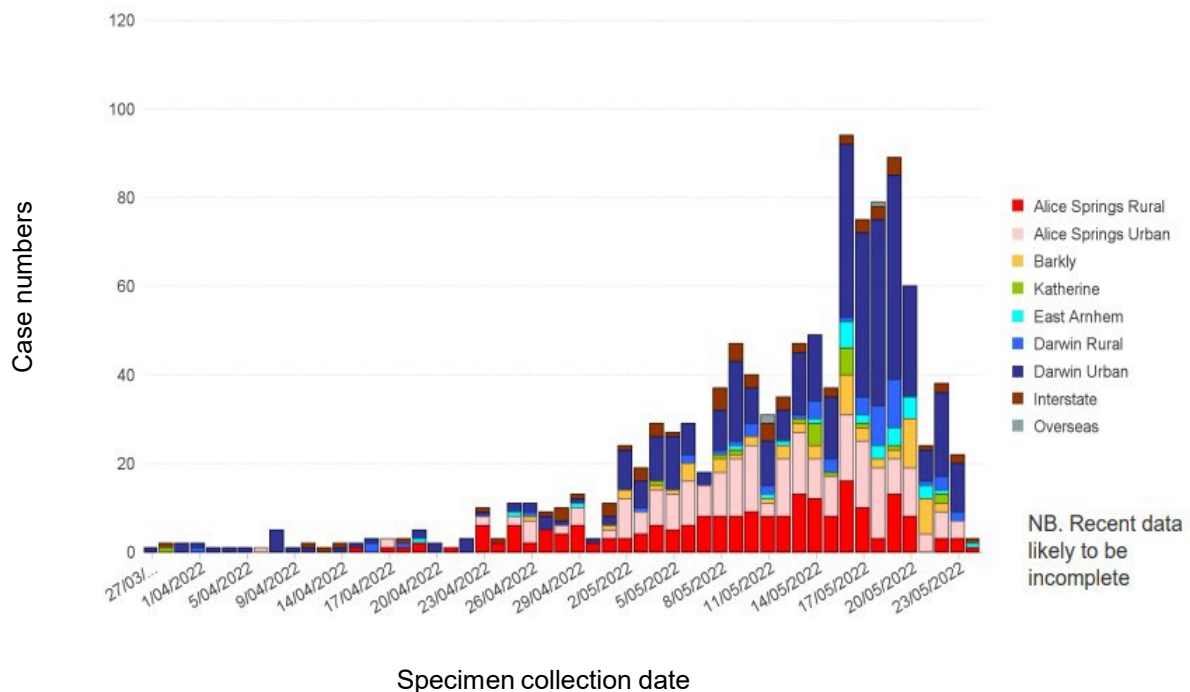
27 May 2022

Dear Colleague,

Influenza Alert Update for NT

Influenza (flu) continues to spread throughout the Northern Territory (NT). This is the first time significant numbers of laboratory-confirmed cases have been notified since early 2020. There have been 1090 laboratory-confirmed cases notified since the end of March compared to 76 for the whole of 2021. The majority of cases have been in Alice Springs, Central Australia and Darwin. There remains a higher proportion of cases among Indigenous people compared to non-Indigenous people in all regions except Darwin. It seems to be mainly affecting middle-aged adults and is a mixture of H1N1 and H3N2.

Influenza cases in the NT by region and specimen date



The 2022 flu season has the potential to be severe, with respect to both spread and severity. Due to historically low numbers in recent years there is likely to be low levels of herd immunity among

the NT population. It is important to be alert for cases of influenza in your community and to promote vaccination.

Further national surveillance information is available [here](#).

The strategy for flu control - Vaccinate. Test. Treat. Prevent.

- **Vaccinate** everyone over 6 months, but in particular those eligible for free vaccine as they are at higher risk. This year's flu vaccine is now available. See [here](#) for more information.
- **Test** cases of influenza-like illness (ILI) for flu and COVID. Please request influenza *and* COVID PCR tests on lab pathology if point of care testing is not available for both. ILI is defined as an acute respiratory illness with symptoms including fever and cough.
- **Treat** suspected flu cases with antivirals for flu if they are high risk, moderately unwell or deteriorating.
- **Prevent spread** by promoting the use of masks in symptomatic people and using personal protective equipment (PPE). Isolate cases and promote hand hygiene, social distancing and cough etiquette.

Vaccinate

Influenza vaccine is now available and **can be given at the same time**, or any time before or after, any of the COVID-19 vaccines.

Who is eligible for the funded influenza vaccine?

- Adults ≥ 65 years of age.
- All children aged 6 months to less than 5 years.
- Aboriginal people aged 6 months and over.
- All people aged 6 months and over with a medical condition increasing the risk of severe influenza and its complications. See [here](#) for a list of medical conditions.
- Pregnant women in all trimesters.

Quadrivalent Influenza Vaccine 2022

Age	Vaccine Brand
6 months to 64 years of age	Fluarix Tetra® 0.5ml or Vaxigrip® Tetra 0.5ml
65 years and older	Fluad® Quad 0.5ml

Test

Test all patients presenting with Influenza-like illness (ILI) for influenza and COVID. ILI is considered an acute respiratory infection with measured fever of $\geq 38^{\circ}\text{C}$, **and** cough or sore throat **and** onset within the last 10 days.

Send a viral PCR for COVID and Influenza to the lab if not available at point of care. Follow the current advice regarding testing for other respiratory illnesses.

Treat

Antivirals such as oseltamivir (Tamiflu®) reduce morbidity and symptoms, and are indicated for people with influenza-like illness who might have flu based on clinical or epidemiological grounds. **It is particularly important to administer oseltamivir in those at high risk** of complications/severe disease from influenza and those who have high-risk contacts.

High Risk patients include:

- Persons aged ≥65 years of age
- Pregnant women
- Neonates with moderate or severe malnutrition
- Aboriginal or Torres Strait Islander people over 6 months
- People with other pre-disposing conditions such as:
 - Cardiac disease (excluding simple Hypertension)
 - Chronic respiratory conditions
 - Diabetes mellitus
 - Chronic metabolic diseases
 - Chronic renal or liver disease
 - Haemoglobinopathies
 - Down syndrome
 - Immunosuppression (including, cancers, HIV infection, immunosuppressive drugs)
 - Chronic neurological conditions
 - Children aged 6 months to 10 years on long term aspirin therapy
 - Children with failure to thrive
 - Obesity
 - Homelessness

When to give oseltamivir:

- Give in all patients with moderate to severe ILI/confirmed influenza as soon as possible following the onset of symptoms.
- It is not necessary to obtain laboratory confirmation of influenza before commencing oseltamivir when flu is highly suspected.
- All patients requiring hospital admission should be given oseltamivir regardless of how long they have had symptoms.
- If patients are being transferred to hospital, oseltamivir should be given prior to transfer, if possible.
- Oseltamivir should be considered for adults and children with ILI/confirmed influenza who are in close contact with high risk individuals as it may reduce viral shedding and disease transmission.

Who should NOT receive oseltamivir:

- Anyone with a known allergy to oseltamivir or any of its ingredients.

Information regarding side effects and dosage can be found on the oseltamivir factsheet [here](#). Dosing for children <12 months of age may require discussion with a paediatrician, and dosing for those with severe renal impairment (GFR<10ml/min or on dialysis) should be discussed with a renal specialist.

Prevention and length of infectiousness

All respiratory infections are contagious and have the potential to cause serious illness, particularly in the vulnerable. **Adults are infectious for up to 24 hours prior to the onset of flu symptoms.**

Patients are considered no longer infectious if 24 hours have elapsed since the resolution of fever, provided either:

- They have received **3 days of anti-influenza medication** OR
- **5 days have elapsed since onset of respiratory symptoms**

Immunosuppressed individuals may shed the virus for longer periods. The ability to transmit the virus is higher when cough and fever are present.

Recommendation:

Any person who has acute respiratory symptoms should not attend childcare, school or work, and should wear a surgical mask in the public setting.

When attending a health care facility individuals with possible influenza should be seated at least 1.5 metres away from other patients, or preferably in a separate area from other patients. Health staff consulting patients with possible ILI should wear an N95 mask, gloves, gown and eye protection, and perform hand hygiene prior to and following each patient care encounter.

Please contact your regional NT Centre for Disease Control for further advice.

Yours sincerely,

Dr Vicki Krause

Director Centre for Disease Control – Environmental Health

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