



**Office of the  
Chief Medical  
Health Officer**

**January 2018 influenza Update**

Influenza season is on the upswing.

This year, concurrent circulation of what is likely A/H3N2 and B/Yamagata is occurring and leading to widespread illness noted in hospital and emergency department utilization as well as long term care facility outbreaks. With students returning to school, wider spread may be anticipated.

Information pertinent to the 2017/2018 influenza season:

**Treatment:** Canadian guidelines for the use of **antiviral drugs** are produced annually by the Association of Medical Microbiologist and Infectious Disease Specialists (AMMI). A special statement was issued in November and can be found at <https://www.ammi.ca/Guideline/42.ENG.pdf>

**Key points**

- Consider using antivirals to treat influenza like illness (ILI) in any individual at high risk of complications regardless of whether they received this season's influenza vaccine
- During seasonal influenza activity, treat based on suspicion of illness rather than waiting lab confirmation
- Consider personalized plans which may include **advance antiviral prescriptions** for those at high risk to be filled should ILI occur.

**Vaccine:** A masking of a main antigenic site on the H3 protein of the circulating A/H3N2 virus is reducing vaccine efficacy (not a mismatch). Vaccine remains the best preventive method. There is evidence of multiyear benefit as well as reduced illness severity in vaccine recipients.

The B/Yamagata strain is included in quadrivalent influenza vaccines. The cross reactivity with the B/Victoria strain in the trivalent vaccine is better than protection for influenza A in most years and will provide considerable protection.

**Office infection control:** Best practices encourage persons with respiratory illness of any sort to be masked on entry to the office and as quickly as possible segregated from other waiting patients.

**Outbreak management:** When declared as an outbreak in long term care, all residents will be initiated on antiviral therapy. Unimmunized staff (including health care providers) must use antiviral medication to work in the facility during an outbreak. Such staff may seek antiviral medications through their primary care provider.

**Emergency room utilization:** Encourage patients who may be managed through primary care services to attend office clinics or contact 811 for advice. Emergency room and hospital services may experience overcapacity issues and suboptimal patient placements.

Yours in health

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