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Janet Stanek, Secretary

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MEMORANDUM

Date: 5/22/2024

To: Local health officers, local health department administrators, school administrators, and medical professionals

From: Dereck Totten, MD, MPH
State Medical Director

Farah Ahmed, MPH, PhD
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 each season 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, novel influenza A infections, and outbreaks. Mandatory reporters are not required to report influenza to KDHE outside of these specified instances. KDHE monitors influenza activity through seven mechanisms: the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), syndromic surveillance (ESSENCE), laboratory surveillance, respiratory panel testing, influenza-associated hospitalizations, outbreak reporting, and mortality surveillance.

Prevention and Control Measures

Immunization: An annual seasonal influenza vaccine is the best protection against getting influenza. The benefits of influenza vaccination include reducing the risk and severity of illnesses, hospitalizations and even the risk of influenza-related deaths in children. For the 2023-2024 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 is to get a flu vaccine every year.

Isolation: K.S.A 65-128 provides 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 Requirements for Isolation and Quarantine of Infectious or Contagious Diseases document adopted by reference in K.A.R. 28-1-6 details specific isolation and quarantine requirements for infectious diseases 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 immune-compromised, except when seeking medical care.

On March 1, 2024, CDC released an updated Respiratory Virus Guidance which aligns guidance for a range of common respiratory viral illnesses, including influenza. This guidance is meant to apply to the general population and community settings, and not healthcare settings. This guidance also may not apply in outbreak situations where more stringent measures may be needed.

In the Background for CDC's Updated Respiratory Virus Guidance, CDC recommends people with respiratory virus symptoms that are not better explained by another cause stay home and away from others until at least 24 hours after both resolution of fever AND overall symptoms are getting better. This recommendation addresses the period of greatest infectiousness and highest viral load for most people, which is typically in the first few days of illness and when symptoms, including fever, are worst.

Therefore, KDHE is recommending this change to the isolation requirement for the control of influenza in the general population and community settings only.

- For each person with a case shall remain in home isolation **until fever-free for 24 hours without the aid of fever reducing medications AND overall symptoms are getting better, ill persons may leave home isolation temporarily while seeking medical care.**

For healthcare settings specifically, CDC provides Prevention Strategies for Seasonal Influenza in Healthcare Settings. In this guidance, recommendations are made for both healthcare personnel and patients with influenza. **At this time, there is no change to the KDHE isolation requirements for hospitalized influenza patients.**

KDHE will be working on revisions to K.A.R. 28-1-6 that will update isolation requirements in permanent regulations. If you have any questions, please feel free to contact our office via the Epidemiology Hotline at 877-427-7317 or kdhe.epihotline@ks.gov.

Other Control Measures: In the updated Respiratory Virus Guidance, CDC recommends additional measures to help control the spread of respiratory viruses. These steps include:

- Improve hygiene by covering your mouth and nose with a tissue when coughing or sneezing, washing your hands often with soap and water, or using alcohol-based hand sanitizers, and cleaning high touch surfaces regularly.
- Taking steps for cleaner air including bringing fresh air in and using a portable high-efficiency particulate air (HEPA) cleaner.
- Wearing a comfortable but well-fitting mask.
- Physically distance yourself from others if you have respiratory virus symptoms and avoid being near people with symptoms.
- Get tested to help make decisions about treatment and other control measures.

Sincerely,

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