

# Health Advisory: Increasing Influenza Activity in College & University Settings

Minnesota Department of Health, Tue, Nov 30 13:00 CST 2021

## Action Steps

**Local and tribal health department:** Please forward to hospitals, clinics, urgent care centers, emergency departments, pharmacies, and convenience clinics in your jurisdiction.

**Hospitals, clinics and other facilities:** Please forward to infection preventionists, infectious disease physicians, emergency department staff, hospitalists, and primary care clinicians.

**Health care providers:**

- Offer current seasonal influenza vaccine to all eligible persons aged 6 months and older (Flu vaccine and COVID-19 vaccine can be given at the same visit for those eligible to receive both).
- Consider testing for both influenza virus and SARS-CoV-2 in patients with influenza-like illness (ILI).
- Treat suspected or confirmed patients as early as possible with antivirals if the patient is hospitalized, at higher risk for influenza complications, or developing progressive illness. Starting antiviral treatment should not wait for laboratory confirmation, however COVID-19 should be excluded if a rapid assay is available.
- Consider antiviral post-exposure prophylaxis during influenza outbreaks in institutions (e.g., long-term care facilities, university/college dormitories) where there is co-circulation of SARS-CoV-2.
- Report hospitalizations or deaths associated with influenza to MDH within one working day ([Reporting Influenza - https://www.health.state.mn.us/diseases/flu/hcp/report.html](https://www.health.state.mn.us/diseases/flu/hcp/report.html)).
- Refer to CDC Health Alert Network (HAN) Health Advisory, [Increasing Seasonal Influenza A \(H3N2\) Activity, Especially Among Young Adults and in College and University Settings, During SARS-CoV-2 Co-Circulation \(https://emergency.cdc.gov/han/2021/han00458.asp\)](https://emergency.cdc.gov/han/2021/han00458.asp), for more information.

## Background

On November 24, 2021, CDC issued a Health Advisory Notice about increasing seasonal influenza A(H3N2) activity in the United States, marking the beginning of the 2021-2022 influenza season. Many of these recent cases are among young adults and children, especially those attending colleges or universities. Minnesota has also seen increases in influenza activity in recent weeks, including reports of cases in young adults at institutions of higher education in Minnesota. As of November 29, 2021, the predominant influenza strain in the state has been influenza A(H3N2). While current influenza activity in Minnesota is low, upcoming holiday travel presents a potential for wider community spread. Influenza vaccination coverage in Minnesota is low, promoting influenza vaccination will help prevent further spread.

## Additional Information on Antivirals

### Antiviral treatment and prophylaxis

There are two oral influenza antiviral medications approved by the U.S. Food and Drug Administration (FDA) **commonly available by prescription** to treat influenza virus infection that can also be used for post-exposure prophylaxis (PEP) following influenza exposure. These include *oseltamivir* (trade name

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Tamiflu®), and *baloxavir marboxil* (trade name Xofluza®) (Table 1). *Inhaled zanamivir and intravenous peramivir antiviral medications are used less frequently.*

**Table 1: Summary of most common antiviral medications for treatment and post-exposure prophylaxis of influenza**

	<b>Oseltamivir (Tamiflu®)</b>	<b>Baloxavir (Xofluza®)</b>
Approved by FDA	1999	2018
Mechanism	Neuraminidase inhibitor	Cap-dependent endonuclease inhibitor
Route of administration	<b>Oral</b>	<b>Oral</b>
Treatment dosing	<b>Daily dosing for 5 days</b> <ul style="list-style-type: none"> <li>• Adults: 75 mg <b>twice daily</b></li> <li>• Children: varies by age/weight<sup>9</sup></li> </ul>	<b>Single dose only</b> <ul style="list-style-type: none"> <li>• &lt;80 kg: 40 mg</li> <li>• ≥80 kg: 80 mg</li> </ul>
Post-exposure prophylaxis dosing	<b>Daily dosing for 7 days</b> <ul style="list-style-type: none"> <li>• Adults: 75 mg <b>once daily</b></li> <li>• Children: varies by age/weight<sup>9</sup></li> </ul>	<b>Single dose only</b> <ul style="list-style-type: none"> <li>• &lt;80 kg: 40 mg</li> <li>• ≥80 kg: 80 mg</li> </ul>
Age	<b>Treatment:</b> any age for treatment <b>PEP:</b> ≥3 months	<b>Treatment or PEP:</b> ≥12 years
Contraindications	Known hypersensitivity	Known hypersensitivity

**Use of influenza antivirals for post-exposure prophylaxis (PEP)**

Both oseltamivir and baloxavir are FDA-approved for influenza PEP. The efficacy of PEP is high for oseltamivir (68%-89%) and baloxavir (86%). Prior to the COVID-19 pandemic, CDC only recommended limited use of influenza antiviral medications for PEP. PEP has been recommended previously in closed settings such as long-term care facilities or crowded group settings. Given the unique considerations of influenza outbreaks in various settings in the context of co-circulation with SARS-CoV-2, influenza antiviral PEP might be considered for persons who:

- Have had recent close contact with a person with influenza (e.g., roommates)
- Live in confined quarters (e.g., dormitories, shelters, prisons) with increasing incidence of influenza
- Are at increased risk for severe illness from influenza
- Have had recent close contact with a person with influenza and will be traveling for the holidays

**Influenza Vaccine**

Available seasonal influenza vaccines in the United States provide protection against four different influenza viruses: A(H1N1)pdm09, A(H3N2), B/Victoria lineage, and B/Yamagata lineage viruses. In the

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past, influenza A(H3N2) virus-predominant seasons were associated with more hospitalizations and deaths in persons aged 65 years and older compared to other age groups and influenza viruses.

CDC is anticipating an increase of influenza illness this winter, and both A(H3N2) and B-Victoria viruses are already co-circulating. Moreover, as SARS-CoV-2 continues to circulate in the United States, illnesses associated with both viruses might stress health care systems. Even when vaccination does not prevent infection it can reduce the severity of influenza illness, helping to avert serious outcomes including hospitalization and death.

### For More Information

- [MDH's Weekly Influenza & Respiratory Activity Report \(https://www.health.state.mn.us/diseases/flu/stats/index.html\)](https://www.health.state.mn.us/diseases/flu/stats/index.html)
- [CDC Tracking Flu in Young Adults \(https://www.cdc.gov/flu/spotlights/2021-2022/flu-tracking-young-adults.htm\)](https://www.cdc.gov/flu/spotlights/2021-2022/flu-tracking-young-adults.htm)
- [CDC Healthy Habits to Help Protect Against Flu \(https://www.cdc.gov/flu/prevent/actions-prevent-flu.htm\)](https://www.cdc.gov/flu/prevent/actions-prevent-flu.htm)

### Additional Resources for Clinicians:

- [CDC: Influenza Antiviral Medications: Summary for Clinicians \(https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm\)](https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm)
- [CDC: Information for Clinicians on Influenza Virus Testing \(https://www.cdc.gov/flu/professionals/diagnosis/index.htm\)](https://www.cdc.gov/flu/professionals/diagnosis/index.htm)
- [CDC: Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities \(https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm\)](https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm)
- [MDH: Influenza Vaccine Information For Health Professionals \(https://www.health.state.mn.us/diseases/flu/hcp/vaccine/index.html\)](https://www.health.state.mn.us/diseases/flu/hcp/vaccine/index.html)
- [CDC: Influenza virus testing in investigational outbreaks in institutional or other closed settings \(https://www.cdc.gov/flu/professionals/diagnosis/guide-virus-diagnostic-tests.htm\)](https://www.cdc.gov/flu/professionals/diagnosis/guide-virus-diagnostic-tests.htm)

A copy of this HAN is available at: [MDH Health Alert Network \(http://www.health.state.mn.us/han\)](http://www.health.state.mn.us/han)  
The content of this message is intended for public health and health care personnel and response partners who have a need to know the information to perform their duties.