



# COMMONWEALTH of VIRGINIA

Department of Health

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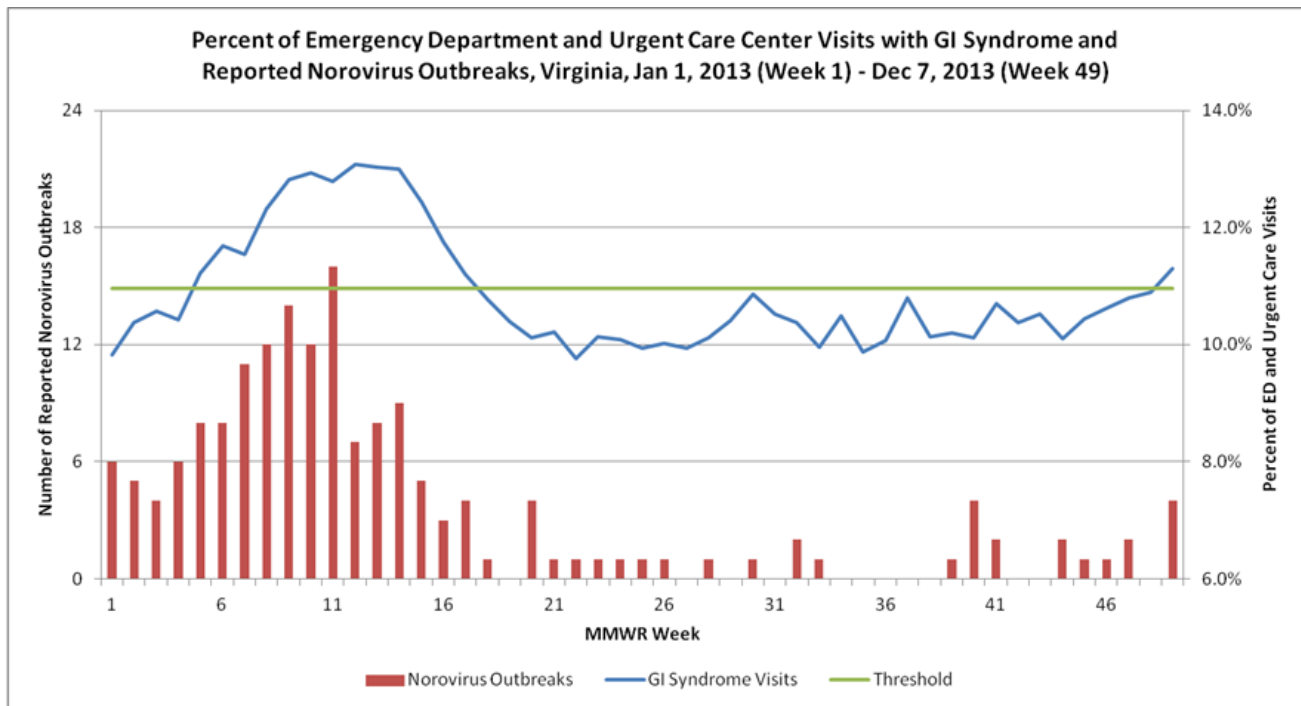
December 11, 2013

*'Tis the season – to think norovirus and influenza*

Dear Colleague:

Virginia once again is starting to feel the presence of those common seasonal illnesses – norovirus gastroenteritis and influenza. Analysis of syndromic surveillance data is signaling that a sharp increase in visits for norovirus-like gastroenteritis and norovirus outbreaks is imminent if not already occurring. At the same time, visits for influenza-like illness (ILI) are trending higher, but evidence of laboratory-confirmed influenza or outbreaks is limited.

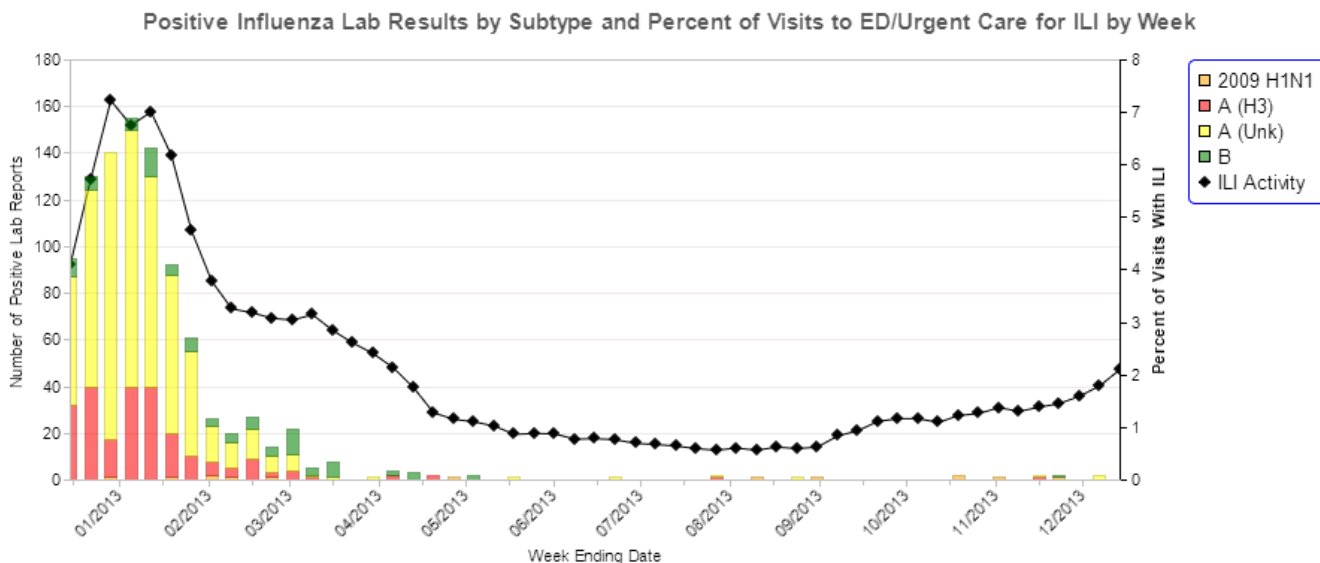
Each day, the Virginia Department of Health (VDH) receives summary information on approximately 11,000 patient visits to emergency departments (ED) and urgent care centers statewide. Analysis of these data in ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics) allows VDH to see what is currently causing people to seek medical care in these settings and use historical patterns to predict the changes we can expect to see in coming weeks.



The graph above shows a comparison of visits for gastrointestinal (GI) illness with data on reported norovirus outbreaks. Historically, approximately 1.25 weeks after the syndromic GI data cross a calculated threshold there is an increase in norovirus outbreak activity in schools and long-term care facilities. For the week ending December 7<sup>th</sup>, 11.3% of ED/urgent care visits were attributed to the GI illness syndrome, which exceeded the calculated threshold of 10.96%. Last week, three (3) suspected norovirus outbreaks were investigated, compared to only four (4) such outbreaks statewide in the month of November.

During the last norovirus season (October 2012-May 2013), local health districts investigated 184 norovirus outbreaks in the Commonwealth. As you know, norovirus is readily transmissible from person-to-person, especially in congregate settings (e.g., schools, daycare centers, assisted living facilities, long-term care facilities, group homes, cruise ships). As you care for patients with suspect norovirus gastroenteritis, you can help limit the spread of infection by recommending that they stay home from work or school until vomiting and diarrhea are fully resolved. Recommendations for good hand hygiene and effective clean up of vomit- or diarrhea-contaminated surfaces or materials are important, too. The Centers for Disease Control and Prevention (CDC) provides recommendations for preventing norovirus at <http://www.cdc.gov/norovirus/preventing-infection.html>.

For influenza, the graph below shows a gradual increase in ILI visits to EDs and urgent care centers, but there have been only limited reports of outbreaks and few laboratory confirmations. Influenza A(H3), 2009 influenza A(H1N1), and influenza B have all been confirmed in Virginia this fall, but in low numbers thus far.



To help you stay abreast of influenza in Virginia, we have a comprehensive influenza website at <http://www.vdh.virginia.gov/epidemiology/flu/> that includes detailed information and recommendations for healthcare professionals and facilities. VDH tracks influenza and influenza-like illnesses and provides a weekly surveillance update at <http://www.vdh.virginia.gov/epidemiology/flu/Surveillance.htm>.

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It is neither too early nor too late to think about influenza and its prevention. I encourage you to get your annual influenza vaccine and to promote annual flu vaccination for your staff and your patients.

Influenza vaccination still is the best tool we have to prevent influenza. As you know, annual influenza vaccination is recommended for everyone 6 months of age or older. Flu vaccine is especially important for those with chronic medical conditions, healthcare workers, and caregivers of infants under 6 months of age. Pregnant women should receive an annual flu shot during pregnancy to protect both themselves and their babies. For more detailed information on influenza vaccine dosing and administration, go to <http://www.cdc.gov/flu/professionals/vaccination/>.

Vaccine viruses are chosen to maximize the likelihood that the influenza vaccine will protect against the viruses most likely to spread and cause illness among people during the flu season. Nationwide, the antigenic characterization of circulating influenza viruses matches the 2009 influenza A (H1N1), A (H3N2) and B/Yamagata components of the 2013-2014 Northern Hemisphere influenza vaccine. The influenza B/Yamagata lineage component is present in both the trivalent and quadrivalent influenza vaccines.

For both norovirus- and influenza-like illnesses, please report any disease cluster or suspected outbreak in a school or congregate living setting to your local health district. Local health district staff will work closely with facilities to minimize the severity of outbreaks and help prevent future outbreaks.

Thank you for your ongoing commitment to your patients' and the public's health. Through our collective efforts we will minimize the toll norovirus and influenza take on Virginians over the upcoming months.

Sincerely,

Cynthia C. Romero, MD, FAAFP  
State Health Commissioner