

**Medical Director's Report
Board of Health
May 2014**

Influenza Update 2013-2014:

Disturbingly we saw an uptick in influenza activity starting in late March this year. This is atypical, usually the laboratory and clinical cases dwindle downwards once you reach the zenith of the activity over the succeeding month or two you see a delineation of the activity. However, we saw a second peak begin in late March. Fortunately, recent reports show a decline which I hope will continue. In this late peak influenza B has been replaced with A as the predominant serotype. There have been six pediatric deaths in New York this year. This is not a record, but is a sad statistic.

Morbidity and Mortality Weekly published an interim report on the effectiveness of the vaccine for this year. The preliminary conclusions were that the vaccination reduced the risk for influenza associated medical visits by about 60%. It was urged that vaccination should continue as long as the influenza virus is circulating.

The 2013-2014 vaccine seasons were the first since 2009-2010 during which H1N1p viruses have dominated, they accounted for about 96% of subtype influenza A viruses. pH1N1 viruses are a variant of standard H1N1 and the vaccine for this season matched that virus quite well.

Regarding vaccine penetration for adults age 18-64 about 34% had been vaccinated, of children 6 months to 17 years about 41% were vaccinated and adults over 65, 62% were vaccinated. Amongst the pregnant women 41% had been vaccinated appropriately. As of this publication a comparison of these percentages with regards to previous years was not available. Notably these percentages are in the face of even more distribution centers for influenza vaccine.

In New York State this year so far there have been six pediatric deaths. Overall the vaccine 2013-2014 matched the strains of virus circulating. Of note is that we had one vaccine which was 3 antigenic components and this year for the first time a separate vaccine which had those three plus one other. The additional antigenic strain that was added to the later vaccine covered an influenza B virus which was of the Victoria lineage and accounted for about 47% of the influenza B viruses that were tested. B is usually a minor actor compared to influenza A in clinical cases, but there are a number of people that do contract this later B strain. For next year there will be both 3 component and 4 component vaccines being manufactured.

General Activities:

- On April 8th attended meeting of the Ithaca City School District Physician Collaboration Committee to improve communication between the school district and area practitioners with regard to physical and mental health issues. I provided them with some materials as examples of communication devices, some of which were gleaned from the Tompkins County Health Department and others from physical therapy services in the region, as examples that the City School District might use.

- Reviewed information on closed points of distribution/ dispensing for use in public health emergencies. In brief there are methods of delivering medications, vaccines and/or other materials to populations in times of a mass event. Closed points of distribution/dispensing are held at individual employment locations and are held by the employer as well as the Health Department. Open points of distribution are solely held by the Health Department for the population at large.
- Attended a two day seminar / workshop on Points of Dispensing (POD) which gave participants hands on experience in running a closed or open POD. It also gave us experience in managing the multiple PODs that would be active in the county.
- Attended the annual Tompkins County Blood borne Pathogen Committee meeting at which any exposures of county employees are reviewed and county policies and procedures are updated. Policies are updated annually. No disturbing issues arose.