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Lee A. Norman, M.D., Secretary

Laura Kelly, Governor

MEMORANDUM

Date: 10/23/2019

To: Local health officers, public health administrators, and medical professionals

From: Farah Ahmed, MPH, PHD
State Epidemiologist

Subject: Recommendations regarding the management of persons with influenza

Background

Influenza viruses circulate in the United States annually from late fall through early spring. The Centers for Disease Control and Prevention (CDC) estimates that influenza results in between 9.3 million to 49.0 million illnesses; 140,000 to 960,000 hospitalizations; and 12,000 to 79,000 deaths annually. The burden of influenza disease can vary widely depending on the type of circulating influenza viruses, the length of the season, the effectiveness of the vaccine, and the number of persons vaccinated.

Kansas regulations do not require health care providers to report cases of influenza to KDHE except for pediatric deaths and novel influenza A infections. Instead, influenza activity is measured through seven components; the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), syndromic surveillance (ESSENCE), laboratory surveillance, respiratory panel testing, influenza-associated hospitalizations, outbreaks, and pneumonia and influenza mortality.

Prevention and Control

An annual seasonal influenza vaccine is the best protection against getting influenza. Vaccination has been shown to have many benefits including reducing the risk of illnesses, hospitalizations and even the risk of influenza-related deaths in children. For the 2019-2020 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 to get a flu vaccine every year.

Although vaccination each year is the single best way to prevent contracting seasonal influenza, other prevention and control measures are very effective at preventing the spread of influenza and other respiratory viruses. Ensuring those that are ill with influenza avoid close contact with others and staying home from work, school, or daycare can prevent the spread of influenza. Additionally, covering your mouth or nose when coughing or sneezing and washing your hands often are effective measures at preventing illnesses.

Legal Issues

K.S.A 65-128 provides explicit 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. 28-1-1 and K.A.R. 28-1-6. Additionally, the document

adopted by reference in K.A.R. 28-1-6 also provides the authority for the Secretary of KDHE or the local health officer to alter the requirements for the isolation and quarantine 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.

After examining the scientific literature and evaluating data from last year's influenza season, these requirements of K.A.R. 28-1-6 are inconsistent with the current state of scientific knowledge about the length of infectiousness for most adults and children and did not reduce transmission in many schools, daycares, long term care facilities, and other work settings. According to CDCⁱ and the Control of Communicable Disease Manualⁱⁱ, children and adults with influenza are most infectious 24 hours before the onset of symptoms and up to five days after symptoms begin. Viral shedding peaks at three days of illness and ceases within seven days and is correlated with the degree of fever. Therefore, KDHE is recommending a change to the isolation regulation for the control of influenza.

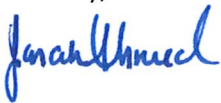
Recommendations to Alter Requirements of K.A.R. 28-1-6 for Influenza

KDHE strongly recommends yearly influenza vaccination per the Advisory Committee on Immunization Practices. Additionally, to address the conflicts between the current state regulation and evidence-based practices, KDHE recommends that persons who are symptomatic with influenza-like illness (temperature of 100°F [37.8°C] or greater, a cough and/or a sore throat without a known cause other than influenza) and have either a positive laboratory test for influenza or been treated with antiviral medication used to treat influenza is considered to have a case of influenza. To control the spread of influenza the following isolation requirements should be followed:

- For each person hospitalized with a case, droplet precautions shall be followed for **five days** following onset of illness or until **fever free for 24 hours without the aid of fever reducing medications, whichever is longer**.
- For each person with a case shall remain in home isolation for **five days** following onset of illness or until **fever free for 24 hours without the aid of fever reducing medications, whichever is longer, except when seeking medical care**.

KDHE will be working on revisions to K.A.R. 28-1-6 and will address these conflicts in permanent regulations. If you have any questions, please feel free to contact our office via the Epidemiology Hotline at 877-427-7317.

Sincerely,



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ⁱ <https://www.cdc.gov/flu/about/disease/spread.htm>

ⁱⁱ <https://ccdm.aphapublications.org/doi/abs/10.2105/CCDM.2745.157>