

September 29, 2016

DIRECTIVE:	JOB CORPS INFORMATION NOTICE NO. 16-08
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TO: ALL JOB CORPS NATIONAL OFFICE STAFF  
ALL JOB CORPS REGIONAL OFFICE STAFF  
ALL JOB CORPS CENTER DIRECTORS  
ALL JOB CORPS CENTER OPERATORS  
ALL NATIONAL TRAINING AND SUPPORT CONTRACTORS  
ALL OUTREACH, ADMISSIONS, AND CTS CONTRACTORS

FROM: LENITA JACOBS-SIMMONS  
National Director  
Office of Job Corps

SUBJECT: Influenza Information Update for the 2016-2017 Season

1. Purpose. To inform Job Corps centers of influenza prevention, testing, and treatment, based on the Centers for Disease Control and Prevention's (CDC) most recent recommendations.
2. Background. Every flu season has the potential to cause significant illness, increased health-care utilization, hospitalization, and death. The CDC encourages vaccination against seasonal influenza as soon as vaccines become available.

Flu vaccines are designed to protect against the influenza viruses that experts predict will be the most common during the upcoming season. Three kinds of influenza viruses commonly circulate among people today: influenza A (H1N1) viruses, influenza A (H3N2) viruses, and influenza B viruses.

A flu vaccine is needed every year for two reasons. First, the body's immune response from vaccination declines over time, so an annual vaccine is needed for optimal protection. Second, because influenza viruses are constantly changing, the formulation of the flu vaccine is reviewed each year and sometimes updated to keep up with changing influenza viruses. For the best protection, everyone 6 months and older should get vaccinated annually.

There are several flu vaccine options for the 2016-2017 season. Vaccines made to protect against three different influenza viruses (called "trivalent" vaccines) or to protect against four different influenza viruses (called "quadrivalent" vaccines) are available. Both trivalent and quadrivalent flu vaccines are available for administration by injection. The nasal spray flu vaccine (Live Attenuated Influenza Vaccine or LAIV) should not be used during the 2016-2017 season because of concerns about its effectiveness. CDC does not recommend one flu vaccine over another. The important message is to get a flu vaccination every year.

All of the 2016-2017 flu vaccines are made to protect against the following three viruses:

- A/California/7/2009 (H1N1) pdm09-like virus
- A/Hong Kong/4801/2014 (H3N2)-like virus
- B/Brisbane/60/2008-like virus (B/Victoria lineage)

The quadrivalent 2016-2017 also protects against an additional B virus: B/Phuket/3073/2013-like virus (B/Yamagata lineage).

While everyone should get vaccinated each flu season, it's especially important that the following groups do so either because they are at high risk of flu-related complications, or because they live with or care for people at high risk for developing flu-related complications:

- Pregnant women
- Children younger than 5, but especially children younger than 2 years old
- People 50 years of age and older
- People of any age with certain chronic medical conditions, including asthma and diabetes
- People who are morbidly obese (body-mass index of 40 or greater)
- People who live in nursing homes and other chronic care facilities
- People who live with or care for those at high risk for complications from flu, including:
  - Health-care personnel
  - Household contacts of persons at high risk for complications from the flu
  - Household contacts and out-of-home caregivers of children younger than 6 months of age (these children are too young to be vaccinated)
- American Indians/Alaska Natives

Some people should not get flu vaccine without first consulting a physician. These include:

- People who have a severe allergy (anaphylaxis) to chicken eggs
- People who have had a severe reaction to a flu vaccination
- Children younger than 6 months of age (flu vaccine is not approved for this age group)
- People who have a moderate-to-severe illness with a fever (they should wait until they recover to get vaccinated)
- People who developed Guillain-Barré syndrome within 6 weeks of getting a flu vaccine

The recommendations for people with egg allergies have been updated for this season.

- People who have experienced only hives after exposure to egg can get any licensed flu vaccine that is otherwise appropriate for their age and health.

- People who have symptoms other than hives after exposure to eggs, such as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who have needed epinephrine or another emergency medical intervention, also can get any licensed flu vaccine that is otherwise appropriate for their age and health, but the vaccine should be given in a medical setting and be supervised by a health-care provider who is able to recognize and manage severe allergic conditions. (Settings include hospitals, clinics, health departments, and physician offices). People with egg allergies no longer have to wait 30 minutes after receiving their vaccine to leave.

3. Resources. For the most current information on influenza, visit the following CDC Web sites:

- <http://www.cdc.gov/flu/> - influenza overview
- <http://www.cdc.gov/flu/professionals/index.htm> - information for health professionals
- <http://www.cdc.gov/flu/freeresources/index.htm> - free influenza resources to download
- <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html> - updated influenza Vaccine Information Statements (VIS) dated August 7, 2015

4. Action.

a. **Vaccination.**

Based upon the CDC recommendations above, Job Corps centers should offer seasonal flu vaccine to all students, not just to students with health conditions placing them at higher risk of medical complications. One dose of seasonal flu vaccine should be administered as soon as available. Early administration of flu vaccine (September) is not associated with loss of protection, and late administration of flu vaccine (March) still affords protection as cases of seasonal influenza often peak in late winter.

Flu vaccination is strongly encouraged for all center health staff members who could potentially transmit infection to students. Increased absenteeism among health staff could also reduce the capacity of a center to respond to increased demand for care in the event of an influenza outbreak on center. All other center staff members are encouraged to be immunized as well.

Centers should first contact their state and/or local health departments to inquire if flu vaccine is available for administration. If not, the flu vaccine can be purchased from the Health and Human Services Supply Service Center in Perry Point, MD, or from private vendors.

Centers may wish to offer flu vaccine administration to students in alternate locations, such as the cafeteria during the lunch break or the dormitories after

hours, to increase voluntary participation. Members of the Student Government Association should be engaged in promoting flu vaccination among their peers. Flu vaccine should remain available on center throughout the flu season for new students and for students who may have initially declined to be immunized.

b. **Education.**

Job Corps centers are encouraged to share with students and staff the following tips for controlling the spread of influenza on center:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleansers are also effective.
- Avoid touching your eyes, nose, or mouth. Germs spread that way.
- Try to avoid close contact with sick people.
- Encourage residential students to report to the Health and Wellness Center if they become ill. Sick non-residential students and staff members should be encouraged to stay home and limit contact with others.

c. **Planning.**

Job Corps centers are encouraged to review their pandemic influenza plans to prepare for potential influenza outbreaks on center. For guidance on planning and preparation for pandemic influenza, refer to Job Corps Information Notice No. 06-08, "Pandemic Influenza Preparation for Job Corps" (September 11, 2007). A copy of the directive can be downloaded from the Job Corps Health and Wellness Web site. Center health staff members are also encouraged to contact their state and/or local health departments for the latest information on vaccine availability, and recommendations for testing, treatment and prophylaxis. Centers should continue to use the Significant Incident Report system to keep the National and Regional Offices informed about epidemics on center. For reporting purposes, epidemic influenza will be defined by Job Corps as cases affecting 10 percent or more of On-board Strength.

Closing Job Corps centers in response to influenza is not anticipated, although new intakes might be restricted if cases reach the epidemic threshold. Non-residential students should stay home at onset of flu symptoms including fever, chills, sore throat, cough, and muscle pain. Residential students may be transported home or treated on center. Public transportation should not be used for students exhibiting symptoms of influenza. Patients can spread influenza virus 1 day before symptoms appear and up to 5 days after onset of illness. Students with influenza should not return to class or to work until fever has resolved and 5 days have passed since onset of symptoms. For Job Corps students, medical leave for influenza will not require third-party verification.

d. **Testing and Treatment.**

Centers should maintain a limited amount of vaccines on site and not stockpile diagnostic materials or antiviral medications. They should only conduct diagnostic testing and begin antiviral treatment or prophylaxis based upon specific recommendations from their state or local health departments.

Antiviral medications are prescription drugs that can be used to treat flu illness. People at high risk of serious flu complications, and people who are very sick with influenza should get antiviral drugs. Other people can be treated with antivirals at their health-care professional's discretion. Treatment with antivirals works best when begun within 48 hours of getting sick, but can still be beneficial when given later in the course of illness. Antiviral drugs are effective across all age and risk groups. This season, three FDA-approved influenza antiviral drugs are recommended for use in the United States: oseltamivir, zanamivir and peramivir.

Addressees are to ensure this Information Notice is distributed to all appropriate staff.

5. **Effective Date.** Immediately.
6. **Expiration Date.** Until superseded.
7. **Inquiries.** Inquiries should be directed to Johnetta Davis at (202) 693-8010 or [davis.johnetta@dol.gov](mailto:davis.johnetta@dol.gov).