



SEP 27 2017

**DIRECTIVE:           JOB CORPS INFORMATION NOTICE NO. 17-09**

**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  
                          ALL CENTER USERS

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

A handwritten signature in blue ink that reads "Lenita Jacobs-Simmons".

**SUBJECT:**            Influenza Information Update for the 2017-2018 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. Each year, these viruses are used to produce seasonal flu vaccine.

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 often 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 2017-2018 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 2017-2018 season because of concerns about its effectiveness.

For the 2017-2018 season, quadrivalent and trivalent influenza vaccines will be available. Inactivated Influenza Vaccines (IIVs) will be available in trivalent (IIV3) and quadrivalent (IIV4) formulations. Recombinant Influenza Vaccine (RIV) will be available in trivalent (RIV3) and quadrivalent (RIV4) formulations. LAIV4 is not recommended for use during the 2017-2018 season due to concerns about its effectiveness against (H1N1) pdm09 viruses during the 2013-14 and 2015-16 seasons.

Vaccine viruses included among the 2017-2018 U.S., trivalent influenza vaccines will be:

- an A/Michigan/45/2015 (H1N1)pdm09-like virus
- an A/Hong Kong/4801/2014 (H3N2)-like virus
- a B/Brisbane/60/2008-like virus (Victoria lineage)

Quadrivalent influenza vaccines will contain these three viruses and an additional influenza B vaccine virus, a B/Phuket/3073/2013-like virus (Yamagata lineage).

CDC does not recommend one flu vaccine over another. The important message is to get a flu vaccination every year. Antiviral medications are important in the control of influenza, but are not a substitute for influenza vaccination.

CDC recommendations for seasonal flu vaccination during the 2017-2018 season include “universal” annual vaccination for everyone age 6 months and older in the United States.

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

- Adults  $\geq 50$  years old;
- Children 6-59 months old;
- Persons with chronic pulmonary (including asthma), cardiovascular (except isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus);
- Persons who are immunocompromised due to any cause, (including medications or HIV infection);
- Women who are or will be pregnant during the influenza season;
- Children and adolescents (6 months through 18 years old) receiving aspirin or salicylate-containing medications and who might be at risk for Reye syndrome;
- Residents of nursing homes and other long-term care facilities;
- American Indians/Alaska Natives;
- Persons who are extremely obese (BMI  $\geq 40$ );
- Caregivers and contacts of those at risk:
  - Health-care personnel in inpatient- and outpatient-care settings, medical emergency-response workers, employees of nursing home and long-term care facilities who have contact with patients or residents, and students in these professions who will have contact with patients;

- Household contacts and caregivers of children  $\leq 59$  months (i.e.,  $< 5$  years), particularly contacts of children  $< 6$  months, and adults  $\geq 50$  years old;
- Household contacts and caregivers of persons who are in one of the high-risk categories listed.

**Contraindications:**

- History of severe allergic reaction to the vaccine or any of its components.
- Information about vaccine components is located in package inserts from each manufacturer.
- Advisory Committee on Immunization Practices recommends that persons with egg allergy of any severity receive influenza vaccine (see below).

**Precautions:**

- Moderate to severe acute illness with or without fever.
- Guillain–Barré syndrome within 6 weeks following after a previous dose of influenza vaccine.

The recommendations for people with **egg allergies** have been updated.

- 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.

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

- a. <http://www.cdc.gov/flu/> - influenza overview
- b. <http://www.cdc.gov/flu/professionals/index.htm> - information for health professionals
- c. <http://www.cdc.gov/flu/freeresources/index.htm> - free influenza resources to download
- d. <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html> - updated influenza Vaccine Information Statements (VIS) dated 08.07.2015

4. **Action.**

- a. **Vaccination.**

Based on the CDC recommendations above, Job Corps centers should offer seasonal flu vaccine to all students, not just to students with health conditions that place 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. Ideally, vaccination should be completed by the end of October.

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 against influenza as well.

Centers should first contact their state and/or local health departments to inquire if flu vaccine is available for administration on or off center. Some pharmacies have provided flu vaccine for Job Corps students at no cost to the center. If not available locally, 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.**

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact. Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include fever/chills, sore throat, muscle aches, fatigue, cough, headache and runny or stuffy nose.

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 nonresidential students and staff 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 website. 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 of Job Corps informed about epidemic influenza 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 of Job Corps centers in response to influenza is not anticipated, although new intakes might be restricted if cases reach the epidemic threshold on center. 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 for 24 hours without treatment 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 not stockpile diagnostic materials or antiviral medications for influenza, and 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, two FDA-approved influenza antiviral drugs are recommended for use in the United States: oral oseltamivir and inhaled zanamivir.

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

5. Expiration Date. Until superseded.

6. Inquiries. Inquiries should be directed to Johnetta Davis at (202) 693-8010 or [davis.johnetta@dol.gov](mailto:davis.johnetta@dol.gov).