



Archived Document

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Orange County Health Care Agency, Epidemiology & Assessment, 1719 W. 17th St. Santa Ana, CA 92706, (714) 834-8180

Influenza Season has Started! – Health care providers should start vaccination efforts as soon as possible and continue to offer vaccine throughout the influenza season.

- **Influenza Vaccine Distribution – U.S.:** Manufacturers project 135-139 million doses of flu vaccine will be produced this season. As of 9/20/2013, approximately 73 million doses have been distributed.
 - For retail locations that offer vaccine, see the Flu Vaccine Finder: <http://flushot.healthmap.org/>.
 - The Health Care Agency will be providing free flu shots at two special clinics on 10/11/2013 in Westminster and 10/25/2013 in Yorba Linda and Laguna Woods. For locations and times, see <http://ohealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=30353> & <http://www1.ochca.com/ohealthinfo.com/freeflushot/>. Additional locations for publicly funded influenza vaccine clinics will be posted at <http://ohealthinfo.com/phs/about/family/flu> when available.
- **Influenza Vaccination Highlights: 2013-2014 Season**
 - Annual flu vaccination continues to be recommended for all persons aged ≥ 6 months. Continued emphasis should be placed on vaccination of persons who are at higher risk for influenza-related complications, or who live with or care for these high risk persons.
 - Children aged 6 months to 8 years who have not received at least two doses of seasonal influenza vaccine since 7/1/2010 require 2 doses of influenza vaccine. These children should receive their second dose of vaccine ≥ 4 weeks after their initial dose. For details, see <http://www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm#figure1>.
 - Several new, recently-licensed vaccines will be available this season. Within approved age indications and recommendations, CDC does not preferentially recommend any type or brand of licensed influenza vaccine over another.
 - U.S. trivalent influenza vaccines will contain an A/California/7/2009 (H1N1)-like virus, an H3N2 virus similar to A/Victoria/361/2011, and a B/Massachusetts/2/2012-like virus (Yamagata lineage). Quadrivalent vaccines will include an additional B virus, a B/Brisbane/60/2008-like virus (Victoria lineage).

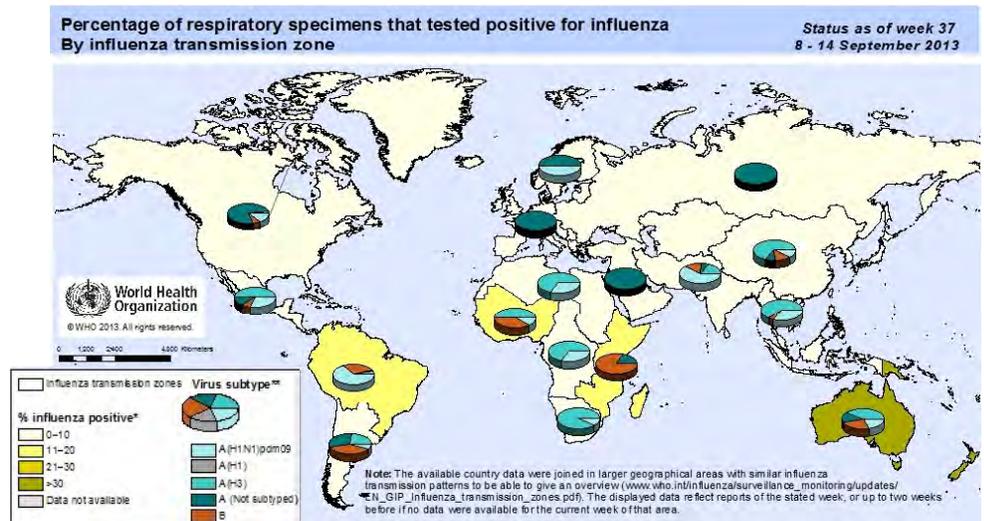


For more guidance on the use of influenza vaccines, including vaccine products and dosing, see “Prevention and Control of Influenza with Vaccines; Recommendations of the Advisory Committee on Immunization Practices (ACIP) – United States, 2013-14 Influenza Season” available in the 9/20/2013 *MMWR* at www.cdc.gov/mmwr.

- **Who Should Get Vaccinated Against Influenza?** The following link, http://www.cdc.gov/flu/protect/whoshouldvax.htm?s_cid=seasonalfu-govd-003, provides specific information on who should and should not be vaccinated against influenza, by vaccine product type.

Influenza Update

- Influenza activity in the northern hemisphere temperate zones remained at inter-seasonal levels. Influenza activity has peaked and is currently decreasing in most areas of the southern hemisphere. Activity varies by country; for more information: http://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/



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Eye on Influenza

October 25, 2013
Volume 10, Issue 2

Orange County Health Care Agency, Epidemiology & Assessment, 1719 W. 17th St. Santa Ana, CA 92706, (714) 834-8180

Influenza season has started! Orange County received its first report of locally acquired influenza this season. For vaccine locations, visit www.ochealthinfo.com/flu.

- **The best way to prevent the flu is by getting vaccinated.** Annual flu vaccine is recommended for all people six months of age and older. This is especially important for those at high risk for complications from influenza and their contacts; this includes:



- Young children,
- Pregnant women,
- Adults over 50 years of age, and
- Those with certain chronic medical conditions:
http://www.cdc.gov/flu/about/disease/high_risk.htm

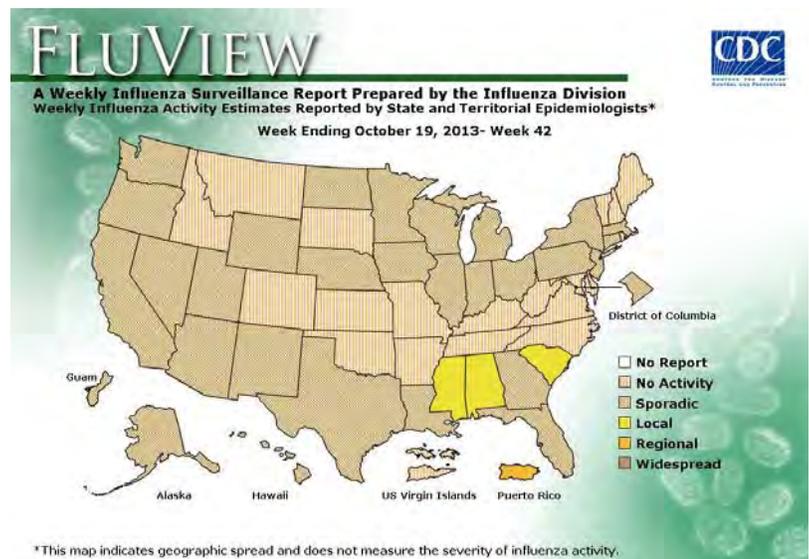
- **Provider influenza vaccination pocket guides available (for free):** Provides information on vaccine indications and contraindications, targeted populations, how to administer vaccine(s), and talking points for patients. To order, see <http://www.immunize.org/pocketguides/>. **For information on all flu vaccine products (with pictures) by approved age indications:** <http://eziz.org/assets/docs/IMM-859.pdf>.

- **Infection control in health care facilities:** For guidance on how to prevent and control influenza in healthcare settings, visit: <http://www.cdc.gov/flu/professionals/infectioncontrol/>.

- **Flu & respiratory disease prevention promotional materials:**
 - Cover your cough (multiple languages): <http://www.cdc.gov/flu/protect/covercough.htm>
 - Protect them from flu, children at high-risk: <http://eziz.org/assets/docs/IMM-812ES.pdf>
 - For schools: <http://eziz.org/assets/docs/IMM-790.pdf> , <http://eziz.org/assets/docs/IMM-791.pdf>
 - For healthcare staff: http://www.cdc.gov/flu/pdf/freeresources/healthcare/p_hcp_press.pdf

Influenza Update- WEEK 42 (ending Oct.19)

- The **United States** experienced low levels of seasonal influenza activity overall. Influenza A (H1N1) pdm09 (pH1N1), influenza A (H3N2), and influenza B viruses were detected worldwide and were identified sporadically in the United States. <http://www.cdc.gov/flu/weekly/>
- In **California**, influenza activity was categorized as 'sporadic', which is characterized as small numbers of laboratory-confirmed influenza cases or a single laboratory-confirmed influenza outbreak, but no increase in cases of ILI. See map at right.



Free Flu Vaccine is available for people who do not have a medical provider or health insurance coverage. Starting November 7, 2013, the Health Care Agency will be holding clinics every Thursday from 8:00 to 11:30 am and 1:00 to 4:00 pm at 1725 West 17th St., Santa Ana, CA 92701.

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Influenza activity has been picking up in recent weeks in the US. Protect yourself and your loved ones this holiday season – get vaccinated. For vaccine locations, visit www.ochealthinfo.com/flu.

- **National Influenza Vaccination Week** is Dec 8-14, 2013: Vaccination efforts should continue through the holiday season and beyond. For NIVW resources, see: <http://www.cdc.gov/flu/nivw/resources.htm>.

Flu vaccine facts.....

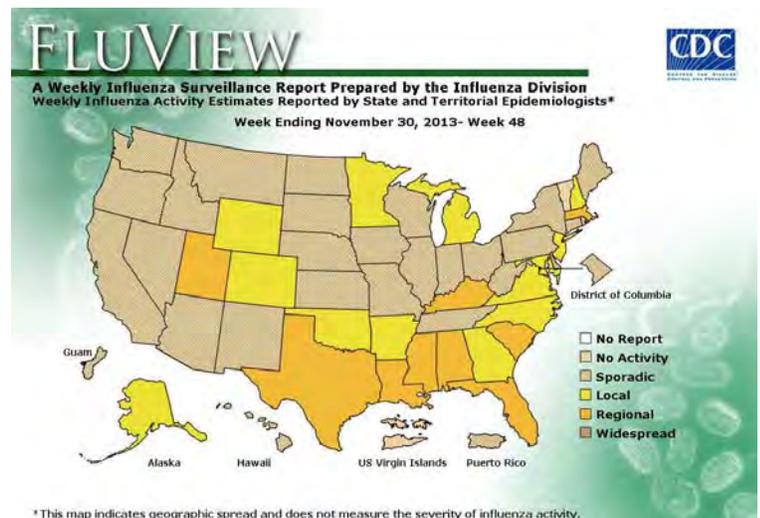
- Annual flu vaccination is the best way to prevent the flu as well as flu-related complications. Influenza infection can cause serious complications, hospitalization or death, even among otherwise healthy children and adults. It is estimated that each year more than 200,000 people are hospitalized and up to 49,000 people die from flu-related complications.
- Flu shots cannot cause flu illness. Flu vaccines are either made with ‘inactivated’ flu viruses or do not contain flu viruses (recombinant influenza vaccine) and are therefore not infectious. In randomized, blinded studies, the only difference in symptoms between people who received inactivated flu shots and those who received placebo (salt-water) shots was increased soreness in the arm and redness at the injection site.
- Flu activity usually peaks in January or later in the US and can last as late as May. Vaccination efforts should continue as long as flu viruses are circulating. Even people already infected with influenza may benefit from flu vaccination to protect against other flu strains.



- **IDSA provides guidelines for the vaccination of immunocompromised patients:** Annual flu shots are recommended for all immunocompromised patients 6 months of age or older, unless they are very unlikely to respond (i.e., those receiving intensive chemotherapy or who received anti-B-cell antibodies in the past 6 months). For comprehensive recommendations for vaccination of immunocompromised patients, see: <http://cid.oxfordjournals.org/content/early/2013/11/26/cid.cit684.full>.
- **Flu Web Tools:** Add widgets, banners, buttons and badges to your website; these will link back to CDC’s flu website. Download and send ecards to patients, family, and friends to encourage flu vaccination. HTML code is available at: http://www.cdc.gov/flu/freeresources/web_tools.htm.
- **Study suggests recent decreases in antiviral treatment of influenza may be placing untreated critically ill children at increased risk of death.** The study, conducted by CDPH and CDC, found almost a 30% decrease in neuraminidase inhibitors (NAI) treatment among children hospitalized in the ICU with influenza in California in the two years following the 2009 H1N1 pandemic, from 90% to 63%. The estimated risk of death was significantly reduced in NAI-treated ICU cases when accounting for disease severity and ICU flu cases treated with NAI initiated earlier in illness were more likely to survive. See *Pediatrics*: <http://pediatrics.aappublications.org/content/early/2013/11/19/peds.2013-2149.abstract>.

Seasonal Influenza Update- Week 48 (ending Nov. 30)

- In the **US**, 10% of respiratory specimens tested were positive for influenza, which is a good indication that influenza season is underway. Activity is increasing in the South. Most flu viruses tested have been influenza A 2009 H1N1 but A H3 and B have also been reported. The majority of currently circulating influenza viruses are susceptible to the neuraminidase inhibitor antiviral medications, oseltamivir and zanamivir: <http://www.cdc.gov/flu/weekly/>.
- In **California**, influenza activity continues to be categorized as sporadic.



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Influenza activity continues to increase in the US, with the largest increases seen in southern states. It's not too late to get vaccinated! For vaccine locations, visit www.ochealthinfo.com/flu.

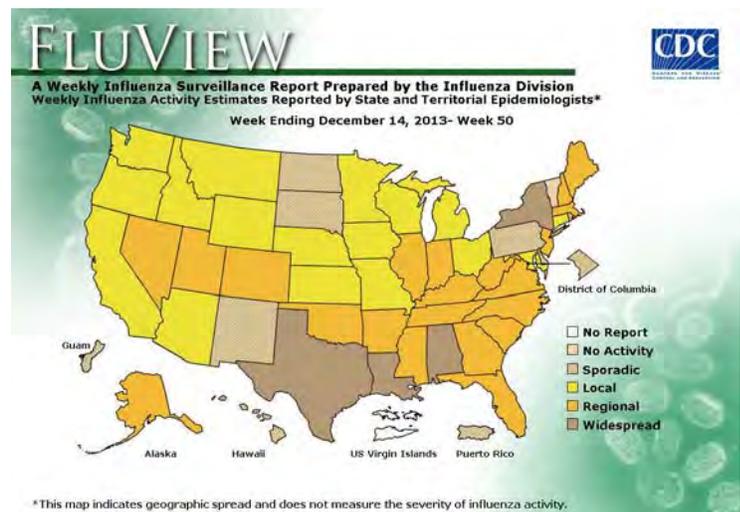
Influenza vaccination resulted in approximately 79,000 (17%) fewer hospitalizations during the 2012-13 influenza season, than otherwise might have occurred (without vaccination). Based on CDC estimates, vaccination prevented approximately 6.6 million influenza illnesses and 3.2 million medically attended illnesses. During the 2012-13 influenza season, fewer than half of persons ≥ 6 months of age were vaccinated against influenza. Higher rates of vaccination would have prevented a substantial number of additional cases and hospitalizations. For more information, see www.cdc.gov/mmwr, 12/13/2013 issue of *MMWR*.



- **Flu vaccination may reduce adverse cardiovascular outcomes in patients at high risk:** Results of a meta-analysis of randomized clinical trials showed lower risk of adverse cardiovascular events in patients who received influenza vaccine compared to those who received placebo. See *JAMA 2013 Oct 23*: <http://jama.jamanetwork.com/article.aspx?articleid=1758749>.
- **Three major infectious disease societies endorse mandatory immunizations for health workers:** The Infectious Disease Society of America (IDSA), the Society for Healthcare Epidemiology of America (SHEA), and the Pediatric Infectious Diseases Society (PIDS) issued a joint statement that all healthcare personnel (HCP) should be required to receive all six vaccines that are recommended for them by the federal Advisory Committee on Immunization Practices when voluntary programs fail to achieve 90% immunization. The recommended vaccines for HCP are: influenza; hepatitis B; measles, mumps, and rubella (MMR); varicella; tetanus, diphtheria, and acellular pertussis (Tdap); and meningococcal disease. The statement can be found on the IDSA website: <http://www.idsociety.org>.
- **Influenza-associated deaths occur annually in children, even in those without high-risk conditions.** Most of the children who died during the study period 2004-2012 had not received a flu vaccination, and antiviral treatment was reported in less than half of the children who died in 2010-11 and 2011-12. CDC recommends that all children ≥ 6 months of age be vaccinated against influenza annually and children with influenza-like illness who are hospitalized, who have severe illness, or who are at risk of complications (less than 2 years of age or those with underlying medical conditions) receive treatment with flu antiviral drugs as soon as possible. The study was published in *Pediatrics 2013 Oct 28*: <http://pediatrics.aappublications.org/content/early/2013/10/23/peds.2013-1493.abstract>

Seasonal Influenza Update- Week 50 (ending Dec. 14)

- In the **US**, 18% of respiratory specimens tested were positive for influenza. The proportion of outpatient visits for influenza-like illness (ILI) was 2.3%, above the national baseline of 2.0%. Geographic spread of influenza was widespread in 4 states and regional in 20 states.
- In **California**, influenza activity was upgraded to local during Week 50.
- In **Orange County**, visits for ILI were at 2.4% during Week 50. So far this season 4 severe flu cases (ICU) have been reported.



Warm wishes for a happy holiday from the staff at Epidemiology!



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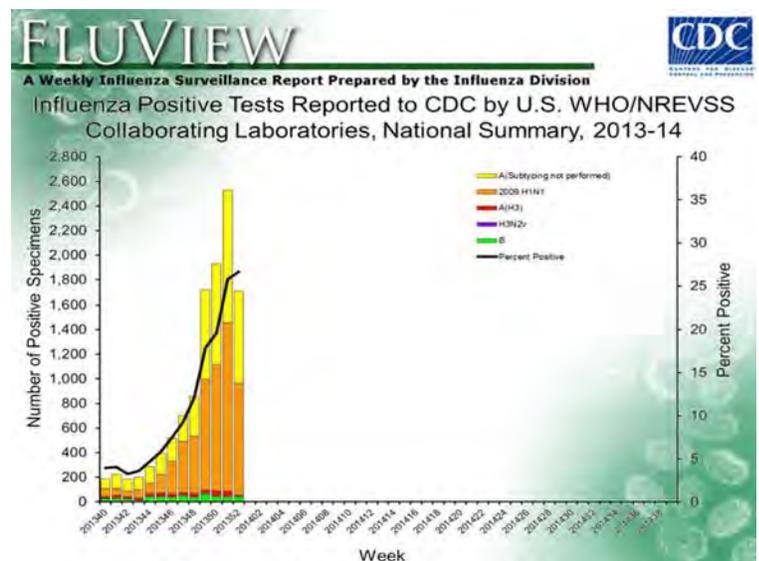
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Orange County reports its first influenza-associated fatality this season. Flu activity is widespread in several states, and is increasing in Orange County. It's not too late to get vaccinated! For vaccine locations, visit www.ochealthinfo.com/flu.

- **Orange County has received its first report this season of an influenza-associated death in a person less than 65 years of age.** The patient, in her 20s, tested positive for influenza A 2009 H1N1, and had underlying conditions that may have increased her risk for complications from influenza. Initiation of antiviral treatment as early as possible is recommended for patients with suspect influenza who are hospitalized, have severe, complicated or progressive illness, or who are at increased risk of complications from influenza. Decisions about starting antiviral treatment should not wait for laboratory confirmation.
- **Several states have received reports of severe infection associated with influenza A 2009 H1N1,** which is currently the predominant strain in the US. The CDC has issued a Health Alert Network (HAN) discussing these recent reports and outlining recommendations for use of influenza antiviral medications: <http://emergency.cdc.gov/HAN/han00359.asp>. CDPH also issued an advisory this week with recommendations for use of antivirals, including in the critically ill: <http://www.cdph.ca.gov/programs/immunize/Documents/CDPHAdvisorySevereInfluenzaH1N1.pdf>.
- **Study outlines the impact of rapid influenza testing on clinical care in the emergency department:** The study published in the *Journal of the Pediatric Infectious Diseases Society* suggests that rapid influenza diagnostic tests (RIDTs) may reduce ancillary testing and antibiotic prescribing, and increase the use of antivirals. Despite the limited sensitivity of currently available rapid tests, which miss a number of true cases, positive RIDTs may aid in clinical decision making. See *JPIDS 2013 Nov 13*: <http://jpids.oxfordjournals.org/content/early/2013/10/31/jpids.pit071.abstract>.

Seasonal Influenza Update- Week 52 (ending Dec. 28)

- In the **US**, flu activity continues to climb, with several states reporting widespread activity. High levels of flu activity are still being reported in the South Central and Southeastern states. Other parts of the country are noticing increases in flu activity, and additional increases are expected across the US in the coming weeks.
- In **California**, influenza activity was upgraded to regional during Week 52.
- In **Orange County**, outpatient visits for influenza-like illness increased to 3.2% during Week 52. So far this season, 8 severe flu cases (ICU admission or death) have been reported.



Orange County Hospitals/Laboratories

- Please continue to submit reports on influenza positive specimens to Orange County Public Health Epidemiology and specimens to the Orange County Public Health Laboratory.
- Please report severe cases of influenza (deaths/ICU admissions) in persons less than 65 years of age to OC Epidemiology (fax: 714-834-8186).

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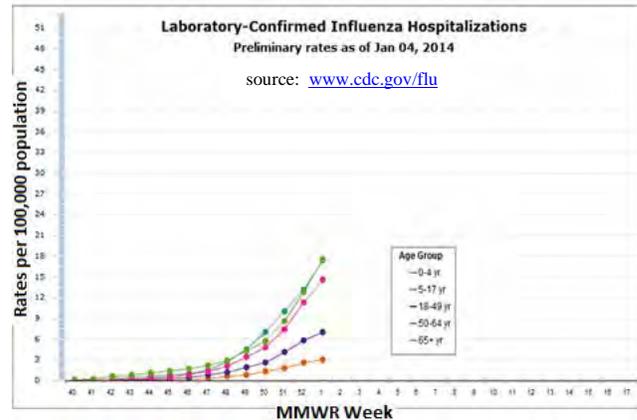
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Flu activity continues to increase in Orange County. Increases are expected for the next several weeks.

Vaccine is recommended for all persons six months of age and older! For vaccine locations, visit www.ochealthinfo.com/flu.

Seasonal Influenza Update

- **Orange County has reported 18 severe cases (ICU admission/death in a person <65 years of age) of influenza this season, including three deaths.** The median age of the severe cases is 47 years, with a range of 5-63 years. Laboratory reports from participating hospitals continue to increase and are predominantly A, pH1N1 (2009 H1N1). Outpatient visits to sentinel providers for influenza-like illness also increased to 4.2% for week 1 (ending Jan 4). For information about the diagnosis and treatment of influenza, see www.cdc.gov/flu/professionals/index.htm.
- In the **US**, flu activity continues to climb, with 35 several states reporting widespread activity. The majority of influenza reports are influenza A, in particular pH1N1, with the strains characterized matching the vaccine components. Influenza-associated hospitalizations continue to increase, with the highest rates in the 0-4 and ≥65 year old age groups (see graph right).
- In **California**, influenza activity was upgraded to widespread during Week 1.
- **Temporary shortage of oseltamivir (Tamiflu) suspension expected.** According to the FDA, the shortage, expected to occur in early to mid-January, is due to increased demand and manufacturing delays. Oseltamivir remains available in capsules at all three doses (30, 45, and 75 milligrams). Children over 1 year old can be dosed correctly with 30 or 45-mg capsules. For those who can't swallow capsules, a capsule can be opened and mixed with chocolate syrup or some other liquid as directed by a health professional. The 75-mg capsules can also be used to make a suspension by pharmacists.



Avian Influenza Update

- **Canada reports the first case of avian H5N1 influenza in the Americas.** The individual died in early January after returning from China where H5N1 is endemic in the poultry. For more information, see www.cdc.gov/flu/news/first-human-h5n1-america.htm. No such H5N1 viruses have been detected in people or animals in the US. CDC believes the current risk of H5N1 in the US is very low and does not have any additional recommendations aside from what has been previously recommended since 2003 for enhanced surveillance for avian and novel influenza viruses, including more recently H7N9.
- **Lunar New Year is approaching (Jan 31):** Healthcare providers should be alert for travelers ill with influenza-like illness within 10 days after returning from areas with avian influenza. Report suspect avian influenza cases immediately to Epidemiology at 714-834-8180. For more information about avian influenza, visit our website at: <http://ochealthinfo.com/phs/about/dcepi/epi/flu/af>.
Travelers to countries with avian influenza should follow the usual precautions listed below and consult the CDC's Travelers' Health webpage prior to travel: <http://wwwnc.cdc.gov/travel>.
 - Do not touch birds, pigs, or other animals, and avoid live bird or poultry markets.
 - Wash your hands and avoid people who are ill.
 - Follow food and water safety guidelines.
 - See a doctor if you become sick during or after travel to areas with avian influenza.

H7N9: www.who.int/influenza/human_animal_interface/influenza_h7n9/Data_Reports/en/index.html.

H5N1: www.who.int/influenza/human_animal_interface/H5N1_cumulative_table_archives/en/.

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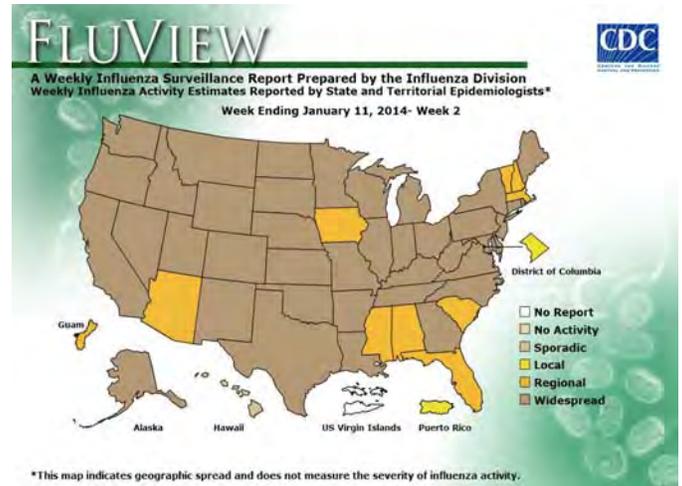


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Flu activity is widespread in most of the US, including California. Influenza viruses are expected to circulate for the next couple of months. Influenza vaccination is recommended for all persons 6 months of age or older.

Seasonal Influenza Update- Week 2 (ending Jan. 11)

- In the **US**, flu activity is widespread in 40 states, including California. Both the proportion of deaths for pneumonia and influenza and outpatient visits for influenza-like illness (ILI) are at elevated levels. The majority of currently circulating influenza viruses are influenza A, in particular H1N1, and are susceptible to oseltamivir and zanamivir.
- In **OC**, 8 new severe (ICU/death) flu cases were reported during Wk2. A total of 26 severe cases have been reported so far this season, including 4 deaths. Outpatient visits for ILI are currently at 3.7%.



Influenza Testing:

- CDPH has received reports of severe influenza cases who tested negative for influenza by rapid test but were later found to be influenza positive by polymerase chain reaction (PCR). A negative rapid test does not rule out influenza infection. All hospitalized patients with clinical signs and symptoms consistent with influenza should be started as soon as possible on antiviral medications, regardless of influenza rapid test results or vaccination status.
- PCR or viral culture is recommended to confirm rapid tests or indirect/direct fluorescent antibody results, and to provide subtype and strain information. This is especially important in (1) severe cases, (2) in patients who were vaccinated this flu season, (3) and in those with history of recent travel. Patients with suspect influenza and history of travel to H5N1 or H7N9 affected areas should be reported to Epidemiology at 714-834-8180.
- Consider additional diagnostic testing for other pathogens and/or empiric antibiotic therapy for bacterial co-infection, if indicated.



Infection Control in Healthcare Facilities: Preventing transmission of influenza virus within healthcare settings requires a multi-faceted approach. Key aspects include:

- Administration of flu vaccine: Annual vaccination is the most important measure to prevent seasonal influenza infection. Achieving high flu vaccination rates of health care providers (HCP) and patients is a critical step in preventing healthcare transmission of influenza.
- Implementation of respiratory hygiene and cough etiquette.
- Proper management of ill HCP: Those who develop fever and respiratory symptoms should be instructed not to report to work, or if at work, to stop patient-care activities, don a facemask, and promptly notify their supervisor and infection prevention/occupational health staff.
- Implementation of droplet precautions for patients with suspect/confirmed influenza for 7 days after illness onset or until 24 hours after resolution of symptoms (whichever is longer). In some cases, longer periods based on clinical judgment may be appropriate. Note: a negative rapid test does not rule out influenza for isolation or bed placement decisions.
- Adherence to the appropriate infection control precautions and equipment when performing aerosol-generating procedures.
- Management of visitor access and movement within the facility and implementation of environmental and engineering infection control measures.

For more information, see <http://www.cdc.gov/flu/professionals/infectioncontrol/index.htm>. For **Guidance for the Prevention and Control of Influenza in Peri and Postpartum Settings:** <http://www.flu.gov/planning-preparedness/hospital/peri-post-settings.html>.

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Flu activity continues to be widespread in most of the US, and remains high in Orange County.

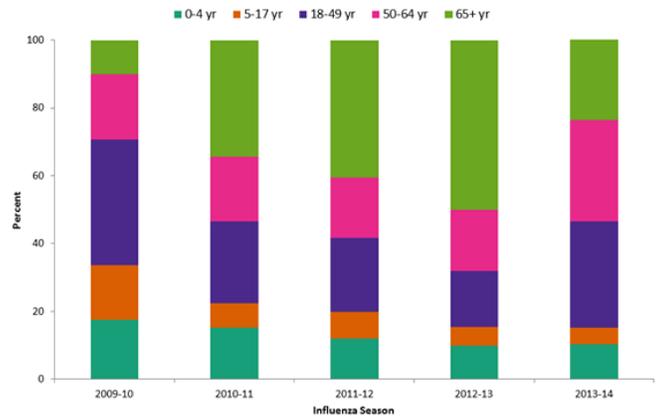
Basic steps can protect you and your family from getting flu: (1) Get your flu shot – it's not too late, visit www.ochalthinfo.com/flu for locations, (2) Make sure to wash your hands often, (3) Cover coughs and sneezes with your sleeve or a tissue, and (4) Stay home when you are sick.



Seasonal Influenza Update:

- In the US:** Influenza continues to be widespread in several states (including CA) and several indicators of flu activity remain elevated. The cumulative rate of reported laboratory-confirmed influenza-associated hospitalizations is 17 per 100,000 population thus far this season. The highest hospitalization rate is among adults aged ≥ 65 years, followed by those in age groups 0-4 years and 50-64 years. However, those aged 18-64 years still account for 61% of reported hospitalized cases (see chart at right). The most commonly reported underlying medical conditions among adults were obesity, metabolic disorders, cardiovascular disease, and asthma. The most commonly reported underlying medical conditions in children were asthma, obesity, neurologic disorders, and cardiovascular disease. Approximately 40% of hospitalized children with flu had no identified underlying medical conditions.

Laboratory-Confirmed Influenza Hospitalizations by Age Group
Preliminary data as of Jan 18, 2014

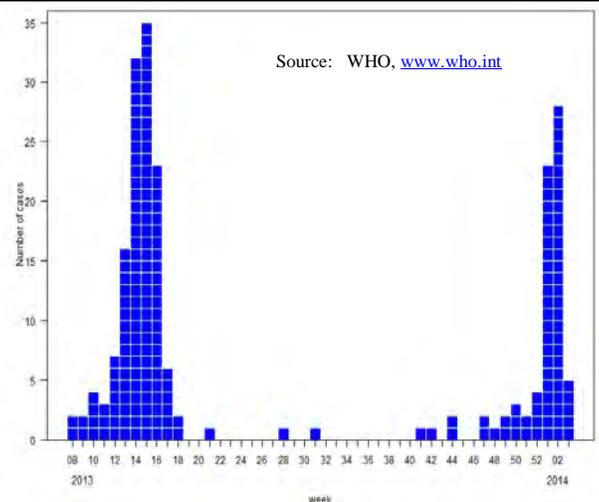


- In Orange County:** Outpatient visits for influenza-like illness remain elevated at 4.1%. Orange County continues to receive reports of severe influenza (ICU/death) in persons under 65 years of age. So far this season, 35 severe cases, including 8 deaths, have been reported. The majority of severe cases have had an underlying medical condition that may have increased their risk for severe complications from influenza. For those severe cases with known vaccination status, only 15% were vaccinated against influenza. **It's not too late to vaccinate; we expect influenza to be circulating for at least several more weeks to months.**

Avian Influenza Update:

- More than 70 human cases of H7N9 have been reported in the Western Pacific Region of China (and Hong Kong and Taiwan) since October 2013 (see chart at right). Most human cases have reported a history of exposure to birds or live poultry markets. There is currently no evidence of sustained human-to-human transmission.
- Clinicians should remain vigilant as the Lunar New Year approaches. Report travelers ill with influenza-like illness within 10 days after returning from areas with avian influenza immediately to Epidemiology at 714-834-8180.
- For infection control recommendations while caring for suspect, probable and confirmed human cases of novel influenza A associated with severe disease (such as H7N9 or H5N1), see <http://www.cdc.gov/flu/avianflu/h7n9-infection-control.htm>.

Laboratory-confirmed cases of human infection with avian influenza A(H7N9) virus by week of onset as of January 21, 2014



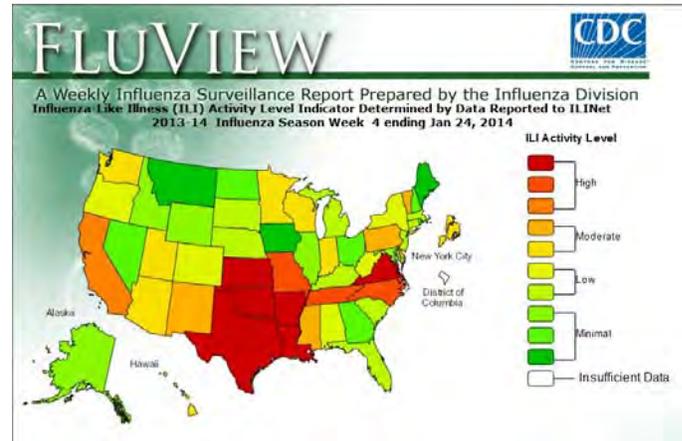


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Flu activity is decreasing in some parts of the US, but remains high. Flu is expected to continue for some time. It's not too late to get vaccinated, visit www.ochalthinfo.com/flu for locations.

Influenza Update:

- **In the US:** The Southeast, which began experiencing high levels of flu activity at the end of November, is now showing declines. Influenza continues to be widespread in most states (including CA) and several indicators of flu activity remain elevated. The proportion of deaths attributed to pneumonia and influenza (P&I) remains above the epidemic threshold for the second consecutive week. Nationwide, outpatient visits for influenza-like illness (ILI) were above the national baseline at 3.3% and were high in ten states, including CA (see map at right). Influenza A (H3N2), 2009 influenza A (H1N1), and B influenza viruses have all been identified this season, although the 2009 A H1N1 virus continues to predominate. The current flu vaccines have been a good match for circulating strains.
- **In California:** California continues to see high levels of influenza activity. ILI outpatient visits and P&I hospitalizations were above expected levels and influenza was isolated from more than 20% of clinical respiratory specimens.
- **In Orange County:** Outpatient visits for ILI remain elevated at 4%. Five new severe influenza (ICU/death) cases in persons under 65 years of age were reported this week, including 2 deaths. So far this season, 40 severe cases, including 10 deaths, have been reported.



- **Annual flu vaccine is the best way to prevent influenza and is recommended for everyone 6 months of age or older:** Get the facts about influenza vaccine. For a list of common misconceptions, visit: <http://www.cdc.gov/flu/about/qa/misconceptions.htm#misconception-consent>
Vaccination is especially important for those who are overweight or obese, pregnant women, and those who are immunocompromised or have underlying medical conditions. Please note that pregnant women or people with pre-existing medical conditions do not need special permission or written consent from their doctor for influenza vaccination if they get vaccinated at a worksite clinic, pharmacy or other location outside of their physician's office.
- **Text messages may be effective at increasing vaccine uptake among pregnant women.** A randomized controlled trial of 1,187 low-income obstetric patients found that women who received text messages reminding them to get the flu vaccine were 30% more likely to be vaccinated than those who did not after adjusting for age and number of clinic visits. See *Am J Public Health* at: <http://ajph.aphapublications.org/doi/full/10.2105/AJPH.2013.301620>
- **Antiviral treatment** is recommended as early as possible for any patient with confirmed or suspected influenza who (1) is hospitalized (2) has severe, complicated, or progressive illness or (3) is at higher risk for influenza complications.
 - **Information for clinicians on antiviral treatment:** <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>
 - **High-risk conditions:** http://www.cdc.gov/flu/about/disease/high_risk.htm
 - **IV zanamivir aqueous solution** is available only by enrollment in an ongoing clinical trial, or under an emergency investigational new drug (EIND) request to the manufacturer for use in hospitalized adult and pediatric patients with severe influenza who cannot tolerate or absorb oseltamivir. For more information, visit: <http://www.cdc.gov/flu/professionals/antivirals/intravenous-antivirals.htm>

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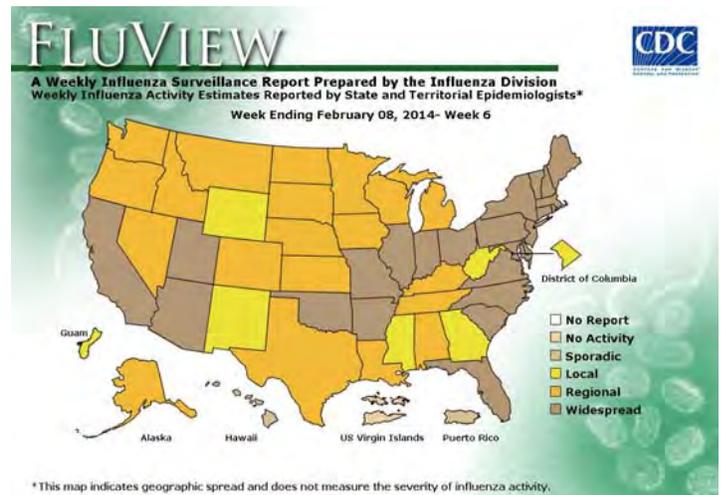
Orange County Health Care Agency, Epidemiology & Assessment, 1719 W. 17th St. Santa Ana, CA 92706, (714) 834-8180

Influenza activity remains elevated in the US despite a decrease in several surveillance indicators. Clinicians should continue to offer flu vaccine as long as influenza viruses are circulating. For a list of locations offering flu vaccine, visit www.ochhealthinfo.com/flu. New editions of *Eye on Influenza* will continue to be distributed throughout the season, with frequency depending on activity.



Influenza Update:

- **In the US:** Some states that saw earlier increases in flu activity are now beginning to see decreases. Other states are continuing to see high levels of flu activity. During Week 6, influenza activity was widespread in 24 states, including California. Flu activity is likely to continue at elevated levels for several more weeks. Anyone aged 6 months and older who has not gotten a flu vaccine yet this season should get one now.
- **In California:** Influenza activity is decreasing, but remains high. Influenza-like illness (ILI) outpatient visits remained above expected levels for this time of year. The percentage of influenza detections decreased from Week 5; however, greater than 20% of clinical respiratory specimens continued to test positive for influenza.
- **In Orange County:** A total of 52 severe influenza cases (ICU/death) under 65 years of age have been reported so far this season, including 12 deaths. ILI outpatient visits have decreased from previous weeks, but remain elevated at 3.1%. Orange County continues to receive reports of respiratory outbreaks in congregate settings.
 - For **Guidance for School Administrators to Help Reduce the Spread of Seasonal Influenza in K-12 Schools:** <http://www.cdc.gov/flu/school/guidance.htm>
 - For **Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities:** <http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>



- **Protect moms and babies from influenza.** Pregnant and post-partum women and children younger than 5, especially those children younger than 2, are at high risk for complications from influenza.
 - **Letter to Providers:** <http://www.cdc.gov/flu/pdf/protect/pregnancy-letter-2014.pdf>
 - During the H1N1 pandemic pregnant women were 4 times more likely to be hospitalized than their non-pregnant counterparts and represented 5% of flu deaths when they make up only 1% of the population. This season to date, data from the Influenza Hospitalization Surveillance Network revealed that 21.8% of the 301 adult women of child-bearing age hospitalized with confirmed influenza in the participating areas were pregnant.
 - The flu shot is a safe way to protect mom and her unborn child from serious illness and complications from the flu. Passive immunity can protect children for the first 6 months of life before they can be vaccinated.
 - **Text4baby is a free mobile health information service for pregnant women and new parents.** Receive flu shot reminders as well as personalized health information. Text 'baby' to 511411 (Bebe for Spanish) for three personalized text messages per week timed to the mother's due date and baby's birthday.
 - Annual flu vaccination is also important for parents and caregivers of children less than 6 months of age who cannot be vaccinated.

CDC webinar briefing on the importance of flu vaccination for pregnant women and young children:
<http://www.youtube.com/watch?v=gjrf7hbIiE&feature=youtu.be>

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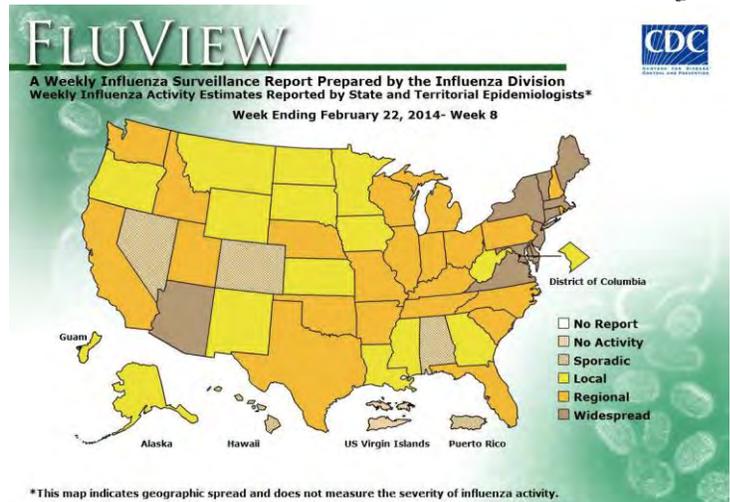


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Influenza activity has decreased in recent weeks but remains elevated in California and the US. Clinicians should continue to offer flu vaccine for all patients 6 months of age and older. For a list of locations offering flu vaccine, visit www.ochealthinfo.com/flu.

Influenza Update:

- **In the US:** While influenza activity continues to decrease, it remains elevated nationally. Influenza activity may continue for a number of weeks, especially in parts of the country where activity started later. During Week 8 (ending February 22), most states reported 'regional*' geographic influenza activity. Ten states reported widespread flu activity, most in the northeastern part of the country. Both outpatient visits for influenza-like illness (ILI) and deaths attributed to pneumonia and influenza are still above baseline. Approximately 11% of respiratory specimens tested positive for influenza.



- **In California:** Influenza activity is decreasing, but remains elevated. During Week 8, influenza activity was downgraded to 'regional', and the percentage of influenza detections decreased to 15%.
- **In Orange County:** The number of influenza reports has decreased in recent weeks. Severe influenza cases (ICU/death) under 65 years of age continue to be reported. Four new influenza-related deaths were reported during the previous two weeks. Currently, there are 55 severe cases, including 16 deaths. ILI outpatient visits have been decreasing in recent weeks and are at expected levels.

*Regional geographic spread: Outbreaks of influenza or increases in ILI and recent laboratory confirmed influenza in at least two but less than half the regions of the state with recent laboratory evidence of influenza in those regions

- **This season's flu vaccine decreased the likelihood of having to see a doctor for influenza by about 60% for all age groups.** Even with moderate effectiveness of about 60%, flu vaccination can reduce flu-related illness, antibiotic use, time lost from work, hospitalizations and deaths. For information on CDC's mid-season vaccine effectiveness estimate: <http://www.cdc.gov/flu/about/season/effectivenessqa-2013-14.htm>
- **The World Health Organization recommends keeping the same strains for the Northern Hemisphere's 2014-15 flu season vaccine.**
 - an A/California/7/2009 (H1N1) pdm09-like virus *(note correction from H1H1 initially sent)*
 - an A/Texas/50/2012 (H3N2)-like virus
 - a B/Massachusetts/2/2012-like virus
 - and for the quadrivalent (four-strain) vaccines: a B/Brisbane/60/2008-like virus (Victoria lineage).
- **Influenza-Associated Intensive-Care Unit Admissions and Deaths - California, September 29, 2013-January 18, 2014:** The 405 reports of severe cases were more than in any season since the 2009 pandemic. A comorbid condition predisposing to severe influenza was identified in 93% of those with fatal illness. The most commonly noted conditions were diabetes mellitus 25%, chronic obstructive pulmonary disease 20%, asthma 14%, and morbid obesity 14%. For more information, see: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6307a2.htm>.
- **CDC Flu Webinar on the importance of flu vaccination for individuals with chronic conditions:** <http://www.youtube.com/watch?v=h7gx8vj5MQA&feature=youtu.be>.

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