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## World Health Organization Pandemic Influenza Alert Phase: The current situation remains at phase 3 (novel virus able to infect humans with no or very limited person-to-person transmission).

- **2006 Recommendations of the Advisory Committee on Immunization Practices (ACIP) for Prevention and Control of Influenza** contains new and updated recommendations on the use of influenza vaccine and antivirals (full report at [www.cdc.gov/mmwr](http://www.cdc.gov/mmwr)). **The highlights and principal changes are:**
  - Vaccinate all children aged 6-59 months and their caregivers and household contacts against influenza (*last year it was 6-23 month olds*);
  - Remember to administer 2 doses of influenza vaccine, spaced at least one month apart, for children aged 6 months through 8 years who were previously unvaccinated. (*These children should get their first dose in September, if vaccine is available, so the 2<sup>nd</sup> dose can be received before the onset of influenza season*);
  - Offer influenza vaccine routinely to patients throughout the influenza season;
  - Do not use amantadine or rimantadine for the treatment or chemoprophylaxis of influenza A in the US until susceptibility has been re-established among circulating influenza A viruses. (*These medications are not effective for influenza B*);
  - The 2006-2007 influenza vaccine will contain A/New Caledonia/20/1999 (H1N1)-like, A/Wisconsin/67/2005 (H3N2)-like, and B/Malaysia/2506/2004-like antigens.
- **H5N1 vaccine produced using reverse genetics provides cross-protection in ferrets to antigenically distinct H5N1 strains.** This study in the *Journal of Infectious Diseases*, available at <http://www.journals.uchicago.edu/JID/journal/issues/v194n2/35777/35777.web.pdf>, offers some hope that the stockpiling of vaccines made using current H5N1 strains may provide some cross protection during a pandemic while awaiting production of vaccine matched to the circulating pandemic strain.



**Sentinel Providers Needed:** Orange County tracks influenza-like illnesses (ILI) throughout the year to aid with surveillance for seasonal influenza, avian influenza and bioterrorism agents presenting as ILI. Reporting takes just a few minutes a week and we offer several incentives. For more information, please contact us at [epi@ochca.com](mailto:epi@ochca.com).

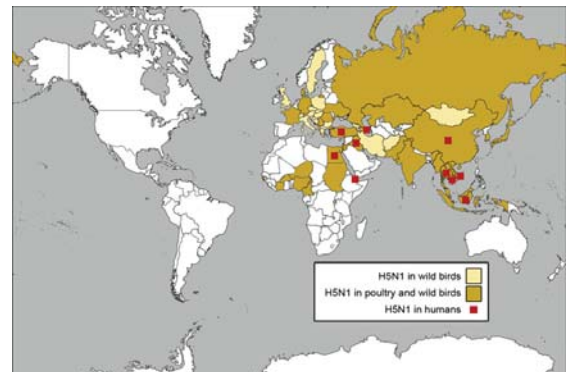
### Recommended Resources

**General:** <http://www.cdc.gov/flu>    **OC:** <http://www.ochealthinfo.com/epi/flu/surveillance.htm>  
**California:** <http://www.dhs.ca.gov/ps/dcdc/VRDL/html/FLU/Fluintro.htm>    **USA:** <http://www.cdc.gov/flu/weekly/>

### Avian Influenza Update

- As of June 20, 2006, 228 human H5N1 cases have been confirmed in Azerbaijan (8), Cambodia (6), China (19)\*, Djibouti (1), Egypt (14), Indonesia (51)\*, Iraq (2), Thailand (22), Turkey (12), and Vietnam (93), and have resulted in 130 deaths. H5N1-infected birds have been reported in multiple areas in Asia, Africa and Europe. *\*reported a new case since last update (May 26<sup>th</sup>)*
- For an up-to-date list of H5N1-affected countries, see <http://www.ochealthinfo.com/epi/af/index.htm>.
- Suspect avian influenza cases should be reported immediately to OC Epidemiology at 714-834-8180.

**Nations with Confirmed Cases  
H5N1 Avian Influenza (May 19, 2006)**  
(no new countries affected since 5/19)



If you have any comments about the flyer, contact Pamela Roa Hipp or Sandra Nutter at (714) 834-8180. To receive this newsletter by email, please contact us at [epi@ochca.com](mailto:epi@ochca.com).