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The optimal time to vaccinate against influenza is October and November; however, vaccination should continue throughout influenza season. For a factsheet on immunization recommendations, see: <http://www.immunize.org/catg.d/2013flu.pdf>.

- The California Health and Human Services Agency secretary, Kim Belshé, has issued an exemption to law AB 2943 **allowing the use of influenza vaccine containing mercury for children under age 3 years for 6 weeks (until 12/14/06)**. The American Academy of Pediatrics (California), California Medical Association, California Academy of Family Physicians, and Kaiser Permanente requested this exemption last week due to the lack of adequate supply of thimerosal-free vaccine available in physician offices and the high risk of complications from influenza in children under age 3 years.
- Young children have the highest incidence of influenza and are at increased risk for influenza-related complications and hospitalization.
 - All children 6-59 months of age should be vaccinated annually against influenza. CDC recommends that providers without sufficient vaccine for all 6-59 month olds consider prioritizing 6-23 months olds.
 - All children (6 months or older) with chronic medical conditions, including asthma, or on chronic aspirin therapy should be vaccinated annually.
 - Two doses of vaccine, spaced at least one month apart, are recommended for children 6 months through 8 years of age who are being vaccinated for the first time.
 - Children under 6 months of age are the pediatric group at highest risk of influenza complications. Since this group cannot receive the vaccine, it is especially important to vaccinate all household contacts and other caregivers of children less than 6 months of age. Household contacts of children 6-59 months or of any high risk persons should also be vaccinated.
- **During a serious outbreak of pandemic flu, many Americans would be willing to restrict their activities and cooperate with public health recommendations**, according to a survey by Harvard School of Public Health. For more info: <http://www.hsph.harvard.edu/press/releases/press10262006.html>.
- **A new strain of H5N1 avian influenza has been identified in China.** This H5N1 strain has been present in China since 2005 and has also been found in Hong Kong, Laos, Malaysia, and Thailand. For details, see: <http://www.pnas.org/cgi/content/abstract/0608157103v1>.

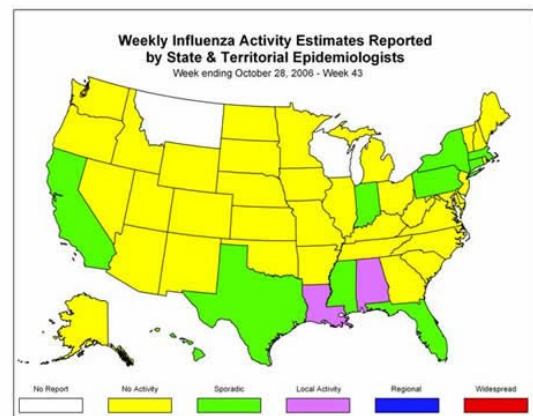


Avian Influenza Update

- 256 human H5N1 cases have been confirmed in Azerbaijan (8), Cambodia (6), China (21), Djibouti (1), Egypt (15)*, Indonesia (72)*, Iraq (3), Thailand (25), Turkey (12), and Vietnam (93), and have resulted in 152 deaths. H5N1-infected birds have been reported in multiple areas in Asia, Africa and Europe. For a list of H5N1-affected countries, see <http://www.ochealthinfo.com/epi/af/index.htm>.
*New reported case(s) since Oct. 20th.
- Patients with fever and respiratory symptoms and a recent history of travel from H5N1-affected areas should be reported immediately to OC Epidemiology at 714-834-8180.

Influenza Update

- In the **United States** a low level of influenza activity was reported during week 43 (week ending 10/28). Two states reported local influenza activity and ten states, including **California**, reported sporadic influenza activity.



Recommended Resources
General: <http://www.cdc.gov/flu>
OC: <http://www.ochealthinfo.com/epi/flu/surveillance.htm>
CA: <http://www.dhs.ca.gov/ps/dcdc/VRDL/html/FLU/Fluintro.htm>
CDC: <http://www.cdc.gov/flu/weekly/>
HHS: <http://www.pandemicflu.gov/>

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.