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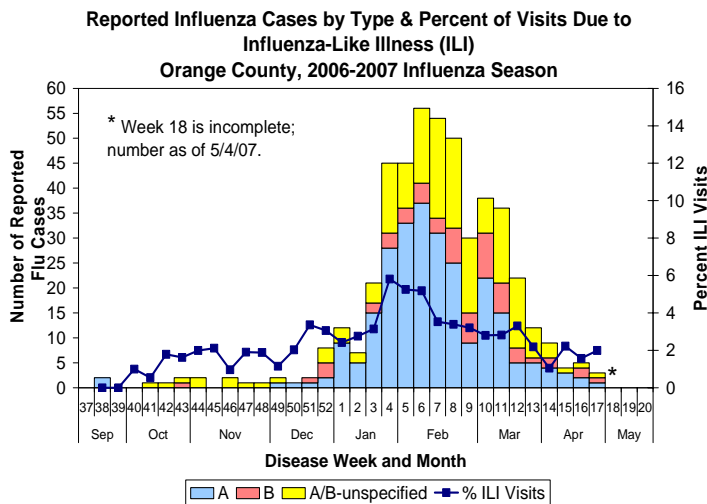
This issue includes a summary report of the 2006-07 OC influenza season to date. We will continue to send out *Eye on Influenza* every two weeks to provide avian influenza updates.

- **Roche decreases Tamiflu (oseltamivir) production** as a result of waning demand by consumers. The company will maintain stocks of the ingredients it uses to make Tamiflu throughout its supply chain and will maintain close contact with its manufacturing partners so that it can respond quickly to surges in demand. Production will return to full capacity level if inventories of key Tamiflu ingredients drop below target levels, or if the WHO raises the pandemic alert level from 3 to 4 (signaling increased human-to-human transmission). For additional information, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/apr2607tamiflu.html>
- **WHO updates clinical guidance on treatment of H5N1 patients.** Updated recommendations include modified regimens (including higher doses and/or longer duration) of oseltamivir for treatment and a warning against steroid use. For more information, see http://www.who.int/csr/disease/avian_influenza/meeting19_03_2007/en/index.html.
- **CDC issues interim guidance on the use of masks and respirators in non-occupational community settings during an influenza pandemic.** For more information, see <http://www.pandemicflu.gov/plan/community/maskguidancecommunity.html>.



Orange County**

- Influenza activity in Orange County during the 2006-2007 season was similar to that in California and the United States; the majority of influenza detections were flu A and the peak of influenza activity was in mid-February.



- To date this season, 476 cases of influenza (257 A, 57 B, 162 A/B unspecified) were reported by OC hospitals (87%), influenza-like illness (ILI) sentinel providers (12%) and other sources (1%).
- Of the 228 specimens submitted to the OC Public Health Laboratory for flu testing, 112 (49%) were from ILI sentinel providers, 110 (48%) were from hospitals and 6 were from other sources.
- Of the 128 subtyped flu A specimens, 69 (54%) were H1 and 59 (46%) were H3. Of the 7 strain-typed specimens, 5 were A/New Caledonia/20/99 (H1N1)-like, 1 was A/Wisconsin/65/2005(H3N2)-like and 1 was B/Victoria lineage.***
- Ten severe pediatric influenza (9 flu A & 1 A/B unspecified) cases have been reported, including 3 deaths.

**Note: The number of reported cases does NOT correspond to the total number of cases occurring in OC as not all labs participate, the surveillance programs are not population based, and testing may be influenced by many factors such as public interest. However, the trends in influenza activity are likely to be reflected accurately.

United States

- Through 4/21/07: 79.6% of influenza viruses tested by collaborating laboratories were type A and 20.4% type B. 68.6% of subtyped flu A viruses were H1 and 31.4% H3. 93% of strain-typed H1 viruses were A/New Caledonia/20/99-like; 28% of strain-typed H3 viruses were A/Wisconsin/67/2005-like and 72% showed somewhat reduced titers against A/Wisconsin/67/2005; and 74% of B viruses were of the B/Victoria lineage.***

***Note: 2006-2007 influenza vaccine components included A/New Caledonia/20/99-like (H1N1), A/Wisconsin/67/2005-like (H3N2), and B/Malaysia/2506/2004-like (a B/Victoria lineage strain). WHO has recommended that the H1N1 component be changed to A/Solomon Islands/3/2006-like (H1N1) for 2007-2008.

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

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