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It's not too late to vaccinate! The Orange County Health Care Agency is offering free flu vaccines for eligible groups: www.ochealthinfo.com/Public/flu/index.htm.

- **Experts consider a four-strain influenza vaccine for 2009-10:** The FDA's Vaccines and Biological Products Advisory Committee (VRBPAC) will meet on February 18th to select flu strains to include in the 2009-10 season influenza vaccine. Prior vaccines have had three strains: two A (an H1N1 and an H3N2) and one B. However, influenza B strains fall into two distinct lineages which appear to have little cross-protection but have both been circulating in the U.S. since 2001. The addition of a second B strain to the vaccine is under consideration to improve the protection against both lineages in a single season. Questions on potential impact to vaccine manufacturing, supply, cost and side effects will be discussed. See: www.cidrap.umn.edu/cidrap/content/influenza/general/news/jan1609flub.html.
- **Novartis receives contract for cell-based flu vaccine plant in U.S.:** HHS has awarded Novartis a \$487 million contract to help build a plant in North Carolina that will be the first in the U.S. to produce cell-based vaccine for seasonal and pandemic influenza. Cell-based vaccines can be made faster and in larger quantities than traditional egg-based vaccines and can be used in persons who are egg-allergic. Press release: www.hhs.gov/news/press/2009pres/01/20090115b.html.
- **Second human infection with swine flu in U.S. in past 2 months:** South Dakota reported a human case with swine influenza A/H1N1 infection who did not have direct contact with pigs, but indirect contact is being explored. Human infection with swine influenza is uncommon and the sporadic human cases that occur in the U.S. on average once a year have not resulted in sustained human-to-human transmission or community outbreaks. However, changes in swine influenza viruses can occur and immunity to swine H1N1 viruses is low in the general human population, so reports of human cases are closely monitored for further transmission. The last human infection was reported from Texas. Press release: www.state.sd.us/news/printDoc.aspx?i=10260.
- **Canadian low-pathogenic avian influenza outbreak:** Officials in southern British Columbia are investigating an avian influenza outbreak among farmed turkeys. The outbreak has been confirmed as due to an influenza A/H5 virus, although it is thought to be a low-pathogenic strain because of low observed mortality among the turkeys. This same area was affected by a large outbreak of highly pathogenic avian influenza A/H7N3 in 2004. Canadian Food Inspection Agency press release: www.inspection.gc.ca/english/corpaffr/newcom/2009/20090124e.shtml.
- **Researchers isolate lethal 1918 influenza genes:** University of Wisconsin scientists recently published a report in the Proceedings of the National Academy of Sciences (www.pnas.org) that identified three genes that in combination contributed to the lethality of the Spanish Flu by allowing the virus to reproduce in lung tissue causing pneumonia. Usually flu viruses replicate mainly in the upper respiratory tract. See: www.news.wisc.edu/16103.

Avian Influenza Update

- 10 new human H5N1 cases have been reported since the last update: China (6), Egypt (2), Indonesia (2). The cumulative number of cases for 2003-08 is 403, with 63% mortality. For the latest WHO updates: www.who.int/csr/disease/avian_influenza/en/.
- H5N1 has been detected among poultry in a new country: Nepal. For an updated map, see www.pandemicflu.gov/

Orange County, California, and U.S. **

- To date this season, 66 influenza reports have been received in OC: 53% flu A (of which 31% were A/H1N1, 9% A/H3N2, and 60% were not subtyped), 15% flu B, and 32% flu A/B unspecified.
- Overall influenza activity is slowly increasing in the U.S. Activity in California has been upgraded from sporadic to local.
- H1N1 resistance to oseltamivir (Tamiflu®) continues to be reported in nearly 100% of isolates tested in CA and in other states. See <http://www.cdc.gov/flu/professionals/antivirals/index.htm> for recommendations on antiviral usage.

****Note:** The number of reported cases does NOT correspond to the total number of cases occurring in OC as not all hospitals/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.

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