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Pandemic H1N1 (2009) Influenza Update

Current WHO pandemic alert level: Phase 6 (Pandemic).

Current CDC pandemic severity index (PSI): Category 2 (of 5)

(see <http://www.pandemicflu.gov/plan/community/commitigation.html> for definitions of PSI)

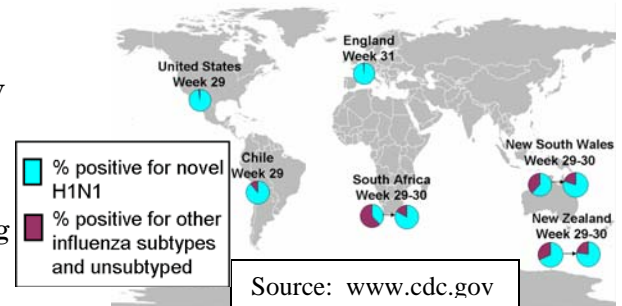
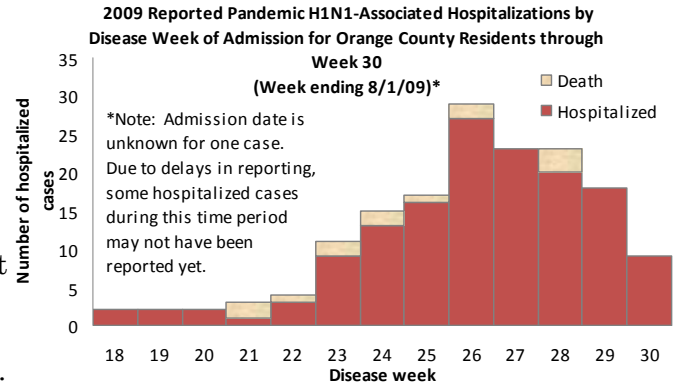
- **Orange County (OC) update:** As of August 7, 2009, 160 hospitalized cases of pandemic H1N1 influenza and 13 fatalities have been reported in OC residents. **99% of the influenza subtyped at OC Public Health since late May has been pandemic H1N1.**

- **CDC updates guidance on how long persons with influenza-like illness (ILI) should stay home.** Persons with influenza-like illness should stay home for at least 24 hours after fever resolves and temperature remains normal without the use of fever-reducing medications, and regardless of whether antivirals have been started.

The updated guidance applies to camps, schools, businesses, mass gatherings and other community settings in which the majority of persons are not at increased risk of complications from influenza. The updated guidance does not apply to health care settings in which the exclusion period remains 7 days or at least 24 hours after symptom resolution, whichever is longer. For the full guidance, see www.cdc.gov/h1n1flu/guidance/exclusion.htm.

- **CDC issues new guidance for school (K-12) responses to influenza during the 2009-2010 school year.** Available documents include guidance, technical report, and toolkit. See www.cdc.gov/h1n1flu/schools/.
- **Guidance on infection control measures for novel H1N1 is in flux.** A new CalOSHA standard on airborne transmissible diseases (ATD) went into effect on 8/5/09. Healthcare facilities should be aware of this standard. HCA is seeking written clarification from CDPH and Cal-OSHA on the application of the standard to novel H1N1 influenza in a health care setting. To review the ATD standard, see <http://www.dir.ca.gov/oshsb/atd0.html>.
- **Commercially available rapid (<15 minutes) influenza tests have low sensitivity (40-69%) to detect novel H1N1.** Sensitivity of rapid tests was higher in specimens with higher viral titers, and for seasonal influenza H1N1 or H3N2 as compared with novel H1N1, although the number of specimens tested was low. **A negative rapid test result does not exclude influenza infection and treatment decisions in a patient with influenza-like illness should rely on clinical suspicion (signs & symptoms), severity of illness, underlying medical conditions and risk for complications of influenza.** See August 7, 2009 issue of *MMWR* at www.cdc.gov/mmwr. Prompt antiviral treatment is recommended for patients with ILI who are hospitalized and/or have risk factors for complications of influenza infection.
- **Medical care for patients with suspect novel H1N1 influenza.** Patients with severe illness and those at high risk for complications from influenza should contact their medical provider or seek medical care. Patients with mild illness and no risk factors for complications can be managed at home (http://www.cdc.gov/h1n1flu/guidance_homecare.htm). Testing priorities for novel H1N1 through Public Health continue to focus on hospitalized patients, pregnant women, health care workers, residents in institutional settings and outbreaks. Testing for H1N1 is available commercially for those patients not meeting public health criteria.

However, at this time when the majority of influenza circulating is novel H1N1, testing of others is not necessary and treatment and infection control decisions should not rely on or be delayed pending testing results. Referral of patients to the emergency room or urgent cares solely for testing purposes (i.e., patients with mild illness not needing medical care) should be avoided to reduce burden and potential infectious exposures in health care settings.



If you have any comments about this flyer, contact Michele Cheung, MD MPH, at (714) 834-8180.

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