

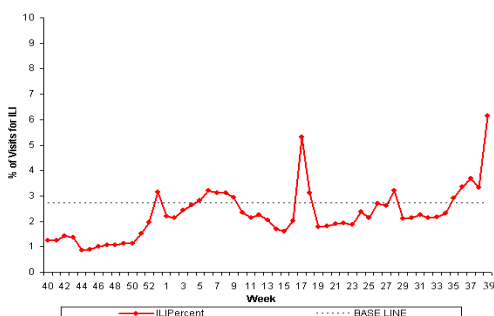


Orange County Health Care Agency, Epidemiology & Assessment, 1719 W. 17th St. Santa Ana, CA 92706, (714) 834-8180

Influenza Continues to Increase

- **Orange County (OC) influenza update:** Beginning 10/4/09 (the official start of the influenza season), OC is reporting only cases of pandemic H1N1 admitted to an intensive care unit (ICU) or who died. As of 10/10/09, there were 82 patients with pandemic H1N1 admitted to an ICU and 22 deaths. During the week ending 10/10/09, 46% of all respiratory specimens tested at the OC Public Health Laboratory were positive for influenza, all of which were the pandemic H1N1 strain. For additional OC updates, see www.ochealthinfo.com/h1n1.
- **Pandemic H1N1 vaccine and thimerosal:** Because there is currently an insufficient amount of pandemic H1N1 vaccine and due to the risk that this virus poses to young children and pregnant women, the State of California has exempted the use of pandemic H1N1 vaccine from the requirement under California law that children younger than 3 years of age and pregnant women only be given influenza vaccines with mercury content below 1.0 microgram of mercury per 0.5 ml dose. For more information, go to: <http://www.cdph.ca.gov/programs/immunize/Pages/CaliforniaThimerosalLaw.aspx>
- **CDC updates infection control guidance for pandemic H1N1 in healthcare settings. Significant change: Healthcare personnel (HCP) who develop fever and respiratory symptoms should be excluded from work for at least 24 hours after they no longer have fever (without the use of fever-reducing medicines); temporary reassignment or continued exclusion for 7 days after onset or until resolution of symptoms, whichever is longer, is recommended for HCP working in areas with severely immunocompromised patients.** The update emphasizes the hierarchy of controls for preventing influenza transmission, particularly reducing or eliminating the sources of exposure. CDC continues to recommend standard precautions and respiratory protection at least as protective as a fit-tested N95 respirator. The guidance discusses prioritized respirator use when there is a shortage of N95 respirators. Isolation of hospitalized patients with influenza symptoms should be for 7 days after illness onset or until 24 hours after resolution of fever and respiratory symptoms, whichever is longer (note that, if clinically indicated, patients may be discharged before the end of the isolation period). Longer periods of isolation may be indicated for young children or severely immunocompromised patients due to prolonged viral shedding. The complete document is available at: http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm
- **CDC updates recommendations for use of antiviral medications for the 2009-10 influenza season.** The purpose of the update is to: 1) clarify treatment and chemoprophylaxis considerations for persons vaccinated with the 2009 H1N1 and seasonal influenza vaccines; 2) include women up to 2 weeks postpartum at higher risk for complications from 2009 H1N1 influenza; 3) provide additional oseltamivir dosing instructions for children younger than 1 year of age; and 4) review adverse events and contraindications associated with oseltamivir and zanamivir. See: <http://www.cdc.gov/h1n1flu/recommendations.htm>
- **CDC planning guide for vaccinating pediatric patients against pandemic H1N1 in primary care settings:** <http://www.cdc.gov/h1n1flu/vaccination/pediatricpatients.htm>
- **CDC Triage Algorithm for children with ILI:** [Pediatric triage algorithm](#)
- **American Journal of Roentgenology publishes studies on diagnostic imaging in pandemic H1N1 cases:** <http://www.ajronline.org/>

WEEKLY PERCENT OF VISITS FOR INFLUENZA-LIKE ILLNESS (ILI) REPORTED BY THE U.S. OUTPATIENT INFLUENZA-LIKE ILLNESS SURVEILLANCE NETWORK (ILINET) SUMMARY FOR IHS REGION 9 (AZ, CA, HI, NV)



Influenza in the United States, week ending 10/10/09 (from CDC Flu View)

- 41 states reported widespread influenza activity
- 29.4% of respiratory specimens were positive for influenza
- All subtyped influenza A viruses were the pandemic H1N1 strain
- Oseltamivir resistance remains rare among pandemic H1N1 isolates
- At left is a graph showing percent of outpatient visits for ILI in western states.

If you have any comments about this flyer, contact Michele Cheung, MD, MPH at (714) 834-8180. To receive this newsletter by email, please contact us at epi@ochca.com.