

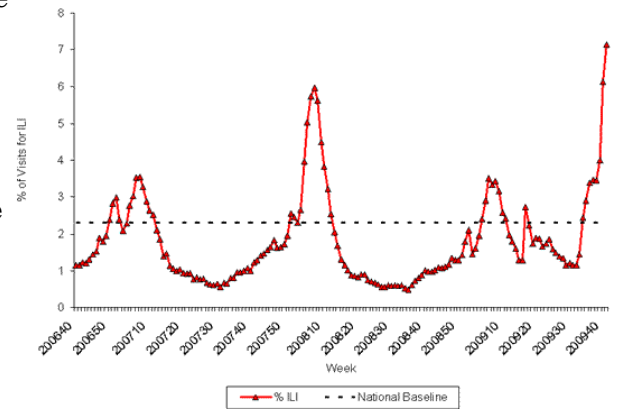


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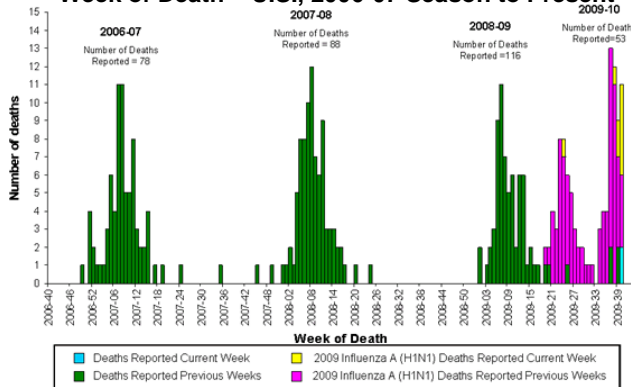
Influenza Update

- Influenza activity continues to increase.** Outpatient visits to sentinel providers for influenza-like illness (ILI) continue to escalate (graph on right). Widespread activity was reported in 41 states. The proportion of deaths attributed to pneumonia and influenza has remained above the epidemic threshold for the past two weeks. Reports of influenza-associated deaths in children continued throughout the summer and have been increasing since the end of August (below). See www.cdc.gov/flu.

Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, October 1, 2006 - October 17, 2009



Number of Influenza-Associated Pediatric Deaths by Week of Death – U.S., 2006-07 Season to Present



- Orange County (OC) influenza update:** As of 10/24/09, there were 102 patients with pandemic H1N1 admitted to an intensive care unit (ICU) and 23 deaths reported since the beginning of the H1N1 outbreak in the Spring. The proportion of visits to sentinel providers for influenza-like illness (ILI) and reports of ILI from schools have increased over the past few weeks.

- CDC answers top 10 Frequently Asked Questions about 2009 H1N1 vaccine.** FAQ addresses intervals between doses, administration of seasonal and 2009 H1N1 vaccine, and more. See http://www.cdc.gov/H1N1flu/vaccination/top10_faq.htm. For CDPH flyer on H1N1 and seasonal influenza vaccine administration, see <http://eziz.org/PDF/IMM-978H1N1administration.pdf>.
- FDA issues emergency use authorization (EUA) for use of intravenous (IV) antiviral peramivir for the treatment of 2009 H1N1 influenza.** This experimental drug has been authorized for IV treatment of certain patients with suspect or confirmed 2009 H1N1 (or nonsubtypable influenza A virus suspected to be 2009 H1N1) who are hospitalized and either are not responding to oral or inhaled antivirals, or for whom drug delivery by a route other than IV is not expected to be dependable or is not feasible. See <http://www.cdc.gov/h1n1flu/eua/peramivir.htm> for more information.
- CDC schedules numerous updates for clinicians on H1N1.** Scheduled conference calls this week cover antiviral treatment options in critically ill (ICU) patients (Wednesday, 10/28 12 noon, call-in 888-283-2960; passcode 3659803), H1N1 influenza and children, diabetes and influenza, and infection control issues in healthcare facilities. For more information, see <http://www.bt.cdc.gov/coca/callinfo.asp>.
- Cal/OSHA updates Interim Enforcement Policy on H1N1.** Guidance continues to recommend that employees who have direct exposure to H1N1 patients use respirators at least as protective as an N-95. Respirators are only one component of a hierarchy of controls to protect employees from exposure. See <http://www.dir.ca.gov/DOSH/SwineFlu/SwineFlu.htm>.
- Deaths from 2009 H1N1 Influenza.** Physicians certifying deaths from known novel H1N1 influenza should include “H1N1 Influenza” as one of the causes of death in fields 107A, 107B, 107C, or 107D of the death certificate. For deaths with presumed or suspected H1N1 influenza (but absent or pending lab confirmation), one of the causes of death should include “Presumed H1N1 Influenza.” Other causes of death should be entered as per usual procedures (see <http://ohealthinfo.com/public/bd/physicians.htm>).
- President Obama declares 2009 H1N1 pandemic a national emergency.** The proclamation will allow authorities to waive legal requirements, if necessary, that could otherwise limit the ability of the health care system to respond to a surge of patients. See 10/26/09 News at www.cidrap.umn.edu/cidrap/content/influenza/swineflu/index.html.

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

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