



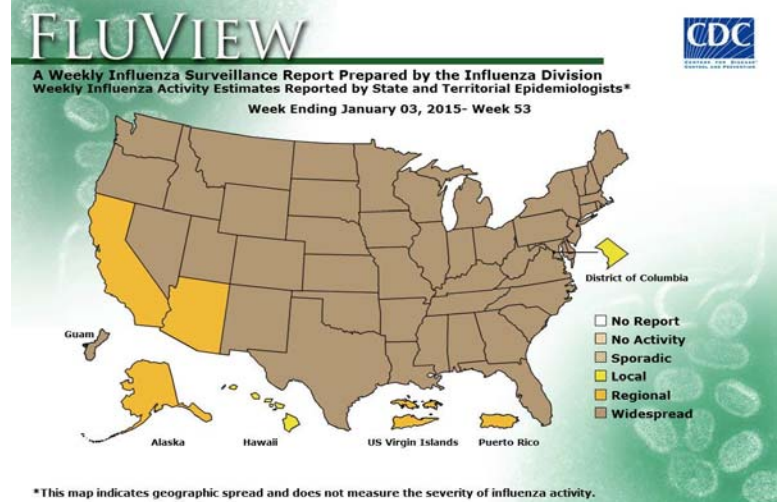
Eye on Influenza

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

Influenza activity is rapidly increasing and several outbreaks have been reported in congregate settings. Vaccination is recommended for all persons 6 months of age and older -- It's not too late!! To find a location, visit Flu Vaccine Finder: <http://flushot.healthmap.org/>. For publicly funded influenza vaccine clinics: <http://ochealthinfo.com/phs/about/family/flu>.

- **Orange County Update:** The percent of outpatient visits to sentinel providers for influenza-like illness (ILI) has tripled in the last week (currently at 6.4%) and several outbreaks of influenza and ILI have been reported in congregate settings, such as long term care facilities (LTCF) and schools. Eight severe influenza cases (all ICU admissions) have been reported to date. Influenza A H3 continues to be the predominant strain, but influenza B is also circulating at very low level.
- **CA & National Update:** California reported its first flu death this week. Flu activity is high across most of the country with elevated ILI, illnesses, hospitalizations and deaths.
- **Widespread influenza activity is being reported in most states and high hospitalization rates are being observed throughout the country. All hospitalized patients and all high-risk patients with suspect influenza should be treated as soon as possible (ideally within 48 hours) with antiviral drugs.** Antiviral treatment should not be delayed to wait for test results. The results of rapid influenza diagnostic tests (RIDTs) may not be accurate and a negative RIDT does not rule out influenza infection. See the latest CDC Health Advisory (1/9/15) at <http://emergency.cdc.gov/HAN/>.
- **Three prescription neuraminidase inhibitor antiviral medications are approved by the U.S. FDA for treatment of influenza this season:** oseltamivir (Tamiflu®), zanamivir (Relenza®), and peramivir (Rapivab®). Adamantanes (rimantadine and amantadine) are not currently recommended for treatment/prevention of influenza because of high levels of resistance among circulating flu A viruses. See <http://www.cdc.gov/flu/professionals/antivirals/> for recommendations and dosages.
 - Oral oseltamivir is FDA-approved for treatment of influenza in persons aged 2 weeks and older, and for chemoprophylaxis to prevent influenza in people 1 year of age and older. Although not part of the FDA-approved indications, use of oral oseltamivir for treatment of influenza in infants younger than 14 days old, and for chemoprophylaxis in infants 3 months to 1 year of age, is recommended by the CDC and the American Academy of Pediatrics.
 - Inhaled zanamivir is FDA-approved for treatment of persons 7 years and older and for prevention of influenza in persons 5 years and older.
 - Intravenous peramivir was FDA-approved on 12/19/14 for the treatment of influenza in persons ≥18 years. See <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm427755.htm>.
- **Influenza Outbreak Management in LTCFs and Similar Settings:**
 - Residents of LTCFs and similar settings with confirmed or suspected influenza should receive antiviral treatment as soon as possible. Upon outbreak identification, antiviral prophylaxis of all non-ill residents should be promptly initiated, regardless of influenza vaccination status. The Centers for Disease Control and Prevention (CDC) recommends antiviral prophylaxis for non-ill residents for at least 2 weeks, and continuing for at least 7-10 days after the last outbreak-associated case onset. For additional guidance on managing influenza outbreaks in LTCFs:
 - <http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>
 - <http://www.cdph.ca.gov/programs/hai/Documents/Influenza-Recommendations-LTCF-v.12-11.pdf>



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