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Influenza activity has significantly increased in the past few weeks. If you have not received your influenza vaccine, now is the time!



- **Influenza activity in Orange County.**
 - Influenza activity in Orange County has significantly increased from week 47 (week ending 11/26/16) through Week 52 (week ending 12/31/16).
 - Influenza A/H3 has been the most frequently identified influenza virus by Orange County Public Health Laboratory thus far in the season. Very few detections of influenza A/(H1N1)pdm2009 and influenza B have been reported.
- **Several severe cases of influenza (persons under the age of 65 years who were hospitalized in the ICU or died) have been reported in Orange County this season.**
 - To date, Orange County has received five reports of severe influenza cases. All adult cases were admitted to the ICU for treatment. No cases have been reported in children.
 - As of Week 52 (week ending 12/31/16), no influenza-associated deaths have been reported.
- **Influenza activity in California.**
 - Overall influenza activity in California during Week 52 was widespread. Based on laboratory data, influenza activity is increasing.
 - The percentage of visits for influenza-like illness (ILI) during Week 52 was 3.3% and exceeded the epidemic threshold level for this time of year.
 - To date in California, all influenza 2009 A/H1 and A/H3 antigenically characterized viruses have matched the influenza 2009 A/H1 and A/H3 components included in the trivalent and quadrivalent influenza vaccines. In addition, all influenza B antigenically characterized viruses in California have matched the influenza B Victoria lineage virus included in the trivalent and quadrivalent influenza vaccines.
- **Updated recommendations for prevention and control of influenza in long-term care facilities (LTCF):** www.cdph.ca.gov/programs/hai/Documents/RecommendationsForThePreventionAndControlOfInfluenzaOct2016.pdf
 - **Vaccination:** All LTCF healthcare personnel (HCP) and residents should be vaccinated annually against influenza, or upon admission between August and April, if not already vaccinated.
 - **Respiratory hygiene and cough etiquette:** Post visual alerts, provide tissues or masks to those symptomatic, ensure hand hygiene supplies are available, and exclude ill visitors and HCP.
 - **Definitions:**
 - A cluster of ILI is two or more cases of ILI occurring within 72 hours.
 - An influenza outbreak is one case of laboratory-confirmed influenza in the setting of a cluster of ILI within a 72 hour period.
 - **Surveillance:** Implement active daily surveillance for ILI throughout influenza season.
 - **Testing:** For cases of acute respiratory illness suggestive of influenza, the following influenza tests are recommended, in order of priority, if readily available: 1) real-time reverse-transcriptase (RT-PCR), 2) immunofluorescence, or 3) rapid influenza antigen tests. Real-time RT-PCR is the best way to confirm the diagnosis of influenza.
 - **Antiviral Treatment:** Antiviral therapy should be started as soon as possible for all LTCF residents with suspected or confirmed influenza, even before results are available.
 - **Antiviral Prophylaxis:** As soon as an influenza outbreak (as defined above) is determined, all non-ill residents should receive antiviral chemoprophylaxis, regardless of influenza vaccination status. Antiviral chemoprophylaxis should continue for a minimum of two weeks and for at least 7-10 days after the last known case is identified, whichever is longer. Priority should be given to residents living in the same unit or floor as an ill resident.
 - **Infection Control Precautions:** Enhanced Standard Precautions (Standard and Droplet Precautions) are recommended for any residents with suspected or confirmed influenza.
 - Additional guidance available at www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm.

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