



Eye on Influenza

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It's not too late to vaccinate!

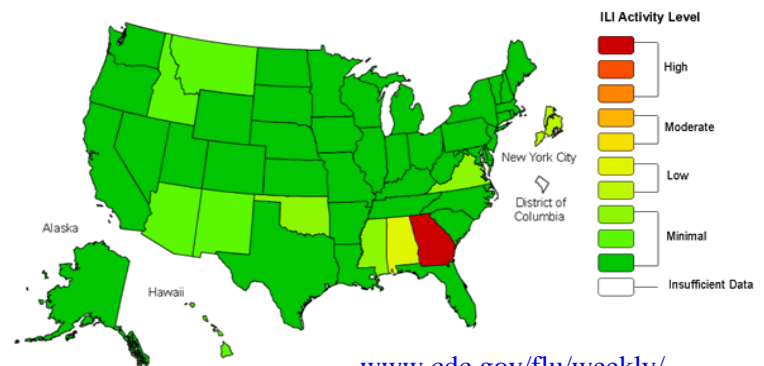
With the holiday parties and gatherings approaching, now is the time to ensure you, your patients, staff, and families are all protected. **Influenza vaccine is recommended annually for all persons 6 months of age and older.** For locations see www.ochealthinfo.com/public/flu and the Flu Vaccine Finder at www.flu.gov.

- **Influenza Update—International:** Globally, influenza activity is low. In several areas of the world, the majority of isolates reported are influenza A/H3N2, including in Canada, China, Mexico, Chile, and Cambodia. For more information see www.cdc.gov/flu/international/activity.htm.

- **Influenza Update – U.S. and Orange County:**

Influenza activity is still low in Orange County and the U.S. but appears to be increasing in the Southeast. Approximately 50% of the isolates typed through the CDC network have been flu A and 50% B. The majority of subtyped A isolates are A/H3 although A/2009 H1N1 has also been detected. Strains circulating appear to be a good match to the 2010-11 seasonal vaccine. In Orange County, influenza A/H3, A/2009 H1N1 and B have all been reported. Several cases of parainfluenza, especially type 2, have been confirmed through our sentinel provider network. No severe cases (resulting in admission to intensive care unit or death) of influenza have been reported in persons < 65 years of age.

Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILInet
2010-11 Influenza Season Week 47 ending Nov 27, 2010



www.cdc.gov/flu/weekly/

- **CDC 2010-11 Updated Guidance for Use of Antivirals.** The antiviral medications recommended for treatment and chemoprophylaxis of influenza this season are oseltamivir (Tamiflu®) and zanamivir (Relenza®). The adamantanes (amantadine and rimantadine) are currently not recommended because of resistance to these antivirals in circulating influenza strains.
 - Treatment should be started as soon as possible after symptom onset, ideally within 48 hours, when clinically indicated. Treatment should not wait for laboratory confirmation of influenza.
 - Treatment is recommended for any patient with confirmed or suspected influenza who has severe, complicated, or progressive illness; OR is hospitalized; OR is at higher risk for influenza complications (see reference below for list of conditions).
 - Treatment can also be considered for any previously healthy, non-high risk, symptomatic outpatient with confirmed or suspected influenza based upon clinical judgment, if treatment can be started within 48 hours of symptom onset.
 - See www.cdc.gov/flu/professionals/antivirals/index.htm for the complete recommendations, including dosages for adults and children, information about treatment/prophylaxis of infants, and situations in which chemoprophylaxis may be considered.
- **“Real Talk about Influenza Vaccine – Be Informed and Prepared”.** This ongoing free continuing education (CME and CE) activity is offered by the CDC through Medscape for clinicians. Vaccine experts discuss safety profiles of licensed influenza vaccines, safe administration, screening for contraindications and precautions, reporting to the Vaccine Adverse Event Reporting System (VAERS), and available resources. See: <http://cme.medscape.com/viewarticle/732969>.
- **Influenza Vaccination Coverage Among Pregnant Women Increased in the U.S. in 2009-10 Season.** Based on data from 10 states from the Pregnancy Risk Assessment Monitoring System (PRAMS), influenza vaccination coverage for pregnant women was 50.7% for seasonal influenza and 46.6% for 2009 H1N1 in 2009-10, compared to 24.2% in 2007-8 and 11.3% in 2008-9 (National Health Interview Survey data). PRAMS data also suggested coverage was much higher among pregnant women to whom influenza vaccine was offered or recommended by their health care provider. For full report see 12/3/10 MMWR at www.cdc.gov/MMWR.

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

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