



Eye on Influenza

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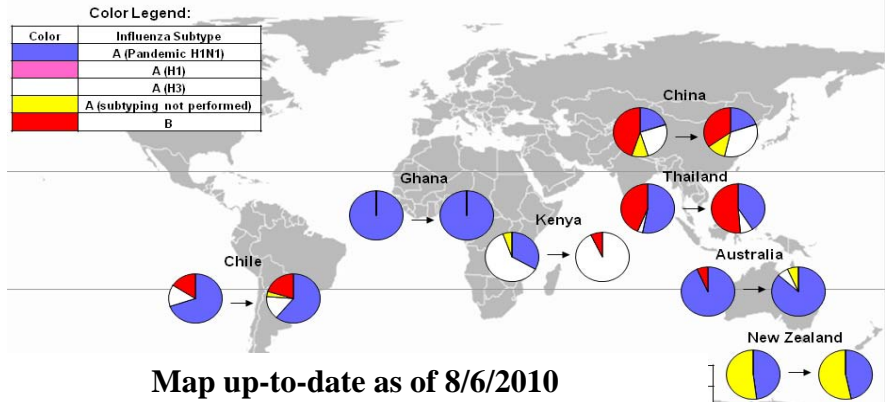
The World Health Organization (WHO) announced this week that the H1N1 pandemic is over. Influenza activity is low in Orange County and the U.S. but recently there have been reports of influenza A (H3N2) in a few states. Traditional influenza season is just several weeks away!

- **Global update.** On August 10, 2010, the WHO announced that the world was no longer in phase 6 of influenza pandemic alert and that we had entered the post-pandemic period. The 2009 H1N1 virus is expected to circulate for years to come as a seasonal influenza virus. However, it is no longer the dominant virus and many countries are now reporting a mix of influenza viruses, similar to what is seen during typical seasonal epidemics. Recent studies indicate that 20-40% of populations in some areas have been infected with 2009 H1N1; additional protective immunity may be present in countries with good vaccination coverage. Overall influenza activity is low worldwide, with the most active areas being in parts of South Asia, limited areas of tropical and South America, and South Africa. See www.cdc.gov/h1n1flu/updates/international/ and www.who.int/csr/disease/swineflu/en/index.html.

Proportion of Influenza Subtypes in Select Countries

Week 28 to 29, 2010

Data Source: FluNet (<http://gamapserver.who.int/GlobalAtlas/home.asp>)



- **U.S. update.** Influenza activity is low in the U.S. but influenza A (H3N2) infections have recently been reported in a number of states, including two small localized outbreaks in Iowa. Additional influenza A (H3) positive specimens from other states have been received as well as sporadic reports of 2009 H1N1 and influenza B viruses. For details, see www2a.cdc.gov/HAN/ArchiveSys/ 8/4/10 Health Advisory. Recommendations for Orange County health care providers:
 - **Consider influenza as a possible diagnosis in patients with acute respiratory illness, including pneumonia, even during the summer.**
 - **Treat patients with clinically suspected influenza illness who have illness requiring hospitalization; progressive, severe, or complicated illness, regardless of previous health status; and/or patients at increased risk of severe disease, with influenza antivirals.**
 - The neuraminidase inhibitors oseltamivir (Tamiflu®) and zanamivir (Relenza®) are the currently recommended influenza antivirals. The adamantanes (amantadine and rimantadine) are not recommended because of high levels of resistance in H3 and 2009 H1N1 viruses.
 - Treatment, when clinically indicated, should not be delayed pending definitive laboratory testing. Point-of-care rapid tests have limited sensitivity and a negative result should not be used to guide decisions regarding treatment with influenza antivirals. False-positive tests can also occur and polymerase chain reaction (PCR) testing and/or viral culture is recommended when laboratory confirmation is desired.
 - **Report all outbreaks and unusual increases in febrile respiratory illnesses to 714-834-8180.**
 - **Submit influenza-positive specimens to Public Health for confirmation and subtyping during time periods (such as currently) when influenza activity is minimal.** Call 714-834-8180 to discuss if influenza confirmation would be indicated on a case-by-case basis.
- **CDC updates recommendations for influenza vaccination.** (See www.cdc.gov/mmwr, Vol. 59, 7/29/10)
 - All persons aged 6 months and older should be vaccinated annually against influenza.
 - Vaccination of children 6 months-8 years of age must take into consideration the number of doses of seasonal influenza vaccine and 2009 H1N1 vaccine received previously. See the algorithm (Fig. 3) for vaccination of children on p. 34 of the recommendations.
 - The 2010-11 seasonal influenza vaccine will include A/California/7/2009 (H1N1)-like (the same strain as in the 2009 H1N1 vaccine), A/Perth/16/2009 (H3N2)-like, and B/Brisbane/60/2008-like strains. Information also available about newly approved vaccines and expanded age indications.

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

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