



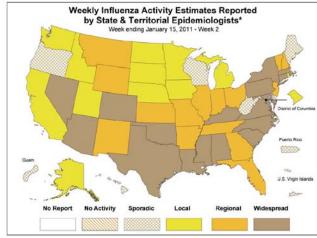
Eye on Influenza

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Influenza activity continues to increase in Orange County. It's not too late to vaccinate!

Ten severe cases (resulting in admission to intensive care) of influenza in persons <65 years of age, including one death, have been reported in Orange County (OC) this season. It's not too late to vaccinate! For vaccination locations see www.ochealthinfo.com/public/flu or www.flu.gov.

- Influenza Update Orange County: Of the 10 severe cases, five were children. Circulating types/subtypes in OC have included influenza A H3, A 2009 H1N1 and B. Increases in the percent of outpatient visits for influenza-like illness seen by sentinel providers and in the number of influenza-positive laboratory results at hospital laboratories have been reported over the past several weeks.
- Influenza Update U.S. and California: Nationally, influenza activity is widespread in 17 states, regional in 15, and local in D.C. and 12 states, including California. Of the influenza-positive specimens reported to the Centers for Disease Control and Prevention (CDC) by collaborating laboratories, 85% have been flu A and 15% flu B. Of the subset of A specimens that have been subtyped, 74% are H3 and 26% are 2009 H1N1. In California, however, approximately 70% of influenza reported by participating laboratories has been flu A (56% H3 and 44% 2009 H1N1) and 30% B. Nationally, 100% of strain-typed A viruses match the H3N2 and 2009 H1N1 components of the 2010-11 Northern Hemisphere influenza vaccine and 92% of B strains



- * This map indicates geographic spread & does not measure the severity of influenza activity
- typed are of the B/Victoria lineage covered by the vaccine. No strains tested have been resistant to the antivirals oseltamivir (Tamiflu®) or zanamivir (Relenza®) this season. Respiratory syncytial virus (RSV) activity remains high in California.
- Influenza Update—International: Increases in influenza activity continue to be reported in Europe, with the 2009 H1N1 and B strains being predominant. Increases are also now being reported in areas of East Asia, North Africa, and the Middle East. See www.cdc.gov/flu/international/activity.htm.
- Possible increase in febrile seizures after receiving Fluzone® in children < 2 years of age. Federal health officials are investigating an increase in the number of febrile seizures reported to the CDC Vaccine Adverse Events Reporting System (VAERS) following Fluzone® vaccination in children < 2 years old. No increase has been noted in persons older than 2 years or with any other product. The VAERS information is preliminary and further investigation is needed to determine if there is a link between the product and the seizures. Fluzone is a trivalent inactivated influenza vaccine and is the only vaccine recommended this season for infants and children ages 6 to 23 months. For more information, see http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/default.htm.
- CDC Advisory Committee on Immunization Practices (ACIP) updates "Antiviral Agents for the Treatment and Chemoprophylaxis of Influenza". Highlights include recommendations for use of 1) early antiviral treatment of suspected or confirmed influenza among persons with severe influenza (e.g., those with severe, complicated or progressive illness, or who require hospitalization); 2) early antiviral treatment of suspected or confirmed influenza among persons at higher risk of influenza complications, including children aged < 1 year; 3) either oseltamivir or zanamivir for persons with influenza caused by 2009 H1N1, A (H3N2) or B viruses, or when the influenza virus type or influenza A subtype is unknown; 4) local influenza testing and surveillance data to help guide treatment decisions; and 5) consideration of antiviral treatment for outpatients with confirmed or suspect influenza who do not have risk factors for severe illness, if treatment can be initiated within 48 hours of onset of illness. See www.cdc.gov/mmwr, MMWR Recommendations and Reports, Volume 60, No. 1, January 21, 2011.