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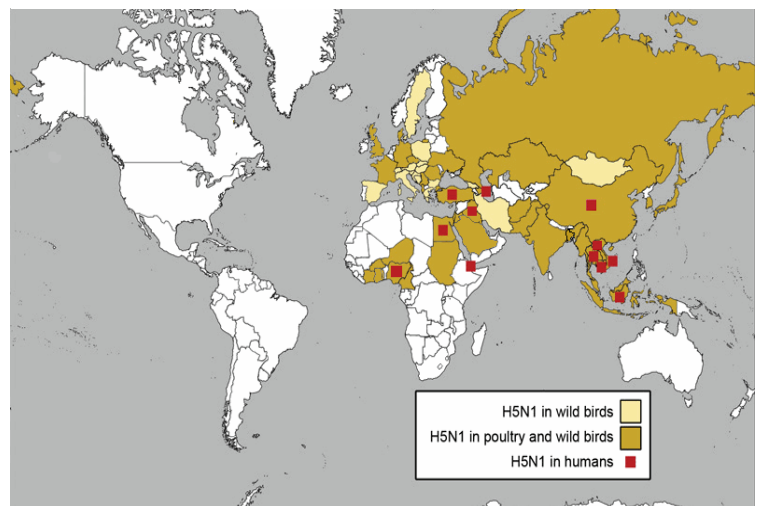
- **Study indicates shedding of influenza virus can occur for 7 days or longer after symptom onset.** A Mayo Clinic study found that 54% of study subjects tested positive for influenza via polymerase chain reaction (PCR) at or after 7 days of illness while 29% were still positive by culture. The longest period of shedding shown was 14 days. The majority of the patients were elderly and had chronic illnesses. Since other patients and hospital staff were not tested, it is not certain if the patients who had influenza genetic material detected by PCR were still capable of spreading the virus. Current CDC recommendations include standard and droplet isolation precautions for hospitalized flu patients for 5 days after symptom onset. See <http://www.cidrap.umn.edu/cidrap/content/influenza/general/news/aug0107shedding.html>.
- **British biotechnology company launches clinical trial of a universal influenza A vaccine** designed to target all influenza A viruses, including seasonal and pandemic strains. If successful, we would be one step closer to a universal influenza (A & B) vaccine which would eliminate the need for annual updates in circulating strains for the seasonal influenza vaccine and the delay in reengineering and production when seasonal or potential pandemic viruses mutate. See <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/jul3007acambis.html>
- **Study finds that community measures implemented early during the 1918 pandemic flu prevented deaths.** Scientists from the CDC and University of Michigan Medical School reviewed public records from 1918-1919 and evaluated the impact of public health measures such as school closures, cancellation of public events, and isolation and quarantine, implemented by 43 U.S. cities during the 1918 flu pandemic on the city's excess death rate (from pneumonia and influenza) during the pandemic. Cities that began the interventions earlier had a greater success at decreasing excess deaths. These types of strategies may help reduce the spread of disease until a vaccine matched to the pandemic strain is available. For more information, see <http://www.cdc.gov/od/oc/media/pressrel/2007/r070807.htm>.
- **NIH scientists research future H5N1 mutants as targets for vaccines and other therapeutic modalities.** Targeted mutations are those which improve the ability of the avian virus to bind to human receptors and spread more easily from person to person. For more information, see <http://www.nih.gov/news/pr/aug2007/niaid-09.htm>

Avian Influenza Update (as of July 25th)

- 319 human H5N1 cases have been confirmed in Azerbaijan (8), Cambodia (7), China (25), Djibouti (1), Egypt (38), Indonesia (102), Iraq (3), Lao People's Democratic Republic (2), Nigeria (1), Thailand (25), Turkey (12), and Vietnam (95), and have resulted in 192 (60%) deaths. H5N1-infected birds have been reported in multiple areas in Asia, Africa and Europe. For an up-to-date list of H5N1-affected countries, please visit: <http://www.ochealthinfo.com/epi/af/index.htm>.
- Please report immediately to OC Epidemiology at 714-834-8180 any patients with fever and respiratory symptoms with history of travel to H5N1-affected areas in the 10 days prior to symptom onset.



Nations with Confirmed H5N1 Avian Influenza Cases (as of August 2007)



Recommended Resources

OC: <http://www.ochealthinfo.com/epi/flu/surveillance.htm>;
 CA: <http://www.dhs.ca.gov/ps/dc/dc/VRDL/html/FLU/FluIntro.htm>;
 CDC: <http://www.cdc.gov/flu/weekly/>; HHS: <http://www.pandemicflu.gov/>;
 General: <http://www.cdc.gov/flu>

If you have any comments about this flyer, contact Alina Burgi or Pamela Roa Hipp at (714) 834-8180. To receive this newsletter by email, please contact us at epi@ochca.com.