



Eye on Influenza

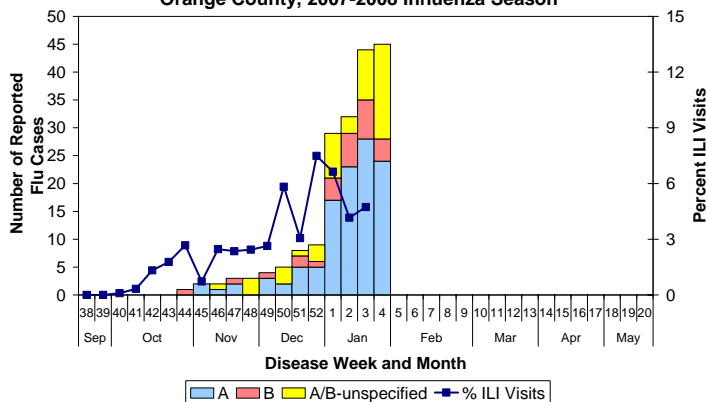
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Orange County Health Care Agency, Epidemiology & Assessment, 1719 W. 17th St. Santa Ana, CA 92706, (714) 834-8180

Influenza activity is increasing in Orange County. Consider influenza in your patients presenting with fever and/or respiratory symptoms. For information on safety precautions for those traveling to Asia for the upcoming Lunar New Year (February 7), see <http://www.cdc.gov/travel/contentAvianFluAsia.aspx>.

- **CDC surveys primary care physicians (PCPs) from four U.S. states on influenza testing and antiviral prescribing.** 69% of 730 PCPs administered influenza tests, mainly rapid antigen tests, to patients with influenza-like illness in the 2006-07 influenza season and 53.8% prescribed antiviral medications, including 26.4% who prescribed amantadine or rimantidine which are no longer recommended for influenza in the U.S. because of resistance in circulating influenza A strains. CDC recommends more education efforts to make PCPs aware of current treatment recommendations and that PCPs use clinical judgment and information about recent influenza activity to guide clinical decisions as rapid antigen tests for influenza have low sensitivities. For more information, see <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5703a1.htm>.
- **WHO Committee publishes “Update on Avian Influenza A (H5N1) Virus Infection in Humans”.** For the free full text version, see <http://content.nejm.org/cgi/content/full/358/3/261>. Key points include:
 - Highly pathogenic avian influenza A H5N1 viruses remain in poultry in Asia, Africa, and the Middle East. Influenza A H5N1 disease in humans remains very rare despite widespread poultry exposures.
 - The median age of H5N1 infected cases is approximately 18 years with 90% < age 40 years.
 - Overall case fatality rate is 61%; it is highest in the 10-19-year-old age group.
 - Increases in human cases have occurred during cooler months in association with increases in poultry outbreaks. However, cases have occurred year-round.
 - The viruses infecting humans have been entirely avian and transmission has mainly occurred directly from birds to humans. Small clusters of human H5N1 illness have been identified in 10 countries. In ≥25% of human cases, the source of exposure is unclear.
 - The incubation period generally is < 7 days (most 2-5 days) after exposure to infected poultry.
 - Most illness has manifested as a severe pneumonia that often progresses rapidly to acute respiratory distress syndrome. Median time from onset of illness to presentation was 4 days, and from onset of illness to death was 9-10 days. Lymphopenia and increased lactate dehydrogenase (LDH) at presentation have been associated with poor prognosis.
 - Detection of viral RNA by polymerase chain reaction (PCR) remains the best method for initial diagnosis of H5N1 infection. Diagnostic yield for H5N1 has been higher with throat swabs, but both throat and nasal swabs are recommended because the latter are more useful for detection of human influenza (H3 & H1) viruses. A single negative specimen does not rule out H5N1 and repeated collection is recommended. Commercially available rapid assays for influenza antigen detection have poor sensitivity for H5N1.
 - Early treatment with oseltamivir is recommended although the optimal dose and duration of therapy are uncertain and a higher dose with longer duration (10 days) may be reasonable. Corticosteroids should not be used routinely.
- **WHO launches H5N1 Influenza Virus Tracking System:** www.who.int/fluvirus_tracker/searchsample.

Reported Influenza Cases by Type & Percent of Visits Due to Influenza-Like Illness (ILI)
Orange County, 2007-2008 Influenza Season



Orange County, California, and U.S. **

- To date, there have been 188 total reported influenza cases in OC; 113 A, 27 B, & 48 A/B unspecified. Of the 113 influenza A, 52 have been subtyped: 31 A/H1 and 21 A/H3.
- To date, there have been six laboratory confirmed severe pediatric influenza (PICU) cases in OC; 3 A/H1, 2 A/H3 and 1 B.
- Influenza activity continued to increase in the U.S. in week 3 (ending 1/19/08) with six states reporting widespread activity and 17 states including CA reporting regional activity.

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