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Novel H1N1 Flu (“Swine Flu”)

This situation continues to evolve daily. For new and updated guidance, see www.cdc.gov/H1N1flu/.

- **Orange County (OC) update:** As of May 14, 2009, 34 confirmed or probable novel H1N1 flu cases were reported in Orange County. One case was hospitalized and has since been discharged to home; there have been no deaths.
- **National and global update:** As of May 14, 2009, 4,298 confirmed or probable cases and three (0.1%) deaths have been reported from 47 states in the U.S. Cases have also been reported in 32 other countries, with Mexico reporting 2,446 cases and 60 (2.5%) deaths, Canada 389 cases with one death, and Costa Rica 8 cases with one death. No other countries have reported deaths.
- **Pregnant women and novel H1N1 flu.** As of May 10, 2009, 20 confirmed or probable cases of novel H1N1 flu have been reported in pregnant women in the U.S. Among the 13 women for whom data was available, three were hospitalized, of whom one died. Although data are insufficient to know who is at increased risk for complications of novel H1N1 flu, experience from annual seasonal influenza epidemics and previous pandemics has indicated that pregnant women generally are at higher risk for flu-associated morbidity and mortality when compared to non-pregnant women.

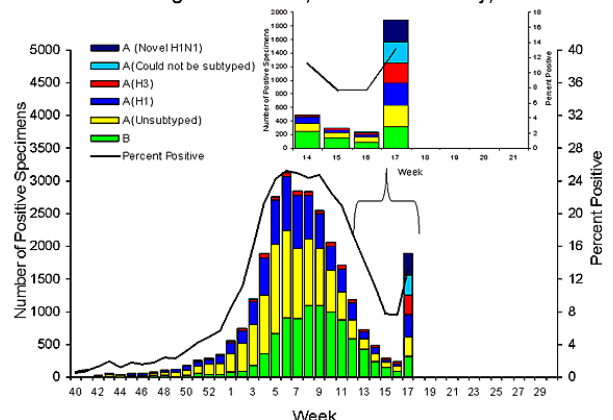
CDC Recommendations:

- **Pregnant women with confirmed, probable, or suspected novel H1N1 flu should receive antiviral treatment for 5 days.**
 - Treatment should be initiated within 48 hours of symptom onset, if possible.
 - Oseltamivir (Tamiflu®) is the preferred treatment for pregnant women.
- **Pregnant women who are in close contact with a person with confirmed, probable, or suspected H1N1 flu infection should receive a 10-day course of chemoprophylaxis with zanamivir (Relenza®) or oseltamivir (Tamiflu®).**

See “Novel Influenza A (H1N1) Virus Infections in Three Pregnant Women – United States, April-May 2009”, 5/12/09 *MMWR* Dispatch or 5/14/09 issue of *MMWR Weekly*, available at www.cdc.gov/mmwr/, and CDC Interim Guidance on Antiviral Recommendations for Novel H1N1 (section for Pregnant Women) at <http://www.cdc.gov/h1n1flu/recommendations.htm>.

- **Additional novel H1N1 information for pregnant women** available at www.cdc.gov/h1n1flu/guidance/:
 - Pregnant Women and Novel Influenza A H1N1 – Considerations for Clinicians
 - What Pregnant Women Should Know about H1N1 Virus
 - Info for Pregnant Women in Education, Child Care, and Health Care
- **Surveillance:** Priorities for surveillance continue to focus on (1) severe illness, (2) outbreaks, and (3) high risk groups (such as health care workers, pregnant women, or institutionalized persons) in order to detect changes in the virulence or epidemiology of the virus and identify outbreaks. Please see the latest criteria for testing (last updated 5/4/09), available at www.ochealthinfo.com/epi/swine/providers. Sentinel providers should continue to submit specimens on patients with influenza-like illness (ILI).
 - **Sentinel providers – Please report weekly on your influenza-like illness visits! We count on your reports to help us monitor the level of ILI in the community.**
 - Free access video available to demonstrate how to take a nasopharyngeal specimen. See <http://content.nejm.org/cgi/content/full/NEJM0903992/DC1>.

Influenza Positive Tests Reported to CDC by U.S. WHO/NREVSS Collaborating Laboratories, National Summary, 2008-09*



*Graph depicts reports from national influenza surveillance through week ending 5/2/09. Note: A (Novel H1N1) indicates confirmed novel H1N1 reports; A (could not be subtyped) indicate “probable” reports; and A (H1) are seasonal human H1 influenza.