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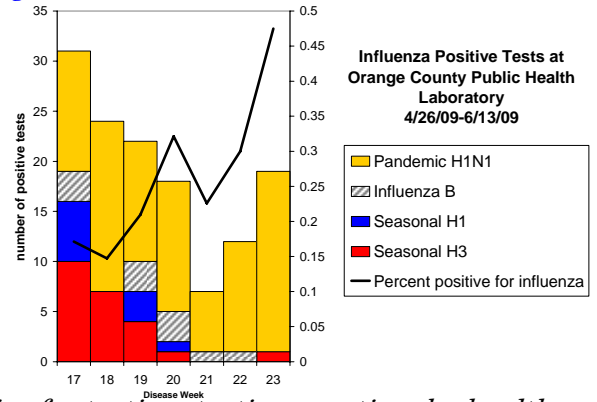
## Pandemic H1N1 Flu Update

**Current WHO pandemic alert level: Phase 6 (Pandemic).**

**Current CDC pandemic severity index (PSI): Category 2 (of 5)**

(see <http://www.pandemicflu.gov/plan/community/commitigation.html> for definitions of PSI)

- **Orange County (OC) update:** As of June 19, 2009, 153 confirmed or probable cases of novel H1N1 flu have been reported in Orange County residents. Since May 26, 2009, only 3 respiratory specimens tested at the Orange County Public Health Laboratory have been positive for human/seasonal influenza A (all were H3) while 2 were positive for influenza B. **This suggests that almost all of the currently circulating influenza in Orange County since late May has been novel H1N1.** *Note: Surveillance is not population-based and underestimates the true number of cases. The change in percent positive and number of specimens received may be influenced by changes in priorities for testing, testing practices by health care providers, an increase in the number of specimens collected from outbreaks, and other factors. A similar trend is also being seen at the national level.*



- **Clinicians:** See attached “Information for MDs of Patients with Novel H1N1 Flu” and review instructions with your patients with suspect, probable, or confirmed novel H1N1 flu. Attachment will also be posted at <http://www.ochealthinfo.com/epi/swine/providers/index.htm>.
- **Rapid testing for influenza:** The sensitivity and specificity of influenza rapid tests and direct and indirect fluorescent antibody (DFA, IFA) tests for novel H1N1 influenza A is unknown. Cases have been reported in which a rapid test was negative for influenza A but the patient subsequently tested positive for novel H1N1 by PCR. **A negative rapid test for influenza A does not rule out infection with novel H1N1 influenza.**  
**Antiviral treatment:** Novel H1N1 influenza A continues to be susceptible to the neuraminidase inhibitors (oseltamivir (Tamiflu®) or zanamivir (Relenza®)). See attached “Information for MDs of Patients with Novel H1N1 flu for recommendations or [www.cdc.gov/h1n1flu/recommendations](http://www.cdc.gov/h1n1flu/recommendations).
- **Infection control measures in healthcare settings:**
  - **Article on novel H1N1 flu in healthcare workers emphasizes need for use of infection control strategies to prevent transmission in healthcare settings:** See [www.cdc.gov/mmwr](http://www.cdc.gov/mmwr), 6/19/09 issue. Patients presenting to a healthcare facility with symptoms of influenza-like illness should be masked and put promptly into a room with the door closed, or at least separated from others in the waiting room by at least 3 feet.
  - At the beginning of the novel H1N1 influenza outbreak, before any information on transmission was available, the CDC recommended using airborne precautions (in addition to standard and contact precautions with eye protection). However, transmission patterns observed so far appear to be similar to those of seasonal influenza. Other organizations, including the WHO, the Society for Healthcare Epidemiology of America (SHEA), 4 states and 4 local jurisdictions in the US have subsequently recommended droplet and standard precautions except when performing aerosol-generating procedures, for which airborne precautions should be used. Orange County’s Epidemiology and Assessment program concurs with these recommendations. The SHEA position statement, which has been endorsed by the Infectious Diseases Society of America (IDSA) and the Association for Professionals in Infection Control and Epidemiology (APIC), is available at [http://www.shea-online.org/Assets/files/policy/061209\\_H1N1\\_Statement.pdf](http://www.shea-online.org/Assets/files/policy/061209_H1N1_Statement.pdf). Recommendations may change as the situation evolves.
- **Novel H1N1 outbreaks in summer camps have occurred.** See <http://www.cdc.gov/h1n1flu/camp.htm> for guidance on reducing transmission in camps.