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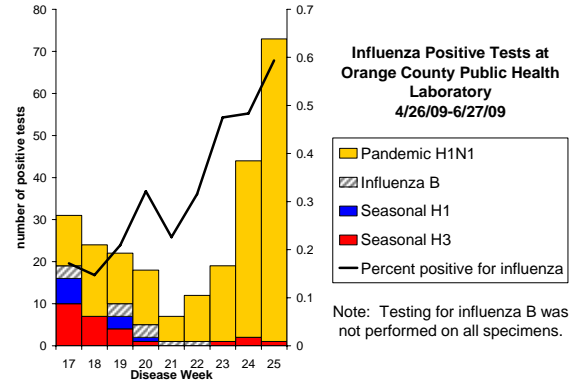
## Pandemic H1N1 Flu Update

*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/committigation.html> for definitions of PSI)

- **Orange County (OC) update:** As of July 2, 2009, 322 confirmed or probable cases of novel H1N1 flu have been reported in Orange County residents. **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, multiple specimens from outbreaks or clusters, and other factors.*



### Testing recommendations

- **Priorities for testing for novel H1N1 have not changed since early May.** Specimens for novel H1N1 will be accepted for testing through Orange County Public Health on patients with influenza-like illness (ILI) who are (1) hospitalized, (2) health care workers, (3) pregnant, (4) part of a cluster or outbreak, and/or (5) residents in an institutional setting. **We are especially interested in patients hospitalized in intensive care units to better characterize risk factors for severe illness. We no longer need to receive specimens on patients (even if flu A positive) who do not meet criteria,** as all flu A is assumed to be novel H1N1 at this time. Criteria for specimen submission may change as the situation evolves. For the latest criteria, see <http://www.ochealthinfo.com/epi/swine/providers/index.htm>. Sentinel providers can continue to send specimens on outpatients with influenza-like illness.
- **Preliminary data from Naval Health Research Center suggest sensitivity and specificity of rapid tests for flu vary for different strains.** Sensitivity of rapid test was 51% for novel H1N1 influenza at this center. See *New England Journal of Medicine* 6/29/09 Correspondence available at [www.nejm.org](http://www.nejm.org).

### Antiviral recommendations

- **CDC and CDPH continue to emphasize empiric antiviral treatment as soon as possible for:**
  - All hospitalized patients with suspect, probable, or confirmed novel influenza A H1N1.
  - All outpatients with suspect novel influenza A H1N1 infection who are at higher risk\* for influenza complications. *\*High risk groups include: children younger than 5 years old; adults 65 years of age and older; persons with chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus), immunosuppression (including that caused by medications or by HIV); pregnant women; persons younger than 19 years of age who are receiving long-term aspirin therapy; and residents of nursing homes and other chronic-care facilities.*
- **American Medical Association (AMA) provides additional information on antiviral treatment of severely ill patients.** See <http://www.ama-assn.org/ama/pub/physician-resources/medical-science/infectious-diseases/topics-interest/swine-flu/swine-flu-treatment.shtml>. Based on limited data (no comparative studies), the following regimens could be considered for **severely ill patients:**
  - **Longer duration of treatment** for severe illness that persists at the end of the usual 5 day course.
  - **Higher treatment doses** (e.g., 150 mg oseltamivir twice per day), based on concerns about the potential for lower oseltamivir absorption, higher viral loads, and reduced delivery of oseltamivir to damaged tissue among severely ill patients.
- **Resistance to antiviral likely in some pandemic flu cases.** A patient in Denmark has been reported with a novel H1N1 virus that is resistant to oseltamivir (Tamiflu®). Thus far surveillance in the U.S. has not revealed resistance in the 202 novel H1N1 isolates tested to date. However, the development of resistance is not uncommon during flu outbreaks, and is expected eventually in the U.S. as well. See <http://www.cidrap.umn.edu/cidrap/content/influenza/swineflu/news/jun3009tamiflu-ms.html>.

If you have any comments about this flyer, contact Michele Cheung, MD MPH, at (714) 834-8180.

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