



Archived Document

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This report includes information through 10/26/05.

Flu Season has begun. Orange County has received five reports of confirmed influenza this season; two were severe influenza cases affecting children. Please help monitor the impact of influenza and guide prevention and control efforts by participating in OC flu surveillance. Health care providers and labs are encouraged to contact Pamela Roa Hipp at OC Epidemiology (714-834-8180) for more information.

- **Flu vaccine** is available for high-risk groups at many locations throughout the county. For more information on upcoming flu clinics, see <http://www.ochealthinfo.com/public/flu/locations.htm>. For information on flu vaccine clinics at local retail pharmacies, see <http://www.findaflushot.com>. The flu vaccine is very effective (i.e., 70-90%) in preventing influenza among healthy adults younger than 65 years of age and plays a critical role in reducing death, hospitalization and pneumonia in elderly patients.
- Please see the **CDC Advisory Committee on Immunization Practices (ACIP) Recommendations for the 2005-06 Season** at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5408a1.htm> for a complete review of influenza vaccination recommendations.
 - **New:** Persons with any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk of aspiration should be vaccinated annually.
 - **Special emphasis:** All health care workers (HCW) should be immunized annually against influenza. Facilities that employ HCW should provide vaccine to workers by using approaches that maximize immunization rates.
 - For flyers to promote HCW vaccination visit: <http://www.dhs.ca.gov/ps/dcdc/izgroup/pdf/IMM-824flumist-HCW.pdf>
- Prevent illness and disease by promoting proper respiratory hygiene in the healthcare setting. For posters, see: <http://www.dhs.ca.gov/ps/dcdc/izgroup/pdf/imm783k.pdf> & http://www.cdc.gov/flu/protect/pdf/covercough_hcp11x17.pdf.

Avian Influenza Update

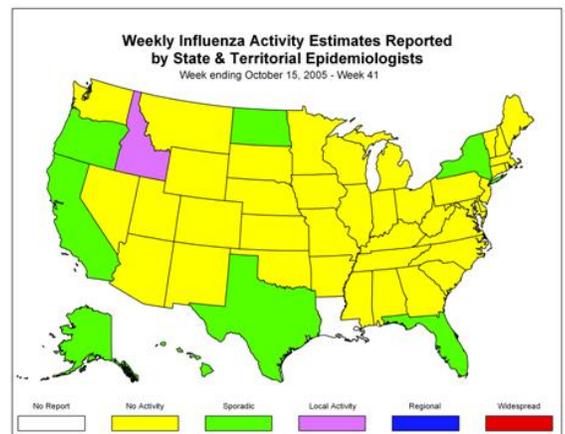
- As of October 24, 2005, 121 human cases of avian influenza H5N1 and 62 deaths have been reported from Vietnam, Thailand, Indonesia, and Cambodia since avian H5N1 outbreaks began in 2003. Additionally, infected birds have been detected in China, Siberian Russia, Kazakhstan, Romania, Turkey, and Mongolia.
- Clinicians should maintain a high index of suspicion for influenza A (H5N1) in patients with fever and respiratory symptoms arriving or returning from Asia. Please consult OC Epidemiology (714-834-8180) for diagnostic and infection control recommendations. For more information, see <http://www.ochealthinfo.com/epi/af/index.htm>

Additional Information:

- General: <http://www.cdc.gov/flu>
 OC: http://www.ochealthinfo.com/epi/flu/general_info.htm
 CA: <http://www.dhs.ca.gov/ps/dcdc/vrdl/html/flu/Fluintro.htm>
 USA: www.cdc.gov/flu/weekly/

California and USA

- During week 41 (week ending 10/15/05), influenza occurred at a low level in the United States. Idaho reported local influenza activity and eight states and New York City reported sporadic activity.





Eye on Influenza

November 10, 2005
Volume 2, Issue 2

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

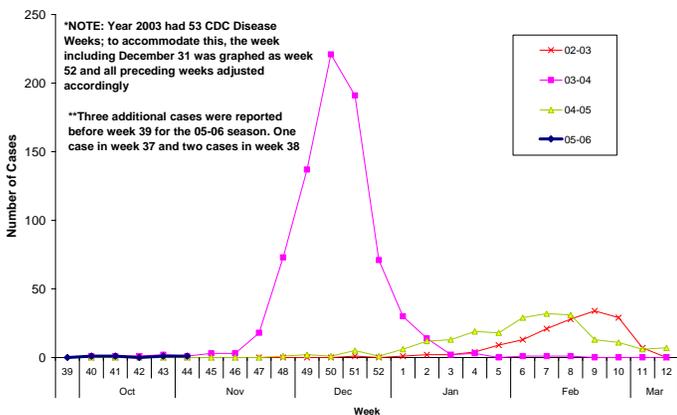
This report includes information through 11/05/05 (CDC Disease Week 44).

Orange County continues to receive sporadic reports of influenza this season. All patients who present to a healthcare setting with fever and respiratory symptoms should be managed according to CDC's recommendations for [Respiratory Hygiene and Cough Etiquette](http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm) (<http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>) and questioned regarding their recent travel history.

- **Flu vaccine:** Clinics: <http://www.ochealthinfo.com/public/flu/locations.htm> and <http://www.findaflushot.com>. Flu vaccine supply: <http://www.cdc.gov/flu/about/qa/0506supply.htm>
- **Antivirals:** For updated guidelines about the use of antivirals for treatment and prophylaxis of influenza, see <http://www.cdc.gov/flu/professionals/treatment/0506antiviralguid.htm>. For guidelines regarding the personal stockpiling of oseltamivir (Tamiflu®), see <http://www.ochealthinfo.com/epi/af/index.htm#Physicians/>.
- **Pandemic flu:** The U.S. Department of Health and Human Services (HHS) has launched a website (<http://www.pandemicflu.gov/>) containing comprehensive information on pandemic and avian influenza.



Orange County Influenza Cases
Reported by Week and Season, 2002-2005*



*Note: The number of confirmed cases does NOT correspond to the total number of cases occurring in OC as not all labs participate, the surveillance programs are not population based, and testing may be influenced by many factors such as public interest. However, the trends in influenza activity are likely to be reflected accurately.

Orange County*

- To date this season, we have received 7 reports of influenza in OC residents. Last season (2004-2005), OC received a total of 231 confirmed cases of flu and three deaths. The season peaked during the week ending February 26, 2005. Influenza B accounted for 150 (64.9%) of all influenza cases.
- We are actively recruiting physicians and other healthcare providers to participate as sentinel providers for influenza surveillance. Incentives include viral isolation on a subset of patients and rapid flu test kits. Contact us at epi@ochca.com or 714-834-8180 for more information.

Avian Influenza Update

- As of November 9, 2005, 125 human cases of avian influenza H5N1 and 64 deaths have been reported from Vietnam, Thailand, Indonesia, and Cambodia since avian H5N1 outbreaks began in 2003. Additionally, infected birds have been detected in China, Russia, Kazakhstan, Romania, Turkey, Mongolia, and Croatia.
- Clinicians should maintain a high index of suspicion for influenza A (H5N1) in patients with fever and respiratory symptoms arriving or returning from Asia. Please consult OC Epidemiology (714-834-8180) for recommendations.

Additional Information:

General: <http://www.cdc.gov/flu>

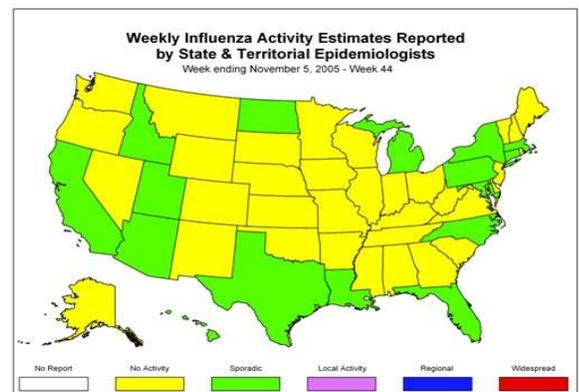
OC: <http://www.ochealthinfo.com/epi/flu/surveillance.htm>

California: <http://www.dhs.ca.gov/ps/dcdc/VRDL/html/FLU/Fluintro.htm>

USA: www.cdc.gov/flu/weekly/

California and USA

- During week 44 (week ending 11/5/05), influenza activity was low in the United States. Sixteen states, New York City, and Puerto Rico reported sporadic influenza activity.



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

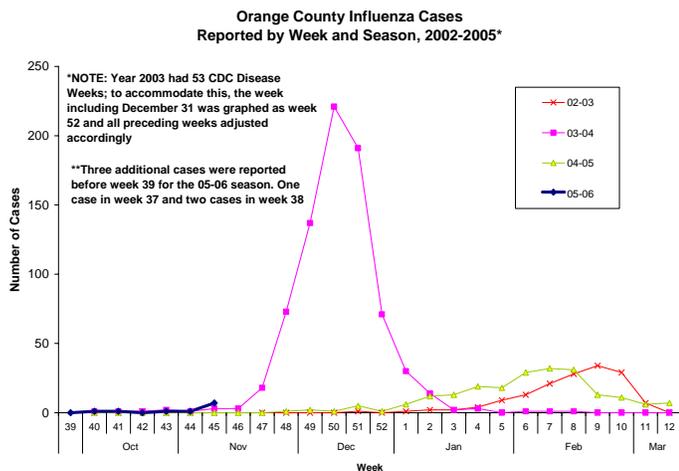


Orange County Health Care Agency, Epidemiology & Assessment, 1719 W. 17th St. Santa Ana, CA 92706, (714) 834-8180

This report includes information through 11/12/05 (CDC Disease Week 45).

Orange County continues to receive sporadic reports of influenza this season.

- **It's not too late to get vaccinated.** Close contact with others during the holiday season may increase the risk of influenza transmission. Influenza vaccination is the best way for you, your staff, and your patients to reduce your chances of getting influenza. For vaccination locations, visit <http://www.ochealthinfo.com/public/flu/locations.htm> and <http://www.findaflushot.com>.
- **Travel to H5N1 avian influenza-affected areas:** CDC has not recommended that the general public avoid travel to any of the countries affected by H5N1. However, guidelines are available for travelers to avian influenza-affected areas to reduce their risk of illness at: http://www.cdc.gov/travel/other/avian_influenza_se_asia_2005.htm.
- **Pandemic Influenza:** The W.H.O. defines six pandemic phases. We are currently at Phase 3 (new virus causes human cases, but no or very limited human-to-human transmission). For a table describing the pandemic phases, see http://www.who.int/csr/disease/avian_influenza/phase/en/index.html.



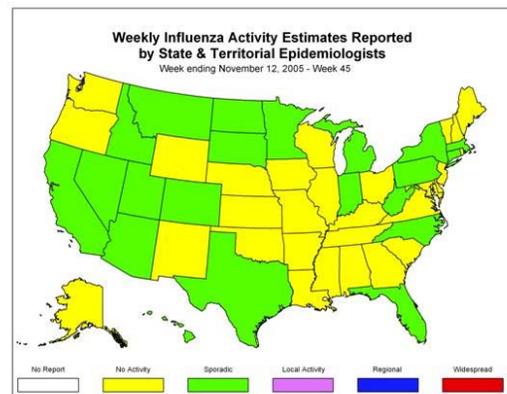
*Note: The number of confirmed cases does NOT correspond to the total number of cases occurring in OC as not all labs participate, the surveillance programs are not population based, and testing may be influenced by many factors such as public interest. However, the trends in influenza activity are likely to be reflected accurately.

Orange County*

- To date this season, we have received 15 reports of influenza in OC residents. Thirteen have been influenza A and two were A/B unspecified. OC has received one report of a pediatric influenza-associated death.
- We are actively recruiting physicians and other healthcare providers to participate as sentinel providers for influenza surveillance. Incentives include viral isolation on a subset of patients and rapid flu test kits. Contact us at epi@ochca.com or 714-834-8180 for more information.

California and USA

- During week 45 (week ending 11/12/05), influenza activity was low in the United States. Twenty-one states, New York City, the District of Columbia and Puerto Rico reported sporadic influenza activity.



Avian Influenza Update

- As of November 17, 2005, 130 human cases of avian influenza H5N1 and 67 deaths have been reported from Vietnam, Thailand, Indonesia, Cambodia, and China since avian H5N1 outbreaks began in 2003. Additionally, infected birds have been detected in China, Russia, Kazakhstan, Romania, Turkey, Mongolia, and Croatia.
- Clinicians should maintain a high index of suspicion for influenza A (H5N1) in patients with fever and respiratory symptoms arriving or returning from Asia.
- For recommendations for surveillance, diagnostic evaluation, and infection control precautions, visit http://www.ochealthinfo.com/epi/af/af_update2.pdf

Additional Information:

General: <http://www.cdc.gov/flu>

OC: <http://www.ochealthinfo.com/epi/flu/surveillance.htm>

California: <http://www.dhs.ca.gov/ps/dc/dc/VRDL/html/FLU/Fluintro.htm>

USA: www.cdc.gov/flu/weekly/

If you have any comments about the flyer, contact Pamela Roa Hipp or Sandra Nutter at (714) 834-8180.

To receive this newsletter by email, please contact us at epi@ochca.com.



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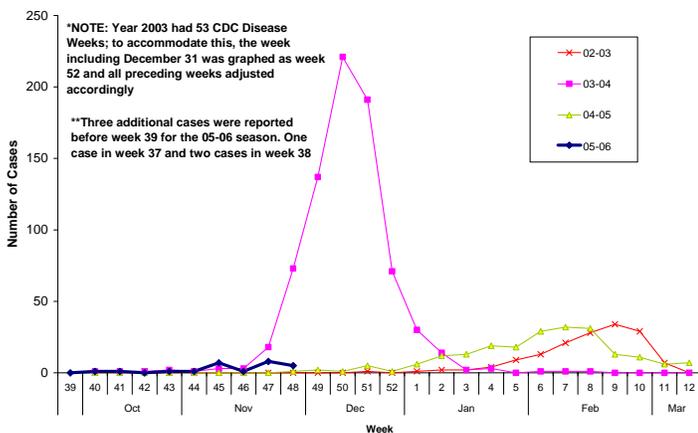
This report includes information through 11/26/05 (CDC Disease Week 47).



Orange County has received one report of an influenza outbreak among residents of a long term care facility. Flu vaccine is the best way to prevent transmission of influenza, visit <http://www.ochealthinfo.com/public/flu/locations.htm> & <http://www.findaflushot.com> for more information on clinics.

- **Foreign Language Resources:** <http://www.cdc.gov/ncidod/sars/cht/sarsfluhanjan1404-chinese.pdf> (SARS, Avian Flu in Chinese); <http://www.cdc.gov/flu/cht/pdf/keyfacts-chinese.pdf> (Flu in Chinese); <http://www.cdc.gov/germstopper/chinese/pdf/work.pdf> (Germs in Chinese); http://www.cdc.gov/flu/protect/vie/pdf/covercough_hcp8-5x11-vietnamese.pdf (Cover Your Cough Poster in Vietnamese); http://www.cdc.gov/flu/protect/vie/pdf/vaccinekeyfacts_vi.pdf (Key facts about the flu handout in Vietnamese)
- **New Avian Influenza Resources for Clinicians:** The Centers for Disease Control and Prevention has information on infection control in healthcare facilities, recommendation for those with possible exposure, recent health updates and more. Visit <http://www.cdc.gov/flu/avian/professional/> for more information.

Orange County Influenza Cases
Reported by Week and Season, 2002-2005*



*Note: The number of confirmed cases does NOT correspond to the total number of cases occurring in OC as not all labs participate, the surveillance programs are not population based, and testing may be influenced by many factors such as public interest. However, the trends in influenza activity are likely to be reflected accurately.

Orange County*

- To date this season, we have received 31 reports of influenza in OC residents, resulting in one death. 27 of the 31 cases have been influenza A, 9 of which have been subtyped as A/H3N2.
- We are actively recruiting physicians and other healthcare providers to participate as sentinel providers for influenza surveillance. Incentives include viral isolation on a subset of patients and rapid flu test kits. Contact us at epi@ochca.com or 714-834-8180 for more information.

Avian Influenza Update

- **China has reported its first human cases of avian influenza.** As of November 29, 2005, 133 human H5N1 cases and 68 deaths have been reported from Vietnam, Thailand, Indonesia, Cambodia and China since avian H5N1 outbreaks began in 2003. Additionally, infected birds have been detected in Russia, Kazakhstan, Romania, Turkey, Mongolia, and Croatia.
- Clinicians should maintain a high index of suspicion for influenza A (H5N1) in patients with fever and respiratory symptoms arriving or returning from Asia. Please consult OC Epidemiology for recommendations.

Additional Information:

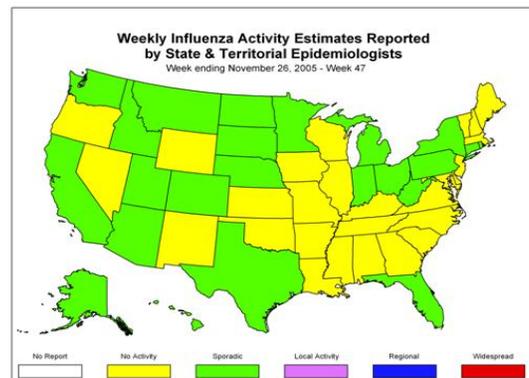
OC: <http://www.ochealthinfo.com/epi/flu/surveillance.htm>

California: <http://www.dhs.ca.gov/ps/dc/dc/VRDL/html/FLU/Fluintro.htm>

USA: www.cdc.gov/flu/weekly/ & <http://www.cdc.gov/flu>

California and USA

- During week 47 (week ending 11/26/05), influenza activity was low in the United States. 23 states, New York City, Puerto Rico, and the District of Columbia reported sporadic influenza activity.



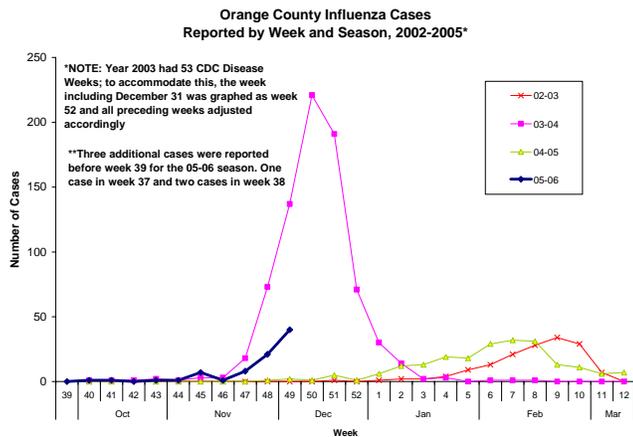


Orange County Health Care Agency, Epidemiology & Assessment, 1719 W. 17th St. Santa Ana, CA 92706, (714) 834-8180

This report includes information through 12/03/05 (CDC Disease Week 48).

Influenza reports in Orange County have dramatically increased over the past two weeks. All patients who present to a healthcare setting with fever and respiratory symptoms should be managed according to CDC's recommendations for [Respiratory Hygiene and Cough Etiquette](http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm) (<http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>) and questioned regarding their recent travel history to screen for possible avian influenza.

- **Vaccine:** It's not too late to vaccinate and vaccine is still available in the County. For clinic locations, visit <http://www.ochealthinfo.com/public/flu/locations.htm> and <http://www.findaflushot.com>.
- **Influenza infection control guidelines for various settings:** The CDC has recommendations (<http://www.cdc.gov/flu/professionals/infectioncontrol/>) for outbreak control and prevention in various settings, including child care centers, acute care settings, and long term care facilities.
- **Pandemic planning:** A compilation of resources and information for clinicians to use in discussing pandemic influenza with patients and providing care in case of spread of this agent to the United States is available at <http://www.cdc.gov/flu/pandemic/healthprofessional.htm>.



*Note: The number of confirmed cases does NOT correspond to the total number of cases occurring in OC as not all labs participate, the surveillance programs are not population based, and testing may be influenced by many factors such as public interest. However, the trends in influenza activity are likely to be reflected accurately.

Orange County*

- To date this season, we have received 113 reports of influenza in OC residents and one flu-associated death. 55 (48.7%) were children. 102 (90%) cases were influenza A; 100% of 9 isolates subtyped were A/H3N2. Two cases have been confirmed as influenza B. We have received reports of 5 OC children with severe influenza necessitating intensive care (PICU) admissions.
- Please report any pediatric cases of severe influenza (hospitalized in PICU) or pediatric flu-associated deaths to Epidemiology at 714-834-8180.

Avian Influenza Update

- As of December 14, 2005, 138 human cases of avian influenza H5N1 and 71 deaths have been reported from Vietnam, Thailand, Indonesia, China, and Cambodia since winter 2003. H5N1 infected birds have also been detected in Croatia, Kazakhstan, Mongolia, Romania, Russia, Turkey, and possibly Ukraine.
- Clinicians should maintain a high index of suspicion for influenza A (H5N1) in patients with fever and respiratory symptoms arriving or returning from Asia. Suspect cases should be reported promptly to Epidemiology at 714-834-8180.

Additional Information:

General: <http://www.cdc.gov/flu>

OC: <http://www.ochealthinfo.com/epi/flu/surveillance.htm>

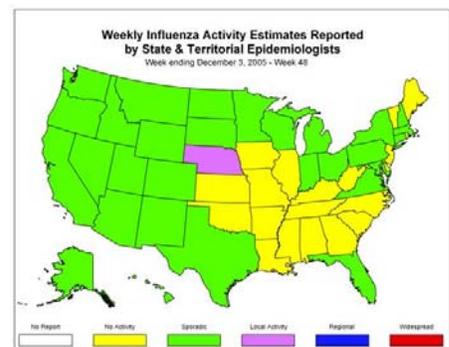
California: <http://www.dhs.ca.gov/ps/dcdc/VRDL/html/FLU/Fluintro.htm>

USA: www.cdc.gov/flu/weekly/



California and USA

- During the week ending 12/3/05, influenza activity was low in the U.S.. Nebraska reported local activity and 29 states, New York City, and Puerto Rico reported sporadic activity. One pediatric flu-associated death has been reported in the U.S. this season; this was an OC resident.





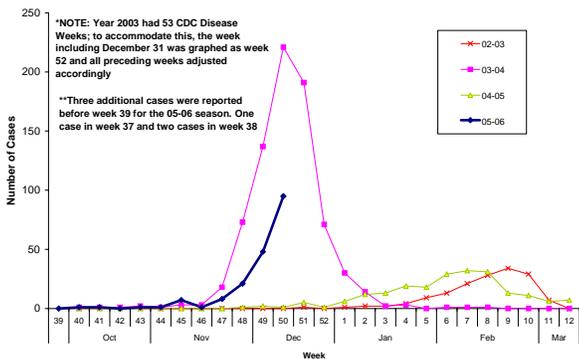
Orange County Health Care Agency, Epidemiology & Assessment, 1719 W. 17th St. Santa Ana, CA 92706, (714) 834-8180

HAPPY HOLIDAYS! This report includes information through 12/17/05 (CDC Disease Week 50).

Influenza reports in Orange County continue to increase. As your patients return from vacation or visiting families and friends, be sure to ask those presenting with fever and respiratory symptoms about their recent travel history to screen for possible avian influenza.

- **Oseltamivir is now FDA-approved for prophylaxis of seasonal influenza in children as young as 1 year of age.** For details, see <http://www.fda.gov/bbs/topics/news/2005/NEW01285.html>. For guidelines on the use of antivirals for treatment or prevention of seasonal influenza, see <http://www.cdc.gov/flu/professionals/treatment/0506antiviralguid.htm>.
- **Avian influenza H5N1 & oseltamivir (Tamiflu®) resistance:** In the latest edition (12/22/05) of the New England Journal of Medicine (<http://content.nejm.org/>), there is a report (p. 2667) of two patients who died from avian influenza in Vietnam and were found to have virus highly resistant to oseltamivir. Two other articles (p. 2633 and 2636) further discuss resistance and concerns about stockpiling. Some of the conclusions: 1) Treatment of H5N1 infections may require higher doses of oseltamivir for longer durations and additional antiviral agents. 2) Personal stockpiling of oseltamivir is likely to promote resistance, thereby limiting this drug's usefulness during an outbreak. Orange County Public Health strongly discourages healthcare providers from prescribing oseltamivir or other antivirals for personal stockpiling purposes. For more information, see <http://www.ochealthinfo.com/epi/af/NO-stockpile.pdf>.

Orange County Influenza Cases
Reported by Week and Season, 2002-2005*



*Note: The number of confirmed cases does NOT correspond to the total number of cases occurring in OC as not all labs participate, the surveillance programs are not population based, and testing may be influenced by many factors such as public interest. However, the trends in influenza activity are likely to be reflected accurately.

Avian Influenza Update

- As of December 23, 2005, 141 human cases of avian influenza H5N1 and 73 deaths have been reported from Vietnam, Thailand, Indonesia, China, and Cambodia since winter 2003.
- The sensitivity of commercial flu antigen tests for detecting H5N1 has not been established. Therefore, patients with fever and respiratory symptoms returning from affected areas in Asia should be reported to OC Epidemiology at 714-834-8180 even if they test negative for flu by rapid antigen detection.

Additional Information:

General: <http://www.cdc.gov/flu>

OC: <http://www.ochealthinfo.com/epi/flu/surveillance.htm>

California: <http://www.dhs.ca.gov/ps/dcdc/VRDL/html/FLU/Fluintro.htm>

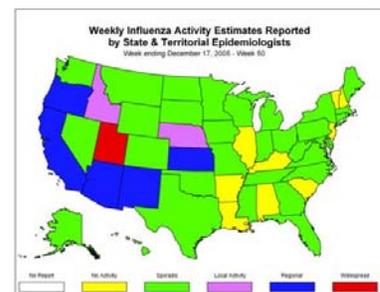
USA: www.cdc.gov/flu/weekly/

Orange County*

- To date this season, we have received 219 reports of influenza in OC residents and one flu-associated death. 126 (57.5%) were children. 207 (95%) cases were influenza A; 100% of 33 isolates subtyped were A/H3N2. Two cases have been confirmed as influenza B. We have received reports of 7 OC children with severe influenza necessitating intensive care (PICU) admissions.

California and USA

- During the week ending 12/17/05, influenza activity continued to increase, mostly in the southwestern U.S. One state reported widespread influenza activity; five states including California reported regional influenza activity; two states reported local influenza activity; 33 states, New York City and DC reported sporadic influenza activity.



If you have any comments about the flyer, contact Pamela Roa Hipp or Sandra Nutter at (714) 834-8180.

To receive this newsletter by email, please contact us at epi@ochca.com.

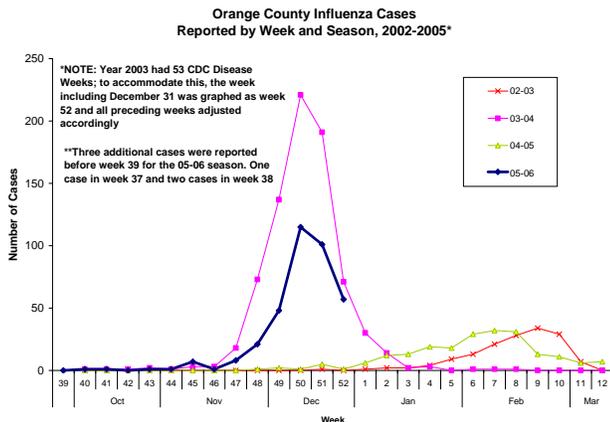


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This report includes information through 1/6/06.

Influenza reports in Orange County appear to have peaked in week 50 (week ending 12/17/05) and have decreased for the past two consecutive weeks. However, influenza activity is still well above baseline and it is too soon to know if cases will continue to decrease, or if a resurgence will occur.

- **Human H5 cases in Turkey:** At least two human cases of H5 influenza have been confirmed in Turkey. These are the first human cases outside of East Asia. For updates on avian influenza activity, see http://www.who.int/csr/disease/avian_influenza/en/.
- **Travel to Asia for the Lunar New Year (January 29, 2006):** CDC has issued a special Outbreak Notice regarding avian H5N1 (http://www.cdc.gov/travel/other/avian_flu_lunar_newyear_2006.htm). Currently, CDC and WHO do not recommend restrictions for travel to any of the countries affected by H5N1, but recommendations are available on how to decrease the risk of infection.
- **2006 Childhood and Adolescent Immunization Schedule** has been released by the CDC, AAP, and AAFP. Please see: http://www.aafp.org/PreBuilt/immunization_child2006_engl.pdf.



*Note: The number of confirmed cases does NOT correspond to the total number of cases occurring in OC as not all labs participate, the surveillance programs are not population based, and testing may be influenced by many factors such as public interest. However, the trends in influenza activity are likely to be reflected accurately.

Avian Influenza Update

- As of January 5, 2006, 144 human cases of avian influenza H5N1 and 76 deaths have been reported from Vietnam, Thailand, Indonesia, China, Cambodia and Turkey since winter 2003. H5N1 infected birds have also been detected in Croatia, Kazakhstan, Mongolia, Romania, Russia, and Ukraine.
- Clinicians should maintain a high index of suspicion for influenza A (H5N1) in patients with fever and respiratory symptoms arriving or returning from Asia.

Additional Information:

General: <http://www.cdc.gov/flu>

OC: <http://www.ochealthinfo.com/epi/flu/surveillance.htm>

California: <http://www.dhs.ca.gov/ps/dcdc/VRDL/html/FLU/Fluintro.htm>

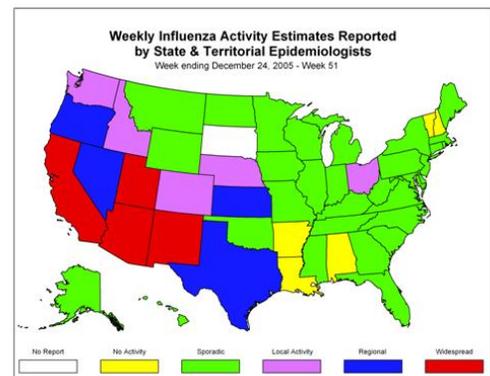
USA: <http://www.cdc.gov/flu/weekly/>

Orange County*

- To date this season, we have received 395 reports of influenza in OC residents and two influenza-associated deaths. 370 (94%) cases were influenza A; 100% of 58 isolates subtyped were A/H3N2. Four cases have been confirmed as influenza B.
- We have received reports of 11 OC children with severe influenza necessitating intensive care (PICU) admissions.
- Sentinel providers: Please continue to report weekly on influenza-like illnesses (ILI) even in weeks when no patients with ILI are seen!

California and USA

- California is reporting widespread influenza activity. Nationally, 95% of influenza isolates tested by the CDC have been flu A; 99% of those have been A (H3N2). Two (10%) of the 23 A (H3N2) isolates that have been strain-typed have reduced titers to A/California (the strain in the vaccine). One of 3 B isolates strain-typed matched the vaccine strain.



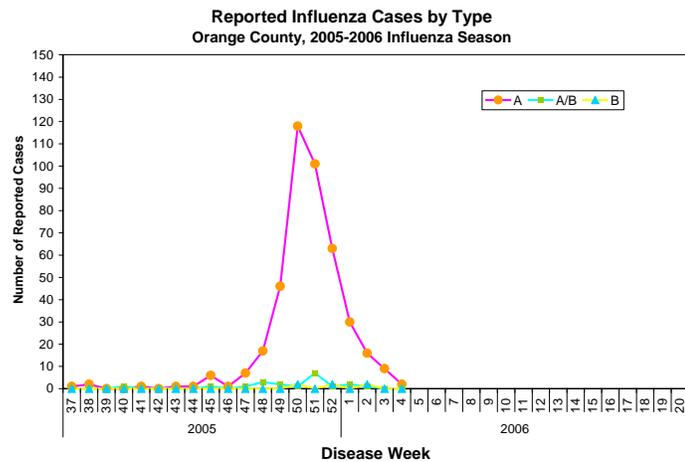


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This report includes information through 1/27/06.

Influenza reports in Orange County continue to decrease. However, influenza activity may sometimes have a second peak later in the season so please continue to consider influenza in your patients with fever and respiratory symptoms.

- **California Department of Health Services has released a draft pandemic influenza preparedness plan for public comment.** To view and/or comment on the plan, please visit www.dhs.ca.gov
- **The Lunar New Year (January 29, 2006) will likely result in increased travel to Asia and avian influenza A (H5N1)-affected countries.** Physicians treating patients with fever and respiratory symptoms who have traveled to H5N1-affected areas in the 10 days prior to onset of symptoms should contact public health immediately at (714) 834-8180 for appropriate testing. For recommendations for travelers, visit www.cdc.gov/travel.
- **The Emerging Infectious Diseases Journal has a special issue on influenza (January 2006):** Visit www.cdc.gov/ncidod/EID/ for free on-line access to these articles.



*Note: The number of confirmed cases does NOT correspond to the total number of cases occurring in OC as not all labs participate, the surveillance programs are not population based, and testing may be influenced by many factors such as public interest. However, the trends in influenza activity are likely to be reflected accurately.

Avian Influenza Update

- As of January 25, 2006, 152 human cases of avian influenza H5N1 and 83 deaths have been reported from Vietnam, Thailand, Indonesia, China, Cambodia and Turkey since winter 2003. For a list of affected areas: <http://www.ochealthinfo.com/epi/af/index.htm>.
- Orange County Public Health now has the capability to rapidly diagnosis influenza A and the H5 subtype. Please consult public health immediately at 714-834-8180 for any suspect avian influenza patients.

Additional Information:

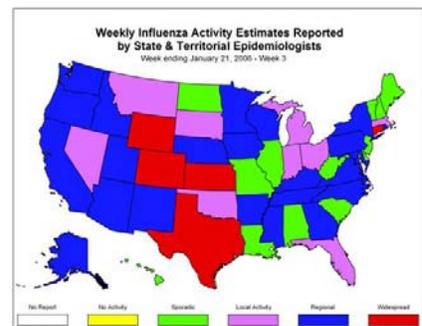
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 USA: <http://www.cdc.gov/flu/weekly/>
 OC: <http://www.ochealthinfo.com/epi/flu/surveillance.htm>
 California: <http://www.dhs.ca.gov/ps/dcdc/VRDL/html/FLU/Fluintro.htm>

Orange County*

- To date this season, we have received 448 reports of influenza in OC residents and 3 flu-associated deaths. 422 (94%) cases were influenza A; 100% of 89 isolates subtyped were A/H3N2.
- In OC and nationally, the majority of cases have been influenza A. In Europe, however, a high proportion of viruses detected have been flu B, including a strain (B/Malaysia/2506/2004-like) not currently covered by the '05-'06 northern hemisphere vaccine.

California and USA

- Overall, influenza activity continued at a similar level this week in the U.S. However, activity in CA and surrounding states appears to be decreasing. Some states in the Northern Central US and East Coast have seen increased activity, so please consult the map below for travelers.
- During the week ending 1/21/06, 5 states reported widespread influenza; 23 states (including CA) and NYC regional; 9 states and DC local; and 13 sporadic flu activity.





Eye on Influenza

February 10, 2006
Volume 2, Issue 10

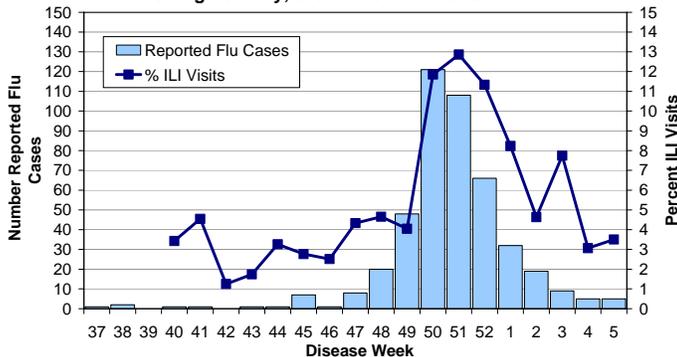
Orange County Health Care Agency, Epidemiology & Assessment, 1719 W. 17th St. Santa Ana, CA 92706, (714) 834-8180

This report includes information through 2/10/06.

Influenza activity in Orange County continues to decrease. We continue to monitor activity to detect possible late resurgences due to a different strain.

- **Avian Influenza:** The FDA recently approved a new test for diagnosing avian influenza A/H5 (Asian lineage). This test utilizes reverse-transcriptase polymerase chain reaction (RT-PCR) methods. Testing for influenza A H5 is available from OC Public Health and should be considered on patients with fever and respiratory symptoms and a history of travel to an H5N1 affected area. Please contact OC Public Health at (714)834-8180 to report the suspect case and arrange for testing if indicated.
- **New Recommendations on Influenza Vaccination of Health-Care Personnel:** The Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP) released a new report summarizing recommendations for health-care professionals in a variety of settings. The recommendations are targeted at health-care facility administrators, infection-control professionals, and occupational health professionals. The full report can be found at <http://www.cdc.gov/mmwr/PDF/rr/rr55e209.pdf>.
- **Influenza Vaccine Facts:** About 86 million doses have been produced this season, compared to 61 million doses last year. This is nearly equal to the maximum number of influenza vaccine doses ever distributed in the U.S. within a single season. Vaccine is still available from FFF Enterprise, Inc (1-800-843-7477 x1359), Medimmune (301-398-4384) or sanofi pasteur (1-800-822-2463).

Reported Influenza Cases by Type & Percent of Visits Due to Influenza-Like Illness (ILI)
Orange County, 2005-2006 Influenza Season



Orange County*

- To date this season, we have received 457 reports of influenza in OC residents and three flu-associated deaths. 427 (93%) cases were influenza A; 100% of 95 A isolates subtyped were A/H3N2. Six cases have been confirmed as influenza B, two of which have been identified as B/Victoria-like lineage. This B strain is not currently covered by the '05-'06 northern hemisphere vaccine.

*Note: The number of confirmed cases does NOT correspond to the total number of cases occurring in OC as not all labs participate, the surveillance programs are not population based, and testing may be influenced by many factors such as public interest. However, the trends in influenza activity are likely to be reflected accurately.

Avian Influenza Update

- Avian influenza (H5N1) has been identified in domestic birds in northern Nigeria, marking the further geographical spread of the virus.
- As of February 9, 2006, 166 human cases of avian influenza H5N1 and 88 deaths have been reported from Cambodia, China, Indonesia, Iraq, Thailand, Turkey and Vietnam since winter 2003. H5N1 infected birds have also been detected in Croatia, Hong Kong, Kazakhstan, Mongolia, Nigeria, Romania, Russia, and Ukraine. For an up-to-date list of areas affected visit:

<http://www.ochealthinfo.com/epi/af/index.htm>.

Additional Information:

General: <http://www.cdc.gov/flu>

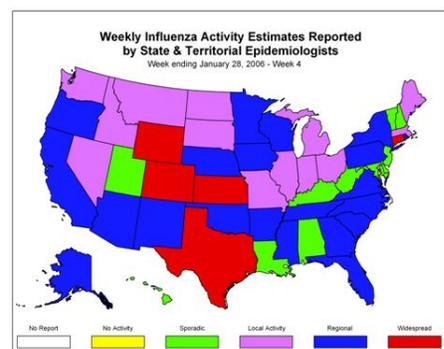
OC: <http://www.ochealthinfo.com/epi/flu/surveillance.htm>

California: <http://www.dhs.ca.gov/ps/dcdc/VRDL/html/FLU/Fluintro.htm>

USA: <http://www.cdc.gov/flu/weekly/>

California and USA: Week ending January 28th

- Influenza activity continued at approximately the same level with 5 states (mainly Midwest) reporting widespread influenza, 21 states (including CA) and NYC reporting regional activity, 13 states local, and 11 states, D.C., and Puerto Rico sporadic influenza activity.



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



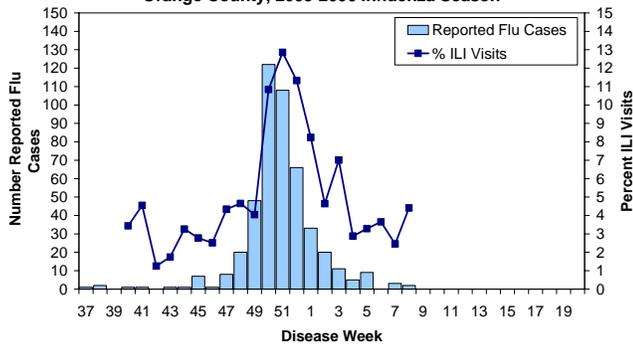
Orange County Health Care Agency, Epidemiology & Assessment, 1719 W. 17th St. Santa Ana, CA 92706, (714) 834-8180

This will be the last issue of *Eye on Influenza* for the 2005-2006 season unless an increase in influenza activity is seen. This report includes information through 3/10/06.

Influenza reports in Orange County continue to decrease. However, a resurgence of flu activity may still occur as peaks in influenza activity have occasionally been seen in the late spring months.

- **New World Health Organization (WHO) Vaccine Recommendations for the 2006-2007 Influenza Season:** WHO has recommended that two components of the vaccine be changed for the next influenza season. The 2005-6 vaccine's A/California (H3N2) will be replaced by an A/Wisconsin/67/2005-like (H3N2) strain and B/Shanghai will be replaced by a B/Malaysia/2506/2004-like strain. The H1N1 component (A/New Caledonia) will remain the same. Influenza vaccine manufacturers intend to produce up to 120 million vaccine doses for the 2006-7 season.
- **Pandemic influenza:** HHS has purchased additional antiviral drugs [1.75 million treatment courses of zanamivir (Relenza) and 12.4 million treatment courses of oseltamivir (Tamiflu)] in preparation for a pandemic. Planning checklists for businesses, schools, universities/colleges, individuals/families, community and faith based organizations, and home health are available at www.pandemicflu.gov. A checklist for physicians' offices should be available soon.

Reported Influenza Cases by Type & Percent of Visits Due to Influenza-Like Illness (ILI)
Orange County, 2005-2006 Influenza Season



*Note: The number of confirmed cases does NOT correspond to the total number of cases occurring in OC as not all labs participate, the surveillance programs are not population based, and testing may be influenced by many factors such as public interest. However, the trends in influenza activity are likely to be reflected accurately.

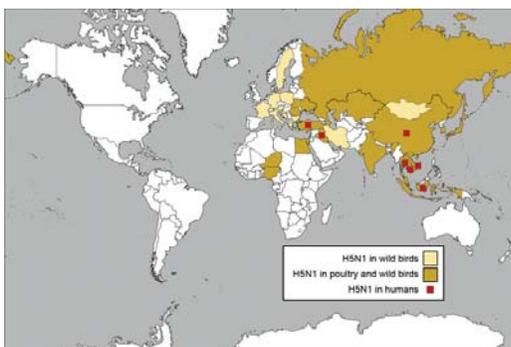
Orange County*

- To date this season, we have received 470 reports of influenza in OC residents and three flu-associated deaths. 437 (93%) cases were influenza A; 99% of 113 isolates subtyped were A/H3 and 1 was A/H1. Seven cases have been confirmed as influenza B. Of the 6 isolates strain-typed, 4 were A/California/07/04-like and two were of the B/Victoria lineage.
- West Nile Virus (WNV) season is almost here. To date this year, we have received reports of 2 positive dead birds for WNV and no human cases or mosquitoes. To subscribe to the West Nile File newsletter, please email us at epi@ochca.com.

Avian Influenza Update

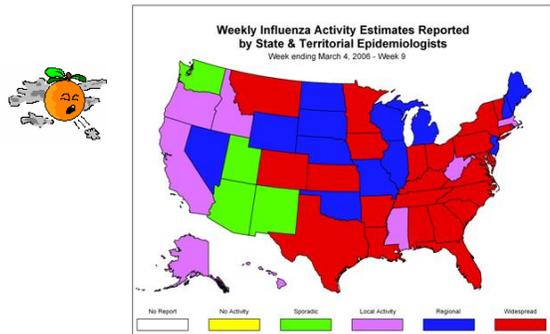
- As of March 10, 2006, 179 human cases of avian influenza H5N1 and 97 deaths have been reported in seven countries. As many as 19 new countries have reported H5N1-positive birds over the past month. For a complete list of areas affected, please visit <http://www.ochealthinfo.com/epi/af/index.htm>.

Nations with Confirmed Cases H5N1 Avian Influenza (March 6, 2006)



California and USA

- During the week ending 3/4/2006 influenza activity increased in the U.S., mainly in the Eastern and Central parts of the country. California continues to report local activity.



Additional Information:

General: <http://www.cdc.gov/flu>
 OC: <http://www.ochealthinfo.com/epi/flu/surveillance.htm>
 California: <http://www.dhs.ca.gov/ps/dcdc/VRDL/html/FLU/Fluintro.htm>
 USA: <http://www.cdc.gov/flu/weekly/>

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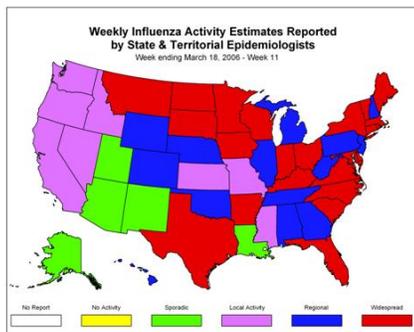
This report includes information through 3/31/06.

We have resumed distribution of our newsletter as Orange County has seen a dramatic increase in influenza B over the past two weeks. The flu B strains identified thus far in OC have been B/Victoria-like (not in this season's vaccine). We will continue to provide this newsletter regularly as many of our readers have requested to continue receiving avian influenza updates.

- **Avian flu vaccine:** Results from a clinical trial published in *The New England Journal of Medicine* demonstrate that high doses of an experimental inactivated subvirion influenza A (H5N1) vaccine can induce antibody responses that typically would be associated with protection against influenza A in 50-60% of healthy adults. For more information: <http://content.nejm.org/cgi/content/full/354/13/1343>.
- **Pandemic planning:** Schools are encouraged to find alternative ways to teach children in the event of possible school closures due to pandemic influenza. Colleges and universities are also recommended to establish a pandemic response plan for outbreak scenarios that could close their campuses. Planning checklists are available to assist schools and child care, businesses, physicians' offices, home health care agencies, emergency medical services and medical transport organizations at: <http://www.pandemicflu.gov/plan/tab5.html>.
- **Current Pandemic Phase (World Health Organization):** We are presently in the pandemic alert period in phase 3 of 6, indicating that a new influenza subtype is causing disease in humans, but is not yet spreading efficiently and sustainably among humans. Phase 6 would be a pandemic.

National

- During the week ending 3/18/2006, a decrease in national influenza activity was observed. During the past 3 weeks, the percentage of influenza isolates identified as influenza type B viruses has continued to increase.



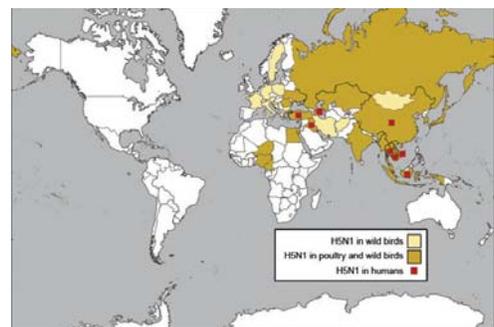
Orange County and California

- To date this season, we have received 503 (440 A/ 36 B /27 unspecified) reports of influenza in OC residents and three flu-associated deaths.
- Several schools in Orange County have noted an increase in febrile respiratory illness over the past three weeks. Please assist us in sending nasopharyngeal swabs for viral culture on students with these symptoms so we can identify viruses circulating in our community.
- For the week ending 3/25/06, influenza activity in California remained local. Most of the cases reported in the past 3 weeks have been due to influenza B.

Avian Influenza Update

- As of March 24, 2006, 186 human H5N1 cases and 105 deaths have been confirmed in Azerbaijan (7), Cambodia (5), China (16), Indonesia (29), Iraq (2), Thailand (22), Turkey (12), and Vietnam (93). Additional human H5N1 cases and deaths have been reported from Egypt but are pending confirmation. H5N1-infected birds have been reported in multiple areas in Asia, Africa and Europe.
- For an up-to-date list of H5N1-affected countries, see <http://www.ochealthinfo.com/epi/af/index.htm>.

Nations with Confirmed Cases
H5N1 Avian Influenza (March 24, 2006)



Recommended Resources:

General: <http://www.cdc.gov/flu> **OC:** <http://www.ochealthinfo.com/epi/flu/surveillance.htm>
California: <http://www.dhs.ca.gov/ps/dcd/VRDL/html/FLU/Fluintro.htm> **USA:** <http://www.cdc.gov/flu/weekly/>

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



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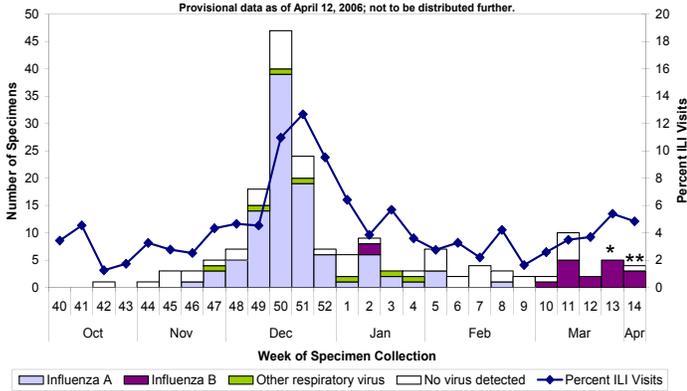
This report includes information through 4/14/2006

Orange County continues to see increases in reports of influenza B. 89% of cases in the past 6 weeks have been influenza B, compared with 1% in the first 24 weeks of the season. We have also received reports of increased school absenteeism for febrile respiratory illnesses.

- **Computer model examines strategies to mitigate a flu pandemic.** A study supported by the National Institutes of Health (NIH) tested the effect of different interventions on slowing the spread of flu with the goal that there would be time for a well-matched vaccine to be developed and distributed. The interventions included: mass vaccination (one or two doses of vaccine poorly matched to the emerging strain), targeted antiviral use (in infected individuals and others near them), school closures, and social distancing (such as quarantining households and restricting travel). Depending on how contagious the virus was, the results suggested that certain interventions and/or combinations of interventions could be effective in slowing transmission (Proc Natl Acad Sci U S A. 2006;103(15):5935-40. Epub 2006 Apr 3; summary at <http://www.nigms.nih.gov/News/Results/FluModel040306>).
- **New World Health Organization (WHO) pandemic planning guidelines for humanitarian agencies.** "Pandemic Influenza Preparedness and Mitigation in Refugee and Displaced Populations" can be viewed at http://www.who.int/csr/disease/avian_influenza/guidelines/avian2006-04-9.pdf.



Specimen Submission Results and Influenza-Like Illness (ILI) Visits
ILI Sentinel Providers, Orange County, 2005-2006 Influenza Season
Source: County of Orange, Health Care Agency, Epidemiology & Assessment
Provisional data as of April 12, 2006; not to be distributed further.



* Two additional specimens submitted, results pending ** Six additional specimens submitted, results pending

Orange County

- To date this season, we have received 536 (442 A/ 66 B /28 unspecified) reports of influenza in OC residents and three flu-associated deaths.
- The graph to the left summarizes influenza-like illness (ILI) reports and isolates submitted by our sentinel providers. THANKS! To volunteer, email epi@ochca.com or call 714-834-7894.

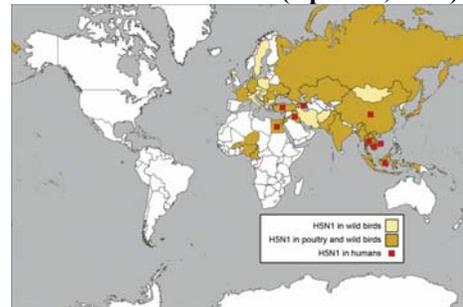
California and National

- For the week ending 4/8/06, influenza activity in California remained local. Overall flu activity decreased, but remained widespread or regional in northern and eastern states.
- In the U.S., 54% of flu isolates were type B, of which 64% were of the B/Victoria lineage; this lineage will be represented in the 2006-2007 vaccine.

Avian Influenza Update

- As of April 12, 2006, 194 human H5N1 cases and 109 deaths have been confirmed in Azerbaijan (8), Cambodia (6), China (16), Egypt (4), Indonesia (31), Iraq (2), Thailand (22), Turkey (12), and Vietnam (93). H5N1-infected birds have been reported in multiple areas in Asia, Africa and Europe.
- For an up-to-date list of H5N1-affected countries, see <http://www.ochealthinfo.com/epi/af/index.htm>.

Nations with Confirmed Cases
H5N1 Avian Influenza (April 14, 2006)



Recommended Resources:

General: <http://www.cdc.gov/flu> **OC:** <http://www.ochealthinfo.com/epi/flu/surveillance.htm>
California: <http://www.dhs.ca.gov/ps/dcdc/VRDL/html/FLU/Fluintro.htm> **USA:** <http://www.cdc.gov/flu/weekly/>

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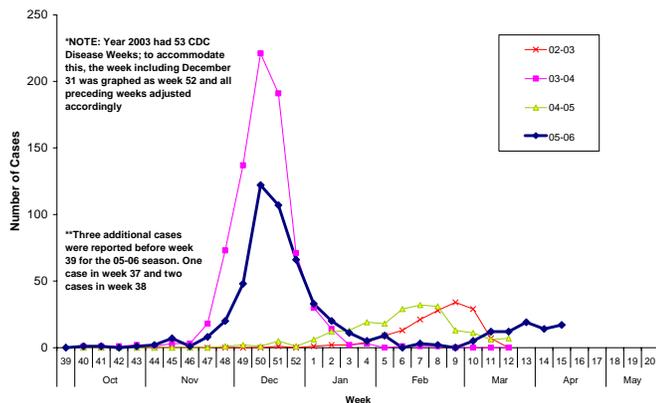
This report includes information through 4/28/2006

Orange County continues to receive reports of influenza B.

- **Q & A for Avian Influenza and Pandemic Influenza:** The Health Care Agency has developed a Q & A, incorporating common questions addressed in the CDC Q & A with additional questions specific to our County. The most up-to-date version is available at <http://www.ochealthinfo.com/epi/af/index.htm>.
- **Pandemic Planning Brochures for Health Care Professionals** (and other groups) have been developed by Trust for America's Health in conjunction with the American Medical Association. Please visit <http://healthyamericans.org/reports/flu/brochures/> for more details.
- **Science has published a special issue on influenza and avian influenza:** To view articles (free access), visit <http://www.sciencemag.org/cgi/content/short/312/5772/379>.
- **West Nile Virus season is here:** Birds have already tested positive for the virus in our county. To receive regular updates, sign up for the Orange County West Nile File at epi@ochca.com.



Orange County Influenza Cases
Reported by Week and Season, 2002-2006*



Orange County

- To date this season, we have received 575 (444 A/ 103 B /28 unspecified) reports of influenza in OC residents and five flu-associated deaths. The majority of reports in the past 6 weeks have been type B.

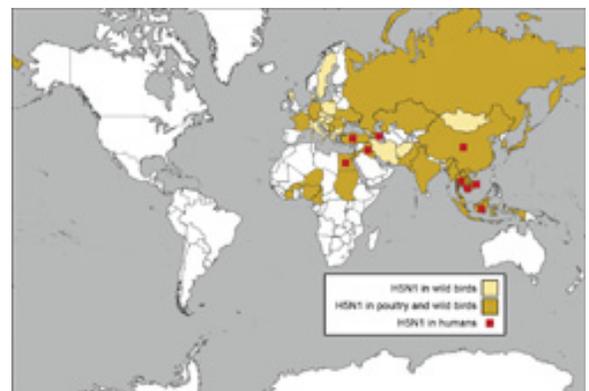
California and National

- Flu activity continued to decrease nationally in week 16 (ending 4/22/06). Some northern and northeastern states reported regional or local activity. California continues to report sporadic influenza activity.
- Influenza-like illnesses reported by sentinel providers and pneumonia and influenza deaths are all below the national baseline.

Avian Influenza Update

- A total of 205 human H5N1 cases and 113 deaths have been confirmed, as of April 27, 2006, in Azerbaijan (8), Cambodia (6), China (18), Egypt (12), Indonesia (32), Iraq (2), Thailand (22), Turkey (12), and Vietnam (93). H5N1-infected birds have been reported in multiple areas in Asia, Africa and Europe.
- All patients with fever and respiratory symptoms should be asked about travel within 10 days of onset of symptoms to an H5N1-affected country. Suspect avian influenza cases should be reported immediately to OC Epidemiology at 714-834-8180.
- For an up-to-date list of H5N1-affected countries, see <http://www.ochealthinfo.com/epi/af/index.htm>.

Nations with Confirmed Cases
H5N1 Avian Influenza (April 27, 2006)



Recommended Resources:

General: <http://www.cdc.gov/flu> **OC:** <http://www.ochealthinfo.com/epi/flu/surveillance.htm>
California: <http://www.dhs.ca.gov/ps/dcdcd/VRDL/html/FLU/Fluintro.htm> **USA:** <http://www.cdc.gov/flu/weekly/>

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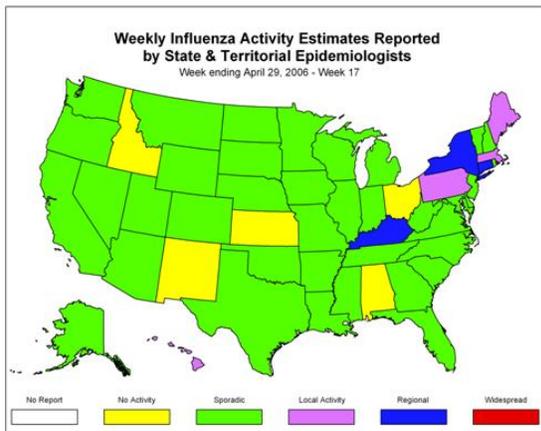


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This report includes information through 5/12/2006

Orange County has seen a decrease in influenza activity in the past few weeks.

- **Investigation of Avian Influenza (H5N1) Outbreaks in Humans, Thailand, 2004.** The April 28th edition of the Morbidity and Mortality Weekly Report (MMWR) describes clinical manifestations and risk factors for avian influenza from a case-control study that included 16 patients with confirmed H5N1 in Thailand. To view the article, visit <http://www.cdc.gov/mmwr/preview/mmwrhtml/su5501a2.htm>.
- **The National Strategy for Pandemic Influenza: Implementation Plan** has been published and can be viewed at http://www.whitehouse.gov/homeland/nspi_implementation.pdf.
- **Reusability of Facemasks During an Influenza Pandemic: Facing the Flu.** Report of the Institute of Medicine on the possible reuse of face masks is available at <http://iom.edu/Object.File.Master/34/212/Face%20Masks%20for%20web.pdf>.
- **Health and Human Services has awarded contracts totaling over one billion dollars to advance the development of cell-based flu vaccines.** Visit <http://www.hhs.gov/news/press/2006pres/20060504.html>.



Orange County

- To date this season, we have received 579 (445 A/ 106 B /28 unspecified) reports of influenza in OC residents and five flu-associated deaths.
- Sentinel providers: Please continue to report influenza-like illnesses throughout the year. Your reports may help us to identify any unusual illness activity, including novel influenza viruses.

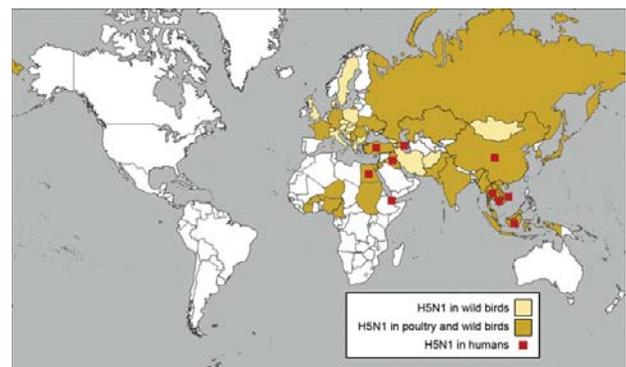
National and California

- Influenza activity in the United States peaked in early March and continues to decline with most states reporting sporadic or no activity. Higher influenza activity is still being reported in eastern states.

Avian Influenza Update

- As of May 12, 2006, 208 human H5N1 cases and 115 deaths have been confirmed in Azerbaijan (8), Cambodia (6), China (18), Djibouti (1)*, Egypt (13)*, Indonesia (33)*, Iraq (2), Thailand (22), Turkey (12), and Vietnam (93). H5N1-infected birds have been reported in multiple areas in Asia, Africa and Europe.
**reported a new case since last update (April 27th)*
- For an up-to-date list of H5N1-affected countries, see <http://www.ochealthinfo.com/epi/af/index.htm>.
- Suspect avian influenza cases should be reported immediately to OC Epidemiology at 714-834-8180.

Nations with Confirmed Cases H5N1 Avian Influenza (May 12, 2006)



Recommended Resources:

General: <http://www.cdc.gov/flu> **OC:** <http://www.ochealthinfo.com/epi/flu/surveillance.htm>
California: <http://www.dhs.ca.gov/ps/dcdc/VRDL/html/FLU/Fluintro.htm> **USA:** <http://www.cdc.gov/flu/weekly/>

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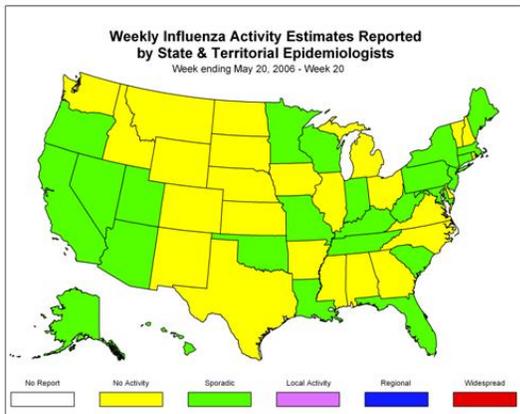


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This report includes information through 5/26/2006

Sentinel Providers: Please continue to report ILI weekly! Flu is still in the community.

- **Update on the Avian Influenza (H5N1) Cluster in Indonesia.** To date, the investigation has found no evidence of spread within the general community and no evidence that efficient human-to-human transmission has occurred. Genetic sequencing of two viruses isolated from the cases has been completed and shows no evidence of significant mutations or genetic reassortment. Additional details can be found at http://www.who.int/csr/don/2006_05_23/en/index.html
- **World Health Organization (WHO) H5N1 Antiviral Recommendations:** “WHO Rapid Advice Guidelines on Pharmacological Management of Humans Infected with Avian Influenza A (H5N1) Virus” outlines treatment and chemoprophylaxis options for H5N1 patients and exposure groups. Visit http://www.who.int/csr/disease/avian_influenza/guidelines/pharmamanagement/en/index.html.
- **A new checklist for long-term care and other residential facilities is now available on the Pandemic Flu website.** Checklists for families, businesses, schools, healthcare facilities, and other community agencies can be viewed at <http://www.pandemicflu.gov/plan/tab6.html>



Orange County

- OC reported one new influenza B case for week 20 (week ending 5/20/2006)
- To date this season, we have received reports of 584 (445 A/ 111 B /28 unspecified) cases of influenza in OC residents and five flu-associated deaths.

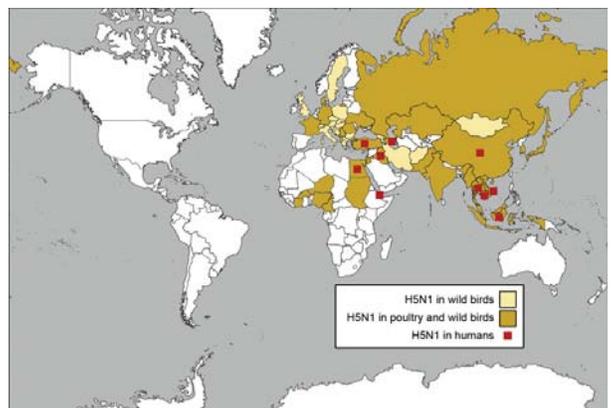
National and California

- Influenza activity in the United States continues to decline. All states are currently reporting sporadic or no activity. California is still seeing sporadic influenza activity.

Avian Influenza Update

- As of May 23, 2006, 218 human H5N1 cases have been confirmed in Azerbaijan (8), Cambodia (6), China (18), Djibouti (1), Egypt (14)*, Indonesia (42)*, Iraq (2), Thailand (22), Turkey (12), and Vietnam (93), and has resulted in 124 deaths. H5N1-infected birds have been reported in multiple areas in Asia, Africa and Europe.
**reported a new case since last update (May 12th)*
- For an up-to-date list of H5N1-affected countries, see <http://www.ochealthinfo.com/epi/af/index.htm>.
- Suspect avian influenza cases should be reported immediately to OC Epidemiology at 714-834-8180.

Nations with Confirmed Cases H5N1 Avian Influenza (May 19, 2006)



Recommended Resources:

General: <http://www.cdc.gov/flu> OC: <http://www.ochealthinfo.com/epi/flu/surveillance.htm>
 California: <http://www.dhs.ca.gov/ps/dcde/VRDL/html/FLU/Fluintro.htm> USA: <http://www.cdc.gov/flu/weekly/>

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This report includes information through 6/9/2006

World Health Organization Pandemic Influenza Alert Phase: The current situation remains at phase 3 (novel virus able to infect humans with no or very limited person-to-person transmission).

- **Influenza A (H5N1) Testing Recommendations:** Testing for H5N1 should be considered on all patients with fever and respiratory symptoms/disease (or less commonly, neurologic or gastrointestinal symptoms) with history of travel to an H5N1-affected area (see <http://www.ochealthinfo.com/epi/af/index.htm> for up-to-date list) or laboratory work with H5N1 in the 10 days prior to onset of symptoms. Please report these patients immediately to Orange County Public Health at (714) 834-8180. We will review the clinical history and exposures and, if indicated, arrange for prompt testing at our public health laboratory of patients with suspect avian influenza. For more information, CDC has issued updated interim guidance available at <http://www.cdc.gov/flu/avian/>; all recommendations are subject to change as the situation evolves.
- **Specimens for H5N1 testing:** Oropharyngeal swab and lower respiratory tract (e.g. bronchoalveolar lavage or tracheal aspirate) specimens are preferred for H5N1 detection by polymerase chain reaction (PCR). Nasopharyngeal specimens are also acceptable. Specimens should be obtained as soon as possible after illness onset, and if possible, serial specimens should be obtained over several days. Viral culture should not be attempted in hospital or private laboratories; however, other laboratory testing and diagnostic work-up should proceed. Commercial rapid influenza antigen tests have low sensitivities and a negative test does not rule out influenza infection; in addition, a positive test does not distinguish avian from human influenza subtypes.



- **Thank you ILI Sentinel Providers!!!** Summary information for the 2005-2006 influenza season will be reported in the coming weeks. Orange County tracks influenza-like illnesses throughout the entire year to aid with surveillance for avian influenza and bioterrorism events. Please continue to report weekly throughout the year! To become a sentinel provider, please contact us at epi@ochca.com.

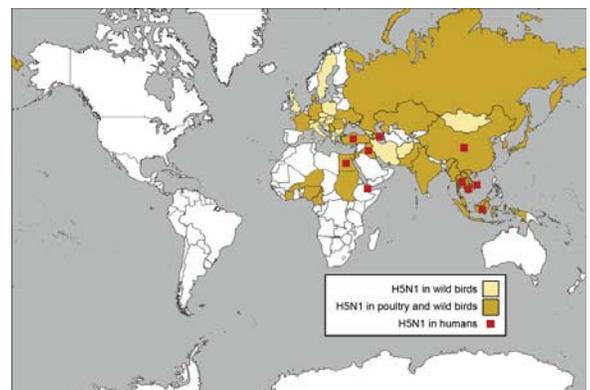
Recommended Resources

General: <http://www.cdc.gov/flu> OC: <http://www.ochealthinfo.com/epi/flu/surveillance.htm>
 California: <http://www.dhs.ca.gov/ps/dcdc/VRDL/html/FLU/Fluintro.htm> USA: <http://www.cdc.gov/flu/weekly/>

Avian Influenza Update

- As of June 6, 2006, 225 human H5N1 cases and 128 deaths have been confirmed in 10 countries. H5N1-infected birds have been reported in multiple areas in Asia, Africa and Europe.
- Close contact with and de-feathering of infected wild swans is the most plausible source of infection in the H5N1 clusters in the Republic of Azerbaijan. This constitutes the first human cluster in which wild birds were implicated. See <http://www.eurosurveillance.org/em/v11n05/1105-222.asp> for more information. The importation of birds and unprocessed bird products such as feathers from H5N1 affected countries is prohibited. For the list of embargoed countries: <http://www.cdc.gov/flu/avian/outbreaks/embargo.htm>.

Nations with Confirmed Cases
H5N1 Avian Influenza (May 19, 2006)



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



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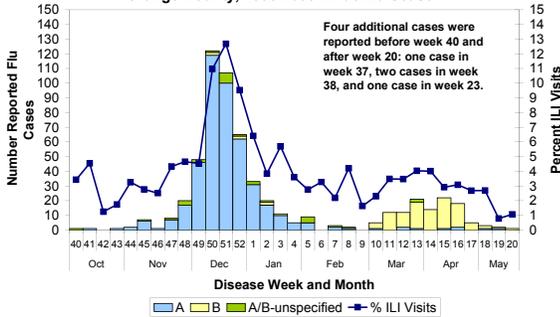


2005-06 Influenza Season Summary Report

Orange County

- Influenza activity in Orange County during the 2005-06 season was similar to that of California, with the peak of influenza A activity in December followed by increases in influenza B later in the season (March & April). Overall the season was more severe than the previous year, but less severe than the 2003-04 season.

Reported Influenza Cases by Type & Percent of Visits Due to Influenza-Like Illness (ILI)
Orange County, 2005-2006 Influenza Season



- To date this season, we have received 585 (445 A, 112 B, 28 A/B unspecified) reports of influenza in OC residents.
- Of the 117 specimens subtyped, 116 were A/H3 and 1 was A/H1. From the 7 isolates submitted for strain-typing, 2 B/Victoria-like and 5 A/California/07/04-like viruses were identified.
- 14 influenza-associated PICU cases, 6 ICU cases and five deaths (including one child) with laboratory-confirmed influenza infection were reported through our surveillance system this year in OC

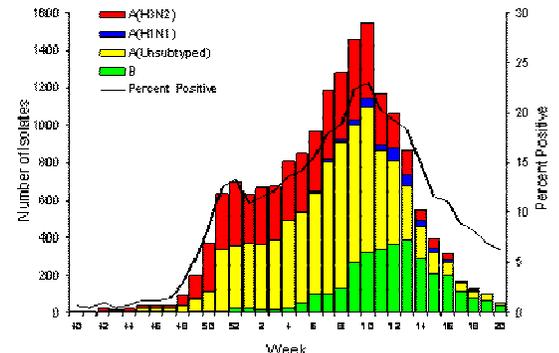
California

- Overall, influenza activity in California in the 2005-06 influenza season was moderate in severity. The magnitude of influenza activity was higher than last year, but comparable to previous years.
- This season was characterized by a large proportion of specimens in late 2005 testing positive for influenza A, followed by a predominance of detections for influenza B reported in February-April 2006.
- A total of 4156 positive detections for influenza were reported from 22 sentinel labs; 3474 (84%) were influenza A, 653 (16%) influenza B, and 28 (0.67%) influenza A/B unspecified.
- Among the influenza type A isolates subtyped this season, 78 (96.5%) were A/H3N2; of these 77 were strain-typed as A/California/07/2004-like, and one was A/Wisconsin/67/2005 (a new antigenic variant recommended for the 2006-7 vaccine). A/H1 accounted for 3 (3.5%) of the A isolates, of which two were characterized as A/New Caledonia /20/99-like and 1 was A/Hawaii/15/2001-like, a minor antigenic variant of A/New Caledonia/20/99. Among the influenza type B isolates, four (7%) were strain-typed as B/Shanghai/361/2002-like (Yamagata Family) and fifty (93 %) influenza B viruses belonged to the B/Victoria-like family.

National

- Influenza activity in the U.S. peaked in March and continued to decrease during week 20. The percentage of deaths attributed to pneumonia and influenza did not exceed the epidemic threshold this season.
- Since October 2, 2005, 14,093 (80.9 %) positive flu specimens reported were flu A and 3,321 (19.1%) were B.
- Of the A subtypes identified, 92.4% were H3N2 and 7.6% were H1N1. 76% of H3N2 strains were A/California/07/2004-like and 14% were A/Wisconsin/67/2005-like.
- WHO has recommended that the 2006-07 trivalent influenza vaccine for the Northern Hemisphere contain A/New Caledonia/20/99-like (H1N1), A/Wisconsin/67/2005-like (H3N2), and B/Malaysia/2506/2004-like (from the B/Victoria lineage) viruses.

U.S. WHO/NREVSS Collaborating Laboratories
Summary, 2005-06





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

World Health Organization Pandemic Influenza Alert Phase: The current situation remains at phase 3 (novel virus able to infect humans with no or very limited person-to-person transmission).

- **2006 Recommendations of the Advisory Committee on Immunization Practices (ACIP) for Prevention and Control of Influenza** contains new and updated recommendations on the use of influenza vaccine and antivirals (full report at www.cdc.gov/mmwr). **The highlights and principal changes are:**
 - Vaccinate all children aged 6-59 months and their caregivers and household contacts against influenza (*last year it was 6-23 month olds*);
 - Remember to administer 2 doses of influenza vaccine, spaced at least one month apart, for children aged 6 months through 8 years who were previously unvaccinated. (*These children should get their first dose in September, if vaccine is available, so the 2nd dose can be received before the onset of influenza season*);
 - Offer influenza vaccine routinely to patients throughout the influenza season;
 - Do not use amantadine or rimantadine for the treatment or chemoprophylaxis of influenza A in the US until susceptibility has been re-established among circulating influenza A viruses. (*These medications are not effective for influenza B*);
 - The 2006-2007 influenza vaccine will contain A/New Caledonia/20/1999 (H1N1)-like, A/Wisconsin/67/2005 (H3N2)-like, and B/Malaysia/2506/2004-like antigens.
- **H5N1 vaccine produced using reverse genetics provides cross-protection in ferrets to antigenically distinct H5N1 strains.** This study in the *Journal of Infectious Diseases*, available at <http://www.journals.uchicago.edu/JID/journal/issues/v194n2/35777/35777.web.pdf>, offers some hope that the stockpiling of vaccines made using current H5N1 strains may provide some cross protection during a pandemic while awaiting production of vaccine matched to the circulating pandemic strain.



Sentinel Providers Needed: Orange County tracks influenza-like illnesses (ILI) throughout the year to aid with surveillance for seasonal influenza, avian influenza and bioterrorism agents presenting as ILI. Reporting takes just a few minutes a week and we offer several incentives. For more information, please contact us at epi@ochca.com.

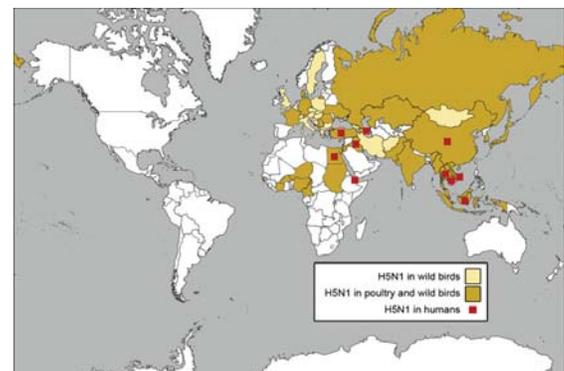
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California: <http://www.dhs.ca.gov/ps/dcdc/VRDL/html/FLU/Fluintro.htm> **USA:** <http://www.cdc.gov/flu/weekly/>

Avian Influenza Update

- As of June 20, 2006, 228 human H5N1 cases have been confirmed in Azerbaijan (8), Cambodia (6), China (19)*, Djibouti (1), Egypt (14), Indonesia (51)*, Iraq (2), Thailand (22), Turkey (12), and Vietnam (93), and have resulted in 130 deaths. H5N1-infected birds have been reported in multiple areas in Asia, Africa and Europe. **reported a new case since last update (May 26th)*
- For an up-to-date list of H5N1-affected countries, see <http://www.ochealthinfo.com/epi/af/index.htm>.
- Suspect avian influenza cases should be reported immediately to OC Epidemiology at 714-834-8180.

**Nations with Confirmed Cases
H5N1 Avian Influenza (May 19, 2006)**
(no new countries affected since 5/19)



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CLINICIAN UPDATE, June 26, 2006

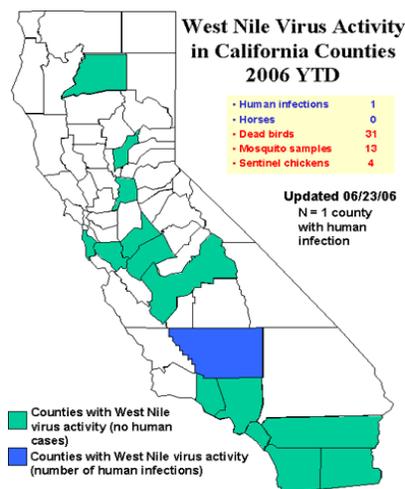
THE WEST NILE FILE



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

The first human West Nile Virus (WNV) infection in California for 2006 has been reported from Kern County. In 2004 and 2005, the onsets of illness for the first reported WNV human cases in Orange County were in mid-June and early July, respectively. Consider West Nile Virus (WNV) infection in your patients with aseptic meningitis, encephalitis, or prolonged fever (> 7 days) and submit serology for WNV testing.

- **This year's first human WNV infection in California reported.** A 27-year-old Kern County resident became ill in mid-June and was still hospitalized as of June 22nd with West Nile Neuroinvasive Disease (WNND).
- **Study characterizes WNV infection in a cohort of 656 individuals.** In the July issue of *Emerging Infectious Diseases*, a report of the follow-up of WNV cases from Denver in 2003 identified several factors that may predispose infected persons to the development of encephalitis, including hypertension, diabetes, cancer, kidney disease, and history of chemotherapy. The report also highlights the severity of WNV infection. The mean length of stay for hospitalized WNV patients was 20 days for encephalitis patients, 10 days for meningitis patients and 7 days for West Nile Fever (WNF) patients. In addition, the median number of work days missed was 65 days for encephalitis patients, 51 days for meningitis patients and 16 days for WNF patients. To view the article, visit <http://www.cdc.gov/ncidod/EID/vol12no07/05-1399.htm>.



West Nile Virus – Orange County, California, & U.S.

- Human cases have been reported in California, Colorado, Mississippi, and Texas.
- As of June 23rd, WNV has been detected in 15/58 California Counties in 2006. Positive birds have been detected in Fresno, Orange, Sacramento, San Diego, San Mateo, Santa Clara, Shasta, Ventura and Yuba Counties. Positive mosquitoes have been detected in Fresno, Imperial, Los Angeles, Merced, Riverside and Stanislaus Counties. Sentinel chickens in Los Angeles have seroconverted for WNV.
- WN infection, WNF, WNND, meningitis, and encephalitis are all reportable diseases and should be reported within one working day to OC Epidemiology via phone (714-834-8180) or fax (714-834-8196).

Educate your patients, friends and family about WNV prevention -- avoiding mosquito bites:

- Eliminate standing water on your property as this is where mosquitoes breed. Drain pots, unclog gutters, and keep swimming pools clean and chlorinated or drained and covered.
- Make sure that door and window screens are in good condition to keep the mosquitoes out.
- When outdoors, use an insect repellent containing DEET, picaridin, or oil of lemon eucalyptus. Always follow the product directions on the label.
- For more information about prevention: www.ochealthinfo.com/epi/wnv/Repellent.pdf.

Recommended Resources

Orange County Health Care Agency:
www.ochealthinfo.com/epi/wnv

Orange County Vector Control District:
www.ocvcd.org or Ph: 714-971-2421
 To report dead birds: X117

California Department of Health Services:
www.westnile.ca.gov

Centers for Disease Control and Prevention:
www.cdc.gov/ncidod/dvbid/westnile

If you have any comments about the flyer, contact John Janeski, MPH or Sandra Nutter, MPH at (714) 834-8180. To receive this newsletter by email, please contact us at epi@ochca.com.



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World Health Organization (WHO) Pandemic Influenza Alert Phase

The current situation remains at phase 3: novel virus able to infect humans with no or very limited person-to-person transmission

- **Summary of laboratory-confirmed H5N1 cases:** WHO has published a summary of demographic and epidemiological information on 203 symptomatic, laboratory-confirmed H5N1 cases reported to WHO with onset date between December 2003 to 30 April 2006. See: *Weekly Epidemiological Record* at http://www.who.int/entity/csr/disease/avian_influenza/guidelines/wer8126/en/index.html.
- **American College of Physicians Position Paper on the Health Care Response to Pandemic Influenza** is available in the *Annals of Internal Medicine*. To view: <http://www.annals.org/cgi/content/full/0000605-200607180-00131v1>.
- **Second report on pandemic planning released by HHS:** see <http://pandemicflu.gov>.
- **The burden of influenza in young children is underrecognized.** Population-based surveillance of medical visits for an acute respiratory tract infection or fever in children under 5 years of age was conducted in three U.S counties. Surveillance specimens were taken from ~2800 children and tested for influenza by culture and PCR but these results were not available to the clinician. Of those children who had laboratory-confirmed influenza, a diagnosis of influenza was made by the treating physician in 17% in the outpatient setting and 28% in the inpatient setting. The average annual rate of hospitalization associated with influenza were 0.9 per 1,000 children; outpatient visits associated with influenza were 10-250 times as common as hospitalizations. For details, see *N Engl J Med* 2006;355:31-40 at <http://content.nejm.org/cgi/content/short/355/1/31> (subscription required).
- **Updated Q & A on Influenza Vaccine Supply and Prioritization for 2006-07 available:** See the CDC website at <http://www.cdc.gov/flu/about/qa/vaxprioritygroups.htm>.



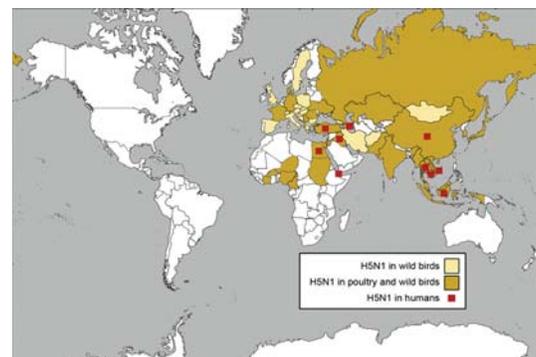
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HHS: <http://www.pandemicflu.gov/>

Avian Influenza Update

- As of July 4, 2006, 229 human H5N1 cases have been confirmed in Azerbaijan (8), Cambodia (6), China (19), Djibouti (1), Egypt (14), Indonesia (52)*, Iraq (2), Thailand (22), Turkey (12), and Vietnam (93), and have resulted in 131 deaths. H5N1-infected birds have been reported in multiple areas in Asia, Africa and Europe.
*reported a new case since last update (June 30th)
- For an up-to-date list of H5N1-affected countries, see <http://www.ochealthinfo.com/epi/af/index.htm>.
- Suspect avian influenza cases should be reported immediately to OC Epidemiology at 714-834-8180.

Nations with Confirmed Cases
H5N1 Avian Influenza (July 7, 2006)



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World Health Organization (WHO) Pandemic Influenza Alert Phase

The current situation remains at phase 3: novel virus able to infect humans with no or very limited person-to-person transmission

- **The California Department of Fish and Game has updated its website with guidance on reporting sick/dead birds.** Please visit <http://www.dfg.ca.gov/avianflu/index.html> for more information.
- **HIPAA – Sharing information during a disaster or other emergency.** The HIPAA Privacy Rule permits covered entities to disclose protected health information (PHI) for a variety of purposes, including treatment (including coordinating patient care and linking patients to appropriate health services), notification of family members or guardians, and mitigation of a serious or imminent threat to the health or safety of a person or the public. For details, see <http://www.hhs.gov/ocr/hipaa/KATRINAnHIPAA.pdf>. For a decision tool for emergency planners re: disclosures for emergency preparedness, see <http://www.hhs.gov/ocr/hipaa/decisiontool/>.
- **HHS has contracted with GlaxoSmithKline (GSK) to provide the antiviral zanamivir (Relenza®) to states with a 25% federal subsidy.** In addition to the 31 million federally-subsidized treatment courses (of oseltamivir or zanamivir) available for state purchase, the federal government will purchase 44 million antiviral treatment courses for state use, which will reside in the Strategic National Stockpile. For more information, see <http://www.hhs.gov/news/press/2006pres/20060720.html>.
- **Estimates of Influenza Vaccination Target Population Sizes in 2006 and Recent Vaccine Uptake Levels is available at** <http://www.cdc.gov/flu/professionals/vaccination/pdf/targetpopchart.pdf>.

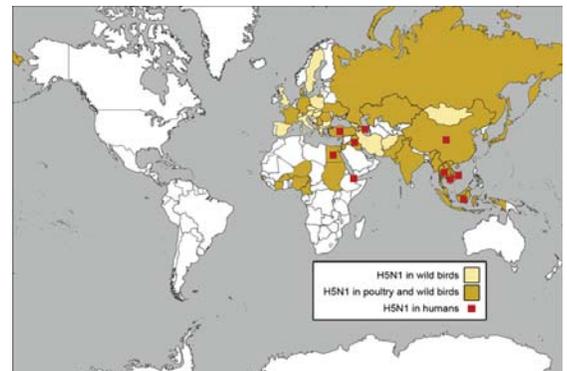
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HHS: <http://www.pandemicflu.gov/>

Avian Influenza Update

- Thailand has confirmed its first human case of H5N1 infection in 2006. Eight months had passed since its last reported case of avian influenza. This case coincides with a recurrence of a confirmed H5N1 outbreak in animals in the province. For details visit: <http://www.who.int/csr/don/en/>.
- As of July 26, 2006, 232 human H5N1 cases have been confirmed [Azerbaijan (8), Cambodia (6), China (19), Djibouti (1), Egypt (14), Indonesia (54)*, Iraq (2), Thailand (23)*, Turkey (12), Vietnam (93)] and have resulted in 134 deaths. H5N1-infected birds have been reported in multiple areas in Asia, Africa and Europe.
**reported a new case since last update (July 13th)*
- For an up-to-date list of H5N1-affected countries, see <http://www.ochealthinfo.com/epi/af/index.htm>.
- Suspect avian influenza cases should be reported immediately to OC Epidemiology at 714-834-8180.

Nations with Confirmed Cases
H5N1 Avian Influenza (July 7, 2006)



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World Health Organization (WHO) Pandemic Influenza Alert Phase

The current situation remains at phase 3: novel virus able to infect humans with no or very limited person-to-person transmission

- **The US Department of Agriculture (USDA) and the US Department of Interior (DOI) are increasing surveillance to detect H5N1 in wild migratory birds:** Samples are being collected from wild birds in North America that may have migrated from H5N1 affected countries. Samples will also be collected from hunter-killed wild birds, noncommercial backyard poultry flocks and ducks in wetland environments. Environmental sampling will also be incorporated into surveillance efforts. The HPAI Early Detection Data System (HEDDS) will be used to track all avian influenza data collected from wild birds. To view the database, visit: <http://wildlifedisease.nbio.gov/ai/>. For more information, visit <http://www.pandemicflu.gov/>.
- **Avian Influenza (A/H11N9) among Waterfowl Hunters and Wildlife Professionals:** A cross-sectional seroprevalence study of past influenza A/H11N9 infection was assessed in 107 persons who were routinely heavily exposed to wild ducks and geese through recreational activities (duck hunting) or through their employment (bird banding). Results showed serologic evidence of A/H11 infection in 1 duck hunter and 2 wildlife professionals, suggesting that handling wild waterfowl may be a risk factor for direct transmission of this avian influenza virus to humans. For more information, see *Emerging Infectious Diseases* (August 2006): <http://www.cdc.gov/ncidod/EID/vol12no08/06-0492.htm>.
- **Researchers at the CDC have developed a model through which the types of genetic changes needed for sustained and efficient person-to-person transmission may be identified.** Hybrid H5N1/H3N2 viruses created in a laboratory setting were not transmitted easily among ferrets, an animal that has similar susceptibility to influenza as humans do. However, human H3N2 viruses were transmitted easily among ferrets and avian H5N1 viruses were not. It is not currently known what changes in the H5N1 viruses would increase the risk of a pandemic strain emerging. For more information: <http://www.cdc.gov/od/oc/media/pressrel/r060731.htm>.



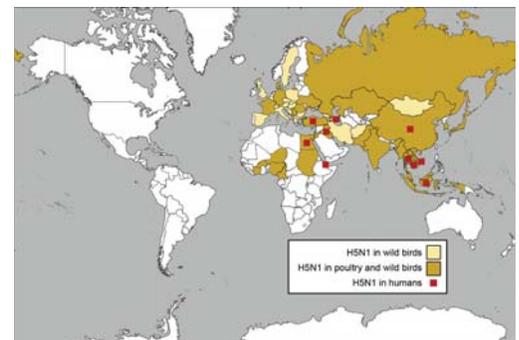
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HHS: <http://www.pandemicflu.gov/>

Avian Influenza Update

- China has retrospectively confirmed a human H5N1 case from November 2003, two years before the first reported case in China. For details, see http://www.who.int/csr/don/2006_08_08/en/index.html.
- As of August 9, 2006, 236 human H5N1 cases have been confirmed in Azerbaijan (8), Cambodia (6), China (20)*, Djibouti (1), Egypt (14), Indonesia (56)*, Iraq (2), Thailand (24)*, Turkey (12), and Vietnam (93), and have resulted in 138 deaths. H5N1-infected birds have been reported in multiple areas in Asia, Africa and Europe.
*reported a new case since last update (July 28th)
- For an up-to-date list of H5N1-affected countries, see <http://www.ochealthinfo.com/epi/af/index.htm>.

Nations with Confirmed Cases H5N1 Avian Influenza



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World Health Organization (WHO) Pandemic Influenza Alert Phase

The current situation remains at phase 3: novel virus able to infect humans with no or very limited person-to-person transmission

- **CDC educational materials for the upcoming influenza season:** Updated flyers, posters, sticker templates, and other print materials about influenza and influenza vaccine for patients and providers are now available. Materials are available in color and black & white, English and Spanish at www.cdc.gov/flu/gallery
- **Researchers in China identify specific points in avian influenza virus genomes where mutations may enable them to become human viruses:** Comparisons were made between 306 human and 95 avian influenza A viral genomes to identify areas with significant differences. Fifty-two “species-associated” positions were identified: specific mutations on these points may enable an avian influenza virus to become a human virus. Many of these positions are in the viral ribonucleoprotein genes coding for functional domains that are important for viral replication. Analysis of the genomes of 21 avian influenza viruses that were isolated from humans found 19 that exhibited ≥ 1 “species-associated” residue change, and 7 that exhibited ≥ 2 changes. For details, see *Emerging Infectious Diseases* September 2006, <http://www.cdc.gov/ncidod/EID/vol12no09/06-0276.htm>.
- **WHO publishes guidance for national authorities on candidate H5N1 vaccine viruses for pre-pandemic production:** The recommended candidate H5N1 vaccine viruses are representative of antigenically and genetically distinct groups of viruses that have infected humans primarily through contact with ill or dead H5N1-infected birds. Prototype strains are available through WHO which have been prepared by reverse genetics and safety tested. For more information, see http://www.who.int/csr/disease/avian_influenza/guidelines/h5n1virus2006_08_18/en/index.html

Orange County is actively recruiting physicians and other healthcare providers to participate as sentinel providers for influenza-like illnesses for the upcoming influenza season. For more information, please contact us at epi@ochca.com.



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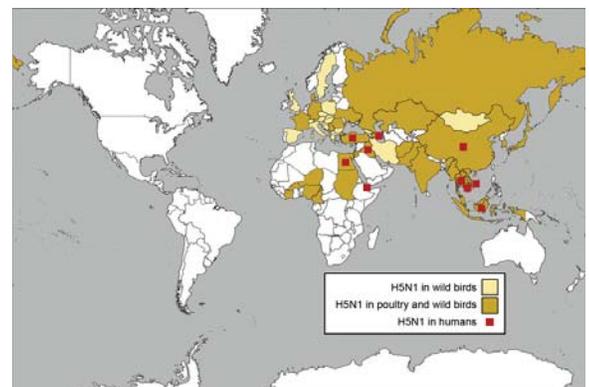
CDC: <http://www.cdc.gov/flu/weekly/>

HHS: <http://www.pandemicflu.gov/>

Avian Influenza Update

- As of August 23, 2006, 241 human H5N1 cases have been confirmed in Azerbaijan (8), Cambodia (6), China (21)*, Djibouti (1), Egypt (14), Indonesia (60)*, Iraq (2), Thailand (24), Turkey (12), and Vietnam (93), and have resulted in 141 deaths. H5N1-infected birds have been reported in multiple areas in Asia, Africa and Europe. **New reported cases since last update (August 9th).*
- For an up-to-date list of H5N1-affected countries, see <http://www.ochealthinfo.com/epi/af/index.htm>.
- Patients with fever and respiratory symptoms with history of travel to H5N1-affected countries within 10 days of illness onset should be reported immediately to OC Epidemiology at 714-834-8180.

Nations with Confirmed Cases H5N1 Avian Influenza



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World Health Organization (WHO) Pandemic Influenza Alert Phase

The current situation remains at phase 3: novel virus able to infect humans with no or very limited person-to-person transmission

- **More than 100 million doses of seasonal influenza vaccine are expected to be available this year.** About 75 million doses will be distributed by the end of October. For more information, see <http://www.cdc.gov/od/oc/media/pressrel/r060906b.htm>.
- **WHO issues case definitions for human avian influenza infections.** These standardized case definitions apply to Pandemic Influenza Alert Phase 3 and may change as new information becomes available. The case definitions are not intended to provide complete descriptions of disease in patients, but rather to standardize reporting of cases. While most patients with H5N1 infection have presented with fever and lower respiratory complaints, the clinical spectrum is broad and atypical infections may occur. Please see http://www.who.int/csr/disease/avian_influenza/guidelines/case_definition2006_08_29/en/index.html for definitions of suspect, probable, and confirmed cases.
- **Wild bird sampling results for highly pathogenic avian influenza (HPAI) are available online.** Visit <http://wildlifedisease.nbii.gov/ai> for a current picture of where sampling has taken place and the results of testing. No HPAI has been detected in the 12,030 samples that have been tested so far; 138 samples have been tested from California. Most of the current testing is in Alaska, where many of the wild bird “target species” have nesting grounds. Sampling in the lower 48 states has begun and will continue as birds begin migrating south. Low pathogenic avian influenza (LPAI) strains, including low pathogenic H5N1, have been detected but are not considered a threat to human health.

Orange County is actively recruiting physicians and other healthcare providers to participate as sentinel providers for influenza-like illnesses for the upcoming influenza season. For more information, please contact us at epi@ochca.com.



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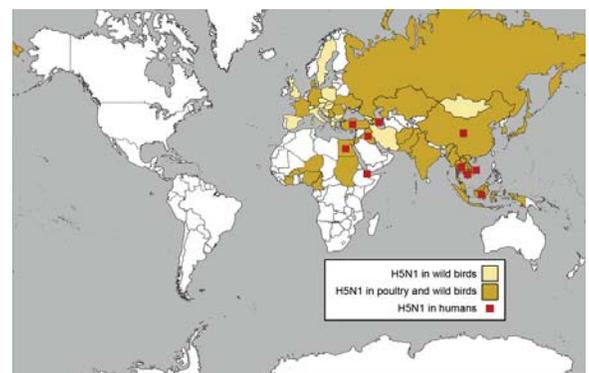
CDC: <http://www.cdc.gov/flu/weekly/>

HHS: <http://www.pandemicflu.gov/>

Avian Influenza Update

- 244 human H5N1 cases have been confirmed in Azerbaijan (8), Cambodia (6), China (21), Djibouti (1), Egypt (14), Indonesia (63)*, Iraq (2), Thailand (24), Turkey (12), and Vietnam (93), and have resulted in 143 deaths. H5N1-infected birds have been reported in multiple areas in Asia, Africa and Europe. **New reported cases since last update (August 25).*
- For an up-to-date list of H5N1-affected countries, see <http://www.ochealthinfo.com/epi/af/index.htm>.
- Patients with fever and respiratory symptoms with history of travel to H5N1-affected countries within 10 days of illness onset should be reported immediately to OC Epidemiology at 714-834-8180.

Nations with Confirmed H5N1 Avian Influenza





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

Orange County has confirmed its first flu cases of the season. Two patients with influenza-like illness were reported from an Orange County sentinel provider this week and both tested positive for influenza A (H1N1) in our laboratory. We encourage health care provider to consider participating in our surveillance efforts, which take only a few minutes a week! Sentinel providers are critical to identify circulating strains of influenza in the county and to monitor the impact of influenza.

- **Influenza season is starting!** All patients who present to a healthcare setting with fever and respiratory symptoms should be managed according to CDC's recommendations for [Respiratory Hygiene and Cough Etiquette](http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm) <http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>
- **Prevention is key:** Prevent illness and disease by promoting proper respiratory hygiene in the healthcare setting. For posters, see: <http://www.dhs.ca.gov/ps/dcdc/izgroup/pdf/imm783k.pdf> & http://www.cdc.gov/flu/protect/pdf/covercough_hcp11x17.pdf. For information on influenza vaccine, see <http://www.cdc.gov/flu/professionals/vaccination/>.
- **Consider antivirals** for your patients with influenza who are at risk for severe complications. Antivirals should be given within 48 hours of symptom onset to be effective. See <http://www.cdc.gov/flu/professionals/treatment/> for more information about the use of antivirals.
- **Update: Influenza Activity – United States and Worldwide:** see the 9/22/06 issue of MMWR at www.cdc.gov/mmwr/.
- **California Department Health of Services Pandemic Plan has been updated.** See <http://www.cdc.gov/flu/professionals/vaccination/> to view the plan.

Orange County is actively recruiting physicians and other healthcare providers to participate as sentinel providers for influenza-like illnesses for the upcoming influenza season. For more information, please contact us at epi@ochca.com.



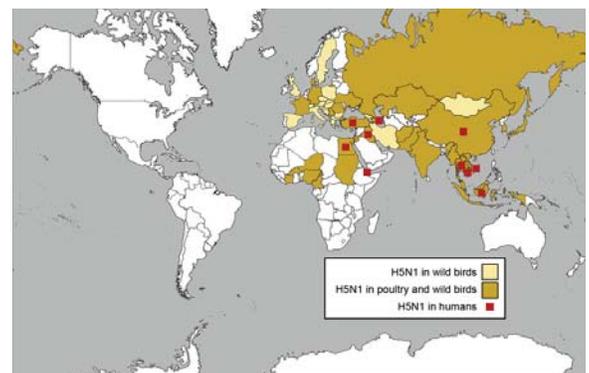
Recommended Resources

- General:** <http://www.cdc.gov/flu>
OC: <http://www.ochealthinfo.com/epi/flu/surveillance.htm>
California: <http://www.dhs.ca.gov/ps/dcdc/VRDL/html/FLU/Fluintro.htm>
CDC: <http://www.cdc.gov/flu/weekly/>
HHS: <http://www.pandemicflu.gov/>

Avian Influenza Update

- 247 human H5N1 cases have been confirmed in Azerbaijan (8), Cambodia (6), China (21), Djibouti (1), Egypt (14), Indonesia (65)*, Iraq (3)*, Thailand (24), Turkey (12), and Vietnam (93), and have resulted in 144 deaths. H5N1-infected birds have been reported in multiple areas in Asia, Africa and Europe.
*New reported cases since last update (September 8th).
- For an up-to-date list of H5N1-affected countries, see <http://www.ochealthinfo.com/epi/af/index.htm>.
- Patients with fever and respiratory symptoms with history of travel to H5N1-affected countries within 10 days of illness onset should be reported immediately to OC Epidemiology at 714-834-8180.

Nations with Confirmed H5N1 Avian Influenza



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