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Eye on Influenza

September 17, 2014
Volume 11, Issue 1

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

The official start of the influenza season this year is two weeks away (9/28/2014)!

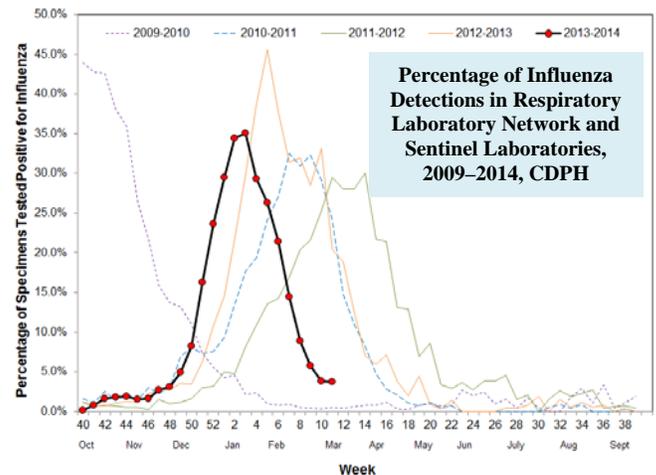
Providers are encouraged to begin vaccination efforts as soon as vaccine is available.

- **Influenza Update:** Flu activity is low across the US now, but usually begins to increase in October. Vaccination efforts should start as soon as vaccine is available and continue as long as influenza viruses are circulating.
- **Influenza Vaccine Distribution:** Manufacturers project 151-159 million doses of flu vaccine will be produced this season. As of 9/5/2014, approximately 41 million doses have been distributed in the US.
 - For retail locations that offer vaccine, see the Flu Vaccine Finder: <http://flushot.healthmap.org/>.
 - The Health Care Agency will be providing free flu shots to persons 3 years of age and older on October 10, 2014 at two locations. See <http://www1.ochca.com/ochealthinfo.com/freeflushot/>.
 - Additional locations for publicly funded influenza vaccine clinics will be posted at <http://ochealthinfo.com/phs/about/family/flu> when available.
- **Influenza Vaccination Updates: 2014-2015 Season.** See “Prevention and Control of Influenza with Vaccines; Recommendations of the Advisory Committee on Immunization Practices (ACIP) – United States, 2014-15 Influenza Season” available in the 8/15/2014 *MMWR* at www.cdc.gov/mmwr.
 - **Annual flu vaccination continues to be recommended for all persons aged ≥ 6 months.**
 - **2014-15 US influenza vaccines contain the same influenza strains as those in the 2013-14 vaccines.** Vaccination this season (and annually) is still recommended even if you received vaccine last season, since antibody levels decline over time post-vaccination.
 - **Live attenuated influenza vaccine (LAIV) is now preferred over inactivated influenza vaccine (IIV) for healthy children aged 2 years through 8 years** who have no contraindications or precautions. However, vaccination should not be delayed to get LAIV. Inactivated influenza vaccine should be used if LAIV is not immediately available.
 - **Vaccine dose considerations for children 6 months through 8 years of age.** Children in this age group require **two doses** of influenza vaccine (administered a minimum of 4 weeks apart) to optimize immune response unless they have received the following:
 - **At least one dose in the 2013-14 season:** only one dose is needed this season because strains have not changed this year.
 - **At least two doses of seasonal influenza vaccine since 7/1/2010:** only one dose is needed this season. An alternate approach is available for children with vaccination history prior to 7/1/2010.
 - **Recombinant Influenza Vaccine (RIV) may be used in persons 18-49 years of age with egg allergy,** including severe reactions such as angioedema and respiratory distress, because it is considered egg-free. Recommendations for use of IIV in persons with history of hives only after exposure to egg have not changed.
 - **2014-15 Influenza Vaccine Information Statements (VIS):** <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html>.



2013-14 Influenza Overview

- The season peaked in late December in the US and in early January in California (see graph). 2009 H1N1 viruses were most commonly reported, but influenza B and influenza A (H3N2) also circulated. The majority of all flu viruses tested were similar to the components of the 2013-14 Northern Hemisphere influenza vaccine. Patterns of resistance to antivirals were similar to the previous season with widespread resistance to the adamantane class of drugs among flu A viruses, and rare, sporadic resistance to oseltamivir or zanamivir.



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



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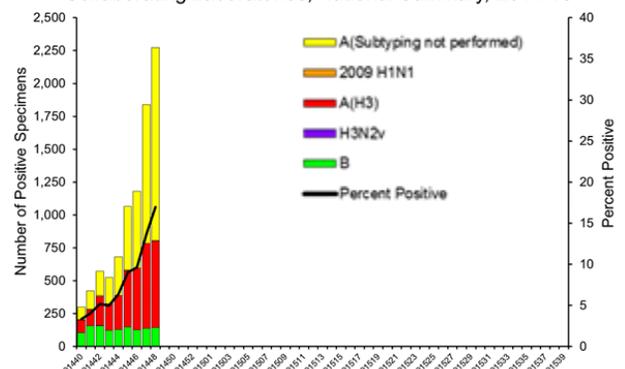
Influenza activity is currently increasing and is expected to increase further in the coming weeks. Get Vaccinated! To find a location, visit Flu Vaccine Finder: <http://flushot.healthmap.org/>. For publicly funded influenza vaccine clinics: <http://ochealthinfo.com/phs/about/family/flu>.

- **CDC reminds clinicians of the benefits of influenza antiviral medications (oseltamivir [Tamiflu®] and zanamivir [Relenza®]) as an adjunct to vaccination in light of circulating H3N2 strains that are antigenically different (drifted) from the vaccine virus strain.** See the CDC Health Advisory sent out yesterday and posted at <http://emergency.cdc.gov/han/han00374.asp>. Even though there may be decreased vaccine effectiveness against the drifted strains, cross-protection may reduce the likelihood of severe outcomes such as hospitalization and death and vaccination will offer protection against other circulating strains that have not drifted (e.g., H1N1 and B viruses). **CDC urges continued vaccination of unvaccinated patients this influenza season.**
 - **Annual flu vaccination is recommended for all persons aged ≥ 6 months and is particularly important for persons who are at increased risk for severe complications from influenza, including:**
 - all children aged 6 through 59 months and those persons aged ≥65 years;
 - adults and children who have chronic pulmonary or cardiovascular (except isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders;
 - persons who have immunosuppression due to disease or medication;
 - women who are or will be pregnant during the influenza season;
 - children and adolescents who are receiving long-term aspirin therapy;
 - residents of nursing homes and other long-term care facilities;
 - American Indians/Alaska Natives; and
 - persons who are morbidly obese (BMI ≥40).
 - **Live-attenuated influenza vaccine (LAIV) showed no effectiveness against H1N1 virus in children during 2013-14 flu season.** This year's LAIV vaccine uses the same H1N1 virus as last year's product. Even though LAIV may not protect children against H1N1 this season, CDC and ACIP recommend that clinicians should immunize with whatever vaccine (LAIV) or inactivated influenza vaccine (IIV) is immediately available and indicated, for the following reasons:
 - Surveillance shows that there is substantially more circulation of influenza A (H3N2) and B viruses and very little circulating H1N1 so far;
 - LAIV has been shown to offer good protection against A (H3N2) and B viruses in the past;
 - LAIV may offer better protection than IIV against antigenically drifted viruses.
- Influenza vaccination should not be delayed to procure a specific vaccine preparation.**
- **FDA expands approval of use of Flublok® vaccine, the 100% egg-free recombinant influenza vaccine, to include adults 50 years of age and older:**
<http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm335836.htm>.
 - **CDC Webinar on the Management and Prevention of Pediatric Influenza in Healthcare Settings:**
http://emergency.cdc.gov/coca/calls/2014/callinfo_091814.asp.



- **Influenza Update (Week 48):** Flu activity is starting to increase in some areas of the US. Influenza-like-illness (ILI) activity is widespread and high in 6 states in the continental U.S. Early data suggests that the current 2014-2015 flu season could be severe, due to the predominance of A (H3N2) viruses, of which roughly half of those analyzed are drift variants. Orange County had 12 new reports of confirmed influenza last week and one influenza outbreak in a long term care facility where residents tested positive for A/H3 influenza.

Influenza Positive Tests Reported to CDC by U.S. WHO/NREVSS Collaborating Laboratories, National Summary, 2014-15



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Eye on Influenza

December 15, 2014
Volume 11, Issue 3

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

- **Orange County has seen a substantial increase in influenza reports over the previous three weeks.** Health care professionals should encourage all patients 6 months and older who have not yet received an influenza vaccine this season to be vaccinated against influenza.

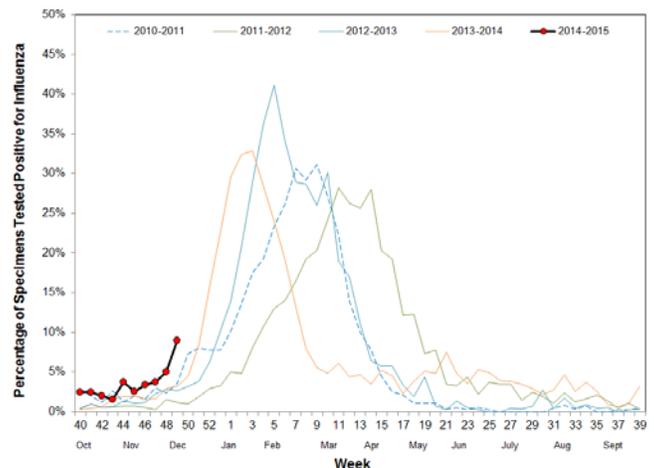
To find a location, visit Flu Vaccine Finder: <http://flushot.healthmap.org/>. For publicly funded influenza vaccine clinics: <http://ohealthinfo.com/phs/about/family/flu>.

- **Orange County reports its first severe flu case (≤65 years of age).** The patient, in their 40's and otherwise healthy, was admitted to a local intensive care unit and tested positive for influenza A/H3.
- **Initiation of antiviral treatment as early as possible is recommended for all hospitalized patients with confirmed or suspected influenza.** Treatment should not wait for influenza test results. Antiviral treatment may be effective in reducing morbidity and mortality in hospitalized patients even if treatment is not started until more than 48 hours after onset of illness. Additional information on recommendations for treatment and chemoprophylaxis of influenza virus infection is available at <http://www.cdc.gov/flu/antivirals/index.htm>.
- **Surveillance data in the U.S. this season indicate that influenza A (H3N2) viruses have predominated so far,** with lower levels of detection of influenza B viruses and very few H1N1 viruses detected. H3N2 seasons are especially hard on people who are at high risk of serious complications, including the elderly, very young children, and persons with certain chronic medical conditions. Health care professionals should encourage all persons with influenza-like illness who are at high risk for influenza complications to seek care promptly to determine if treatment with influenza antiviral medications is warranted (see list: <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm#summary>).
- **What you should know about influenza antiviral drugs fact sheet:** http://www.cdc.gov/flu/pdf/freeresources/updated/antiviral_factsheet1112_9-24.pdf
- **Flu vaccination last season prevented an estimated 7.2 million illnesses and 90,000 hospitalizations associated with influenza.** These 2013-2014 estimates represent a 17% reduction in the number of flu illnesses and hospitalizations that would have occurred last season without vaccination. If vaccination rates were improved to 70 percent, another 5.9 million illnesses, 2.3 million medically attended illnesses, and 42,000 hospitalizations associated with influenza could have been prevented. This season, only 40% of people in the U.S. had reported getting a flu vaccine as of early November 2014, numbers similar to the estimates from this time last season. To view the full report: *MMWR* 12/12/14 at www.cdc.gov/mmwr.

Influenza Update:

- During Week 49 in California, flu activity has begun to pick up with the percent of respiratory specimens testing positive for influenza approaching 10%. Nationally, about two-thirds of circulating H3N2 strains are antigenically different from the vaccine H3N2 strain. All recently circulating flu viruses have been susceptible to the antiviral medications, oseltamivir and zanamivir; however, rare sporadic instances of oseltamivir-resistant A viruses have been detected worldwide.
- Orange County continues to see an increase in influenza reports. Most have been influenza A, but influenza B is also circulating at low levels. Of the flu viruses that have been subtyped, all but one has been A/H3.

Percentage of Influenza Detections in Respiratory Laboratory Network and Sentinel Laboratories in California, 2009–2014



Note: The 2014-15 season contains a week 53. Prior years' data have been shifted so that week 1 aligns across years.

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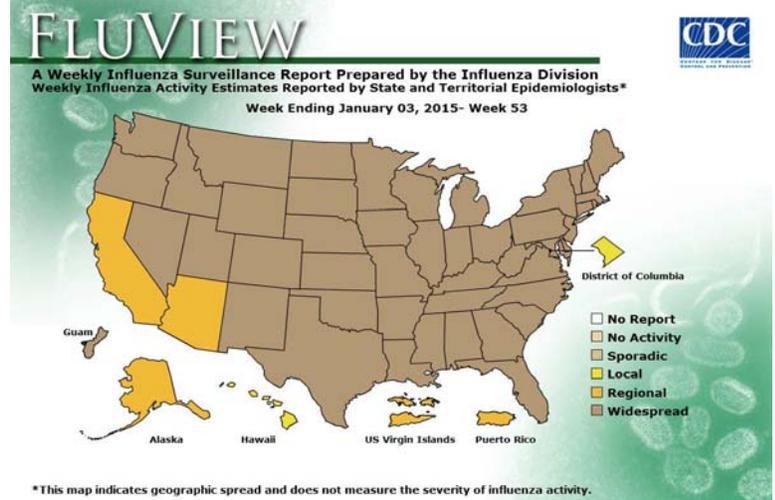
Eye on Influenza

January 12, 2015
Volume 11, Issue 4

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

Influenza activity is rapidly increasing and several outbreaks have been reported in congregate settings. Vaccination is recommended for all persons 6 months of age and older -- It's not too late!! To find a location, visit Flu Vaccine Finder: <http://flushot.healthmap.org/>. For publicly funded influenza vaccine clinics: <http://ochealthinfo.com/phs/about/family/flu>.

- **Orange County Update:** The percent of outpatient visits to sentinel providers for influenza-like illness (ILI) has tripled in the last week (currently at 6.4%) and several outbreaks of influenza and ILI have been reported in congregate settings, such as long term care facilities (LTCF) and schools. Eight severe influenza cases (all ICU admissions) have been reported to date. Influenza A H3 continues to be the predominant strain, but influenza B is also circulating at very low level.



- **CA & National Update:** California reported its first flu death this week. Flu activity is high across most of the country with elevated ILI, illnesses, hospitalizations and deaths.
- **Widespread influenza activity is being reported in most states and high hospitalization rates are being observed throughout the country. All hospitalized patients and all high-risk patients with suspect influenza should be treated as soon as possible (ideally within 48 hours) with antiviral drugs.** Antiviral treatment should not be delayed to wait for test results. The results of rapid influenza diagnostic tests (RIDTs) may not be accurate and a negative RIDT does not rule out influenza infection. See the latest CDC Health Advisory (1/9/15) at <http://emergency.cdc.gov/HAN/>.
- **Three prescription neuraminidase inhibitor antiviral medications are approved by the U.S. FDA for treatment of influenza this season:** oseltamivir (Tamiflu®), zanamivir (Relenza®), and peramivir (Rapivab®). Adamantanes (rimantadine and amantadine) are not currently recommended for treatment/prevention of influenza because of high levels of resistance among circulating flu A viruses. See <http://www.cdc.gov/flu/professionals/antivirals/> for recommendations and dosages.
 - Oral oseltamivir is FDA-approved for treatment of influenza in persons aged 2 weeks and older, and for chemoprophylaxis to prevent influenza in people 1 year of age and older. Although not part of the FDA-approved indications, use of oral oseltamivir for treatment of influenza in infants younger than 14 days old, and for chemoprophylaxis in infants 3 months to 1 year of age, is recommended by the CDC and the American Academy of Pediatrics.
 - Inhaled zanamivir is FDA-approved for treatment of persons 7 years and older and for prevention of influenza in persons 5 years and older.
 - Intravenous peramivir was FDA-approved on 12/19/14 for the treatment of influenza in persons ≥18 years. See <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm427755.htm>.
- **Influenza Outbreak Management in LTCFs and Similar Settings:**
 - Residents of LTCFs and similar settings with confirmed or suspected influenza should receive antiviral treatment as soon as possible. Upon outbreak identification, antiviral prophylaxis of all non-ill residents should be promptly initiated, regardless of influenza vaccination status. The Centers for Disease Control and Prevention (CDC) recommends antiviral prophylaxis for non-ill residents for at least 2 weeks, and continuing for at least 7-10 days after the last outbreak-associated case onset. For additional guidance on managing influenza outbreaks in LTCFs:
 - <http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>
 - <http://www.cdph.ca.gov/programs/hai/Documents/Influenza-Recommendations-LTCF-v.12-11.pdf>

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Influenza activity continues to be widespread in California although activity is decreasing in Orange County. Clinicians should continue vaccination efforts as long as flu viruses are circulating and remember to consider antivirals in any suspect cases at high risk for complications of influenza.

- CA & National Update:** Influenza activity in California continues at high levels but is decreasing. During Week 7, the percentage of specimens testing positive for influenza decreased from 19.0% to 14.5%. Similarly, influenza activity is still elevated in the United States, but continues to decrease. Widespread influenza activity was reported by Guam and 20 states, including California. Flu activity has been elevated for 14 consecutive weeks nationally.
- Orange County Update:** The percent of visits to sentinel providers for influenza-like illness has decreased for the fourth week (currently at 2.2%). Twenty-four severe influenza cases (hospitalized in intensive care or death in person ≤ 65 years of age) have been reported to date, including three deaths. Seven of the severe cases are children.
- Influenza vaccination continues to be recommended--it's not too late.** Drifted H3N2 flu viruses have predominated this season, leading to reduced vaccine effectiveness thus far. However, influenza vaccination may still provide protection, including prevention of more severe flu outcomes like hospitalization and death. Also, the vaccine protects against three or four different viruses and may protect against other viruses circulating later in the season. To find a location, visit Flu Vaccine Finder: <http://flushot.healthmap.org/>. For publicly funded influenza vaccine clinics: <http://ochealthinfo.com/phs/about/family/flu>.
- Older adults have been greatly impacted by influenza this season.** The influenza-associated hospitalization rate for people 65 years and older was 213.8 per 100,000 population as of January 31 and is the highest recorded since CDC began tracking that information. This translates into approximately 92,000 hospitalizations in this age group already this season.
- All circulating influenza strains are susceptible to the antivirals oseltamivir (Tamiflu®), zanamivir (Relenza®), and peramivir (Rapivab®).** Antiviral drugs can reduce serious flu complications, including hospitalization and death. **Hospitalized patients and those at high risk for complication from influenza should be treated as early as possible.** Those at high risk include: those under 2 years of age or 65 years and older, those with comorbid conditions (respiratory, cardiovascular, and neurologic), immunocompromised individuals, pregnant/postpartum women, Native Americans, or the morbidly obese.
- CDC Advisory Committee on Immunization Practices (ACIP) voted to discontinue the 2014-2015 preference for using the nasal spray flu vaccine (i.e., LAIV) over the flu shot (i.e., IIV) in healthy children 2 through 8 years of age.** Annual influenza vaccination will continue to be recommended for all persons 6 months and older, with no preference as to product type (nasal versus injectable).
- The World Health Organization recommends that Northern Hemisphere influenza vaccines for the 2015-2016 season contain the following:**

 - an A/California/7/2009 (H1N1)pdm09-like virus;
 - an A/Switzerland/9715293/2013 (H3N2)-like virus;
 - a B/Phuket/3073/2013-like virus;
 - and for quadrivalent vaccines, also a B/Brisbane/60/2008-like virus.

