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Severe influenza cases continue to be reported. As long as influenza viruses are circulating, vaccination is encouraged – it is not too late!

- **Influenza activity in Orange County.**
 - Although influenza activity continues to be elevated in Orange County, overall activity has been decreasing since week 1 (week ending 1/7/2017).
 - Influenza A/H3 continues to be the most frequently identified influenza virus by Orange County Public Health Laboratory thus far in the season. Very few detections of influenza A/(H1N1)pdm2009 and influenza B have been reported.
- **Cases of severe influenza (persons under the age of 65 admitted to the intensive care unit (ICU) or who died) continue to be reported in Orange County.**
 - To date, Orange County has received 30 reports of severe influenza, including two deaths.
 - Eight PICU cases have been reported in children under the age of 18 years.
 - Twenty-two ICU cases have been reported in adults aged 18 to 64 years.
 - Both deaths occurred in adult males who tested positive for influenza A/H3.
- **Influenza activity in California.**
 - Influenza activity was classified as “widespread” throughout California during week 9 (week ending 3/4/2017).
 - To date, California Department of Public Health has received 68 reports of laboratory-confirmed flu-associated deaths among patients under age 65 years thus far in the season.
- **Centers for Disease Control and Prevention (CDC) reports this season’s influenza vaccine reduces risk by nearly half.**
 - According to data from CDC, interim estimates show flu vaccine has been 48% effective in preventing medically-attended influenza A and B illness.
 - Interim effectiveness estimate against the predominant influenza A/H3N2 viruses was 43% while the interim effectiveness estimate against influenza B viruses was 73%.
- **Use of neuraminidase inhibitors during pregnancy for treatment of influenza is not associated with increased risks of adverse fetal or neonatal outcomes.** <http://www.bmj.com/content/356/bmj.j629>
 - According to a recent article published in *British Medical Journal*, use of neuraminidase inhibitors (i.e. oseltamivir or zanamivir) during pregnancy to treatment influenza is not associated with increased risks of adverse fetal or neonatal outcomes.
 - Exposure to neuraminidase inhibitors in utero was not associated with increased risk of the following outcomes: poor Apgar score, preterm birth, low birthweight, small for gestational age, stillbirth, and neonatal mortality.
- **Update on influenza A/H7N9 in China – Fifth Wave of This Avian Influenza Epidemic.** <http://www.cdc.gov/mmwr> 3/10/2017 issue
 - China has now reported 460 human infections of influenza A/H7N9 since October 1st, 2016.
 - Most human infections have been associated with poultry exposure and result in severe respiratory illness. Although limited human-to-human transmission continues to be identified, no sustained human-to-human A/H7N9 transmission has been observed.
 - CDC recommends that people with travel to China or other affected areas monitor their health for any signs and symptoms for 10 days after their exposure and to call their health care provider if they develop illness, especially fever, cough, or shortness of breath.
 - Clinician recommendations can be found at <https://www.cdc.gov/flu/avianflu/healthprofessionals.htm>
- **Influenza educational materials – an interactive activity book for children**
 - CDC’s *Ready Wrigley* helps children and their families stay healthy during flu season https://www.cdc.gov/phpr/readywrigley/documents/ready_wrigley_flu.pdf.



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