



## Eye on Influenza

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Flu activity is rapidly increasing in Orange County. It's not too late to vaccinate. Consider influenza in your patients with fever and/or respiratory symptoms. All patients with respiratory infections should be handled using Respiratory Hygiene/Cough Etiquette

(http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm)

- **Prevention of Influenza in Healthcare Facilities**: As flu activity increases across the United States, some healthcare facilities are starting to see a sharp increase in the number of patients with influenza-like symptoms. Guidance for reducing influenza transmission in your facility is available on the CDC's website at <a href="http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm">http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm</a>. Key recommendations include:
  - o **Administration of influenza vaccine:** Annual vaccination is the most important measure to prevent seasonal influenza. Implementing proven approaches can greatly increase vaccination rates of Healthcare Personnel (HCP) and is a critical step in preventing healthcare transmission of influenza.
  - o Implementation of step s to minimize potential exposures and enforce respiratory and hygiene and cough etiquette. Examples include: (1) Screening and triage of symptomatic patients; (2) posting visual alerts at entrances to instruct patients and visitors to inform healthcare personnel of respiratory symptoms; (3) separating persons with respiratory symptoms and offering masks to persons who are coughing; and (4) ensuring availability of materials for adhering to respiratory hygiene/cough etiquette.
  - O Appropriate management of ill HCP: Staff should self-assess for symptoms of febrile respiratory illness. HCPs who develop a fever and respiratory symptoms should be excluded from work for at least 24 hours after they no longer have a fever, without the use of fever-reducing medicines. Longer exclusion times are recommended for those that work with high-risk patients. Returning staff should be reminded to adhere to respiratory hygiene and cough etiquette and those with ongoing respiratory symptoms should be considered for evaluation by occupation health to determine appropriateness of contact with patients.



Adherence to infection control precautions for all patient-care activities and aerosol-generating procedures: All HCPs should adhere to standard precautions during the care of any patient and use droplet precautions for patients with suspected or confirmed influenza.

## Influenza Update- California & U.S.

- Influenza activity in California was upgraded to regional in Week 52.
- Influenza activity continues to increase in the United States and most of the country is now experiencing widespread activity and high levels of influenza-like illness.
- Nationally, the majority of flu viruses are influenza A (79%) with influenza A/H3 being predominate subtype.
- This year's flu vaccine is a good match to currently circulating strains, with most of influenza viruses characterized thus far included as components of the 2012-13 influenza vaccine.

## Influenza Update- Orange County

- Reports of confirmed influenza have increased by 178% in the previous two weeks.
- The majority of reports have been influenza A (79%). Subtypes include A/H3 (91%) and A/H1N1 (9%). Other respiratory viruses, including RSV, parainfluenza, and adenovirus are also circulating in Orange County.
- The first influenza-associated deaths in persons under 65 years of age were recently reported; a total of eight severe (ICU admission/death) influenza cases < 65 y.o., including two deaths, have been reported so far this season.
- Visits to sentinel providers for influenza-like illness remain elevated at 4%.

Please note our new website: http://ochealthinfo.com/phs/about/dcepi