



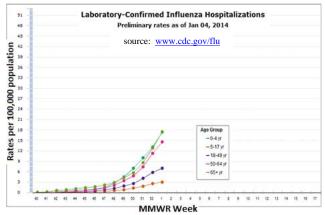


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Flu activity continues to increase in Orange County. Increases are expected for the next several weeks. Vaccine is recommended for all persons six months of age and older! For vaccine locations, visit www.ochealthinfo.com/flu.

## Seasonal Influenza Update

- Orange County has reported 18 severe cases (ICU admission/death in a person <65 years of age) of influenza this season, including three deaths. The median age of the severe cases is 47 years, with a range of 5-63 years. Laboratory reports from participating hospitals continue to increase and are predominantly A, pH1N1 (2009 H1N1). Outpatient visits to sentinel providers for influenza-like illness also increased to 4.2% for week 1 (ending Jan 4). For information about the diagnosis and treatment of influenza, see <a href="https://www.cdc.gov/flu/professionals/index.htm">www.cdc.gov/flu/professionals/index.htm</a>.
- In the **US**, flu activity continues to climb, with 35 several states reporting widespread activity. The majority of influenza reports are influenza A, in particular pH1N1, with the strains characterized matching the vaccine components. Influenza-associated hospitalizations continue to increase, with the highest rates in the 0-4 and ≥65 year old age groups (see graph right).
- In **California**, influenza activity was upgraded to widespread during Week 1.



• Temporary shortage of oseltamivir (Tamiflu) suspension expected. According to the FDA, the shortage, expected to occur in early to mid-January, is due to increased demand and manufacturing delays. Oseltamivir remains available in capsules at all three doses (30, 45, and 75 milligrams). Children over 1 year old can be dosed correctly with 30 or 45-mg capsules. For those who can't swallow capsules, a capsule can be opened and mixed with chocolate syrup or some other liquid as directed by a health professional. The 75-mg capsules can also be used to make a suspension by pharmacists.

## Avian Influenza Update

- Canada reports the first case of avian H5N1 influenza in the Americas. The individual died in early January after returning from China where H5N1 is endemic in the poultry. For more information, see <a href="https://www.cdc.gov/flu/news/first-human-h5n1-americas.htm">www.cdc.gov/flu/news/first-human-h5n1-americas.htm</a>. No such H5N1 viruses have been detected in people or animals in the US. CDC believes the current risk of H5N1 in the US is very low and does not have any additional recommendations aside from what has been previously recommended since 2003 for enhanced surveillance for avian and novel influenza viruses, including more recently H7N9.
- Lunar New Year is approaching (Jan 31): Healthcare providers should be alert for travelers ill with influenza-like illness within 10 days after returning from areas with avian influenza. Report suspect avian influenza cases immediately to Epidemiology at 714-834-8180. For more information about avian influenza, visit our website at: <a href="http://ochealthinfo.com/phs/about/dcepi/epi/flu/af">http://ochealthinfo.com/phs/about/dcepi/epi/flu/af</a>.

Travelers to countries with avian influenza should follow the usual precautions listed below and consult the CDC's Travelers' Health webpage prior to travel: <a href="http://wwwnc.cdc.gov/travel">http://wwwnc.cdc.gov/travel</a>.

- o Do not touch birds, pigs, or other animals, and avoid live bird or poultry markets.
- o Wash your hands and avoid people who are ill.
- o Follow food and water safety guidelines.
- See a doctor if you become sick during or after travel to areas with avian influenza.

H7N9: www.who.int/influenza/human animal interface/influenza h7n9/Data Reports/en/index.html.

H5N1: www.who.int/influenza/human animal interface/H5N1 cumulative table archives/en/.