

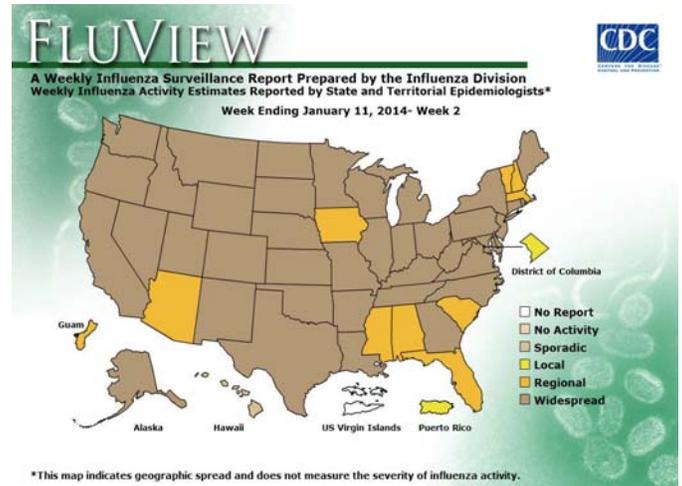


Orange County Health Care Agency, Epidemiology & Assessment, 1719 W. 17th St. Santa Ana, CA 92706, (714) 834-8180

**Flu activity is widespread in most of the US, including California. Influenza viruses are expected to circulate for the next couple of months. Influenza vaccination is recommended for all persons 6 months of age or older.**

## Seasonal Influenza Update- Week 2 (ending Jan. 11)

- In the **US**, flu activity is widespread in 40 states, including California. Both the proportion of deaths for pneumonia and influenza and outpatient visits for influenza-like illness (ILI) are at elevated levels. The majority of currently circulating influenza viruses are influenza A, in particular H1N1, and are susceptible to oseltamivir and zanamivir.
- In **OC**, 8 new severe (ICU/death) flu cases were reported during Wk2. A total of 26 severe cases have been reported so far this season, including 4 deaths. Outpatient visits for ILI are currently at 3.7%.



### Influenza Testing:

- CDPH has received reports of severe influenza cases who tested negative for influenza by rapid test but were later found to be influenza positive by polymerase chain reaction (PCR). A negative rapid test does not rule out influenza infection. All hospitalized patients with clinical signs and symptoms consistent with influenza should be started as soon as possible on antiviral medications, regardless of influenza rapid test results or vaccination status.
- PCR or viral culture is recommended to confirm rapid tests or indirect/direct fluorescent antibody results, and to provide subtype and strain information. This is especially important in (1) severe cases, (2) in patients who were vaccinated this flu season, (3) and in those with history of recent travel. Patients with suspect influenza and history of travel to H5N1 or H7N9 affected areas should be reported to Epidemiology at 714-834-8180.
- Consider additional diagnostic testing for other pathogens and/or empiric antibiotic therapy for bacterial co-infection, if indicated.

### Infection Control in Healthcare Facilities: Preventing transmission of influenza virus within healthcare settings requires a multi-faceted approach. Key aspects include:

- Administration of flu vaccine: Annual vaccination is the most important measure to prevent seasonal influenza infection. Achieving high flu vaccination rates of health care providers (HCP) and patients is a critical step in preventing healthcare transmission of influenza.
- Implementation of respiratory hygiene and cough etiquette.
- Proper management of ill HCP: Those who develop fever and respiratory symptoms should be instructed not to report to work, or if at work, to stop patient-care activities, don a facemask, and promptly notify their supervisor and infection prevention/occupational health staff.
- Implementation of droplet precautions for patients with suspect/confirmed influenza for 7 days after illness onset or until 24 hours after resolution of symptoms (whichever is longer). In some cases, longer periods based on clinical judgment may be appropriate. Note: a negative rapid test does not rule out influenza for isolation or bed placement decisions.
- Adherence to the appropriate infection control precautions and equipment when performing aerosol-generating procedures.
- Management of visitor access and movement within the facility and implementation of environmental and engineering infection control measures.

For more information, see <http://www.cdc.gov/flu/professionals/infectioncontrol/index.htm>. For **Guidance for the Prevention and Control of Influenza in Peri and Postpartum Settings:** <http://www.flu.gov/planning-preparedness/hospital/peri-post-settings.html>.

*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](mailto:epi@ochca.com).*

