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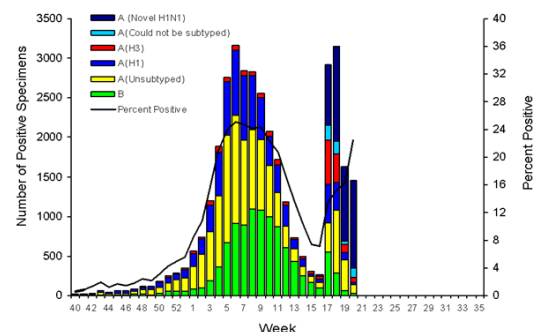
Novel H1N1 Flu (“Swine Flu”) Update

This situation continues to evolve. For new and updated guidance, see www.cdc.gov/H1N1flu/.

- **Orange County (OC) update:** As of June 2, 2009, 67 confirmed or probable novel H1N1 flu cases were reported in Orange County. *Note: Surveillance is not population-based and underestimates the true number of cases. Since testing is being limited to patients who are hospitalized or meet other priority criteria, it is expected that more of the cases being reported are likely to be hospitalized.*
 - Median age is 14 years (range 7 months-62 years).
 - Thirty-nine (58%) are children (under age 18 years).
 - Onsets range from 4/20/09-5/21/09.
 - Five were hospitalized; all have been discharged to home. Four (80%) had underlying risk factors for severe disease including asthma (3; 2 also had age <5 years) and pregnancy (1).
 - There have been no deaths.
 - Six cases have been healthcare workers.
- **California update:** The first two deaths from novel H1N1 flu in California were announced today in San Bernardino and Los Angeles County residents. Statewide, there have been 802 cases of novel H1N1 reported with 47 hospitalizations. See www.cdph.ca.gov.
- **National & global update:** www.cdc.gov/h1n1flu, www.who.int/csr/disease/swineflu/en/index.html.
- **CDC recommends that influenza antiviral treatment be given to:**
 - All hospitalized patients with confirmed, probable, or suspected novel flu A (H1N1), and
 - Any patient with confirmed, probable, or suspected novel flu A (H1N1) who is at higher risk for seasonal influenza complications.
- Influenza antiviral medications should be started as soon as possible after onset.
- Antivirals are also recommended for prevention of novel H1N1 flu in household/close contacts of confirmed, probable or suspect cases of novel H1N1, if the contact is at high risk for complications of influenza.
- The recommended antivirals for novel H1N1 are oseltamivir (Tamiflu®) or zanamivir (Relenza®).
- See www.cdc.gov/h1n1flu/recommendations.htm.
- **CDC releases candidate novel H1N1 vaccine strains to vaccine manufacturers for vaccine development.** See www.cidrap.umn.edu/cidrap/content/influenza/swineflu/news/may2709strain.html.
- **CDC updates guidance on mask and respirator use for public.** See www.cdc.gov/h1n1flu/masks.htm.
 - The use of facemasks and respirators is generally not recommended in community (non-healthcare) and home settings.
 - However, in certain circumstances, facemasks/respirators can be considered especially for persons at high risk for severe complications from influenza infection if close (< 6 feet) contact with persons with influenza-like illness cannot be avoided.
- **Additional new CDC guidance available at www.cdc.gov/h1n1/flu/guidance:**
 - General Business and Workplace Guidance for Prevention in Workers
 - Interim Guidance for Correctional and Detention Facilities on Novel Influenza A (H1N1)
 - Post-mortem Care and Safe Autopsy Procedures for Novel H1N1 Influenza
- **Surveillance:** Priorities for surveillance have not changed since 5/4/09 and continue to focus on (1) severe illness, (2) outbreaks, and (3) high risk groups (such as health care workers, pregnant women, or institutionalized persons). See www.ochealthinfo.com/epi/swine/providers.

**Graph depicts reports from national influenza surveillance through week ending 5/23/09. Note: A (Novel H1N1) indicates confirmed novel H1N1 reports; A (could not be subtyped) indicate “probable” reports; and A (H1) are seasonal human H1 influenza.*

* Influenza Positive Tests Reported to CDC by U.S. WHO/NREVSS Collaborating Laboratories, National Summary, 2008-09



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