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Influenza activity has been picking up in recent weeks in the US. Protect yourself and your loved ones this holiday season – get vaccinated. For vaccine locations, visit www.ochealthinfo.com/flu.

- **National Influenza Vaccination Week** is Dec 8-14, 2013: Vaccination efforts should continue through the holiday season and beyond. For NIVW resources, see: <http://www.cdc.gov/flu/nivw/resources.htm>.

Flu vaccine facts.....

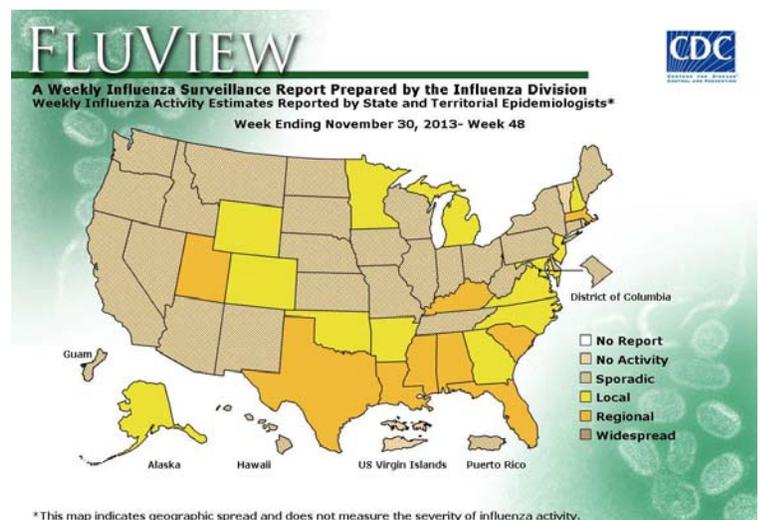
- Annual flu vaccination is the best way to prevent the flu as well as flu-related complications. Influenza infection can cause serious complications, hospitalization or death, even among otherwise healthy children and adults. It is estimated that each year more than 200,000 people are hospitalized and up to 49,000 people die from flu-related complications.
- Flu shots cannot cause flu illness. Flu vaccines are either made with ‘inactivated’ flu viruses or do not contain flu viruses (recombinant influenza vaccine) and are therefore not infectious. In randomized, blinded studies, the only difference in symptoms between people who received inactivated flu shots and those who received placebo (salt-water) shots was increased soreness in the arm and redness at the injection site.
- Flu activity usually peaks in January or later in the US and can last as late as May. Vaccination efforts should continue as long as flu viruses are circulating. Even people already infected with influenza may benefit from flu vaccination to protect against other flu strains.



- **IDSA provides guidelines for the vaccination of immunocompromised patients:** Annual flu shots are recommended for all immunocompromised patients 6 months of age or older, unless they are very unlikely to respond (i.e., those receiving intensive chemotherapy or who received anti-B-cell antibodies in the past 6 months). For comprehensive recommendations for vaccination of immunocompromised patients, see: <http://cid.oxfordjournals.org/content/early/2013/11/26/cid.cit684.full>.
- **Flu Web Tools:** Add widgets, banners, buttons and badges to your website; these will link back to CDC’s flu website. Download and send ecards to patients, family, and friends to encourage flu vaccination. HTML code is available at: http://www.cdc.gov/flu/freeresources/web_tools.htm.
- **Study suggests recent decreases in antiviral treatment of influenza may be placing untreated critically ill children at increased risk of death.** The study, conducted by CDPH and CDC, found almost a 30% decrease in neuraminidase inhibitors (NAI) treatment among children hospitalized in the ICU with influenza in California in the two years following the 2009 H1N1 pandemic, from 90% to 63%. The estimated risk of death was significantly reduced in NAI-treated ICU cases when accounting for disease severity and ICU flu cases treated with NAI initiated earlier in illness were more likely to survive. See *Pediatrics*: <http://pediatrics.aappublications.org/content/early/2013/11/19/peds.2013-2149.abstract>.

Seasonal Influenza Update- Week 48 (ending Nov. 30)

- In the **US**, 10% of respiratory specimens tested were positive for influenza, which is a good indication that influenza season is underway. Activity is increasing in the South. Most flu viruses tested have been influenza A 2009 H1N1 but A H3 and B have also been reported. The majority of currently circulating influenza viruses are susceptible to the neuraminidase inhibitor antiviral medications, oseltamivir and zanamivir; <http://www.cdc.gov/flu/weekly/>.
- In **California**, influenza activity continues to be categorized as sporadic.



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.