

**Health Advisory: Seasonal
Influenza**

DATE: January 24, 2013
TO: Medical Providers
FROM: Karen Furst, MD, MPH, Health Officer

**Please distribute to all providers and
relevant medical staff in your office.**

Attached please find our Respiratory Illness Report, an update on influenza and other seasonal respiratory illnesses in San Joaquin County. We will be sending this report periodically during the flu season. Though current seasonal influenza activity in the County is not unusually high, we expect to see an increase in cases over the next several weeks. This increase is expected. Data from prior years in California often shows that influenza starts to increase in late December/early January and peak in February or even March.

The California Department of Public Health (CDPH) has not received any reports of widespread flu vaccine shortages in California.

Actions requested of clinicians:

Encourage Vaccination

- It's not too late to vaccinate, so please encourage your patients to get immunized as soon as possible.
- There is a lag time of up to two weeks from the time of influenza vaccination to the development of immunity.
- If you do not have flu vaccine available in your practice, these are your current options:
 - If you wish to purchase more vaccine, you can go to <http://preventinfluenza.org/> to check on availability from various manufacturers.
 - You can refer patients to <http://www.flu.gov> to find local vaccination providers.
 - You may also refer patients to the SJCPHS Immunization Clinics. The clinic schedules are available at <http://www.sicphs.org>.

Use Antivirals when Indicated

- Treatment with antiviral medications can have clinical and public health benefit when initiated as soon as possible after illness onset in cases of confirmed or suspected influenza.
- Antivirals shorten illness duration and reduce complications. The most benefit is seen if initiated within 48 hours of illness onset.
- Treatment decisions should be made empirically and not await lab confirmation.
- Antiviral prescription is indicated in a number of clinical situations, including
 - Hospitalized patients or those with severe illness.
 - Patients at higher risk for influenza complications, including children under 2 years, adults aged 65 and over, and those with BMI equal to or greater than 40.
 - Pregnant and post-partum women.
- Antiviral prophylaxis should be considered for high risk contacts of those with influenza.
- For comprehensive guidance concerning antiviral usage, go to the provider section of www.cdc.gov/flu.

Influenza

San Joaquin County:

- Based on surveillance indicators, SJC is starting to see an increase in flu activity (**Figures 1-3**).
- One influenza-related intensive care unit (ICU) admittance and no influenza-related deaths among persons under age 65 have been reported to SJCPHS so far this season.

California:

- California's overall influenza activity was upgraded from "regional" to "widespread" because of an increase in influenza-like illness, influenza laboratory detections and flu outbreaks in multiple regions during week 2 (1/6/13-1/12/13).
- California Department of Public Health (CDPH) has received five reports of influenza-associated death among persons under age 65 and three reports of lab-confirmed flu outbreaks as of week 2.

United States:

- 5,249 confirmed influenza-associated hospitalizations and 29 influenza-related pediatric deaths have been reported in the U.S. as of week 2.
- Influenza A detections comprise the majority of positive influenza specimens (82.5%). Of the influenza A specimens that were subtyped (54.9%), almost all (97.3%) were H3 and the remaining were 2009 H1N1.
- The Centers for Disease Control and Prevention (CDC) estimates that this season's flu vaccine is moderately (62%) effective in preventing healthcare utilization for influenza-associated acute respiratory infection (ARI).
- Almost 90% of specimens which have been strain-typed this season match the 2012-2013 influenza vaccine.
- No isolates tested to date by CDC and CDPH have shown antiviral resistance to neuraminidase inhibitors (e.g., Tamiflu®).

Severe Rhinovirus

- SJCPHS Laboratory isolated rhinovirus from 27 of 56 (48.2%) positive respiratory isolates from 10/01/12 through 1/14/13 (**Figure 3**).
- Rhinovirus is the predominant cause of the common cold. The high number of positive specimens isolated from hospitalized patients in SJC indicates that the currently circulating variant is causing more severe illness.

Novel Coronavirus

- Since April 2012, a strain of coronavirus previously unseen in humans has been identified in nine adults in the countries of Qatar, Saudi Arabia, and Jordan. No cases have been reported in the United States.
- Five of the nine patients (55.6%) identified with this novel coronavirus have died.
- This novel coronavirus is associated with severe respiratory illness (i.e., cough, shortness of breath, pneumonia, fever) and renal failure.

Figure 1. Percent of absences due to ILI, Manteca Unified School District, 2009—YTD 2013

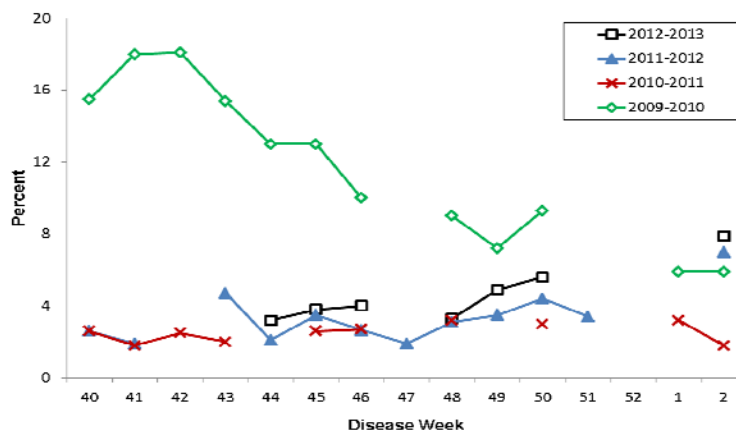


Figure 2. Percent of patients seen at the student health center with ILI, University of the Pacific, 2009—YTD 2013

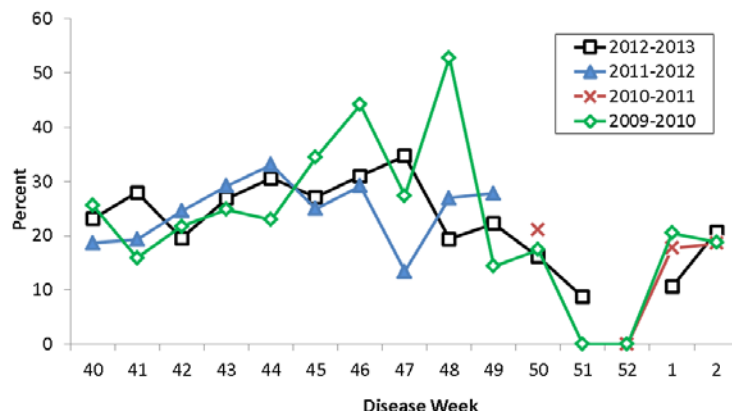
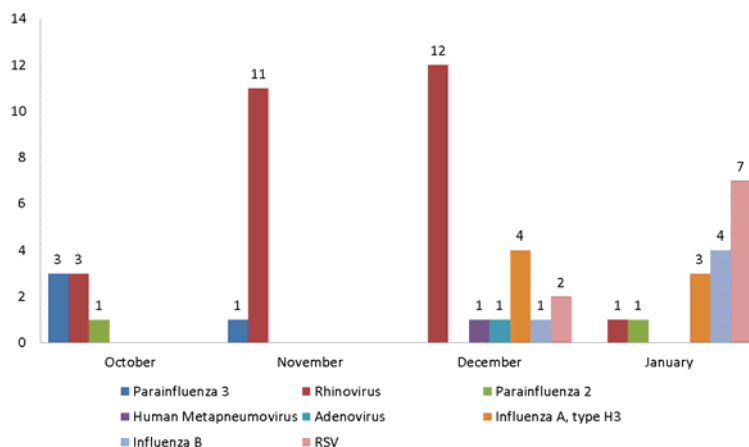


Figure 3. Respiratory isolates (n=56), San Joaquin County Public Health Services Laboratory, Oct. 1, 2012—Jan. 14, 2013



For questions relating to SJC data or this report, contact:
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For a color copy of this report, please visit our website:
<http://www.sjcphs.org/Disease/Epidemiology.aspx>