



# Eye on Influenza

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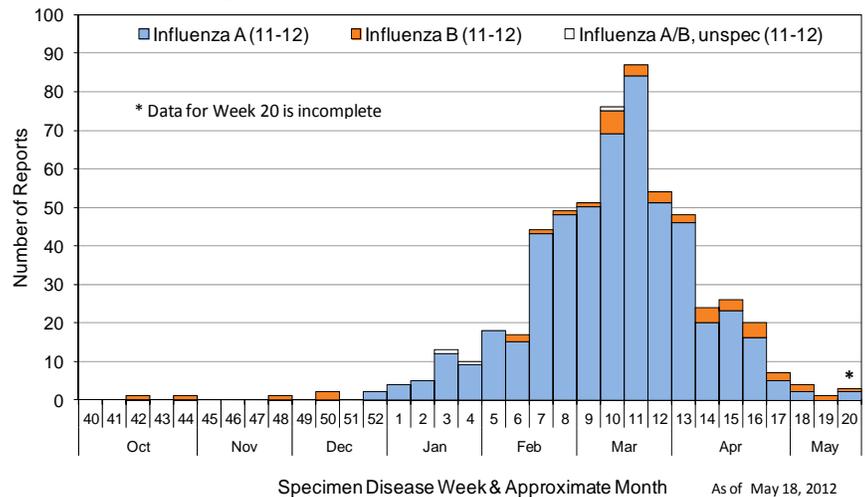
**Influenza activity is low at this time and this is the final week of the regular 2011-2012 influenza surveillance season.** This will be the last routine Eye on Influenza issue this season. Any updates to the season summary will be posted on our website.

**Orange County 2011-2012 Influenza Season Summary:** Influenza detections started to increase in January, peaked in mid-March, and tapered off in May (see graph). Peak influenza activity occurred later than in recent flu seasons, which were in February. The majority of reports were influenza A (92%), [H3 (67%), H1 (33%)] and B (8%) was also reported. Adenoviruses, RSV and parainfluenza also circulated during the 2011-2012 season.

- **Severe influenza cases** (resulting in admission to intensive care or death) in persons <65 years of age: There have been 18 severe cases, including one death, reported during the 2011-2012 season. Fifteen (83%) of the severe cases were among males. Eleven cases (61%) were among children. All severe pediatric ICU cases were under 10 years of age, with the majority (70%) of cases occurring in those under 5 years. Influenza A was detected in specimens collected from the majority (89%) of severe cases. Of the 12 flu viruses that were subtyped, 11 were A/H3 and 1 was 2009 H1N1. Two PICU patients tested positive for flu B viruses and one adult patient tested positive for both A and B.



**Reported Influenza Detections  
Orange County, CA 2011 - 2012 Influenza Season**



**\*\*Note:** The number of reported cases does NOT correspond to the total number of cases occurring in OC as not all hospitals/labs participate, the surveillance programs are not population based, and testing may be influenced by many factors such as public interest. However, the trends in influenza activity are likely to be reflected accurately.

### California & U.S. Influenza Update:

- For CDC updates: [www.cdc.gov/flu/](http://www.cdc.gov/flu/). During week 19, flu activity was low nationally, however, the percent of specimens testing positive for influenza remained above 10 percent, indicating that flu activity is ongoing. Tested viruses this season remain susceptible to the antiviral drugs oseltamivir and zanamivir with the exception of 16 2009 H1N1 viruses that were oseltamivir-resistant. Eleven of the 16 oseltamivir-resistant viruses detected were from Texas.
- For CA updates: [www.cdph.ca.gov/HealthInfo/discond/Pages/Influenza\(Flu\).aspx](http://www.cdph.ca.gov/HealthInfo/discond/Pages/Influenza(Flu).aspx).

### Other Influenza News:

- **Study finds neurologic complications from 2009 H1N1 infections are more common in children and Asian/Pacific Islanders.** Researchers from the California Department of Public Health and the CDC looked at 2,069 severe or fatal cases of 2009 H1N1 reported in California from April through December 2009. Of these cases, 77 (3.7%) were classified as either having encephalopathy/encephalitis (n=29), seizures (n=44), meningitis (n=3), or other (n=1; Guillain-Barré syndrome). Most cases were in pediatric patients and Asian/Pacific Islanders appear to be over-represented compared with the California population. For details, see May 9 *Clin Infect Dis*: <http://cid.oxfordjournals.org/content/early/2012/05/04/cid.cis454.short?rss=1>.

**A special thanks to our influenza surveillance partners for your contributions during the 2011-2012 influenza season. Year-round surveillance is important to detect novel viruses and outbreaks.**

- Hospital/laboratories: Please continue to submit positive influenza specimens throughout the summer.
- ILI sentinel providers: Please continue to report weekly on ILI throughout the summer.

*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).*