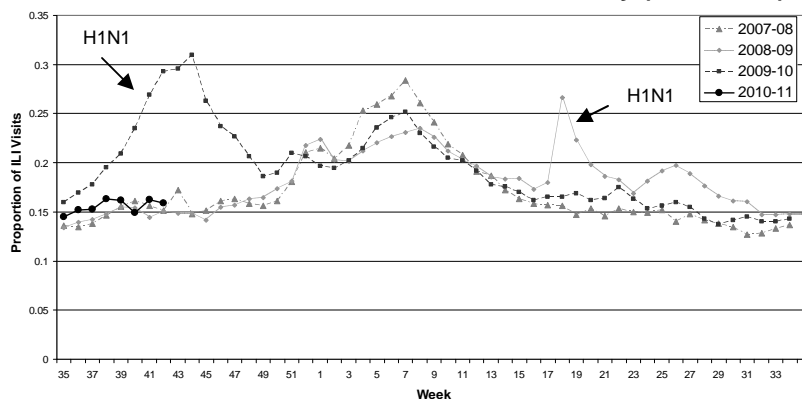


SLOW START TO LOCAL FLU ACTIVITY

Early viral surveillance in LA County has shown minimal influenza activity, typical for this time of season. However, viral surveillance is identifying rhinovirus and parainfluenza 2 and 3 circulating locally. This current mild flu activity is markedly different from this time last year when H1N1 was peaking (as shown to the right).

Influenza-like Illness ED visits in LA County (2007-2011)



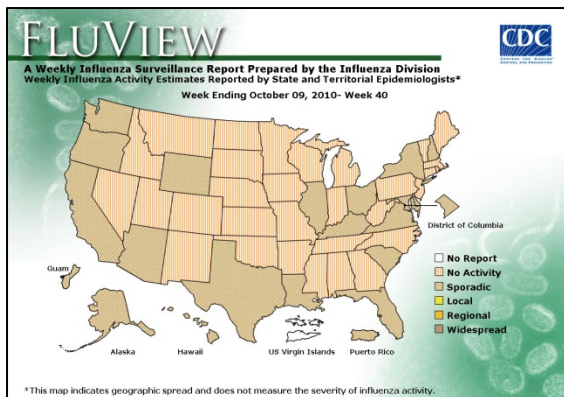
NATIONWIDE FLU ACTIVITY LOW, ALL THREE TYPES IN THE MIX

Flu activity is currently circulating at low levels across the United States; the 2009 influenza A H1N1, A H3N2, and B strains all appearing sporadically. While it is too early to predict the ultimate direction of this flu season, seasons when H3N2 is prevalent are typically more severe. It is also important to note that this current circulating strain of H3N2 has not previously spread widely across the United States and was not a component of any previous influenza vaccine; thus there is very little existing immunity in the population and prior vaccination will not provide protection. Fortunately, all three prominent circulating flu strains are included in this year's vaccine—vaccination should yield substantial protection against flu this year.

This year's flu vaccine is expected to be a good match to circulating strains.

It is important to vaccinate ALL patients without vaccine contraindications as soon as possible.

For more information about this year's flu vaccine and recommendations visit: www.cdc.gov/flu



Week 40: Sporadic influenza activity was reported by the District of Columbia, Guam, Puerto Rico, and 19 states including California.

REPORT ALL FLU DEATHS

Effective immediately, laboratory confirmed influenza fatalities should be reported within seven calendar days to the Los Angeles County Department of Public Health. This includes fatalities of all ages and due to any strain of influenza. Laboratory confirmation includes: rapid tests, culture, polymerase chain reaction (PCR) or other methods. Doctors also are encouraged to identify influenza on death certificates if a person died as a direct or indirect consequence of infection with influenza.

For more information, visit:

www.lapublichealth.org/acd/flu.htm

FLU VACCINE MAY BE SAFE FOR MOST EGG-ALLERGIC PATIENTS

Recent recommendations from the American Academy of Allergy, Asthma and Immunology (AAAAI) consider influenza vaccines safe for most people with egg allergies. Medical authorities have long urged caution concerning flu shots for those with egg allergies because these vaccines are grown in eggs and might contain residual egg proteins. But several studies have demonstrated the safety of the flu vaccine prompting these new recommendations. AAAAI guidelines advise allergic patients to be vaccinated with either a two-step, graded approach or with a single dose followed by 30 minutes of observation for allergic symptoms. Their guidance also does not require a preceding skin sensitivity test. The AAAAI recommendations urge that patients with a history of suspected egg allergy be evaluated by an allergist prior to vaccination. However, current guidance from the CDC continues to advise against flu vaccination for individuals with severe egg allergies.

The full AAAAI statement is available at: www.aaaai.org/professionals/administering_influenza_vaccine.pdf

CDC vaccination guidance is available at: www.cdc.gov/vaccines/pubs/vis/downloads/vis-flu.pdf