



INFLUENZA WATCH LOS ANGELES COUNTY

Los Angeles County (LAC) The total number of positive flu tests and the percent of flu tests that were positive decreased during week 30 but increased again during week 31 (Figure 1). Four new ILI (influenza-like illness) outbreaks in schools, camps, detention centers, and health facilities were reported during weeks 30 & 31. The percent of emergency department visits due to ILI is only slightly higher relative to the same time in previous years. Two severe pediatric flu cases (both confirmed Novel H1N1) occurred in week 31. Both cases had pre-existing medical conditions.

Surveillance System Overview

SURVEILLANCE SYSTEM*	Week 30-31	2008-2009 YTD
Percent Positive Influenza Tests [±]	19.1	8.6
Percent Positive RSV Tests [‡]	0	13.1
Percent Flu A / Flu B [‡]	99.6 / 0.4	88 / 12
Severe Pediatric Influenza Cases [†]	2	23 (3)
Respiratory Outbreaks	4	63

*See <http://lapublichealth.org/acd/flu.htm> for a description of surveillance methods.

± Sentinel sites (8 and 7 participating facilities in weeks 30 & 31 respectively)

‡ Sentinel sites (3 and 2 participating facilities in weeks 30 & 31 respectively)

†The number of deaths is indicated by the parenthesis.

California During weeks 29 and 30 (July 19-August 1), influenza activity in California remained **widespread**.

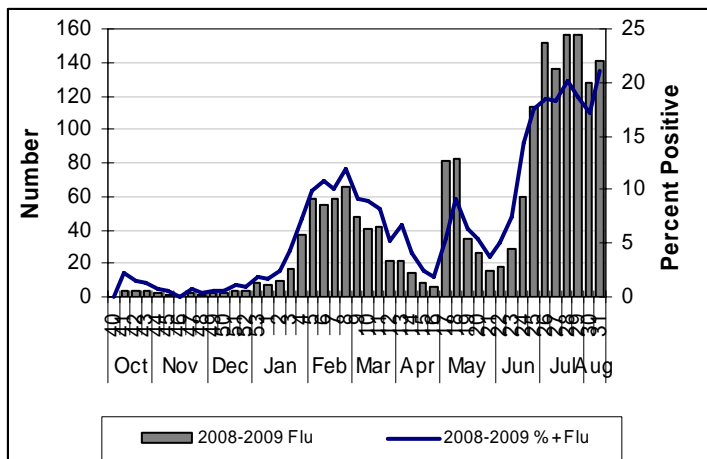
<http://www.cdph.ca.gov/PROGRAMS/VRDL/Pages/CaliforniaInfluenzaSurveillanceProject.aspx>

United States Influenza activity decreased across the United States during weeks 29 and 30. In week 30, 4 states reported widespread activity, 11 states reported regional activity, 12 states reported local activity, and 23 states reported sporadic activity. However, there were still higher levels of ILI than normal for this time of year. Over 98% of all subtyped influenza A viruses being reported to CDC in week 28 were novel influenza A (H1N1) viruses. <http://www.cdc.gov/flu/weekly>

In the News In the August 7th issue of the Morbidity and Mortality Weekly Report (MMWR) the CDC discussed results of an evaluation of rapid influenza diagnostic tests (RIDTs) in the detection of novel H1N1 virus in respiratory specimens. Results of tests on 45 specimens that had previously tested positive for novel H1N1 by real-time PCR showed that while the RIDTs were able to detect novel H1N1 from specimens containing high levels of virus, the overall sensitivity was low (40%-69%) and declined significantly as virus levels decreased. The sensitivity of RIDTs in detecting seasonal flu was higher (60-83%). The results of the study showed that while a positive RIDT result can be used to make decisions regarding treatment, a negative result does not rule out infection with novel H1N1. Patients with a negative RIDT result but with clinical symptoms consistent with novel H1N1 infection should be treated empirically based on the level of clinical suspicion, underlying medical conditions, severity of illness and risk of complications.

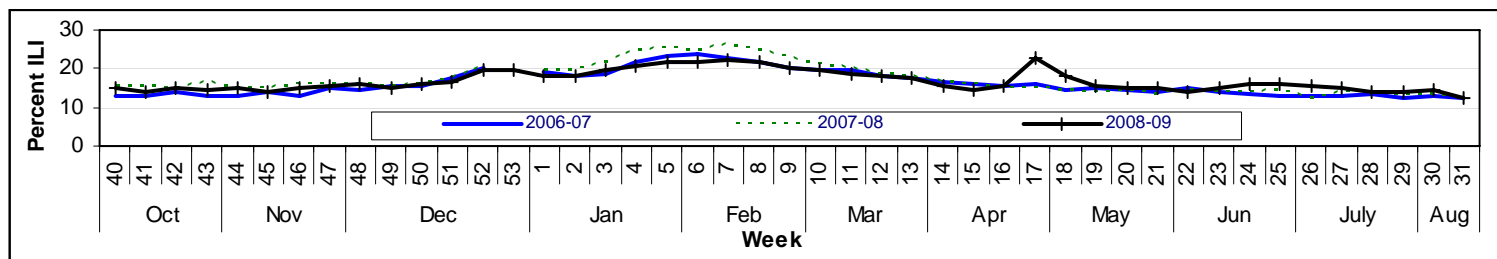
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5830a2.htm>

Figure 1: Total Positive Flu and % Positive Flu by Week



*Influenza data represent testing completed in nine facilities except for weeks 28–30 where influenza data represent testing completed in 8 facilities and week 31 where influenza data represent testing in 7 facilities.

Figure 2: Percent of ED Visits for ILI by Week





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Breakdown of Novel H1N1 Cases in Los Angeles County

Novel Influenza A (H1N1) Virus by Age Group Los Angeles County as of August 13, 2009			
Age Group (years)	Hospitalized* Total (%) n=157	ICU* Total (%) n=30	Deaths* Total (%) n=25
0-4	49 (31)	3 (10)	1 (4)
5-17	31 (20)	5 (17)	3 (12)
18-29	36 (23)	6 (20)	4 (16)
30-49	23 (15)	12 (40)	9 (36)
50-64	13 (8)	3 (10)	8 (32)
65+	4 (3)	1 (3)	0 (0)
Unknown	1 (1)	0 (0)	0 (0)

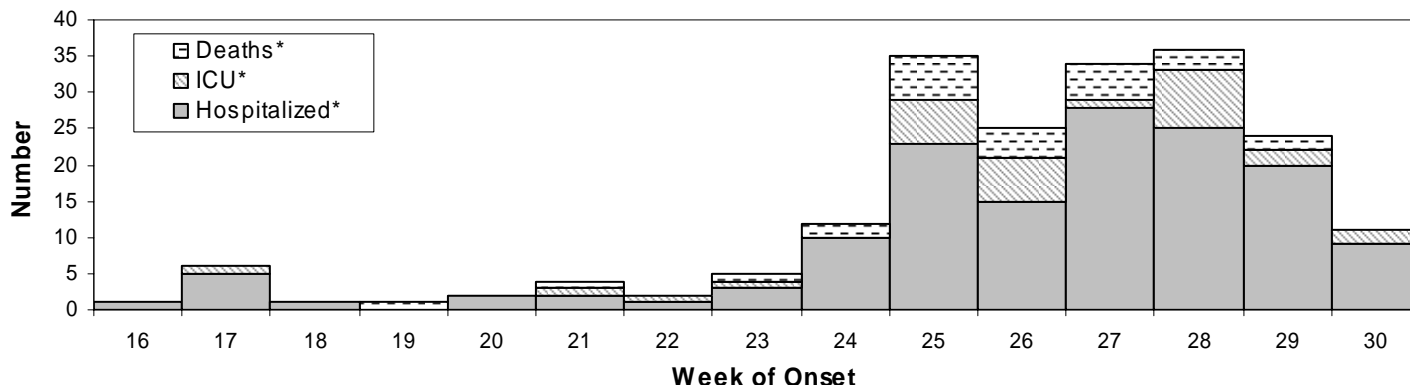
*Categories are mutually exclusive. Cases are categorized according to highest level of severity.

The reporting of all hospitalized novel H1N1 cases was discontinued during week 31. Starting August 6th, ICU admissions and deaths due to any influenza became reportable. During the period of July 26-August 6, 69 additional hospitalized novel H1N1 cases were reported for a total of 212 hospitalized cases to date. As of August 13th, 25 deaths due to novel H1N1 had been reported. Of all hospitalized cases, 25% were admitted to the ICU. Hospitalizations seem to have peaked during week 25 (June 21-June 27) and again during week 28 (July 12-July 18). However, it is important to note that there is often a delay in the confirmation of cases. Thus, there may be an increase in the number of hospitalizations for weeks 30 and 31 as more cases are confirmed. Patients aged 0-4 years group were the largest hospitalized age group (31%). Patients aged 30-49 years make up the largest percentage of ICU admissions as well as deaths. Most of the patients admitted to the ICU had pre-existing conditions which would make them at higher risk for severe complications of influenza. This parallels trends in the United States and California. For more information on testing, treating, and preventing influenza in Los Angeles County go to: <http://publichealth.lacounty.gov/acd/Diseases/Swine.htm>.

Novel Influenza A (H1N1) Virus: Case Characteristics Los Angeles County (as of August 13, 2009)				
Case Status	Gender (M %/ F%)	Mean Age (years)	Median Age (years)	Age Range (years)
Hospitalized Cases* (n=157)	52 / 48	20	16	0 - 84
ICU Cases* (n=30)	52 / 48	30	32	0 - 72
Deaths* (n=25)	48 / 52	37	43	1 - 62

*Categories are mutually exclusive. Cases are categorized according to highest level of severity.

Figure 3: Influenza A Novel H1N1 Hospitalized Cases, ICU Cases, and Deaths by Week of Onset as of August 13, 2009



*Categories are mutually exclusive. Cases are categorized according to highest level of severity.