

Influenza Likely Has Peaked, but Continues to Circulate

Influenza activity has decreased over the past few weeks, but remains somewhat elevated and potentially will continue to circulate for several more weeks. During week 10 ending March 11, about 1 in 8 laboratory tests were positive for influenza among those with influenza-like-illness presenting at our sentinel clinic sites (Table 1, Figure 2). Recently we have seen a small increase in influenza B activity, although the predominant virus circulating continues to be influenza A H3N2.

Despite the current decrease in influenza activity, additional severe cases unfortunately are expected. The number of deaths where influenza was a contributing factor is now comparable to the number of deaths identified last season. During 2015-2016, influenza ultimately contributed to 70 confirmed deaths including 3 pediatric fatalities. Identifying the exact number of deaths due to influenza is a challenge and deaths are typically underreported for several reasons. Foremost, because seasonal influenza-related deaths tend to occur one or two weeks after a person's initial infection, influenza is often considered a contributor to the cause of death, but not necessarily the primary cause of death. In addition, most people who die from influenza-related complications are not tested for influenza or they seek medical care too late to be able to detect influenza from respiratory samples. Because antiviral treatment is most effective when provided within the first 48 hours of illness, people at high risk should see their physician as soon as possible when experiencing influenza-like symptoms. Treatment should not be delayed while waiting for laboratory confirmation of influenza.

Table 1. Los Angeles County Influenza Surveillance Summary

	2016-2017		2015-2016	
	Week 10*	YTD [†]	Week 10	YTD
Positive Flu Tests/Total Tests (% Positive Flu Tests)	209/1,794 (11.6%)	5,878/49,210 (12.0%)	561/2,661 (21.1%)	5,571/41,585 (13.4%)
% Flu A/B	89/11	97/3	45/55	51/49
Pediatric Flu Deaths‡	0	1	0	2
Adult Flu Deaths	0	65	7	63

*For the 2016-2017 season, week 10 extends from 3/5/2017 to 3/11/2017.

†The influenza surveillance year started August 28, 2016.

‡Confirmed influenza death is defined by a positive lab test, ILI symptoms, and clear progression from illness to death. Data is provisional and subject to change.

Influenza Vaccines Save Us Money

A comprehensive study at the University of North Carolina, Chapel Hill published in the Journal Health Affairs estimates that unvaccinated adults cost the US \$7.1 billion a year. The study looked at 10 recommended adult vaccines finding that the costliest disease is influenza, taking an average of 23,000 lives per year and causing more than 200,000 hospitalizations. Influenza alone accounted for \$5.8 billion of the total cost amount, more than all the other vaccine preventable diseases combined.

The CDC estimates that during the 2014-2015 season, influenza vaccines prevented 966,000 medical visits and 67,000 hospitalizations, and these benefits occurred even though the 2014-2015 vaccine was not particularly effective. As such, estimates of the benefits and cost effectiveness of influenza vaccination can be much greater during years where there is a good match between the vaccine and circulating strains.

Figure 2. Influenza Percent Positive by MMWR Week, LAC 2012-2017

