Volume 13, Issue 3

# **Key points**

- Flu activity is elevated and widespread throughout LA county.
- Flu activity indicators remained stable between week 52 and week 1. Additional weeks of data are needed to determine if flu activity has reached a peak for this season.

Los Angeles County Department of Public Health (LACDPH) prepares this newsletter to summarize current influenza surveillance data in LA County. Weekly surveillance data are preliminary and subject to change.

Table 1. Summary of influenza activity indicators for MMWR week 1			
Sentinel Laboratories	Total submitted specimens:	2457	
	% Specimen positive for flu:	9.7%	
	% Flu A among positive specimen:	99%	
Deaths	Total confirmed influenza-associated deaths (season to date) <sup>i</sup> :		14
	Pneumonia and influenza deaths as a % of all deaths (in previous week):		9.5%
Outbreaks	Skilled nursing facilities (No. confirmed/suspected)		3/2
	Non-healthcare institutional/community settings (No. confirmed/suspected)		3/7
ED visits for influenza-like illness	45.207	Per 1,000 visits	

Figure 1. Weekly trends in visits for influenza-like illness (ILI) to LA County EDs, 2014-15 to 2018-19 seasons

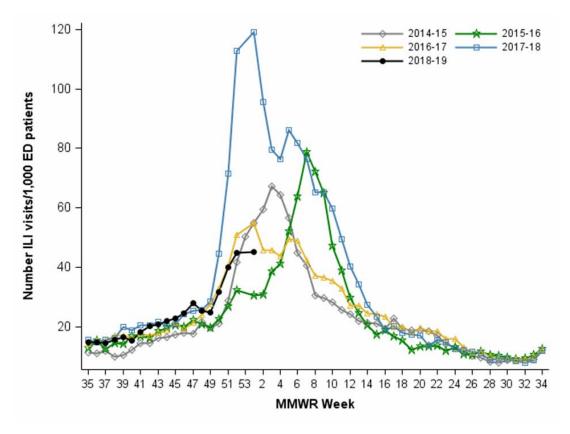




Figure 2. Respiratory specimen testing positive for influenza at LA County sentinel clinical laboratories, 2012-13 to 2018-19 seasons<sup>ii</sup>

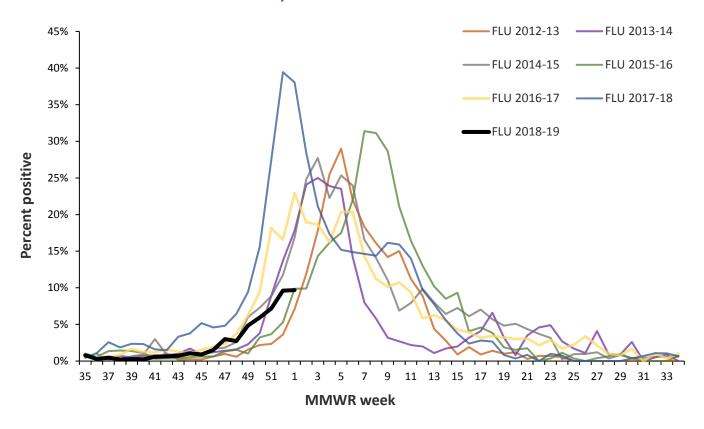
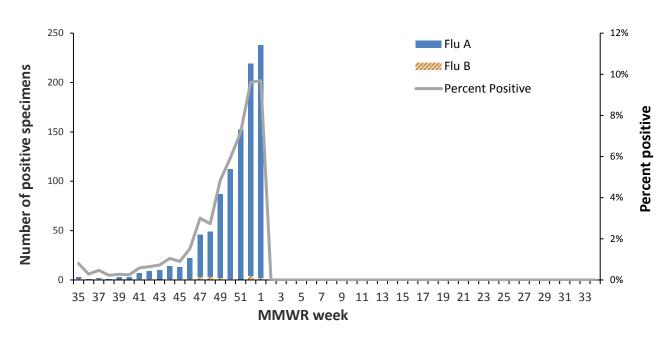


Figure 3. Respiratory specimens testing positive for influenza at LA County sentinel laboratories, 2018-19 season





Influenza and Related Disease Updates for Los Angeles County

Figure 4. Pneumonia and influenza (P&I) mortality in LA County, 2018-19 season iii

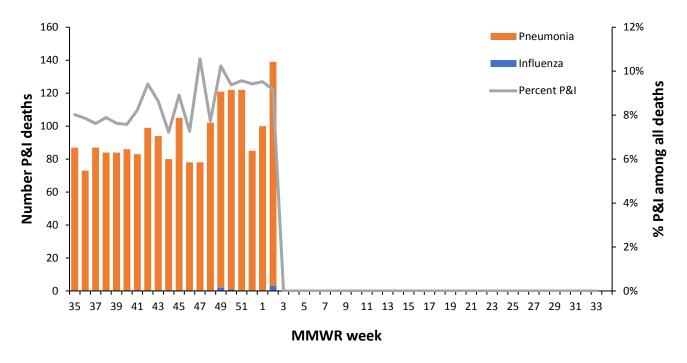
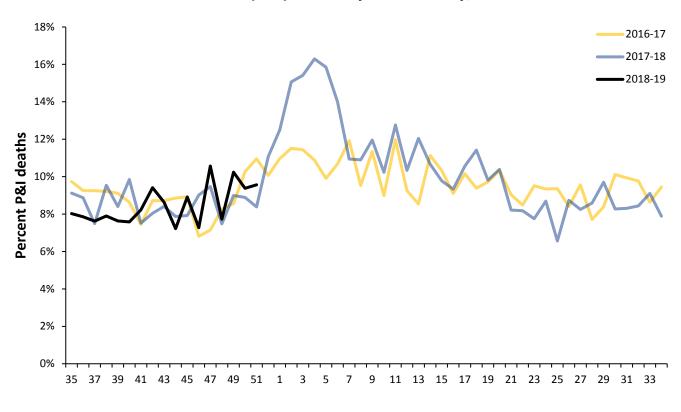


Figure 5. Pneumonia and influenza (P&I) mortality in LA County, 2016-17 to 2018-19 seasons



MMWR week





Influenza and Related Disease Updates for Los Angeles County

# **About Our Surveillance Systems**

Individual cases of influenza are not reported to or monitored by ACDC. The CDC estimate that each year 5-20% of the population will get the flu. LA County has a population of over 10 million which translates to approximately 500,000-2 million cases of influenza each season. Since tallying individual cases in the county is not feasible, ACDC implements a broad range of surveillance methods that determine the impact that influenza and other respiratory diseases have in our communities. Cases involving new/novel strains of influenza are the exception to this rule and are reportable to ACDC immediately.

#### Influenza and Other Respiratory Viruses

Sentinel laboratories serving healthcare providers and institutions across LA County report influenza testing activity on a weekly basis.

#### **Influenza Fatalities**

Effective October 15, 2010, laboratory confirmed influenza fatalities of <u>all ages</u> and due to any strain are required to be reported to the ACDC within 7 calendar days. Cases are reported to ACDC from physicians, infection prevention specialists at hospitals, the coroner's office, and via death certificate.

# **Outbreak Surveillance**

Outbreaks of any kind are reportable to ACDC. All outbreaks of influenza-like illness (ILI) are investigated by LACDPH Community Health Services Public Health Nurses within one business day of the report.

# **Emergency Department Visits for ILI**

ACDC's Syndromic Surveillance Project monitors initial self-reported symptoms from patients presenting to participating emergency departments throughout LA County. These symptoms are categorized into different clinical syndromes according to specific code words. The syndrome of ILI includes

symptoms such as: fever, congestion, sneezing, sore throat, runny nose, and cough. The proportion of ILI emergency department (ED) visits for all ages and by age group is analyzed weekly and is conducted year-round.

#### Pneumonia and Influenza (P & I) Deaths

Each week, the Office of Health Assessment and Epidemiology at LACDPH reports the total number of death certificates received and the number of those for which pneumonia or influenza was listed as the underlying or contributing cause of death by age group. The percentage of all deaths due to P & I is calculated and compared to previous season's data.

# Influenza Resources

Influenza prevention and control resources are available at the LACDPH website. Find health education material, tool kits, reporting guidelines and more!

# For providers:

http://publichealth.lacounty.gov/ip/influenza providers.htm Health education materials:

http://publichealth.lacounty.gov/acd/HealthEdFlu.htm Influenza vaccination:

http://publichealth.lacounty.gov/ip/influenza.htm

The reporting period is a 7-day week ending on Saturday. The number of deaths is the number of certificates received by the Office of Vital Records during the reporting period regardless of date of death. The count includes all certificates of deaths (excludes fetal deaths) occurring in the County of Los Angeles\* regardless of the residence of the deceased. As a result, many deaths included in this report are from out of county. Deaths that occurred in Long Beach and Pasadena are excluded. When confirmed, any influenza associated deaths are included in the death count above.





<sup>&</sup>lt;sup>1</sup> Los Angeles County Department of Public Health begins the new respiratory surveillance year on the first day of MMWR week 35. For the 2018-19 season, that week started on August 26, 2018.

<sup>&</sup>lt;sup>ii</sup> There are at least two limitations to the sentinel surveillance laboratory data that might preclude direct comparisons of trends between seasons:

<sup>1.</sup> The LA County clinical laboratories participating in influenza sentinel surveillance have changed over time.

<sup>2.</sup> Influenza testing preferences/practices/methods at each facility change over time, which requires periodic review and adjustments for the type of influenza tests (e.g., antigen detection versus molecular tests) included in the analysis.

As a result of our most recent review in Jan 2018, the percent of respiratory specimen positive for influenza during the 2018-19 season have been revised downwards. This change was first reflected in data reported in the January 16th issue of Influenza Watch; Issues 1 and 2 of the 2018-19 volume of Influenza Watch were published prior to this adjustment and therefore report higher positive specimen percentages.