INFLUENZA WATCH

Influenza and Related Disease Updates for Los Angeles County

Updated: 17JAN2020

MMWR week: 2

Ending on: 1/11/2020 Season: 2019-2020

This week at a glance

Activity: The rate of emergency-department visits for influenza-like illness (ED-ILI) decreased during week 2, but remained elevated (Page 2). The sharpest decrease in ED-ILI visits was in 5-17 year olds.

Severity: The percentage of deaths attributable to pneumonia and influenza (P&I) has increased since week 1, but remains low compared with past seasons (Page 3).

Virology: The percentage of specimens testing positive for any influenza virus increased during week 2 (Page 4). More influenza A was detected in week 2 than influenza B and the percentage testing positive for influenza B has decreased over the past three weeks. Nationally, approximately equal numbers of influenza B/Victoria and influenza A(H1N1)pdm09 were detected during week 2.

Vaccine match and effectiveness: Mid-season vaccine effectiveness will be published in the coming weeks. CDC conducts viral antigen testing to assess how similar circulating viral strains are to the strains included in the vaccine. To date, CDC reports the following:

100% of tested influenza A (H1N1) viruses are antigenically similar to the vaccine strain.

34% of tested influenza A (H3N2) viruses are antigenically similar to the vaccine strain.

66% of tested influenza B/Victoria viruses are antigenically similar to the vaccine strain.

100% of tested influenza B/Yamagata viruses are antigenically similar to the vaccine strain.

		,	Tamagata viruses are untigerinearly similar to the vaccine strain.				
=				Trend			
ED-ILI	This week	92	Rate per 1,000 visits to a Los Angeles County* emergency department for	J.			
<u> </u>	Last week	100	influenza-like illness (ED-ILI).	-			
P&I	This week	10.1%	Number of <i>deaths</i> recorded in Los Angeles County* that were caused by	1			
а.	Last week	8.3%	pneumonia or influenza (P&I).				
a	This week	35.0%	Percent of respiratory specimens tested by participating clinical laboratori				
anc	Last week	33.1%	in Los Angeles County were <i>positive for influenza</i> .				
al Surveillance	-	-	ent week compared Positive influenza tests by type, current week				
	40% = 30% =	ith previous	five seasons	1033, 44%			



2019-20 2018-19 2017-18 2016-17 2015-16 2014-15

Los Angeles County Department of Public Health (DPH) prepares this newsletter to summarize current influenza surveillance data in Los Angeles County. *Weekly surveillance data are preliminary and subject to change.* More information regarding methods can be found on the surveillance system specific pages of this report.

■ Influenza A

Influenza B

20%

10%

1292, 56%

^{**}The influenza-surveillance period starts with MMWR week 40 and runs through week 39 of the following year. The 2019-20 season started on September 29, 2019.



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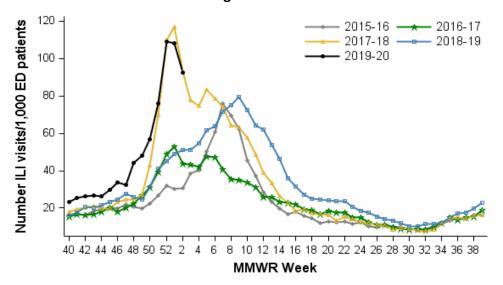
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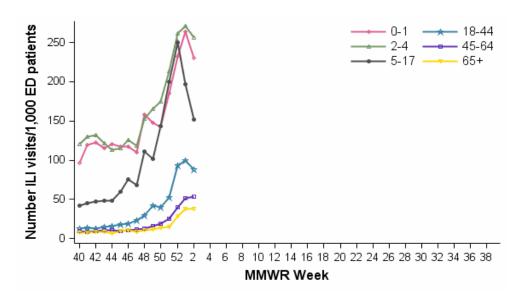
Influenza-like illness

ACDC's Syndromic Surveillance Project monitors initial self-reported symptoms from patients presenting to participating emergency departments throughout Los Angeles 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.

Emergency department visits for influenza-like illness, per 1,000, Los Angeles County, 2015-16 through 2019-20 influenza seasons



Emergency department visits for influenza-like illness by age groups, Los Angeles County, 2019-20 influenza season





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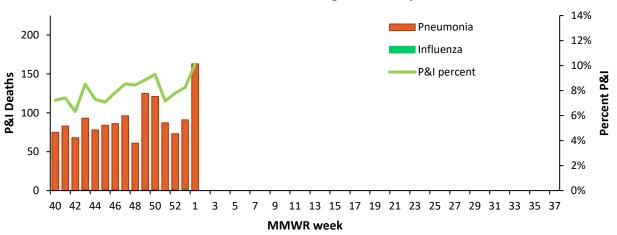
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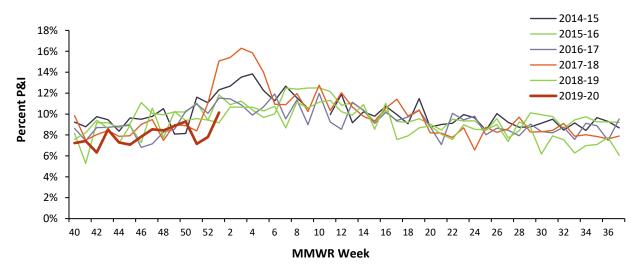
Pneumonia and Influenza

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 (P&I) 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.

Pneumonia and Influenza (P&I) Listed As a Cause of Death, Number and Percent of All Deaths Los Angeles County, 2019-20



Pneumonia and Influenza (P&I) as a Percent of All Deaths, Los Angeles County, 2013-14 to 2019-20



Vital statistic data:*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.

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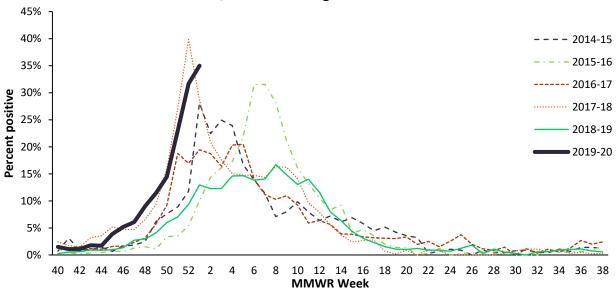
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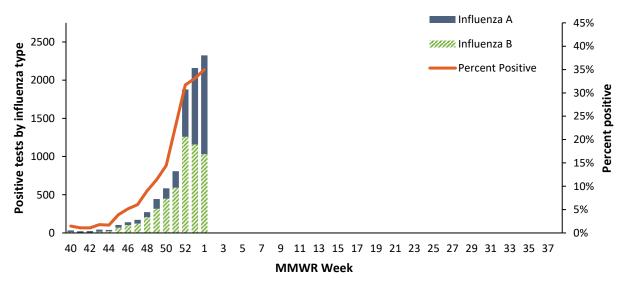
Sentinel Laboratory Surveillance

Viral surveillance data is provided by eight clinical laboratories serving hospitals and healthcare networks across Los Angeles County. Participating laboratories provide the number of positive tests and total number of specimens tested for influenza and respiratory syncytial virus. Data is reported on a weekly basis; weeks start on Sunday and end the following Saturday. Many participating laboratories also report data on other respiratory viruses.

Respiratory specimens testing positive for Influenza at LAC Sentinel Surveillance Labs, 2013-14 through 2019-20 influenza seasons



Respiratory Specimens Testing Positive for Influenza at LA County Sentinel Surveillance Laboratories 2019-20 Season



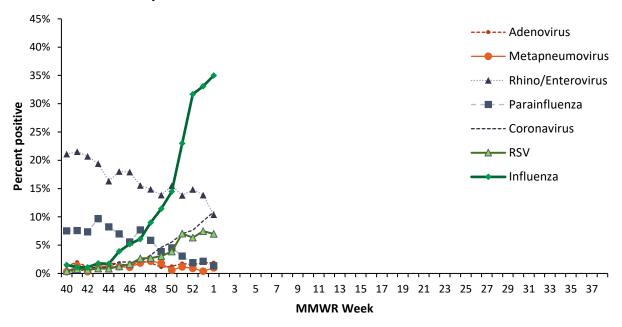


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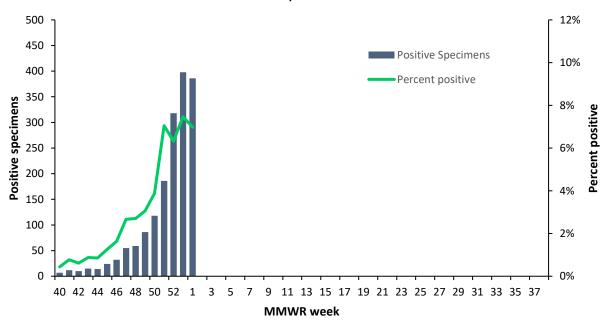
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Percent respiratory specimens positive by viral etiology, Los Angeles County Sentinal Surveillance Labs 2019-20 Influenza Season



Respiratory specimens testing positive for RSV at LA County Sentinel Laboratories, 2019-20 season



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Deaths

Deaths associated with influenza infection are reportable in all ages in Los Angeles county. A death is confirmed as being influenza-associated when there is a laboratory confirmed influenza infection, the cause of death is clinically compatible with influenza or influenza complications, and there was no return to baseline health between infection and death. Clinically compatible complications can include pneumonia and cardiovascular problems like heart attacks. Influenza can also exacerbate long-term medical conditions (such as COPD, heart failure, or diabetes) which can lead to death.

	2019-20*		2018-19		2017-18		2016-17		2015-16		2014-15	
Confirmed deaths	16		125		285		86		77		55	
Mean age (STD)	53.6	(24.9)	67.0	(18.9)	75.4	(16.3)	77.0	(17.7)	61.3	(23.3)	70.2	(26.6)
Median age (Q1, Q3)	52.5	(32 ,74)	68	(56 ,81)	79	(66 ,87)	82.5	(66, 89)	61	(47 ,80)	81	(90, 55)

The number of influenza-associated deaths reported to LAC DPH does not represent the true mortality associated with influenza in Los Angeles County. Public health authorities recognize that current surveillance methods substantially undercount influenza-associated deaths. Most people who get influenza do not seek care. Most people who seek care are not tested for influenza. Severe complications of influenza may occur after the virus is no longer detectable in the body. Testing practices may vary across seasons. For these reasons, between season comparison of reported influenza-associated deaths may not be reliable.

Outbreaks

Outbreaks of any disease are reportable in Los Angeles County. Respiratory outbreak definitions vary by setting; in general, the occurrence of a cluster of influenza-like illness (Fever>100 F with cough and/ or sore throat) is cause for investigation. Suspect outbreaks are currently under investigation.

		Season	Previous seasons					
		Confirmed	Suspect	2018-19	2017-18	2016-17	2015-16	2014-15
Health	Influenza	0	0	18	70	29	11	24
Facilities	Other	0	0	0	0	0	0	0
racilities	Unknown	0	0	4	12	2	5	7
	Influenza	0	1	7	37	6	10	18
Community	Other	0	0	0	0	0	0	0
	Unknown	1	9	20	35	27	20	27
Total		1	10	49	154	64	46	76