

INFLUENZA WATCH

Influenza and Related Disease Updates for Los Angeles County

Updated: 06MAR2020
MMWR week: 9
Ending on: 2/29/2020
Season: 2019-2020

This week at a glance

Activity: The rate of emergency-department visits for influenza-like illness has **decreased** since week 8 (*Page 2*).

Severity: The percentage of deaths reported in Los Angeles County with pneumonia or influenza as a cause of death has **increased** as compared with last week (*Page 3*).

Virology: The percentage of specimens testing positive for influenza during week 9 has **decreased** since last week. Influenza A now predominates in Los Angeles County (*Page 4*). Nationally, influenza A H1N1 was the most commonly detected virus in recent weeks.

Vaccine match and effectiveness: Interim estimates of 2019-2020 flu vaccine effectiveness were released this week. So far this season, the 2019-20 seasonal flu vaccines are reducing flu-related doctor's visits by about half overall. In children, the vaccine is reducing doctor's visits for flu by 55%.

ED-ILI	This week	61	Rate per 1,000 visits to a Los Angeles County* emergency department for influenza-like illness (ED-ILI).	Trend ↓
	Last week	81		

P&I	This week	12.8%	Number of deaths recorded in Los Angeles County* that were caused by pneumonia or influenza (P&I).	Trend ↑
	Last week	10.2%		

Viral Surveillance	This week	19.3%	Percent of respiratory specimens tested by participating clinical laboratories in Los Angeles County were positive for influenza .	Trend ↓
	Last week	26.4%		

Percent positive, current week compared with previous five seasons

Season	Percent Positive
2019-20	19.3%
2018-19	16%
2017-18	16%
2016-17	10%
2015-16	28%
2014-15	7%

Positive influenza tests by type, current week

Type	Count	Percentage
Influenza A	818	83%
Influenza B	170	17%

*Los Angeles County DPH surveillance data excludes the cities of Long Beach and Pasadena.

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

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.

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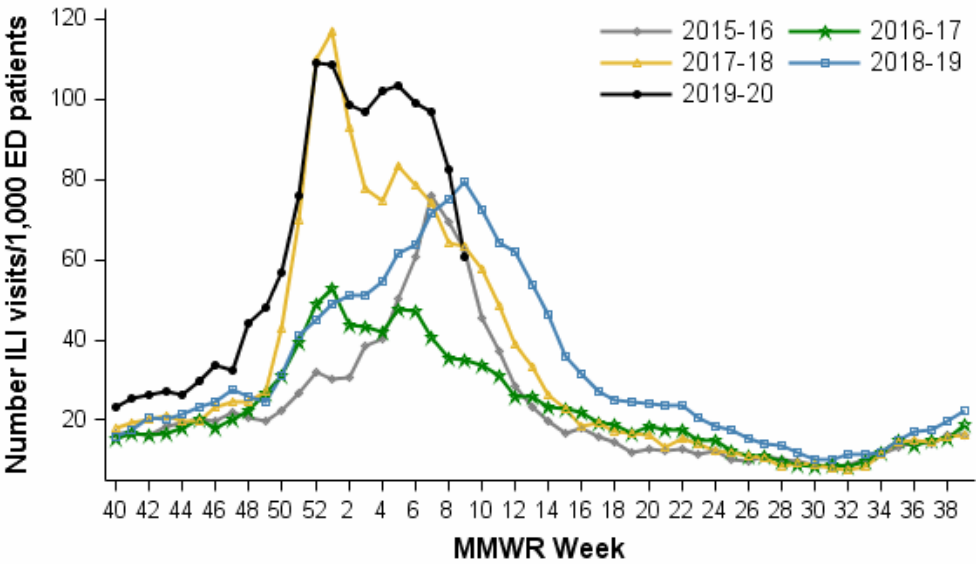
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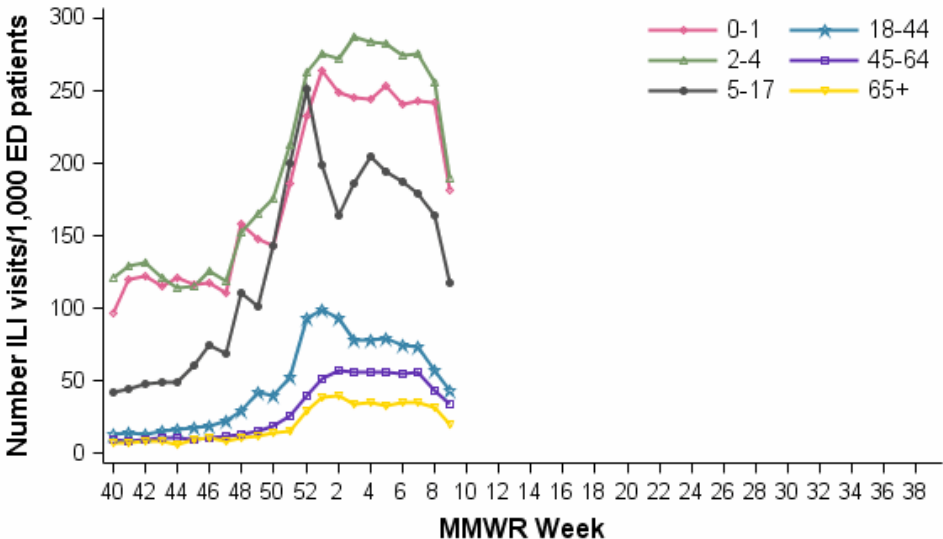
Influenza-like illness

Public Health'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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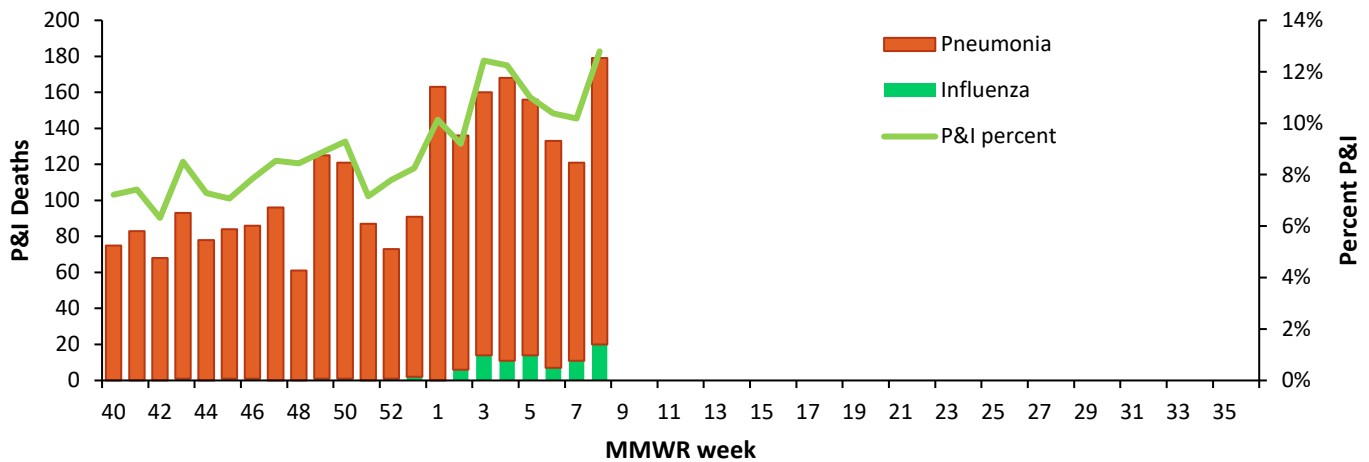
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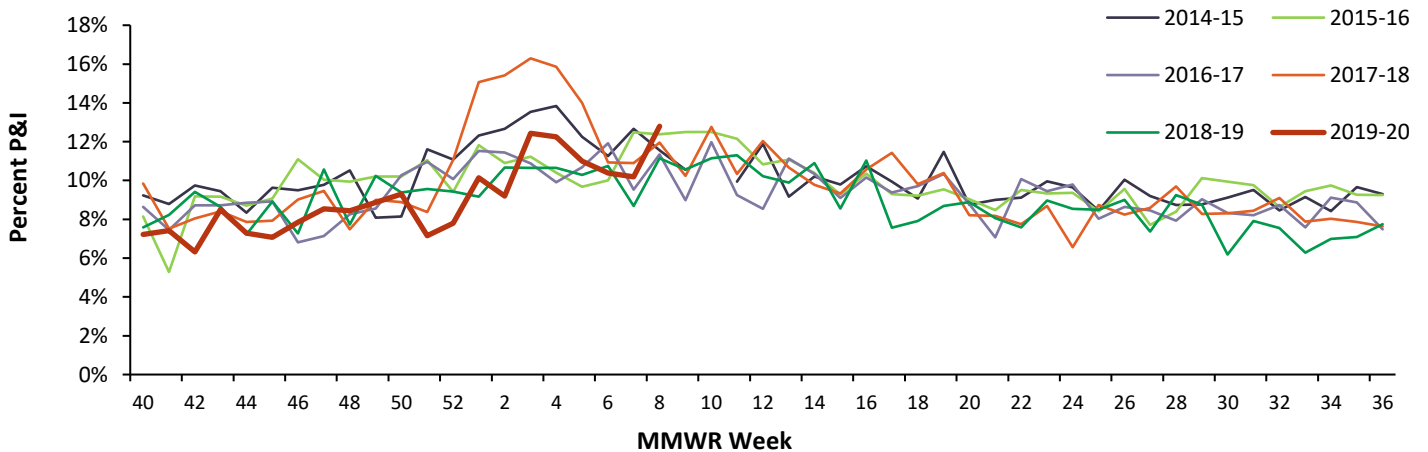
Pneumonia and Influenza

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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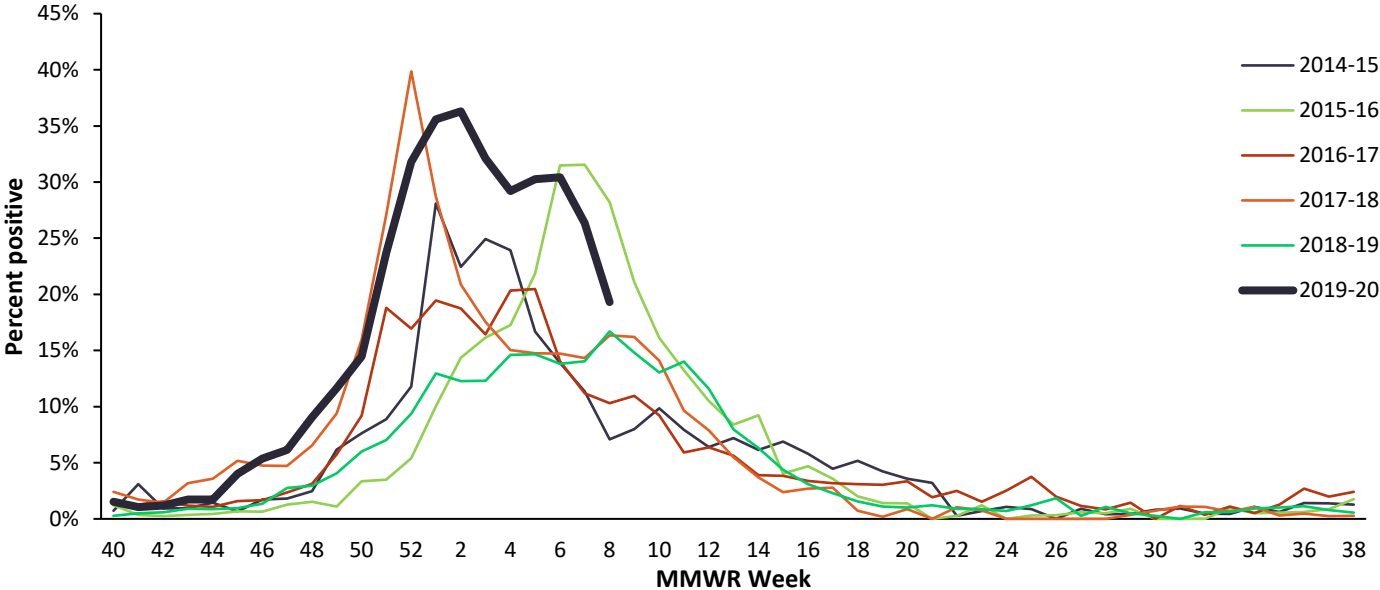
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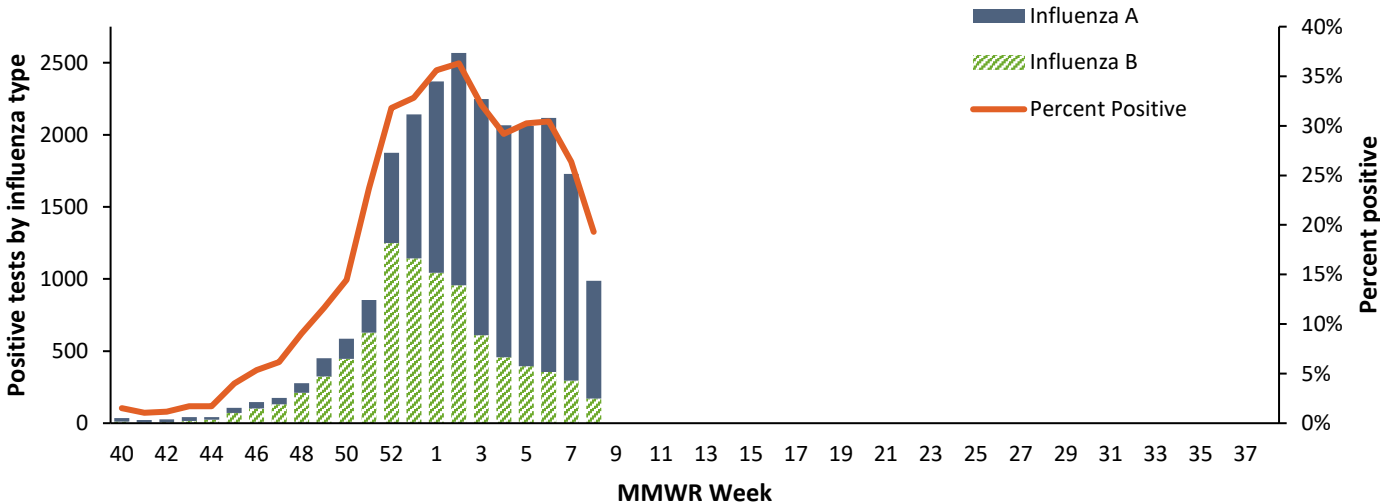
Sentinel Laboratory Surveillance

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

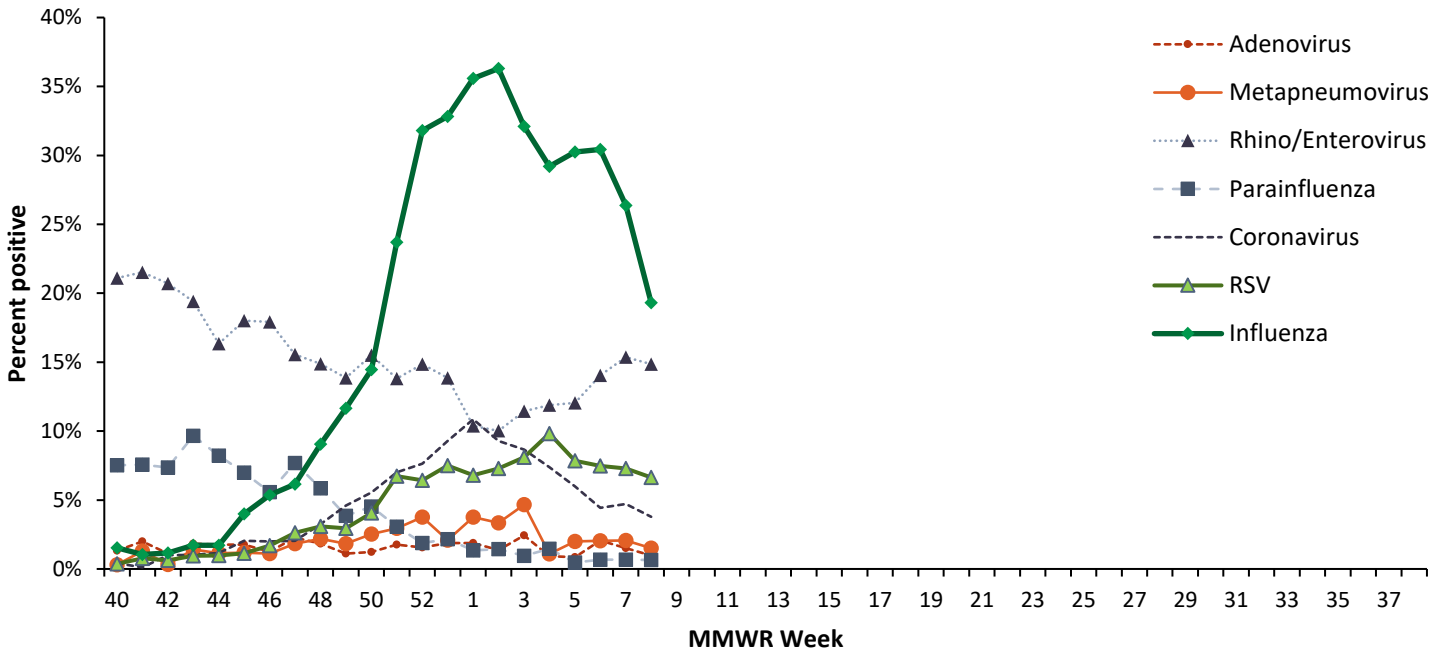


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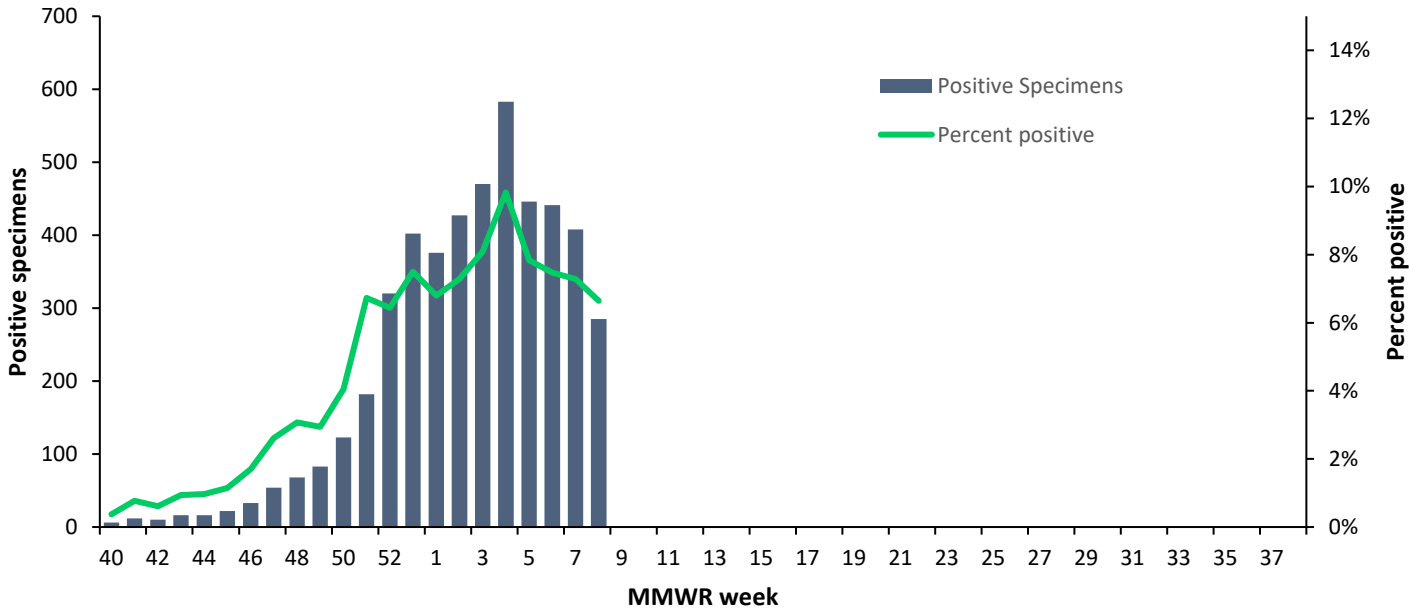
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Percent respiratory specimens positive by viral etiology, Los Angeles County Sentinel Surveillance Labs 2019-20 Influenza Season



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		61		126		285		86		77		55	
Mean age (STD)		59.7 (25.5)		67.2 (19.)		75.4 (16.3)		77.0 (17.7)		61.3 (23.3)		70.2 (26.6)	
Range (Low-High)		0 - 99		1 - 104		9 - 105		4 - 102		1 - 103		1 - 101	
Median age (Q1, Q3)		67 (43 ,80)		68 (56 ,81)		79 (66 ,87)		82.5 (66 ,89)		61 (47 ,80)		81 (55 ,90)	
		n	%	n	%	n	%	n	%	n	%	n	%
Influenza type	A	37	61%	105	83%	194	68%	72	84%	48	62%	48	87%
	B	17	28%	9	7%	59	21%	6	7%	28	36%	5	9%
	Coinfection	0		0		1	0%	0		0		0	
	Unspecified	7	11%	12	10%	31	11%	8	9%	1	1%	2	4%
	*Cells with values less than 5 are suppressed for privacy purposes.												

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.

		Confirmed	Suspect	2018-19	2017-18	2016-17	2015-16	2014-15
Health Facilities	Influenza	0	23	18	70	29	11	24
	Other	0	0	0	0	0	0	0
	Unknown	0	3	4	12	2	5	7
Community	Influenza	0	13	7	37	6	10	18
	Other	0	0	0	0	0	0	0
	Unknown	1	29	20	35	27	20	27
Total		1	68	49	154	64	46	76