



# INFLUENZA WATCH LOS ANGELES COUNTY

**Los Angeles County (LAC)** Respiratory activity, including both influenza and RSV, continued to decrease during week 10. Influenza A remains predominant (88%) throughout Los Angeles County. Three new severe pediatric influenza cases were reported this week; however, onsets of illness for these cases were during weeks 6 and 9. Of the 5 severe pediatric influenza cases reported this season, 4 had preexisting medical conditions that would have put them at risk for complications from influenza.

**Table 1: Surveillance System Overview**

SURVEILLANCE SYSTEM*	Week 10	2008-2009 YTD
Percent Positive Influenza Tests <sup>±</sup>	9.5	4.8
Percent Positive RSV Tests <sup>‡</sup>	11.2	18.7
Percent Flu A / Flu B <sup>‡</sup>	--	88 / 12
Severe Pediatric Influenza Cases <sup>†</sup>	0	5 (0)
Respiratory Outbreaks	0	6
Influenza Vaccines Administered (PH)	--	61,232

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

± Sentinel sites (8 participating facilities).

‡ Sentinel sites (4 participating facilities).

†The number of deaths is indicated by the parenthesis.

## California

During week 9 (March 1-March 7) influenza activity in California remained **regional** based on data from Northern and Southern California. Antiviral prescriptions continued to decrease throughout California. <http://www.cdph.ca.gov/PROGRAMS/VRDL/Pages/CalforniaInfluenzaSurveillanceProject.aspx>

## United States

Nationally, influenza activity increased during week 9. During this week, 35 states reported **widespread** activity, 14 states reported **regional** activity, and one state reported **local** activity. Influenza activity is lower compared to the same week last year when 47 states reported widespread activity.

<http://www.cdc.gov/flu/weekly/fluactivity.htm>

## In the News

The Infectious Diseases Society of America (IDSA) just published its Clinical Practice Guidelines for the Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza in Adults and Children. An important take-home point is to perform influenza testing on all persons for whom the result will influence clinical management: an important consideration in this time of anti-viral resistance that varies with strain of influenza. Immunocompromised persons, the elderly, children and infants, and hospitalized patients with respiratory symptoms should be tested, even many days after their onset of symptoms since they may shed for a long time. A template for outbreak management is also presented in the article but readers are reminded that all outbreaks should be immediately reported to Public Health for management and control. This comprehensive article is available for FREE at the Clinical Infectious Diseases' website:

<http://www.journals.uchicago.edu/doi/pdf/10.1086/598513>

**Figure 1: Positive Influenza and RSV Tests by Week**

