

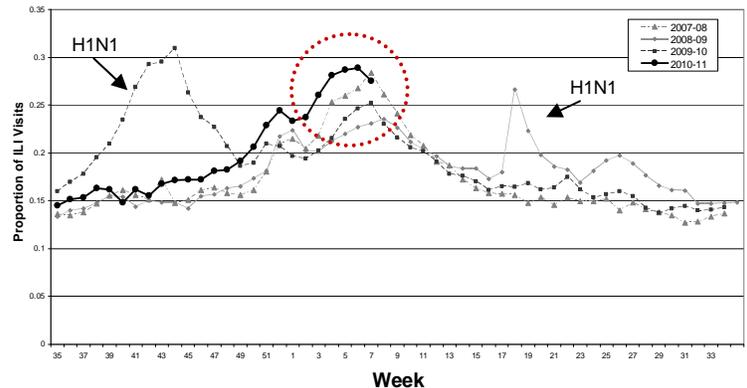
## FLU ACTIVITY REMAINS HIGH

Influenza continues to circulate at high levels locally and in California. In Los Angeles County, reports of RSV and influenza-like illnesses are down; however, the number and percent positive of influenza detections are up (see graphs 1 and 2). While our local surveillance has identified relatively more type B influenza than national or state levels, reports of type A influenza have significantly increased in recent weeks (see graph 2). In addition, all confirmed influenza-related deaths among local residents have been due to type A infections, and among those that have been further strain typed, the vast majority (78%) have been 2009 H1N1. In contrast, nationwide surveillance has consistently identified more type A strains this season; currently the majority (78%) of U.S. isolates have been typed as influenza A and most (39%) further sub-typed as H3N2. Because flu often continues to circulate into the spring, physicians are urged to continue influenza vaccination and consider the recommended treatment and chemoprophylaxis with antivirals as indicated.

**LA County Surveillance Summary (2010-2011)**  
Surveillance Weeks 6 to 7

LA County Surveillance Summary	Week 6	Week 7	10-11 Season YTD
Positive Flu Tests / Total Tests (Percent Positive Flu Tests)	253 / 1,145 (22.1%)	347 / 1,190 (29.2%)	1,407 / 12,557 (11.2%)
Percent Flu A / B	51 / 49	56 / 44	52 / 48
Positive RSV Tests / Total Tests (Percent Positive RSV Tests)	115 / 396 (29.0%)	101 / 306 (33.0%)	1,190 / 5,346 (22.3%)
Respiratory Outbreaks	10	8	41
Flu Deaths (Pediatric Deaths)	1 (0)	2 (0)	13 (2)

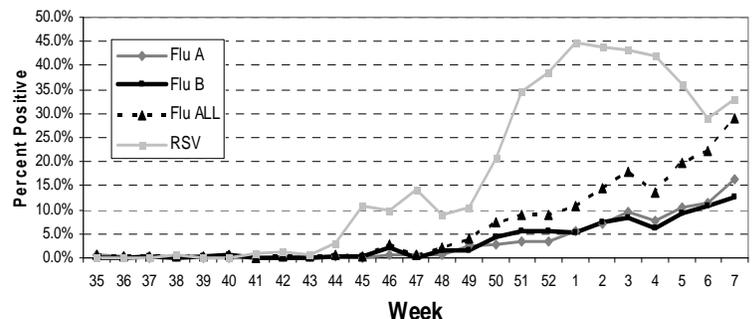
**Graph 1**  
Influenza-like Illness ED Visits in LA County (2007-2011)  
Surveillance Week 7



### REMINDER: LOS ANGELES COUNTY INFLUENZA REPORTING REQUIREMENTS

The reporting requirements for influenza infection are specific to Los Angeles County and differ from state guidelines and other jurisdictions. Individual case reports are required in the following circumstances: 1) the case is associated with a suspected outbreak, or 2) the influenza infection resulted in death, or 3) the infection is likely due to a novel or unusual strain of influenza, or 4) it has been identified in a laboratory that already uses electronic laboratory reporting (ELR) to report diseases to Public Health. Influenza fatalities are defined as persons who died as a direct or indirect consequence of infection with influenza. Laboratory confirmation includes rapid test, culture, PCR or other methods. Confirmed influenza fatalities and other reportable cases can be reported using the confidential morbidity report at [www.ph.lacounty.gov/acd/reports/CMR-H-794.pdf](http://www.ph.lacounty.gov/acd/reports/CMR-H-794.pdf). For fatalities, physicians are also urged to note influenza as a cause of death when completing death certificates. Severe influenza cases not resulting in death, such as influenza hospitalizations and intensive care patients, are no longer reportable in Los Angeles County. Furthermore, because 2009 H1N1 is now part of our seasonal influenza cycle, individual case reports of these infections are no longer reportable.

**Graph 2**  
Percent Positive Influenza and RSV, Los Angeles County (2010-2011)  
Surveillance Week 7



As shown above, the proportion of positive influenza tests in Los Angeles County continues to increase, while RSV is likely decreasing. While type B influenza was the dominant strain at the beginning of our flu season, levels of type A surpassed B at week 2 (mid-January) and A strains continue to be identified slightly more than B.

### INFLUENZA MOSTLY AFFECTING YOUNGER INDIVIDUALS

To date, influenza activity in Los Angeles County has predominantly affected younger residents. While traditionally 90% of influenza-associated deaths occur among adults 65 years and older, among known local flu-related deaths, the average age of decedents is currently 42.3 years (median 45, range 2-92). In addition, the vast majority of reported influenza-like illness outbreaks have been at elementary schools. Pediatricians should consider influenza as part of their differential diagnosis and test and treat accordingly. In addition, physicians are urged to continue vaccination, even for their healthy and younger patients.