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Surveillance Period (week 3): 01/18/09—01/24/09

COUNTY OF LOS ANGELES Public Health

INFLUENZA WATCH
LOS ANGELES COUNTY

Los Angeles County

Overall, respiratory activity remained relatively low during week 3 but is continuing to increase. The percent positive influenza tests has increased to >5% for the first time. To date, there have been no confirmed severe pediatric influenza cases. Emergency Department ILI (influenza-like illness) activity is currently slightly lower than rates experienced during 2007-08.

Table 1: Surveillance System Overview

SURVEILLANCE SYSTEM*	Week 3	2008-2009 YTD
Percent Positive Influenza Tests±	5.1	1.7
Percent Positive RSV Tests‡	34.7	16.6
Severe Pediatric Influenza Cases†	0	0
Respiratory Outbreaks	0	3
Influenza Vaccines Administered (PH)	- -	57,736

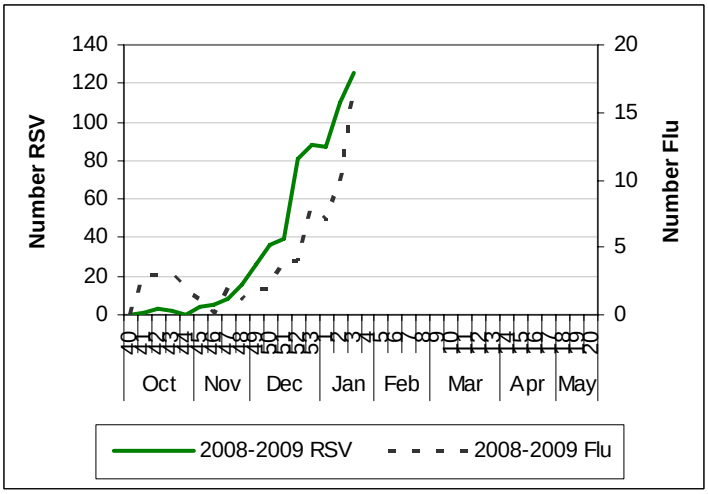
*See http://lapublichealth.org/acd/flu.htm for a description of surveillance methods.

±Sentinel sites (9 participating facilities).

‡ Sentinel sites (4participating facilities).

†The number of deaths is indicated by the parenthesis.

Figure 1: Positive Influenza and RSV Tests by Week



RSV data in Figure 1 represent testing completed in four reporting facilities for the 2008-2009 season. Influenza data represent testing completed in nine facilities.

California

During week 2 (January 11-January 18), influenza activity in California remained **sporadic**, with activity in Northern California higher than Southern California. Outpatient activity and hospitalizations for ILI remained low as did laboratory detections.
http://www.cdph.ca.gov/PROGRAMS/VRDL/Pages/CaliforniaInfluenzaSurveillanceProject.aspx

United States

Influenza activity increased during week 2 (Jan. 11-Jan. 18) but remains low. During this week, 1 state reported **widespread** activity, 6 states reported **regional** activity, 11 reported **low** activity, 30 reported **sporadic** activity and 2 states reported no activity. Influenza activity is lower compared to the same week last year.
http://www.cdc.gov/flu/weekly/fluactivity.htm

In the News

Measurement of Airborne Influenza Virus in a Hospital Emergency Department

Previous research indicated that influenza virus was primarily spread person-to-person via transfer of respiratory secretions or contact with respiratory droplets. Using real-time PCR, this study sought to confirm the presence of airborne influenza virus. Specimens collected during this study revealed, for the first time, the presence of airborne influenza virus particles in a health care environment. Approximately 53% of detectable influenza virus particles were the appropriate size for airborne transmission. These findings suggest that, due to the large number of exhaled respiratory secretions that are <10 µm, the potential of airborne transmission of influenza virus is likely.

http://www.journals.uchicago.edu/doi/full/10.1086/596478

Figure 2: Percent of ED Visits for ILI by Week