



INFLUENZA WATCH LOS ANGELES COUNTY

Los Angeles County (LAC) The total number of positive flu tests and the percent of flu tests that were positive decreased during weeks 32 and 33 (Figure 1). Two new ILI (influenza-like illness) outbreaks (one in a school and one in a childcare center) were reported during weeks 32 & 33. The percent of emergency department visits due to ILI is about the same compared to the same time in previous years. Three severe pediatric flu cases (two which were confirmed novel H1N1) occurred in week 32 and 33. Both cases for which medical records were available had pre-existing medical conditions.

Surveillance System Overview

SURVEILLANCE SYSTEM*	Week 32-33	2008-2009 YTD
Percent Positive Influenza Tests [±]	14.5	9.0
Percent Positive RSV Tests [‡]	0.5	12.4
Percent Flu A / Flu B [‡]	99.5 / 0.5	89 / 11
Severe Pediatric Influenza Cases [†]	3	35 (6)
Respiratory Outbreaks	2	65

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

± Sentinel sites (8 and 6 participating facilities in weeks 32 & 33 respectively)

‡ Sentinel sites (4 and 3 participating facilities in weeks 32 & 33 respectively)

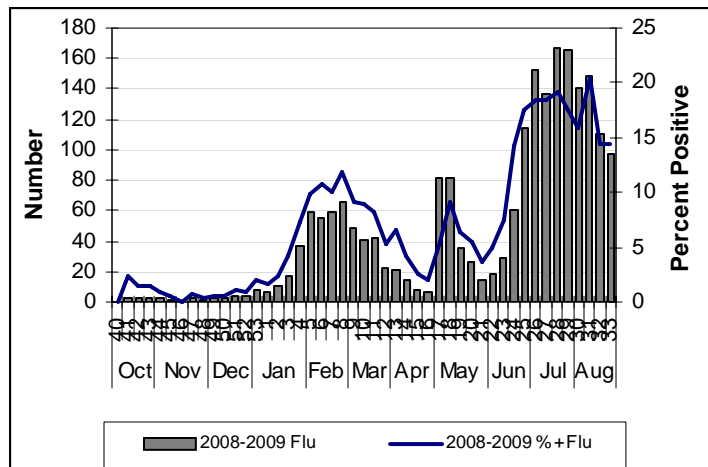
†The number of deaths is indicated by the parenthesis.

California During week 32 (August 9-August 15), influenza activity in California was downgraded to **regional**.

<http://www.cdph.ca.gov/PROGRAMS/VRDL/Pages/CaliforniaInfluenzaSurveillanceProject.aspx>

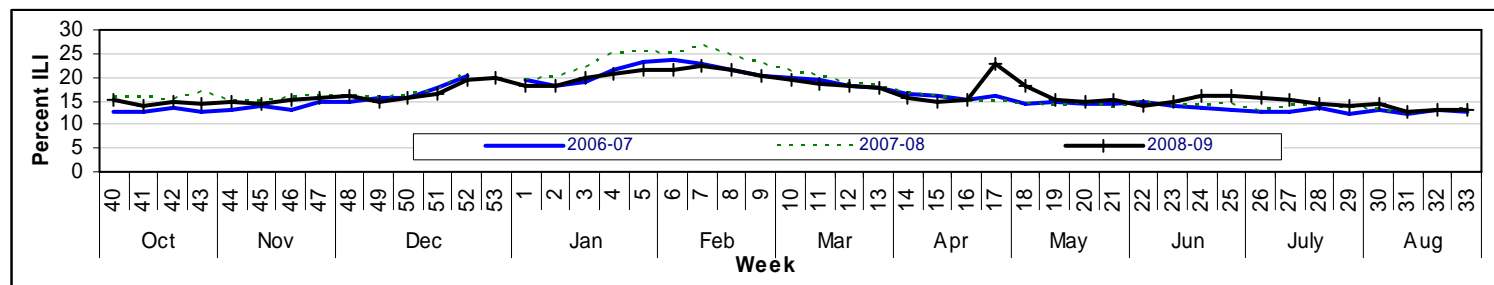
United States Influenza activity decreased across the United States during weeks 31 and 32. In week 32, 2 states reported widespread activity, 8 states reported regional activity, 14 states reported local activity, and 26 states reported sporadic activity. However, there were still higher levels of ILI than normal for this time of year. Approximately 98% of all subtyped influenza A viruses being reported to CDC in week 32 were novel influenza A (H1N1) viruses. <http://www.cdc.gov/flu/weekly>

Figure 1: Total Positive Flu and % Positive Flu by Week



*Influenza data represent testing completed in nine facilities except for weeks 31 when influenza data represent testing completed in 8 facilities and week 33 where influenza data represent testing in 7 facilities.

Figure 2: Percent of ED Visits for ILI by Week



In the News

An MMWR issued on August 28th, 2009 by the CDC summarizes clinical and epidemiologic attributes of laboratory-confirmed novel H1N1 cases during April 24- July 25 in Chicago, IL. The overall attack rate was highest among children 5-14 years of age. The highest hospitalization rate due to H1N1 occurred among children 0-4 years old. Hospitalization rates were higher for blacks, Asians/Pacific Islanders, and Hispanics than they were for whites. ICU admissions comprised 20% of all hospitalized cases. In addition, 7% of hospitalized patients were pregnant women. The duration of hospitalization ranged from 1-11 days with a median of 2 days. Among hospitalized patients for whom medical history was known, 21% had asthma and 7% had diabetes. Of the 7 deaths reported during this time period due to novel H1N1, 5 had underlying medical conditions. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5833a1.htm> This data is consistent with LAC data (see page 2).



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Breakdown of Novel H1N1 Cases in Los Angeles County

Novel Influenza A (H1N1) Virus by Age Group Los Angeles County as of August 20, 2009			
Age Group (years)	Hospitalized* Total (%) n=153	ICU* Total (%) n=54	Deaths* Total (%) n=35
0-4	45 (29)	10 (19)	2 (6)
5-17	32 (21)	9 (17)	3 (9)
18-29	38 (25)	14 (26)	6 (17)
30-49	22 (14)	14 (26)	12 (34)
50-64	12 (8)	6 (11)	12 (34)
65+	4 (3)	1 (2)	0 (0)
Mean/Median Age	20 / 17	26 / 25	38 / 45

*Categories are mutually exclusive. Cases are categorized according to highest level of severity. Surveillance of hospitalized cases stopped on August 6th but continued for ICU/Deaths. Thus ICU/Deaths cannot be considered a subset of hospitalized cases.

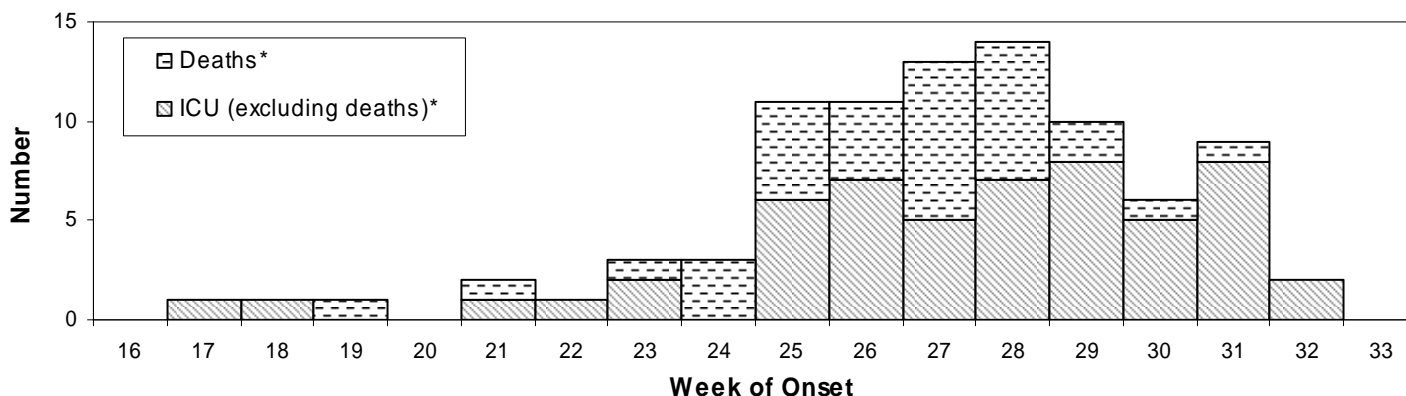
To date 35 deaths due to novel H1N1 had been reported in Los Angeles County. ICU admissions and deaths due to novel H1N1 seem to have peaked during week 28 (July 12-July 18). However, it is important to note that there is often a delay in the confirmation of cases. Thus, there may be an increase in the number of ICU cases and deaths for later weeks as more cases are confirmed. Patients aged 0-4 years group were the largest hospitalized age group (29%). Patients aged 18-29 and 30-49 years make up the largest percentage of ICU admissions. Patients aged 30-49 and 50-64 make up the largest percentage of deaths. Most of the patients admitted to the ICU or who died had pre-existing conditions which would make them at higher risk for severe complications of influenza. Of all deaths <18 years, 80% had developmental delay and 40% were immunocompromised. Additionally, 47% of ICU cases <18 years had a pulmonary condition such as asthma. Of all adult deaths due to novel H1N1, 31% had a cardiac condition and 31% had a metabolic disorder such as diabetes. For more information on testing, treating, and preventing influenza in Los Angeles County go to: <http://publichealth.lacounty.gov/acd/h1n1.htm>.

Table 2: Percent of Novel Influenza A H1N1 Cases With Specific Risk Factors*

	Age Group	Cardiac	Pulmonary	Metabolic Disorder	Developmental Delay	Immuno-supression
Deaths	<18	20%	0%	0%	80%	40%
	18+	31%	24%	31%	10%	10%
	All Ages	29%	21%	26%	21%	15%
ICU	<18	21%	47%	5%	37%	0%
	18+	8%	19%	22%	3%	11%
	All Ages	13%	29%	16%	15%	11%
Hospitalized	<18	3%	29%	8%	12%	8%
	18+	14%	16%	16%	4%	11%
	All Ages	9%	22%	12%	8%	9%

*Percentages may be underestimates as denominator numbers include those with unknown medical history.

Figure 3: Influenza A Novel H1N1 Hospitalized Cases, ICU Cases, and Deaths by Week of Onset as of August 20, 2009



*Categories are mutually exclusive. Cases are categorized according to highest level of severity.