



# INFLUENZA WATCH LOS ANGELES COUNTY

## Los Angeles County

## HAPPY NEW YEAR!

Influenza activity remained low during week 52. To date, there have been no confirmed severe pediatric influenza cases and a total of 199 positive RSV tests in LAC. The percent of tests positive for RSV that can be as high as 25% or more. Emergency Department ILI (influenza-like illness) activity is currently slightly lower than rates experienced during 2007-08.

### Surveillance System Overview

| SURVEILLANCE SYSTEM*                 | Week 52 | 2008-2009 YTD |
|--------------------------------------|---------|---------------|
| Percent Positive Influenza Tests±    | 1.1     | 1.0           |
| Positive RSV Tests‡                  | 69      | 199           |
| Severe Pediatric Influenza Cases†    | 0       | 0             |
| Respiratory Outbreaks                | 0       | 1             |
| Influenza Vaccines Administered (PH) | --      | 54,102        |

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

±Sentinel sites (8 participating facilities).

‡Sentinel sites (3 participating facilities).

†The number of deaths is indicated by the parenthesis.

### California

During week 52 (December 21-December 27), 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 51 (December 14-20) but remains low. During this week, two states reported **regional** activity, 6 reported **low** activity, 36 reported **sporadic** activity and 5 states reported no activity. Influenza activity is lower compared to the same week last year.

### In the News

#### Evaluating Influenza Vaccine Effectiveness

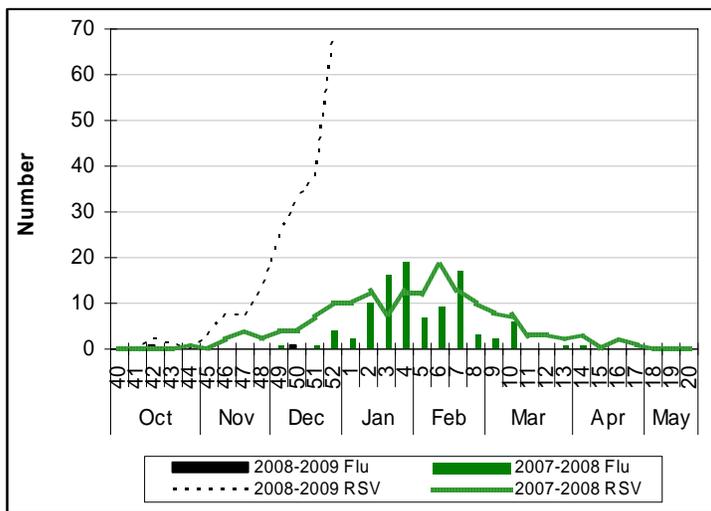
Influenza vaccine has to be reformulated annually based on predicting a predominant circulating virus. Therefore, estimating influenza vaccine effectiveness (VE) in the population can be difficult, especially when there are mismatches between the vaccine and circulating viruses. Two articles in this month's Clinical Infectious Diseases describe population based surveillance systems to determine VE in the general population (in Canada and Wisconsin). One surprising finding from these studies, and another from Michigan, was that dominant circulating viruses varied widely by region so that VE could vary depending on the vaccine match for the circulating virus(es) in a specific area. As expected, VE improved with improved vaccine-virus matching; however, there may be some effectiveness, even with a mismatch, depending on the amount of antigenic drift of the circulating virus. All of these articles are free on the Clinical Infectious Diseases website.

<http://www.journals.uchicago.edu/doi/full/10.1086/595863>

<http://www.journals.uchicago.edu/doi/full/10.1086/595861>

<http://www.journals.uchicago.edu/doi/full/10.1086/595862>

Figure 1: Positive Influenza and RSV Tests by Week



Data in Figure 1 represent three health systems for the 2008-2009 season. Previous season's data represented only one health system.

Figure 2: Percent of Emergency Department Visits for ILI

