

RSV Prevalence Increasing in Los Angeles County

In the past several weeks, there has been a marked increase in Emergency Department visits in Los Angeles County (LAC) for respiratory illness (fever, cough, or sore throat) (see Figure 1). RSV prevalence has greatly increased over this time to the highest levels recorded at the end of December compared to the previous 3 years; influenza has been gradually increasing (Table 1 and Figure 2). Nationally, respiratory activity has been very strong throughout the country except in the west/southwest (see CDC <http://www.cdc.gov/flu/weekly/>). There is still time to vaccinate before influenza peaks in LAC.

Figure 1
 Respiratory Illness ED Visits in LA County (2007-2013)
 By MMWR Surveillance Week

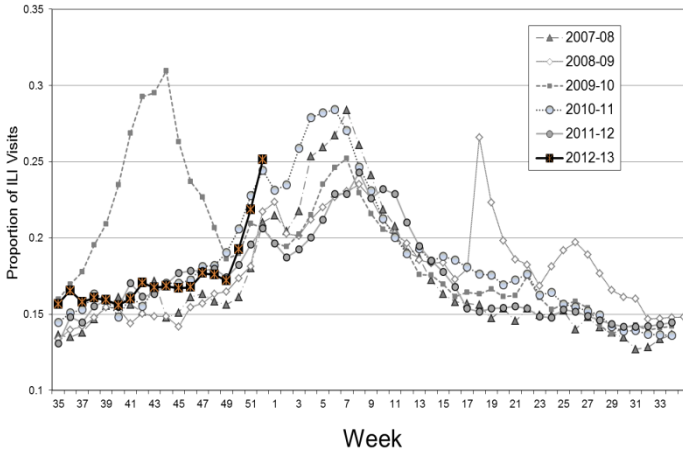
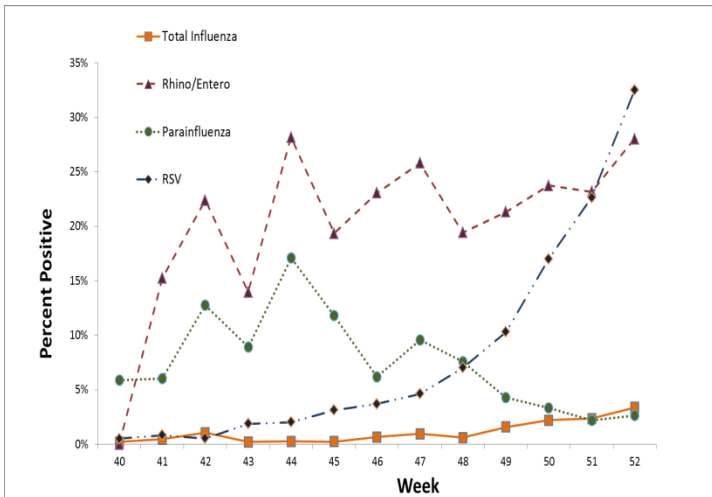


Figure 2: Respiratory Viruses in LA County (2012-2013)
 Percent Positive Cases by MMWR Surveillance Week



For more information about previous “flu” seasons in LAC or California, go to:

<http://publichealth.lacounty.gov/acd/FluSurveillance.htm>
<http://www.cdph.ca.gov/programs/dcdc/Pages/CaliforniaInfluenzaSurveillanceProject.aspx>

Table 1
 LA County Surveillance Summary (2012-2013)
 MMWR Surveillance Week 52

LA County Surveillance Summary	Week 52	2012-2013 Season YTD
Positive Flu Tests / Total Tests (Percent Positive Flu Tests)	17 / 504 (3.4%)	71 / 6184 (1.1%)
Percent Flu A / B	71/29	72/28
Positive RSV Tests / Total Tests (Percent Positive RSV Tests)	143/440 (32.5%)	460 / 5,000 (9.2%)
Community Respiratory Outbreaks, Reported	0	3
Flu Deaths, Confirmed (Pediatric Flu Deaths, Confirmed)	----- *	1 (0)

* Due to the lag time in reporting and confirmation of cause, weekly flu death data is delayed.

Recent Studies Demonstrate Influenza Vaccine Effectiveness Against Confirmed Influenza Hospitalizations

Two studies conducted in Spain demonstrated the effectiveness of influenza vaccines preventing influenza-associated hospitalizations in adults. Both studies used a multivariable case-control design to determine influenza vaccine effectiveness (IVE). IVE was estimated to be 74% (95% CI, 29-90%) for the 2009 pandemic H1N1 vaccine and 54% (95% CI, 11-76%) for the 2010-2011 trivalent influenza vaccine. The trivalent vaccine was found to be equally effective in high-risk groups (those with high risk conditions or those ≥60 years) and in non high-risk adults.

While the influenza vaccine is not perfect, and needs to be given every year, it is the best protection people can have against acquiring the infection. Since influenza usually peaks later in January or in February in Los Angeles County, there is still time to be vaccinated and to vaccinate your patients.

Both studies were published in *Vaccine*:
<http://www.ncbi.nlm.nih.gov/pubmed/22819720>
<http://www.ncbi.nlm.nih.gov/pubmed/22796136>