

Influenza Levels Increasing but Remain Low

Influenza activity in Los Angeles County remains low, with consistent marginal increases, and at levels that are expected for this time in the season (Figure 1). To date, influenza A has predominated accounting for 91% of isolates from Los Angeles County sentinel sites. Similar low levels of increasing activity and a predominance of type A also are occurring nationwide. As of week 44 (ending November 5), the CDC reports most states (39) experiencing only sporadic activity, six states including California reported higher levels of local activity, and three areas (Guam, Puerto Rico and New Hampshire) reported higher regional activity (Figure 2). Also as of week 44, 61% of isolates collected nationwide tested as type A; and among those that have been subtyped, 88% were H3. Because it can take up to two weeks to obtain immunity from vaccination, now is the time to get vaccinated. Information on influenza vaccination and locations for clinics in Los Angeles County are available at www.publichealth.lacounty.gov/IP/flu/index.htm.

Figure 1. ILI Proportion of ED Visits
Los Angeles County 2102–2017

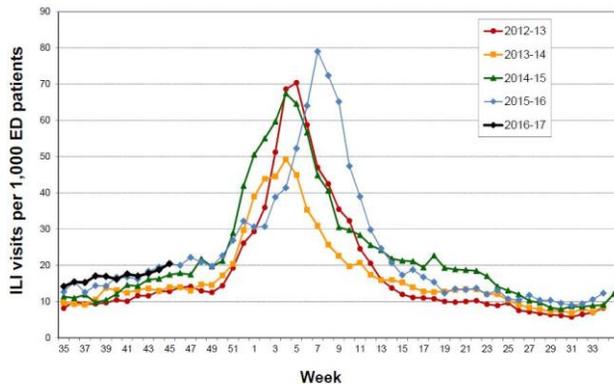
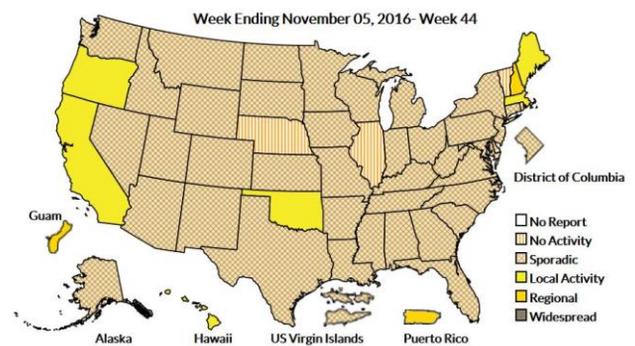


Figure 2. Weekly Influenza Activity Estimates
Reported by State and Territorial Epidemiologists



Influenza Vaccination and Treatment Critical During Pregnancy

Getting an influenza vaccination is the first and most important step in protecting pregnant women against this disease. When given during pregnancy, vaccination has been shown to protect both the mother and her baby. Vaccination during pregnancy provides some antibodies for babies that will help protect them from influenza for several months after birth. This is important because babies younger than 6 months can't get vaccinated yet, but are at high risk of being hospitalized from this disease. Unfortunately, while vaccination coverage among pregnant women has been increasing, last season only [an estimated half \(50%\)](#) of all pregnant women in the US were vaccinated.

In addition to vaccination, prompt treatment of influenza is important in pregnant women, because they are more likely to develop severe disease and are at increased risk for early labor.^[1, 2] Influenza in pregnancy also is associated with increased risk for hospitalization or intensive care unit admission, acute renal failure, and death.^[1] This is probably due to immune and physiologic changes, including decreased T-cell immunity, reduced lung volumes, and increased oxygen consumption, all of which peak late in pregnancy. This risk is further increased when additional conditions are present, such as asthma, diabetes, or obesity.^[1] Treatment for influenza should be started as early as possible and ideally within 48 hours of symptom onset. However, pregnant women and other high-risk individuals should be treated even if they present later.^[1-3]

References:

1. Mosby LG, Rasmussen SA, Jamieson DJ. 2009 pandemic influenza A (H1N1) in pregnancy: a systematic review of the literature. *Am J Obstet Gynecol.* 2011;205:10-18. [Abstract](#)
2. Siston AM, Rasmussen SA, Honein MA, et al; Pandemic H1N1 Influenza in Pregnancy Working Group. Pandemic 2009 influenza A (H1N1) virus illness among pregnant women in the United States. *JAMA.* 2010;303:1517-1525. [Abstract](#)
3. Creanga AA, Johnson TF, Graitcer SB, et al. Severity of 2009 pandemic influenza A (H1N1) virus infection in pregnant women. *Obstet Gynecol.* 2010;115:717-726. [Abstract](#)