INFLUENZA SEASON DEFINITION

The traditional influenza surveillance season is 32 weeks in length, beginning in October and ending mid-May of the following year. While our surveillance systems are concentrated during these peak weeks, Los Angeles County Department of Public Health (LACDPH) also conducts several year-round surveillance activities. Data are collected and analyzed on a weekly basis; data are summarized and published on a weekly or biweekly schedule during peak flu season (December-February). The surveillance weeks are numbered according to the calendar year, with week 1 corresponding to the first week in January.

DESCRIPTION OF INFLUENZA SURVEILLANCE SYSTEMS

I. SENTINEL CASE SURVEILLANCE

1. **Influenza and other respiratory viruses**
   During the 2011-2012 influenza season, sentinel laboratories serving healthcare providers and institutions across Los Angeles County report influenza testing activity on a weekly basis; a subset of these laboratories also report respiratory syncytial virus (RSV) data. Laboratories report the number of positive RSV tests, the number of positive influenza A & B tests (by any kind of tests including rapid, culture, and PCR) and total number of tests completed. Several laboratories also report the total number of positive tests for a broader range of respiratory viruses including parainfluenza, adenovirus and human metapnuemovirus. Occasionally, selected samples from positive cases are sent to the Los Angeles County Public Health Laboratory (PHL) for further testing and analysis.

2. **Influenza Fatalities**
   Effective October 15, 2010, laboratory confirmed influenza fatalities of all ages and due to any strain are required to be reported to the LACDPH within 7 calendar days. Cases are reported to LACDPH from physicians, infection preventionists at hospitals, the coroner’s office, and via death certificate. If possible, the viral specimens are forwarded to the PHL for further analysis.

3. **Outbreak Surveillance**
   Outbreaks of any kind are reportable to LACDPH. All outbreaks of influenza-like illness (ILI) are investigated within one business day of the report. LACDPH is putting increasing emphasis on obtaining primary specimens [nasopharyngeal (NP) swabs] to determine the etiology of the outbreak. Swabs are analyzed for presence of influenza A and B and a variety of other respiratory viruses at the PHL.

4. **Special Studies**
   LACDPH was awarded a grant by the Council of State and Territorial Epidemiologists (CSTE) to conduct influenza incidence surveillance in outpatient settings. Outpatient facilities report to LACDPH the number of acute respiratory illness and ILI cases and total number of patients seen each week. A selected sample of patients with ILI has NP swabs taken for analysis either by rapid test (for influenza) on site or analyzed for presence of influenza A and B and a variety of other respiratory viruses at the PHL.
II. SYNDROMIC SURVEILLANCE

1. **Emergency Department Visits for Influenza-Like Illness**
   LACDPH’s Syndromic Surveillance Project monitors initial self-reported symptoms from patients presenting to participating emergency departments throughout Los Angeles County. These symptoms are categorized into different clinical syndromes according to specific code words. The syndrome of ILI includes symptoms such as: fever, congestion, sneezing, sore throat, runny nose, and cough. The proportion of ILI emergency department (ED) visits for all ages and by age group is analyzed weekly and is conducted year-round. The ILI visits to EDs are also analyzed by zip code of residence and statistical algorithms are used to identify areas of the county that have significantly increased levels of ILI.

III. OTHER SURVEILLANCE SYSTEMS

1. **National Retail Data Monitor (NRDM)**
   The LACDPH Syndromic Surveillance Project receives selected types of over-the-counter medication and thermometer sales daily through the National Retail Data Monitor surveillance system. The number of thermometer sales is analyzed on a weekly basis as part of our influenza surveillance system.

2. **Pneumonia and Influenza (P & I) Deaths**
   Each week, the vital statistics office at LACDPH reports the total number of death certificates received and the number of those for which pneumonia or influenza was listed as the underlying or contributing cause of death by age group. The percentage of all deaths due to P & I is calculated and compared to the previous season’s data.

MORE INFORMATION
Selected results from these influenza surveillance systems are regularly published during the influenza season via our free electronic newsletter *Influenza Watch*. Archived issues as well as additional LACDPH influenza surveillance documents are available at: [www.publichealth.lacounty.gov/acd/FluSurveillance.htm](http://www.publichealth.lacounty.gov/acd/FluSurveillance.htm)

For more information about influenza in Los Angeles County, please visit: [www.publichealth.lacounty.gov/acd/Flu.htm](http://www.publichealth.lacounty.gov/acd/Flu.htm)