



INFLUENZA WATCH LOS ANGELES COUNTY

Los Angeles County (LAC) The total number of positive flu tests remained low during week 5 (January 31 - February 6 (Figure 1). The % of flu tests that tested positive also remained low and is well below 2007-08 and 2008-09 levels (Figure 1). One respiratory outbreak in a pre-school was reported during week 5 (Table 1). RSV activity continued to increase in week 5 (Figure 2) and has surpassed the highest level of the 2008-09 season. The percent of emergency department visits due to ILI increased slightly in week 5 but still remains lower than previous years (Figure 3).

Table 1: Surveillance System Overview

SURVEILLANCE SYSTEM*	Week 5	2009-10 YTD
Percent Positive Influenza Tests [±]	1.4	14.4
Percent Positive RSV Tests [‡]	40.8	6.3
Percent Flu A / Flu B [±]	80.0 / 20.0	90.5 / 0.5
Severe Pediatric Influenza Cases [†]	0 (0)	100 (9)
Respiratory Outbreaks	1	345
Influenza Deaths	0	92

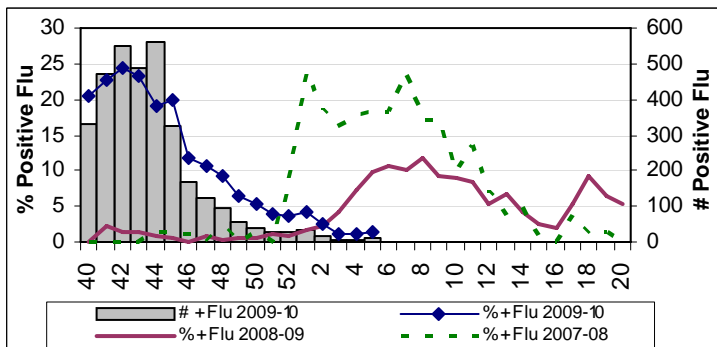
*See <http://apublichealth.org/acd/flu.htm> for a description of surveillance methods. 2009-2010 surveillance started on 8/30/09 (week 35) and ends May 22, 2010 (week 20)

± Sentinel sites (8 participating facilities in week 5)

‡ Sentinel sites (3 participating facilities in week 5)

†The number of deaths is indicated by the parenthesis.

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



California During week 5 (Jan 31-Feb 6), influenza activity in California remained **sporadic**.

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

United States Flu activity remained the same in the US during week 5 (Jan 31-Feb 6) in which no states reported widespread activity, 6 states reported regional activity, 11 states reported local activity, 28 states reported sporadic activity, 4 states reported no activity, and 1 state did not report. All subtyped flu A viruses reported to CDC in week 5 were pandemic H1N1 (pH1N1) viruses. www.cdc.gov/flu/weekly

Figure 2: Total Positive RSV and % Positive RSV by Week

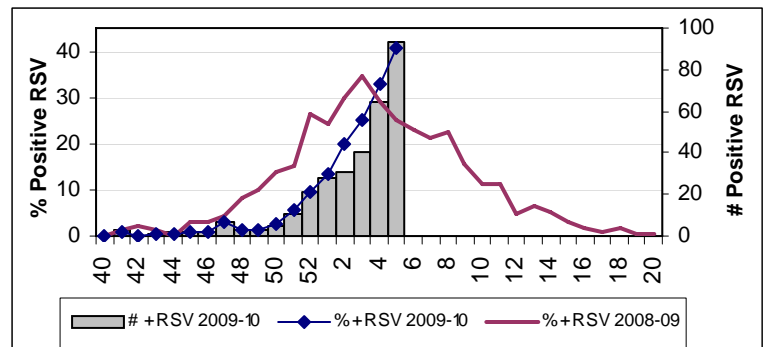
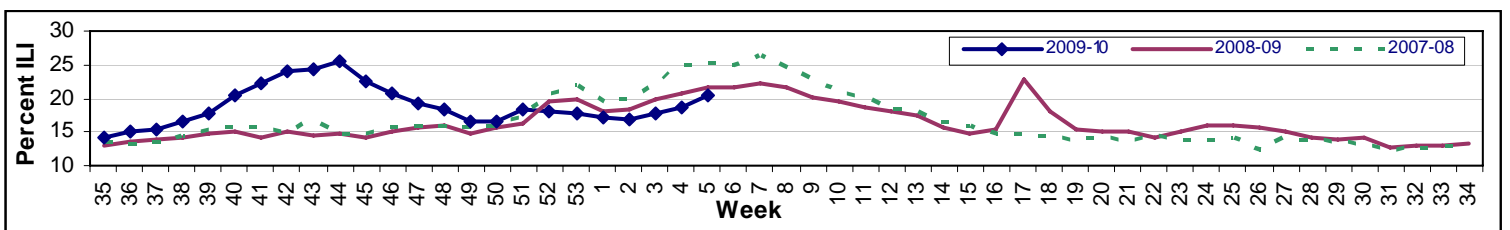


Figure 3: Percent of Emergency Department Visits for Influenza-Like Illness by Week, All Ages



In the News An article published in the March issue of *Clinical Infectious Diseases* discusses the results of a study that measured the amounts of airborne influenza A, influenza B, and RSV RNA in samples of air collected from an urgent care medical clinic over 11 days in February 2009. The presence of the viruses was tested using real-time polymerase chain reaction. Healthcare workers and patients were also tested for the viruses. Of the samples of air collected, 17% contained flu A RNA, 1% contained flu B RNA, and 32% contained RSV RNA. In addition, personal aerosol samplers were worn by healthcare workers. Of the personal samplers, 19% contained flu A RNA, 0% contained flu B RNA, and 38% contained RSV RNA. These percentages correlated well with the location and number of patients who tested positive for each virus. The airborne particles containing flu and RSV were measured for size and many were small enough to remain suspended in air for an extended time and to be inhaled deep into the respiratory tract. <http://www.journals.uchicago.edu/doi/abs/10.1086/650457>



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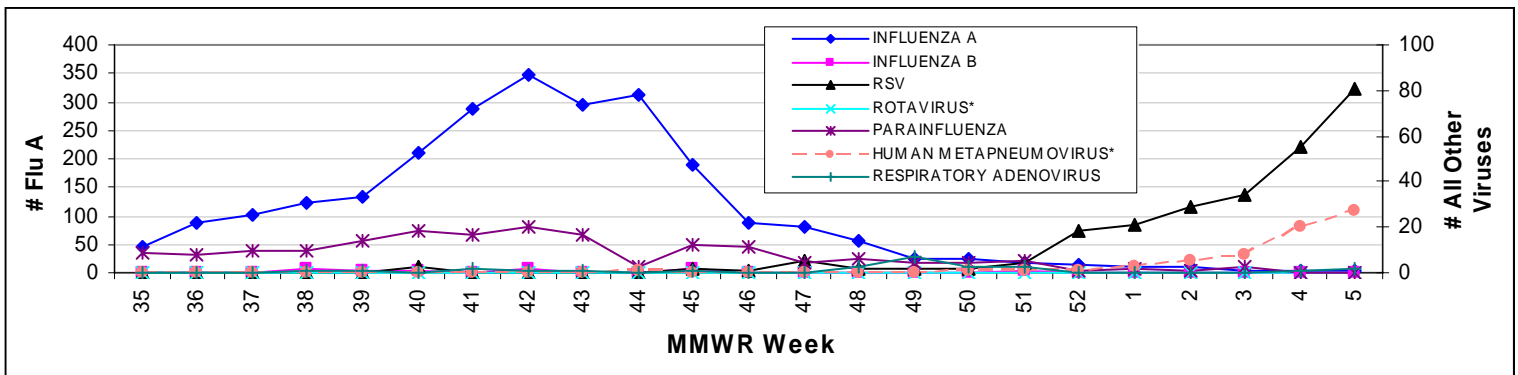
Analysis of Influenza Cases in Los Angeles County (LAC)

Figure 4 shows the activity of 7 different respiratory viruses from August 30, 2009 through February 6, 2010. The data is from two hospital laboratories located within Los Angeles County. Similar to Figures 1 and 2 on page 1, Figure 4 shows influenza A activity peaking during week 42 and RSV activity beginning to increase around week 51. Figure 4 also indicates a consistent increase in human metapneumovirus in recent weeks. Parainfluenza activity was noticeable during the fall but has since decreased and remained low during the winter months. The activity of influenza A, influenza B, rotavirus, and respiratory adenovirus is low during this time of year.

Since the beginning of the pandemic in April, 2009 there have been 358 ICU admissions and 136 deaths due to confirmed pH1N1 in Los Angeles County according to individual case reporting. Of the 136 deaths, 120 had been admitted to the ICU. There have been no pH1N1-associated deaths or ICU admissions during the past 2 weeks (Figure 5).

Consistent with other data featured in *Influenza Watch*, the number of hospitalizations due to any influenza as well as the rate (per 1,000 hospital beds) of laboratory-confirmed influenza remained low in week 5 (Figure 6).

Figure 4: Respiratory Viruses detected in two hospital laboratories in Los Angeles County, 08/30/2009 - 02/06/2010



*Data for rotavirus and human metapneumovirus are from 1 hospital only. Data for all other viruses are from 2 hospitals.

Figure 5: Number of Pandemic H1N1 Cases by Week of Onset as of February 10, 2010, Individual Case Reporting

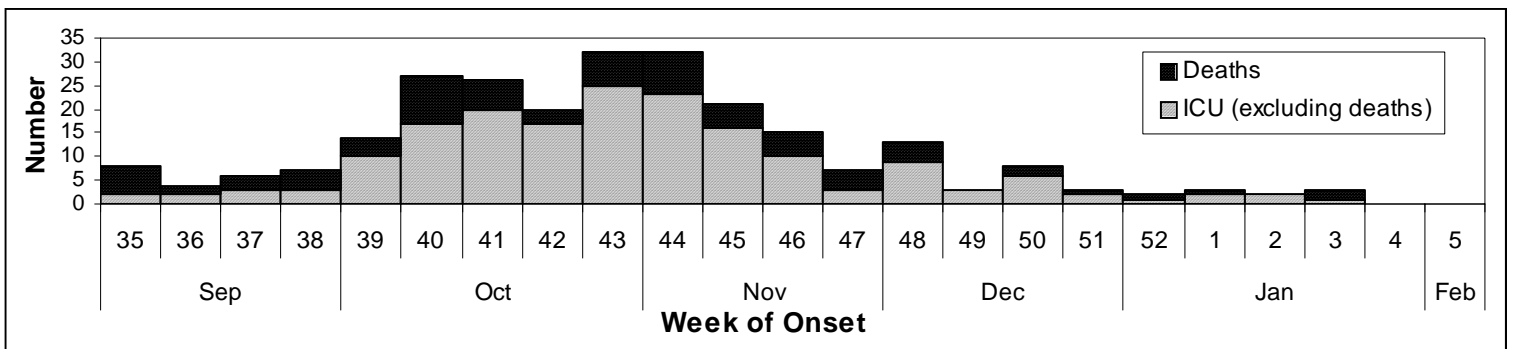


Figure 6: Number and Rate of Hospitalized Influenza (Any Influenza) Cases, Aggregate Reporting

