



Los Angeles County

Los Angeles County experienced a moderate influenza season. Of reported cases, the majority had influenza type A (72%), consistent with state and national reports. An increase in influenza type B cases was noted for this season accounting for approximately 28% of cases (up from 8% during 2006-2007) which is consistent with state and national reports. The rise in influenza B was most likely due to the vaccine-circulating strain mismatch.

Influenza-like activity (ILI) in Los Angeles County peaked during week 7 (February) and remained above baseline for several weeks, especially in children aged five years and younger. In past seasons, ILI typically peaks at the end of December.

Severe cases of pediatric influenza peaked in weeks 5-6, and laboratory-confirmed influenza cases from sentinel sites peaked in week 6 (see graph). In total, 28 cases of severe pediatric influenza were reported, including one death. The median age for severe pediatric influenza cases for 2007-2008 was 2 years. Almost all children had chronic medical conditions.

California

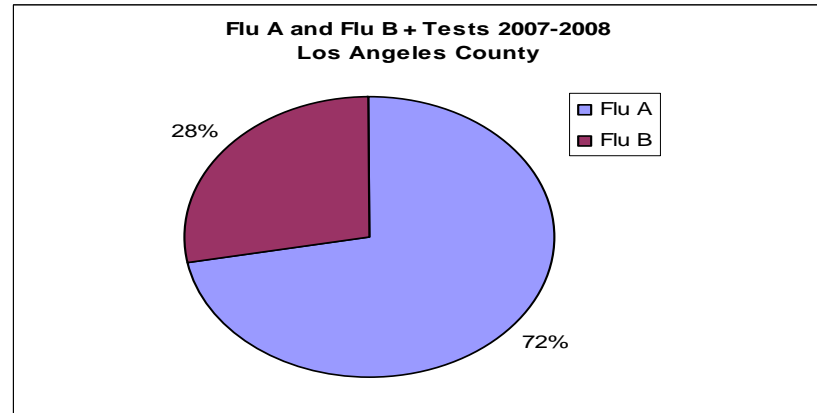
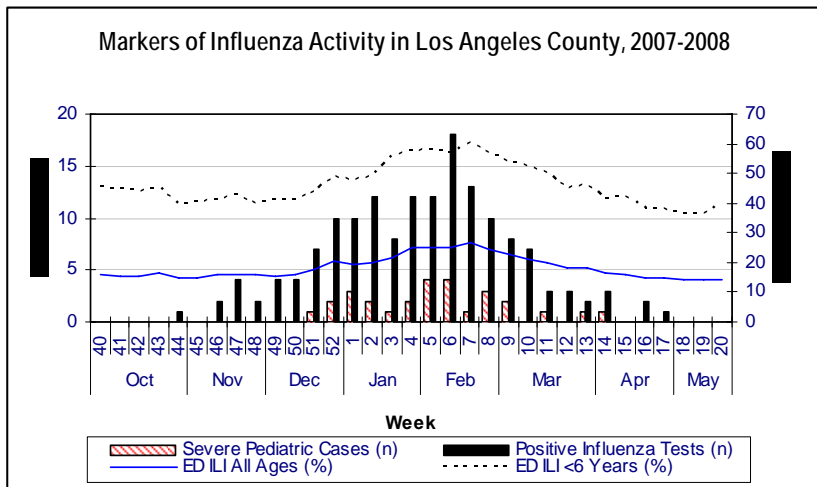
Overall, influenza activity in California was moderate in severity. Influenza activity as measured by several surveillance systems, peaked during mid February (weeks 5-7). Overall, Northern California experienced a higher level of activity compared to Southern California. Influenza A (H3 subtype) predominated this season. No mutations consistent with resistance to the neuraminidase inhibitors were seen in A/H3. However, 10% percent (7/70) of A/H1 viruses had the mutation associated with oseltamivir (a neuraminidase inhibitor) resistance. More information about the California season can be found here: <http://ww2.cdph.ca.gov/programs/vrdl/Pages/CaliforniaInfluenzaSurveillanceProject.aspx>

United States

Influenza activity in the United States peaked in mid-February (weeks 5-8). Among the submitted influenza specimens, 71% were influenza A viruses and 29% were influenza B viruses. Of the viruses subtyped, the majority were H3 (74%). The percent of deaths due to pneumonia and influenza was above baseline for a total of 19 consecutive weeks during the 2007-2008 season. This season 1,646 influenza A and B viruses from the United States were tested for antiviral resistance. One hundred seven (8.0%) of 1,341 influenza A viruses tested, and 0 (0.0%) of 305 influenza B viruses tested have been found to be resistant to oseltamivir. All tested viruses retain their sensitivity to zanamivir. More information about the US season can be found here: <http://www.cdc.gov/flu>

LOS ANGELES COUNTY INFLUENZA SURVEILLANCE SYSTEM* 2007-2008	
Positive Influenza Tests	99
Positive RSV Tests	158
Severe Pediatric Influenza Cases**	28 (1)
Influenza Vaccines Administered by Dept. of Public Health	120,879

* See <http://publichealth.org/acd/flu.htm> for a description of surveillance methods.
** Deaths indicated by the parenthesis.



* The number of reported cases does not reflect the total number of influenza cases that occurred in LA County. Surveillance for influenza is not population based and the data presented here include reported cases from sentinel surveillance sites only. However, trends in influenza activity are likely to be reflected accurately.



ACIP Recommendations

The Advisory Committee on Immunization Practices (ACIP) has issued the following recommendations for the 2008-2009 influenza season in the northern hemisphere:

- Annual vaccination for all children aged 6 months through 18 years is recommended. Annual vaccination of children aged 6 months up to their fifth birthday (through 59 months of age) should continue. If feasible, annual vaccination of all children aged 5 years through 18 years should begin in 2008 when the vaccine for the 2008-2009 influenza season becomes available.
- Annual vaccination for all children aged 6 months through 18 years should begin no later than during the 2009-2010 influenza season.
- The 2008–2009 trivalent vaccine virus strains are A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Florida/4/2006-like antigens. All three strains are different from the 2007-2008 Northern Hemisphere influenza vaccine.
- The antiviral medications recommended for chemoprophylaxis or treatment of influenza (oseltamivir or zanamivir) have not changed for the 2008-2009 influenza season.

Senate Bill (SB) 739

SB 739 of 2006 requires, among other things, that acute care health facilities report the annual influenza vaccination rate among personnel; guidance has been provided by the California Healthcare Associated Infections Advisory Committee on reporting vaccination rates for salaried hospital employees. In addition, HAI-AC has recommended that each acute care facility develop a list of healthcare personnel not included in the facility's employee roster (e.g., non-salaried physicians, volunteers, contract workers, etc.) and develop baseline vaccination and informed declination rates for these persons. Additional information regarding the specific requirements and reporting procedures will be forthcoming from HAI-AC and posted on the following website: http://www.cdph.ca.gov/services/boards/Pages/HAI_AC.aspx

*****Thank you to all the laboratorians, hospital personnel, Public Health employees and others who participated in influenza surveillance in 2007-2008. We look forward to working with you in 2008-2009 (starting on 10/5/2008).*****

Want the latest influenza updates in LA County? Subscribe to *Influenza Watch*, an electronic newsletter bringing you weekly summaries of influenza activity in Los Angeles County. To subscribe, send an email to LISTSERV@listserv.ladhs.org with SUBSCRIBE FLUWATCH in the body of the email OR email your request to fluwatch@listserv.ladhs.org.