

Local Influenza Activity Declining, but Still at Elevated Levels

Flu activity in Los Angeles County is currently declining though is still circulating at elevated levels. During week 10 (ending March 12, 2106), 20.7% of respiratory specimens from our sentinel sites tested positive for flu (Table 1), levels lower than this season's peak in activity which occurred during week 7 (ending February 20, 2016) when 31.4% of specimens tested positive for flu. The overall severity of flu this season continues to be milder than last season. To date, 25 influenza deaths have been reported, much lower than the 51 deaths reported at this time last season.

Nationally, flu levels have climbed over recent weeks. The majority of states (40 including California) reported widespread flu activity during week 10 (Figure 2). In late February the CDC reported that this year's flu vaccine is [one of the most effective in years](#), offering significant protection against circulating viruses this season. Even though flu levels are declining locally, persons at high risk for severe outcomes from flu would still benefit from vaccination. In addition, children under 8 years of age vaccinated for the first time require two doses of flu vaccine for full protection. Now is a perfect time for a second dose if the child has not received it yet.

Figure 1. ILI proportion of ED Visits, Los Angeles County 2011-2016

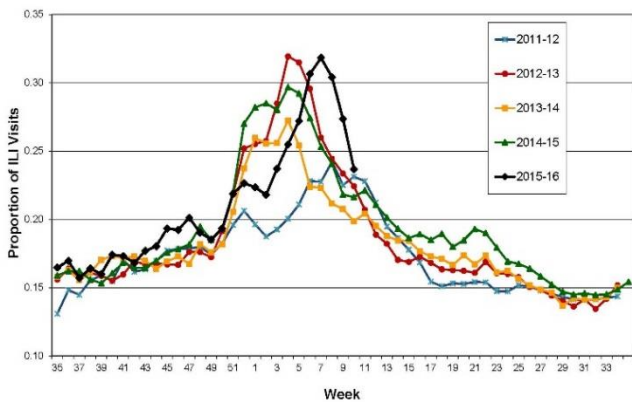


Table 1. Los Angeles County Influenza Surveillance Summary

	2015-2016		2014-2015	
	Week 10*	YTD [†]	Week 10	YTD
Positive Flu Tests/Total Tests (Percent Positive Flu Tests)	469/2,262 (20.7%)	5,429/40,937 (13.2%)	103/1,298 (7.9%)	5,085/35,677 (14.3%)
Percent Flu A/B	46/54	52/48	40/60	90/10
Community Respiratory Outbreaks	0	10	0	37
Influenza Confirmed Outbreaks	0	1	0	18
Pediatric Flu Deaths‡	0	2	0	2
Adult Flu Deaths	0	23	1	49

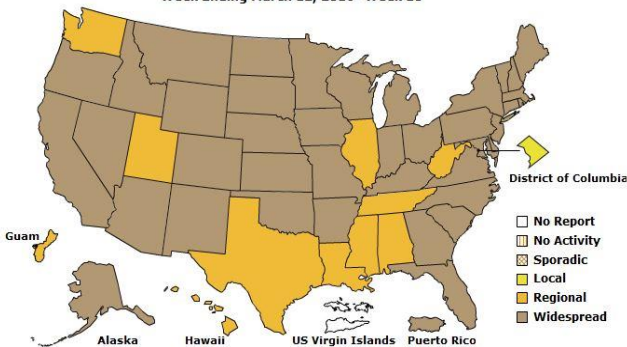
*For the 2015-2016 season, week 10 extends from 3/6/16 to 3/12/16.

†The influenza surveillance year started August 30, 2015.

‡Confirmed influenza death is defined by a positive lab test, ILI symptoms, and clear progression from illness to death.

Figure 2.

A Weekly Influenza Surveillance Report Prepared by the Influenza Division
Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*
Week Ending March 12, 2016- Week 10



Higher Poverty Levels Associated with Higher Rates of Influenza Hospitalization

A recent study published in the [MMWR \(2016, Vol. 65, No. 5\)](#) identified higher age-adjusted incidence rates of influenza-related hospitalizations among residents in neighborhoods with high poverty levels as compared to those living in neighborhoods with low poverty levels. Possible contributing factors included lower vaccination rates in residents of poorer census tracts, poverty-related crowding with higher rates of influenza transmission, and higher prevalence of medical conditions predisposing persons to influenza complications in poorer areas. These findings suggest the importance of targeting residents in areas with high poverty levels to increase influenza vaccination and early use of antiviral treatment.