

INFLUENZA WATCH

October 28, 2011
Surveillance Week 42
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Flu Surveillance and Related Disease Updates for Los Angeles County

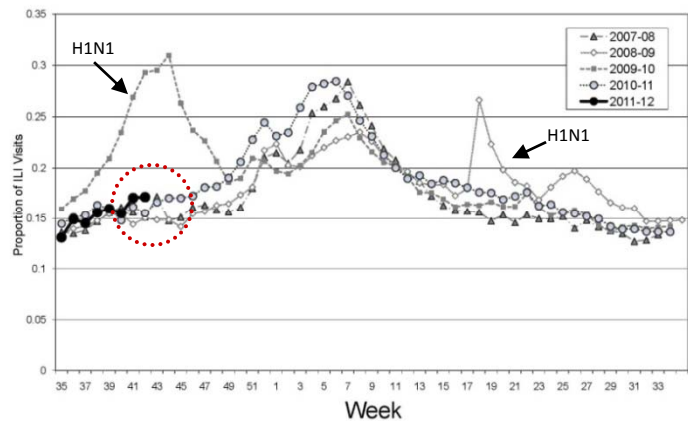
Respiratory Illnesses Increasing

Local respiratory surveillance continues to identify influenza and other respiratory viruses across LA County. While influenza-like illness activity is currently low, it is typical for this time in the season and increasing at a similar rate as previous seasons (see Figure 1). One community outbreak of parainfluenza 1 has been identified to date; parainfluenza 1 is also the most prevalent respiratory virus currently identified in our sentinel laboratory surveillance (see Figure 2).

Table 1
LA County Surveillance Summary (2011-2012)
Surveillance Week 42

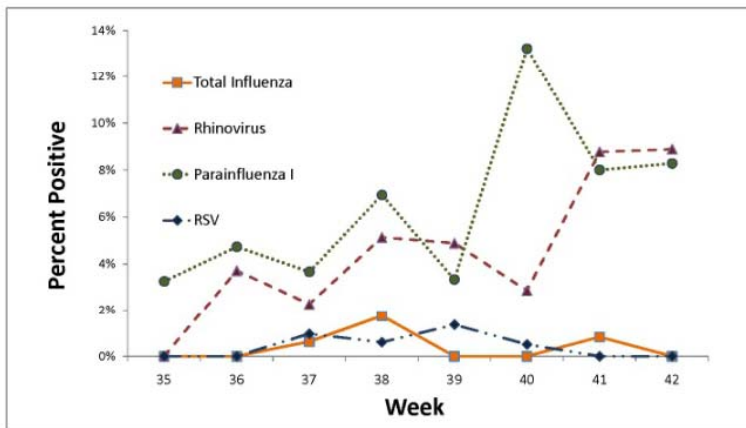
LA County Surveillance Summary	Week 42	2011-2012 Season YTD
Positive Flu Tests / Total Tests (Percent Positive Flu Tests)	0 / 339 (0%)	10 / 2,380 (0.4%)
Percent Flu A / B	0 / 0	80 / 20
Positive RSV Tests / Total Tests (Percent Positive RSV Tests)	0 / 239 (0%)	7 / 1,612 (0.4%)
Community Respiratory Outbreaks	0	1
Flu Deaths, Confirmed (Pediatric Deaths, Confirmed)	0 (0)	0 (0)

Figure 1
Influenza-like Illness ED Visits in LA County (2007-2012)
Surveillance Week 42



Local respiratory illness activity continues to slowly increase, but levels are still low and typical for this time in the season.

Figure 2
Respiratory Viruses in LA County
Percent Positive Cases by MMWR Week



Surveillance of respiratory viruses in LA County indicates that while influenza is circulating in the population, other viruses including rhinoviruses and parainfluenza 1 are more prevalent. This is typical for early fall.

For a description of our influenza and respiratory virus surveillance systems, please see: www.publichealth.lacounty.gov/acd/FluSurveillance.htm

Study Questions Effectiveness of Flu Vaccination; Concludes New Vaccines are Needed

A recent study in the Lancet has generated considerable controversy regarding the role of vaccine in the prevention of influenza.* This meta-analysis of randomized controlled trials found an overall vaccine efficacy for trivalent inactivated vaccine (TIV) of 59% for adults aged 18 to 65 and 83% for the live attenuated vaccine (LAIV) in children 6 months to 7 years old. Vaccine effectiveness was variable by season and year.

While not a perfect tool, influenza vaccination is still the single best method to prevent illness from this virus. However, even with vaccination, it is critical that everyone continues to practice healthy habits (frequently washing hands, cover coughs, etc.). In addition, Public Health also urges the practice of "cocoon vaccination" which is the practice of ensuring vaccination among those who care for babies or others who can't get the vaccine, as well as vaccinating close contacts to individuals especially vulnerable to the consequences from influenza infections (i.e., infants, the elderly and the immunocompromised).

For more about influenza vaccine efficacy visit:

www.cdc.gov/flu/professionals/vaccination/effectivenessqa.htm

*Osterholm MT, Kelley NS, Sommer A, et al. Efficacy and effectiveness of influenza vaccines: a systematic review and meta-analysis. Lancet Infect Dis 2011 (published online Oct 25). Abstract available at: <http://tinyurl.com/6fcsjic>

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