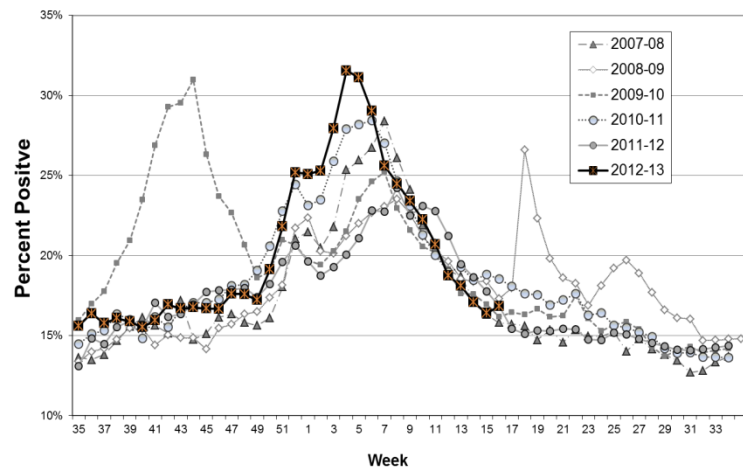


## Influenza Season Winding Down

Influenza and respiratory syncytial virus (RSV) activity for this season is now winding down; both the total number of specimens and the percent positive for both diseases have waned considerably. Shown in Figure 2, influenza detection has been below 5% and RSV detection below 10% since week 13 (the last week in March 2013). However, respiratory illness season is not over yet, rhino/enterovirus activity is still elevated, and physicians should continue to consider, test and treat for all possible respiratory viruses. In addition, in light of emerging infectious respiratory diseases (such as [novel coronavirus](#) and [avian influenza A H7N9](#)), physicians should always inquire about recent international travel history when diagnosing patients with influenza-like illness.

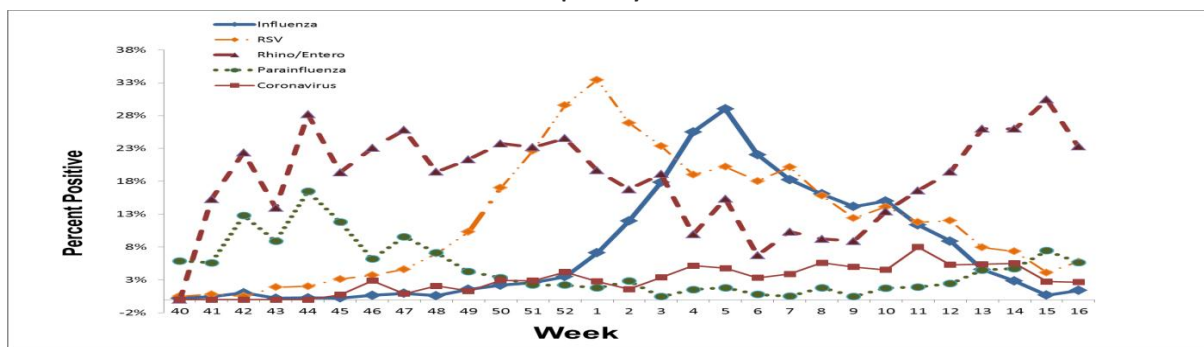
Figure 1: Respiratory Illness ED Visits in LA County (2007-2013)  
 Percent Positive Visits by MMWR Surveillance Week

Table 1: Surveillance Summary for LA County (2012-2013)  
 MMWR Surveillance Week 16



LA County Surveillance Summary	Week 16	2012-2013 Season YTD
Positive Flu Tests / Total Tests (Percent Positive Flu Tests)	6/428 (1.4%)	
Percent Flu A / B	0/100	
Positive RSV Tests / Total Tests (Percent Positive RSV Tests)	19/330 (5.8%)	
<u>Respiratory Outbreaks:</u> Community Skilled Nursing Facilities	0 0	64 25
Flu Deaths, Confirmed (Pediatric Flu Deaths, Confirmed)		33 (1)

Figure 2: Respiratory Viruses in LA County (2012-2013)  
 Percent Positive Lab Reports by MMWR Surveillance Week



### Heightened Awareness and Surveillance Needed for Emerging Diseases

LACDPH would like to remind all clinicians to inquire about recent international travel during diagnosis of patients with influenza-like illness. This is especially important in light of recent cases of influenza A H7N9 acquired in China. [As of April 24, 2013, WHO reports 108 human cases which include 22 deaths. Most cases report a history of exposure to live animals, including chickens.](#) No person-to-person transmission has been documented, no human cases have been identified in the United States, and no cases have been acquired outside of China. LACDPH requests that providers immediately contact the Acute Communicable Disease Control Program (ACDC) at 213-240-7941, ask for the Administrator on Duty (AOD), to report patients who have influenza-like illness that have traveled to China in the 10 days before illness onset, especially if there was recent direct or close contact with animals (such as wild birds, poultry, or pigs). ACDC will provide guidance on possible specimen collection, infection control, as well as treatment and prophylaxis as needed.

For more information on influenza A H7N9 visit: <http://www.cdc.gov/flu/avianflu/h7n9-virus.htm>

