

Influenza Activity at Peak Levels

Flu currently is circulating at elevated levels in Los Angeles County with over 31% of respiratory specimens from our sentinel sites testing positive for flu during week 7 (ending February 19, 2016). Last season's peak occurred during week 2 (ending January 17, 2015) with nearly 28% of respiratory specimens testing positive for flu (Table 1). The overall severity of flu this season has been milder than last season; to date only 13 flu-associated deaths have been reported, much lower compared to the 43 deaths reported at this time last season. This year a substantially higher proportion of type B viruses are circulating locally (50%) as compared to last season (20%). It is likely that flu activity will continue for several more weeks. While flu seasons vary in their timing, duration and intensity and can be unpredictable, flu always causes significant illness including hospitalizations and deaths.

Nationally, flu activity continues to increase. Most regions of the US currently are experiencing elevated influenza-like-illness levels with H1N1 viruses most common across the country at this time. This is the same H1N1 virus that emerged in 2009 to cause a pandemic, and seasonal flu vaccines have included the H1N1 pandemic virus since 2010. The CDC reports that this year's flu vaccine is [one of the most effective in years](#), offering significant protection against circulating viruses this season. The CDC recommends an annual flu vaccine for everyone 6 months of age and older, and to get vaccinated now if you haven't been vaccinated yet this season.

Table 1. Los Angeles County Influenza Surveillance Summary

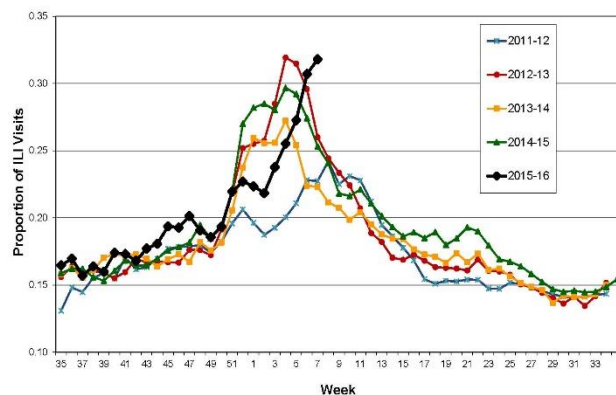
	2015-2016		2014-2015	
	Week 7*	YTD [†]	Week 7	YTD
Positive Flu Tests/Total Tests (Percent Positive Flu Tests)	960/3,059 (31.4%)	3,149/32,707 (9.6%)	262/1,862 (14.1%)	4,698/31,279 (15.0%)
Percent Flu A/B	50/50	55/45	80/20	92/8
Community Respiratory Outbreaks	0	10	3	34
Influenza Confirmed Outbreaks	0	1	2	18
Pediatric Flu Deaths‡	0	0	0	2
Adult Flu Deaths	4	13	3	41

*For the 2015-2016 season, week 5 extends from 1/31/16 to 2/6/16

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



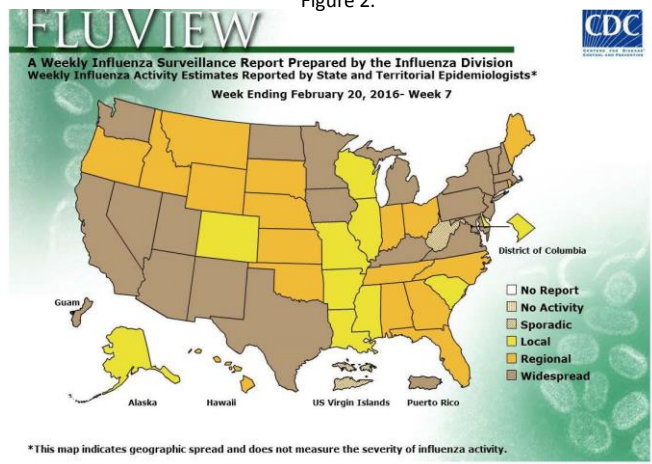
CDC Health Advisory: Rapid antiviral treatment recommended for very ill without waiting for testing

As influenza activity continues to circulate at elevated levels, clinicians are urged to initiate rapid antiviral treatment of very ill and high risk suspect influenza patients without waiting for testing confirmation. Antiviral treatment is recommended as soon as possible for suspected influenza in high-risk outpatients, those with progressive disease, and all hospitalized patients, regardless of negative rapid influenza diagnostic test results and without waiting for confirmatory RT-PCR testing results. Early antiviral treatment works best, but treatment may offer benefit even when started up to 4-5 days after symptom onset in hospitalized patients.

For more information, visit:

www.emergency.cdc.gov/han/han00387.asp

Figure 2.



*This map indicates geographic spread and does not measure the severity of influenza activity.