

INFLUENZA WATCH

Flu Surveillance and Related Disease Updates for Los Angeles County

January 7, 2011
Surveillance Week 1
Volume 5, Issue 6

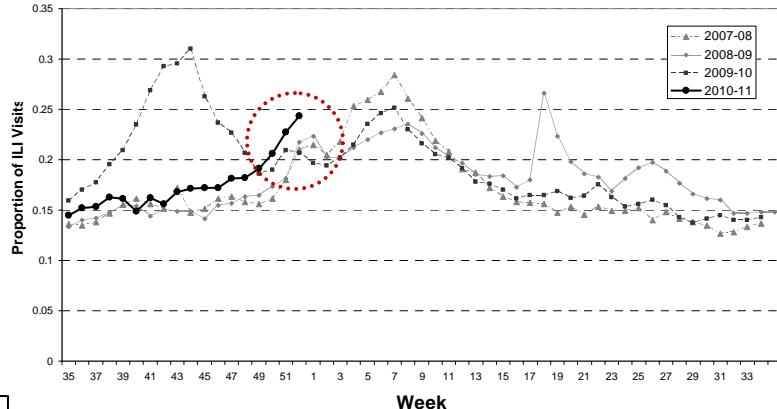
CONTINUED INCREASES IN FLU ACTIVITY, LOCALLY AND NATIONWIDE

Flu activity continues to increase. Locally and nationwide, the dominant strains are influenza B and influenza A H3N2, but some 2009 A H1N1 is being detected. A recent respiratory illness outbreak in an LA nursing home was confirmed as influenza A H3N2, which demonstrates the need for heightened surveillance and continued vaccination.

LA County Surveillance Summary (2010-2011)
Surveillance Week 52

LA County Surveillance Summary	Week 51	Week 52	10-11 Season YTD
Positive Flu Tests / Total Tests (Percent Positive Flu Tests)	41 / 409 (10.0%)	50 / 493 (10.1%)	172 / 6,066 (2.8%)
Percent Flu A / B	41 / 59	40 / 60	42 / 58
Positive RSV Tests / Total Tests (Percent Positive RSV Tests)	69 / 200 (34.5%)	114 / 295 (38.6%)	332 / 3,107 (10.7%)
Respiratory Outbreaks	0	1	3
Flu Deaths	0	0	0

Influenza-like Illness ED Visits in LA County (2007-2011)
Surveillance Week 52

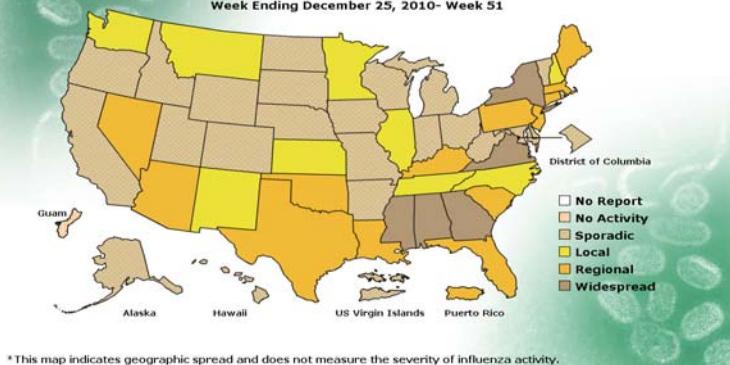


FLUVIEW



A Weekly Influenza Surveillance Report Prepared by the Influenza Division
Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*

Week Ending December 25, 2010- Week 51



Nationwide activity has substantially increased in recent weeks, especially in the southeastern states: widespread influenza activity was reported by five states (Alabama, Georgia, Mississippi, New York, and Virginia). California continues to report sporadic activity for the eleventh consecutive week.

CDC UPDATES GUIDANCE FOR USE OF RAPID INFLUENZA DIAGNOSTIC TESTS

The use of rapid influenza diagnostic tests (RIDT) has increased substantially in recent years. RIDTs are commercially available immunoassays that can identify the presence of influenza A and B viral nucleoprotein antigens in respiratory specimens. RIDTs have proven beneficial for healthcare professionals because they can provide results quickly, and are approved for use in non-laboratory settings. However, false negative results are common, especially when influenza activity is high. In addition, some RIDTs cannot distinguish between influenza A or B virus infection and RIDTs cannot identify strain type and whether the virus corresponds to those selected for the vaccine. In light of these disadvantages, the CDC has developed a diagnosis and treatment matrix to assist physicians using RIDTs.

The clinical decision making guidance is available at:

www.cdc.gov/flu/professionals/diagnosis/clinician_guidance_ridt.htm

CDPH ANNOUNCES HOSPITAL EMPLOYEES EXCEED VACCINATION GOAL

The California Department of Public Health announced last week that the state's hospitals have exceeded their goal of vaccinating 60% of healthcare employees against influenza: noting an employee vaccination rate of 62.6% among reporting hospitals. California law requires hospitals to offer onsite influenza vaccination free of charge to employees. Employees can opt not to get vaccinated, but must do so with a written declination. Vaccination of healthcare employees is an important means of reducing the spread of illness to vulnerable patients.

The full report is available at:

www.cdph.ca.gov/programs/hai/Documents/California_Hospital_Employee_Influenza_Vaccination_2009-2010.pdf

Need help convincing your patients, family and friends about the benefits of flu vaccination? Send them to LACDPH's on-line training program at www.laschoolhealth.com to view the class **Myths and Facts about Flu Vaccination**. It's quick, easy, and fun! All classes are also available for download, ideal for office waiting rooms, schools and other audiences.

