INFLUENZAWATCH

Flu Surveillance and Related Disease Updates for Los Angeles County

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Influenza A H3N2 Virus Currently Circulating

LACDPH has confirmed the first locally acquired case of influenza A H3N2. Since late June 2010, sporadic infections and several outbreaks due to influenza A H3N2 (A/Perth/16/2009-like H3N2) have been identified nationwide. While cases, even outbreaks, of influenza can occur during the summer and in early fall, these events are significant because this viral strain had not previously circulated widely across the United States and was not a component of any previous influenza vaccine; thus there is very little immunity in the population and prior vaccination will not provide protection. Fortunately, this viral strain is one of the three viral components of the 2010-11 seasonal influenza vaccine. And based early surveillance, this season's vaccine is believed to be an excellent match affording substantial protection against flu this year.

This year's flu vaccine is expected to be a good match to circulating strains.
It is important to vaccinate ALL patients without vaccine contraindications as soon as possible.
For more information about this year's flu vaccine and recommendations visit: www.cdc.gov/flu

Don't wait to vaccinate!

CDC recommends flu vaccination as soon as possible.

Physicians should not delay vaccinating patients against seasonal influenza until October or November, but instead encourage all patients aged 6 months and older to get immunized **as soon as vaccine is available**.* This change in policy corrects the myth that vaccination immunity would wane before the end of the season. Instead, vaccination effectiveness lasts throughout the season. There is no need to hold off on vaccination. And since influenza is already circulating, it is especially important to begin vaccinating patients as soon as possible, especially those at high risk for complications from flu.

* Lowes, RL. CDC no longer recommends delaying influenza vaccination for the elderly. Medscape Medical News; Aug 21, 2010. www.medscape.com/viewarticle/727798

Universal vaccination not entirely new.

Recent influenza vaccination recommendations have been expanded to encourage universal vaccination. While this may be seen as a shift from usual recommendations, that is not entirely the case. Even as far back as 1999,* CDC's recommendations have encouraged physicians to vaccinate **anyone** who wishes to reduce their chances of influenza infection and even urged vaccination of special groups, such as those living in close communal housing. The recent change is an attempt to further move beyond the constraints of the standard flu high-risk groups and foster recognition that the more people who are vaccinated, the less this disease spreads throughout our communities.

Doctors are urged to broaden their vaccination and encourage vaccination to all of their patients.

*www.cdc.gov/mmwr/PDF/rr/rr4804.pdf

Summary of 2009-2010 Season: Pandemic Influenza A H1N1

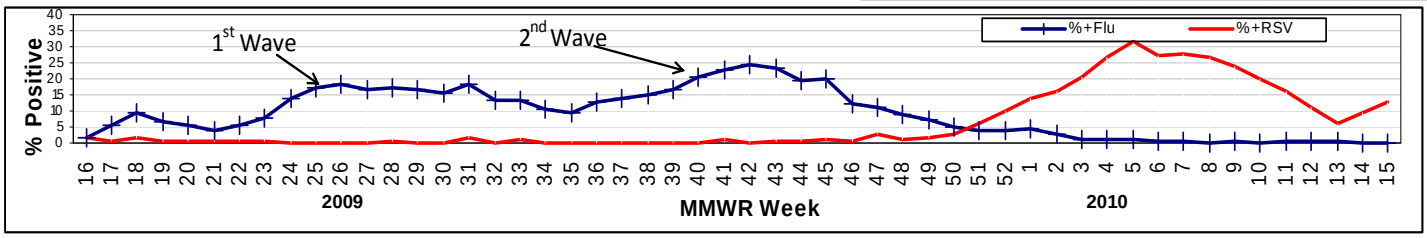
Shown in the figure below, Los Angeles County experienced two distinct waves of Pandemic influenza A H1N1 (pH1N1) activity, summer and then fall 2009, before it eventually subsided after the 2010 New Year. This differed from national trends; comparatively, our county saw less of an initial peak of pH1N1 activity when the virus first emerged in late April, but then flu levels remained comparatively higher throughout the summer followed by even greater levels of illness in the fall. The table to the right describes the demographics and underlying medical conditions of local pH1N1 cases that were admitted to the ICU and/or died (between 4/19/09-4/17/10). The highest rate of ICU admission was among children aged 0-4 years. However, this same age group had the lowest fatality rate. The highest fatality rate was among those 50-64 years old. This suggest that young children may be more likely to be admitted to the ICU for observation and/or adults may be more likely to delay care until illness is severe. Obesity was the most frequently cited risk factor among pH1N1 ICU/deaths.

For more information about H1N1 surveillance in LA County visit:
www.publichealth.lacounty.gov/acd/FluSurveillance.htm

Table. Characteristics of pH1N1 ICU/Deaths, LAC 4/19/09-4/17/10

	ICU/Deaths Number(%)	ICU Rate	Death Rate
Age Group			
0-4	49 (12.2)	6.9	0.7
5-24	114 (28.4)	4.0	0.8
25-49	126 (31.4)	3.4	1.7
50-64	89 (22.2)	5.6	3.2
65+	23 (5.7)	2.2	1.3
Race			
Asian	22 (6.1)	1.5	0.5
Black	35 (9.7)	4.1	1.3
Latino	219 (61.0)	4.5	2.0
White	75 (20.9)	2.4	1.1
Other	8 (2.2)	---	---
Risk Factor			
Cardiac (n=383)	99 (25.8)	---	---
Pulmonary (n=384)	151 (39.3)	---	---
Metabolic (n=386)	117 (30.3)	---	---
Developmental (n=384)	80 (20.8)	---	---
Immunosuppression (n=380)	58 (15.3)	---	---
Obesity (n=334)	154 (46.1)	---	---
Pregnancy (n=162)	9 (5.6)	---	---

Figure. Percent Positive Influenza and Respiratory Syncytial Virus by MMWR Week



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