

COVID WATCH

Summary of Los Angeles County Department of Public Health (LAC DPH) COVID-19 Related Surveillance

Updated 12-18-2020
MMWR Week: 50
Ending on: 12-11-2020

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COVID-19 At a Glance

Virology	Activity	Severity
12.8% of specimens tested at Los Angeles sentinel surveillance laboratories* in week 50 were positive for SARS-CoV-2, which is more than in week 49.	In week 50, 13.2% of ED visits were for COVID-19, which is more than week 49. Visits for influenza-like illness accounted for 4% of emergency department visits in week 50, which is more than in week 49.	COVID-19 was reported as a cause for 23% of deaths registered in LAC during week 50. Pneumonia, influenza, and COVID-19 accounted for 29% of all deaths registered in LAC during week 50, which is more than in week 49.

* See indicator specific sections for associated methods.

LAC DPH prepares this newsletter to summarize current COVID-19 and respiratory illness surveillance data in Los Angeles County. Because the COVID-19 pandemic is evolving rapidly, our methods, systems, and data are being added and revised constantly.

Weekly surveillance data are preliminary and subject to change.

Daily counts of cases and deaths are available on the LAC DPH website at http://dashboard.publichealth.lacounty.gov/covid19_surveillance_dashboard/.

* LAC DPH surveillance data excludes the cities of Long Beach and Pasadena.

** The respiratory virus surveillance period starts with MMWR week 40 and runs through week 39 of the following year. The 2019-20 season started on Sept 29, 2019.

Virologic Surveillance

Viral surveillance data is provided by clinical laboratories serving hospitals and healthcare networks across Los Angeles County. Participating laboratories provide the number of positive tests and total number of specimens tested for SARS-CoV2, influenza and respiratory syncytial virus. Data reported from viral surveillance laboratories will differ from the [overall county testing data](#) because of differences in the population tested, types of tests used, and changes in the number of laboratories conducting testing over time.

Please note: Starting with the report covering MMWR Week 40 (published 10/9/2020), the data presented in this figure is reported directly from LAC Viral Surveillance Laboratories instead of a subset of laboratories reporting through electronic laboratory reporting.

Figure 1. Respiratory Specimens Tested and Percent Positive for SARS-CoV-2 Reported by Select LAC Area Laboratories by MMWR Week of Specimen Collection.

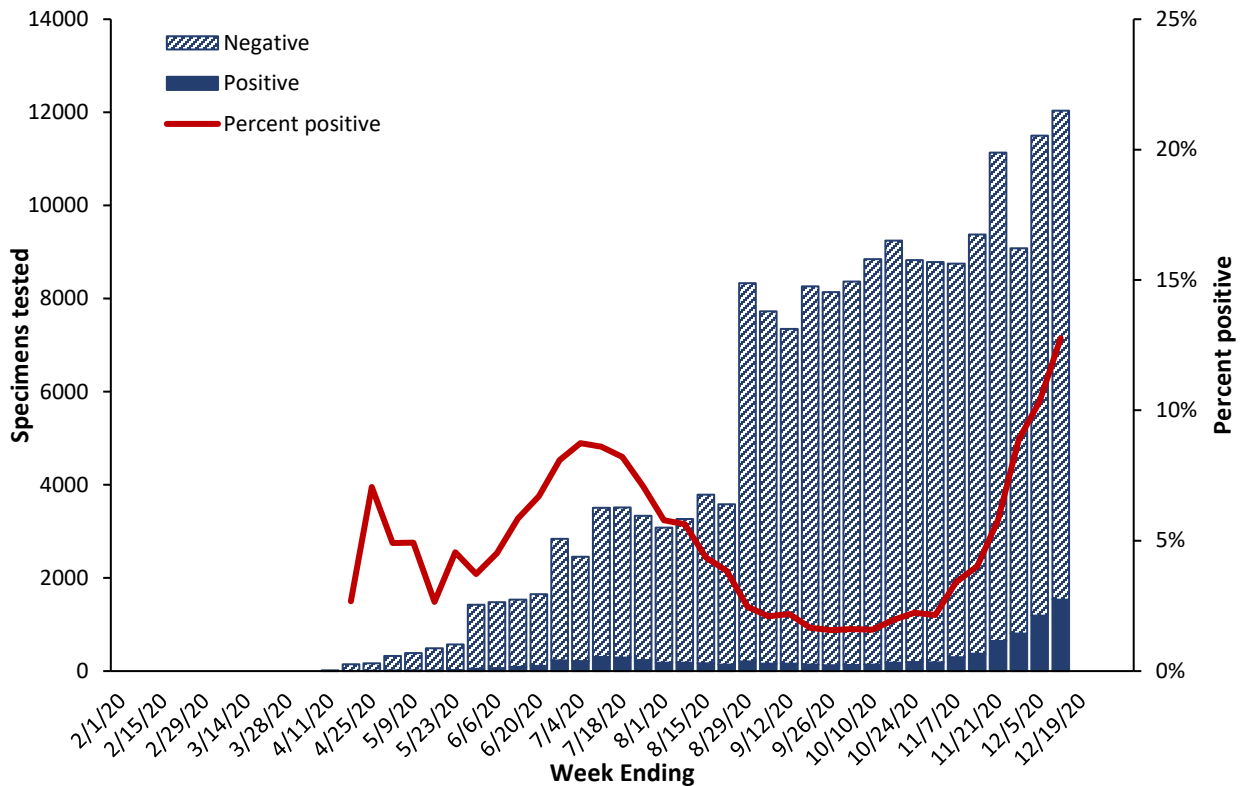
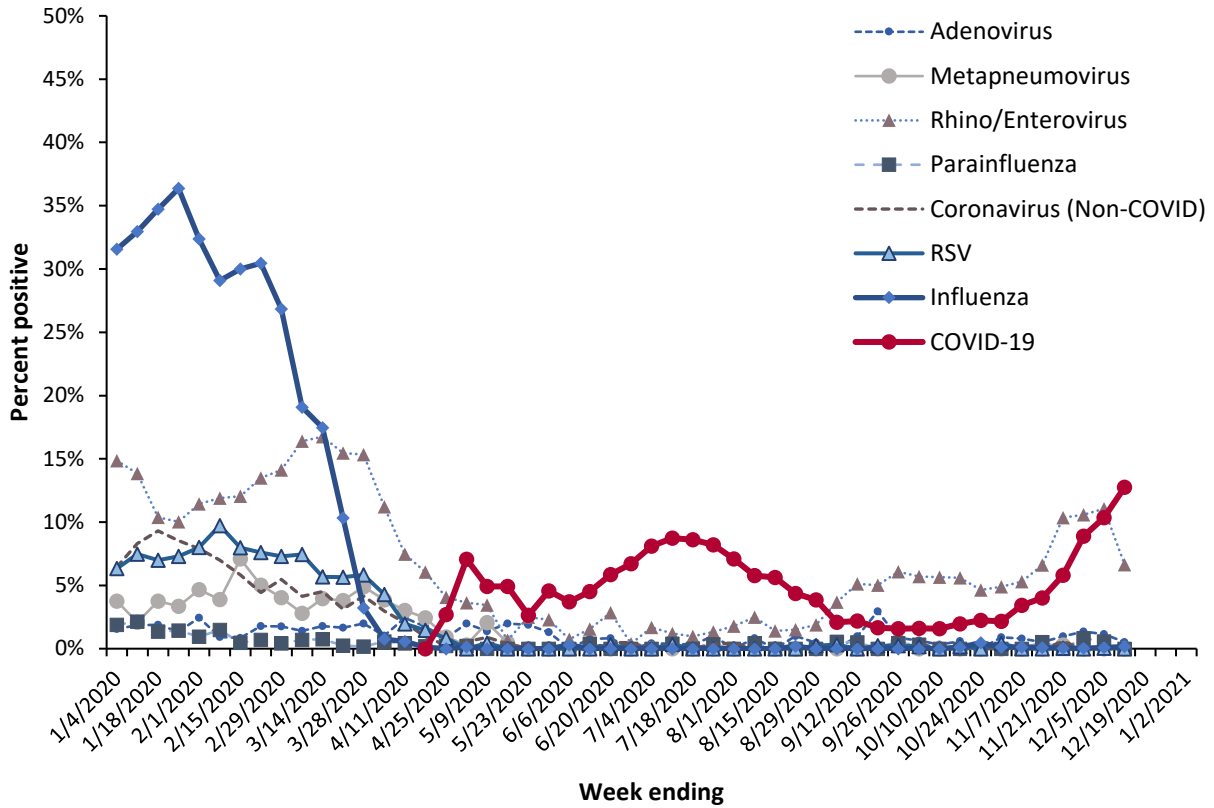


Figure 2. Percentage of Respiratory Specimens Testing Positive by Viral Etiology, Los Angeles County Sentinel Surveillance Labs 2020



Activity

Los Angeles County Emergency Department (ED) Influenza-Like Illness (ILI) and COVID-19 Visits

Public Health's Syndromic Surveillance Project monitors initial self-reported symptoms from patients presenting to participating emergency departments throughout LAC. These symptoms are categorized into different clinical syndromes according to specific code words. Visits are included in the COVID-19 category if the chief complaint field includes any mention of "COVID", "Coronavirus" or similar key words. The syndrome of ILI is defined as mention of influenza; or fever (subjective or measured greater than 100°F) plus cough or sore throat. The ILI and COVID-19 classified ED visits for all ages and by age group are analyzed weekly and year-round. The COVID-19 and ILI categories are not mutually exclusive.

Figure 3. Emergency Department Visits for Influenza-like Illness and COVID-19 per MMWR week, Los Angeles County, 2019-20 Influenza Season

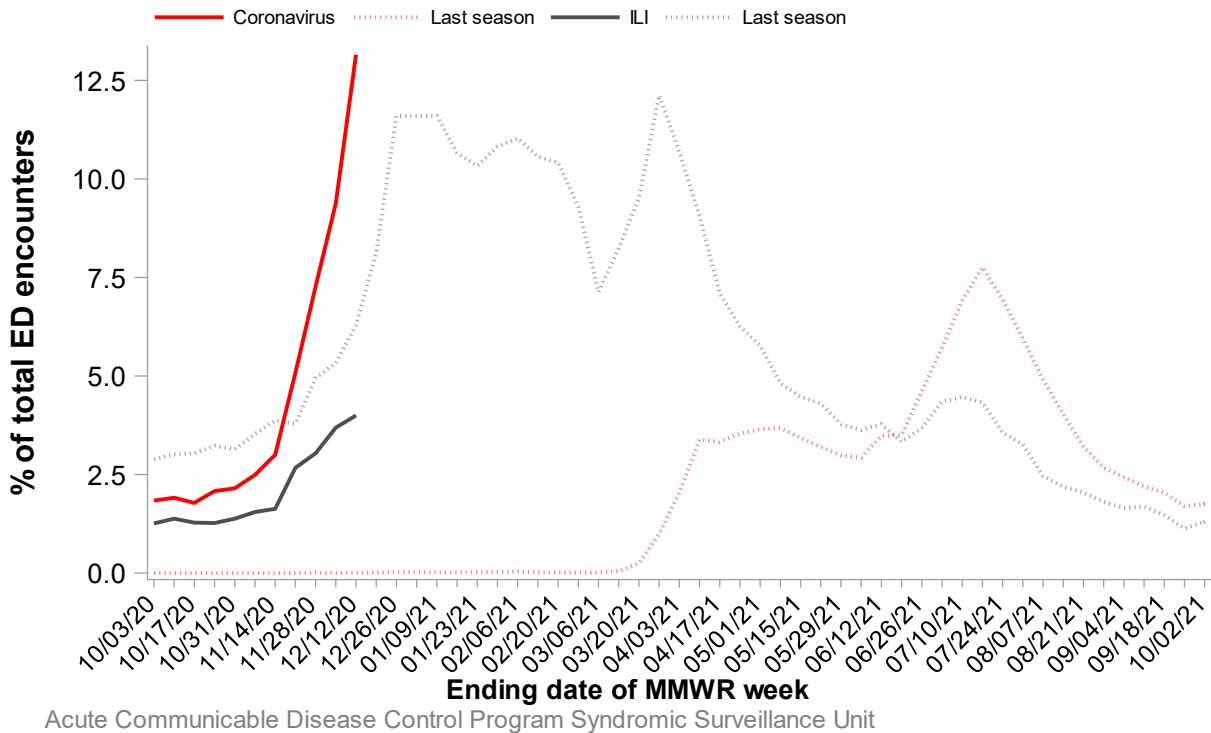


Figure 4. Emergency Department Visits for COVID-19 by Age Category per MMWR week, Los Angeles County, January 2020 Through Present

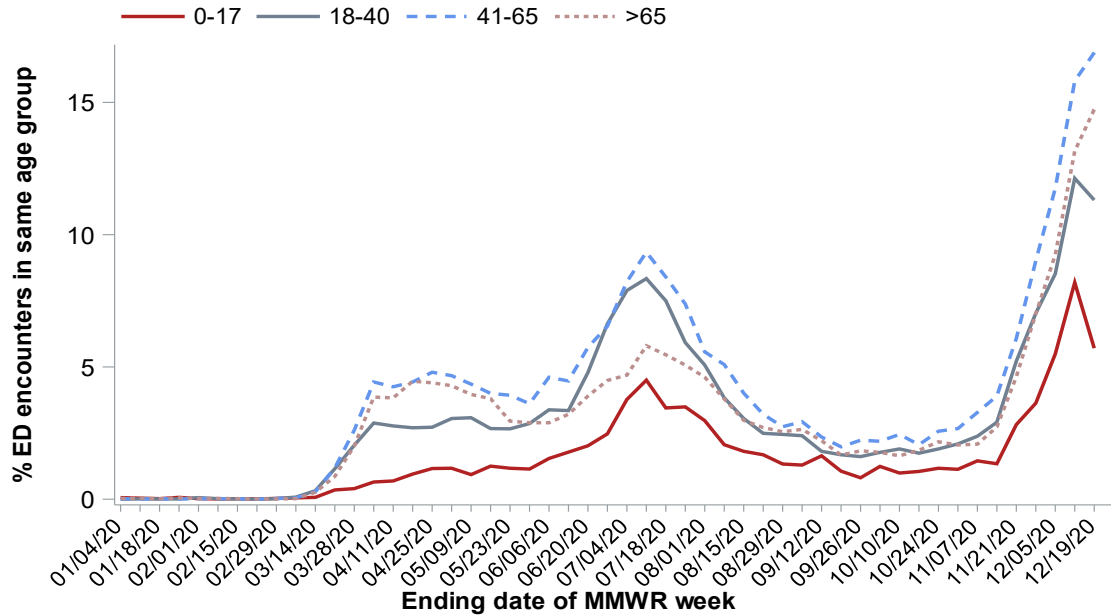


Figure 5. Emergency Department Visits for Influenza-like Illness by Age Groups per MMWR Week, Los Angeles County, January 2020 through Present

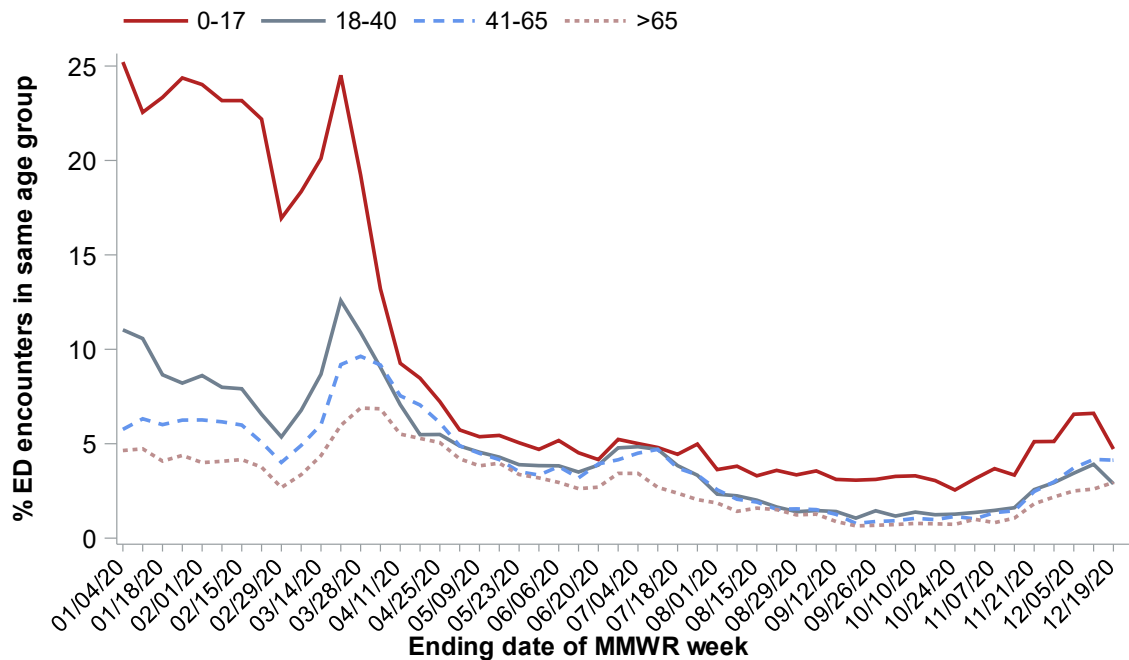
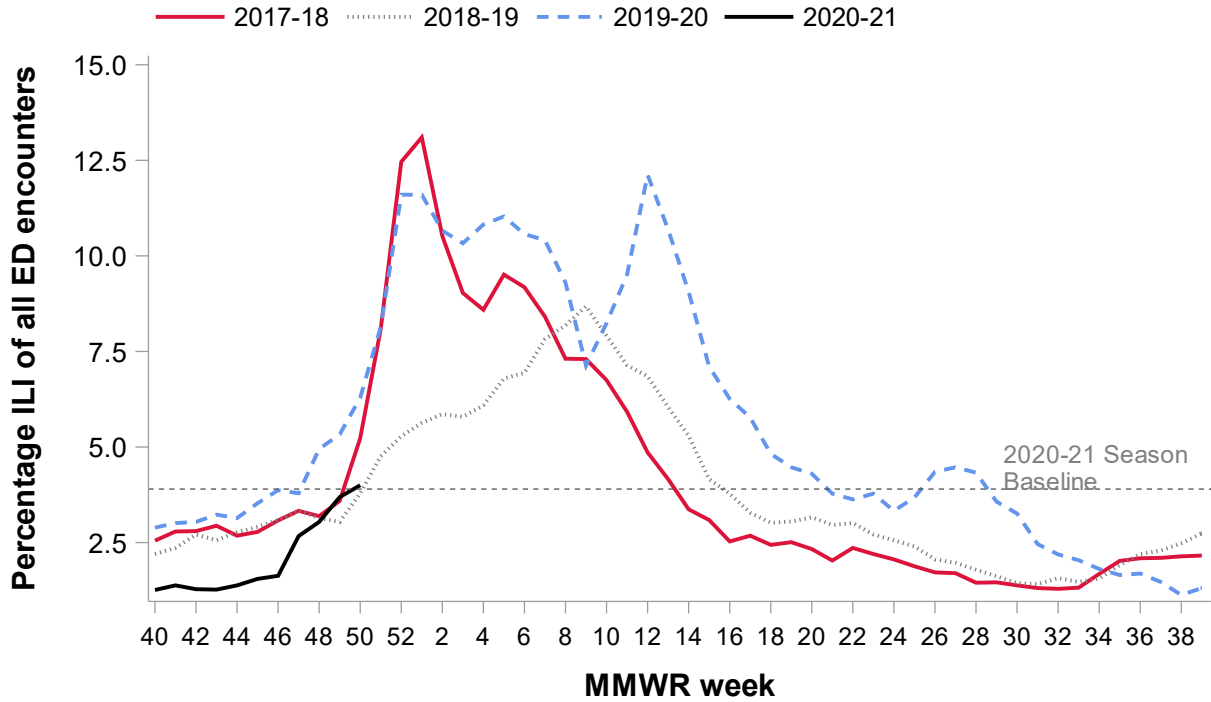


Figure 6. Emergency Department Visits for Influenza-like Illness, per 1,000, Los Angeles County 2016-17 through 2019-20 Influenza Seasons



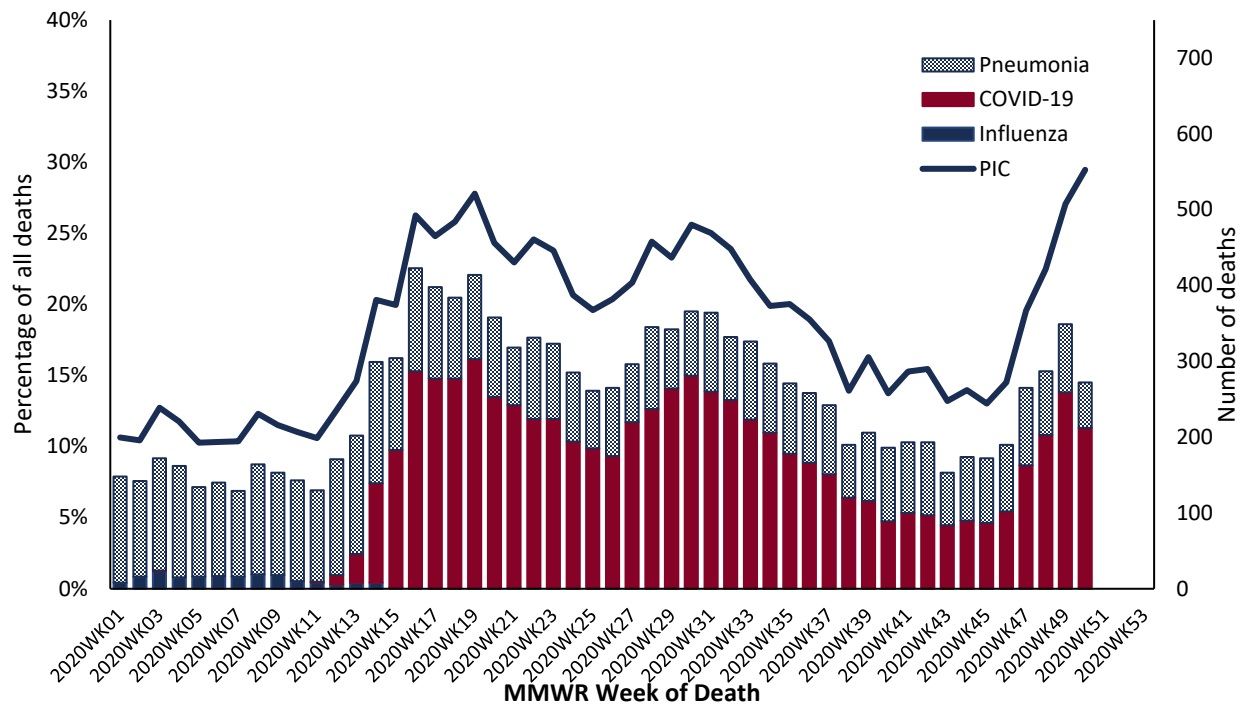
Acute Communicable Disease Control Program Syndromic Surveillance Unit

Severity

Pneumonia, Influenza and COVID-19 Mortality

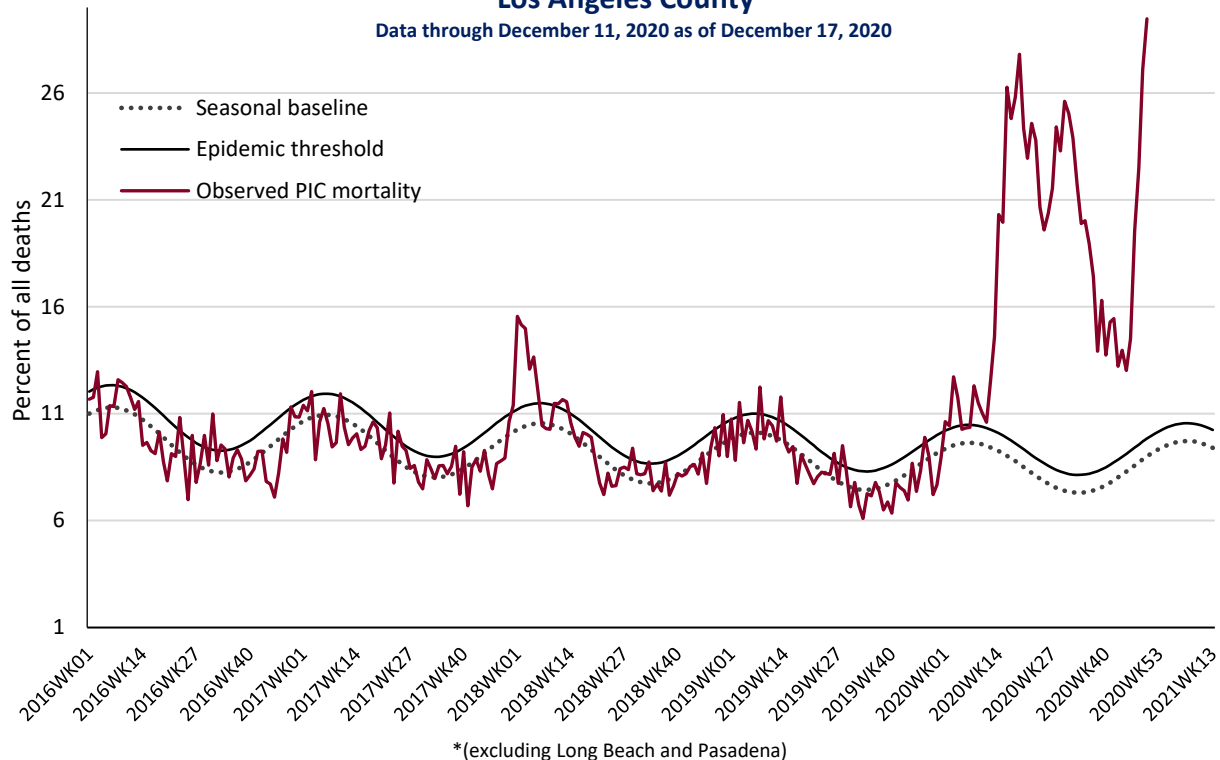
Each week, the Office of Health Assessment and Epidemiology at LAC DPH reports the total number of death certificates received and the number of those for which pneumonia, influenza or COVID-19 (PIC) was listed as the underlying or contributing cause of death by age group.

Figure 7. Pneumonia, Influenza and COVID-19 Deaths and Percentage of All Deaths Registered in LAC, by MMWR Week of Death



The seasonal baseline of pneumonia, influenza and COVID-19 (PIC) deaths is calculated using a periodic regression model that incorporates a robust regression procedure applied to data from the previous 5 years. An increase of 1.645 standard deviations above the seasonal baseline of PIC deaths is considered the “epidemic threshold,” i.e., the point at which the observed proportion of deaths attributed to pneumonia, influenza or COVID-19 was significantly higher than would be expected at that time of the year in the absence of substantial virus-related mortality.

Figure 8. Pneumonia, Influenza, and COVID-19 Mortality
Los Angeles County*



Technical note: The number of deaths reported in recent weeks does not represent all deaths that occurred in the reporting period. Data may be incomplete due to a lag between when the death occurred and when the death was registered. Previous weeks counts or percentages may change as vital records are updated with lagged death certificates. The count includes all certificates of deaths (excludes fetal deaths) occurring in the County of Los Angeles (excluding Long Beach and Pasadena) regardless of the residence of the deceased.

Angelenos in Action

Weekly Symptom Survey

[Angelenos In Action](#) is a voluntary text-based public health survey that collects information to monitor COVID-19 symptoms across LA County in real time. Volunteers across LA County provide information on their health as part of a weekly SMS survey. Respondents are assigned to a random day, and then texted once per week about their symptoms. Rates are then calculated weekly.

Figure 9. Symptoms Reported by Angelenos in Action Respondents by Week of Survey Response

