

Respiratory Activity Remains Low, but Slowly Increasing

Heading into the holiday season, local surveillance shows continuing small increases in respiratory activity (see Figure 1) consistent with this time of year. Since 2007 (except during the initial waves of H1N1 in 2009), Los Angeles County has seen a slow and steady increase of respiratory activity in the fall, with an initial peak of activity just prior to the New Year, followed by a more substantial peak in February. While influenza levels are currently low, other respiratory viruses (parainfluenza and rhinovirus in particular, see Figure 2) have been prevalent. Nationwide, influenza activity has been sporadic. Of the few viruses that have been tested at the CDC, all have remained susceptible to neuraminidase antiviral drugs (oseltamivir and zanamivir).

Figure 1
Influenza-like Illness ED Visits in LA County (2007-2012)
Surveillance Week 45

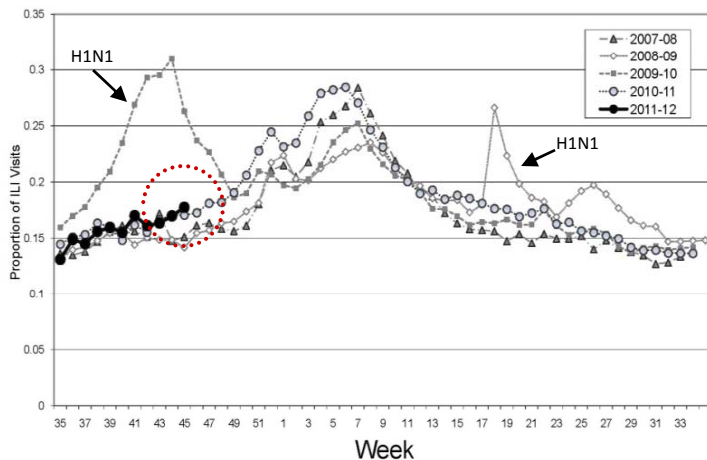


Table 1
LA County Surveillance Summary (2011-2012)
Surveillance Week 45

LA County Surveillance Summary	Week 45	2011-2012 Season YTD
Positive Flu Tests / Total Tests (Percent Positive Flu Tests)	1 / 296 (0.3%)	16 / 3,783 (0.4%)
Percent Flu A / B	100 / 0	75 / 25
Positive RSV Tests / Total Tests (Percent Positive RSV Tests)	5 / 258 (1.9%)	18 / 2,781 (0.6%)
Community Respiratory Outbreaks	0	2
Flu Deaths, Confirmed (Pediatric Deaths, Confirmed)	0 (0)	0 (0)

Reduction of Pediatric Emergency Department Visits for ILI Following U.S. Recommendations to Vaccinate Children Against Influenza

Seasonal influenza is an important cause of visits to the emergency department among children during winter months, and its control and prevention rely on annual vaccination. Between 2004-8, the Advisory Committee for Immunization Practices (ACIP) progressively recommended that U.S. children 6-23 months, 24-59 months, and 6 months-18 years be vaccinated for influenza. There were no such recommendations made in Canada. Researchers compared the rate of influenza-like illness (ILI) in children in emergency departments between 2000 and 2009 in Boston and Montreal.*

After controlling for virologic factors, seasonal trends, and all-cause utilization of the emergency department, there was an estimated 34% decline in the rates of ILI among children 24-59 months and 11-18% decrease in other age groups <18 years in the U.S. hospital relative to the Canadian hospital.

Vaccination of pre-school children is especially important because they have a higher infection rate than other ages, they serve as a source of infection for other groups, and they can mount an excellent immune response to the vaccine.

* Hoen, AG, et al. Effect of expanded US recommendations for seasonal influenza vaccination: comparison of two pediatric emergency departments in the United States and Canada. *CMAJ* 2011; 183(13):E1025-1032. At www.cma.ca/content/183/13/E1025.long#T1

Figure 2
Respiratory Viruses in LA County
Percent Positive Cases by MMWR Week

