

2019-2020 HIGHLIGHTS

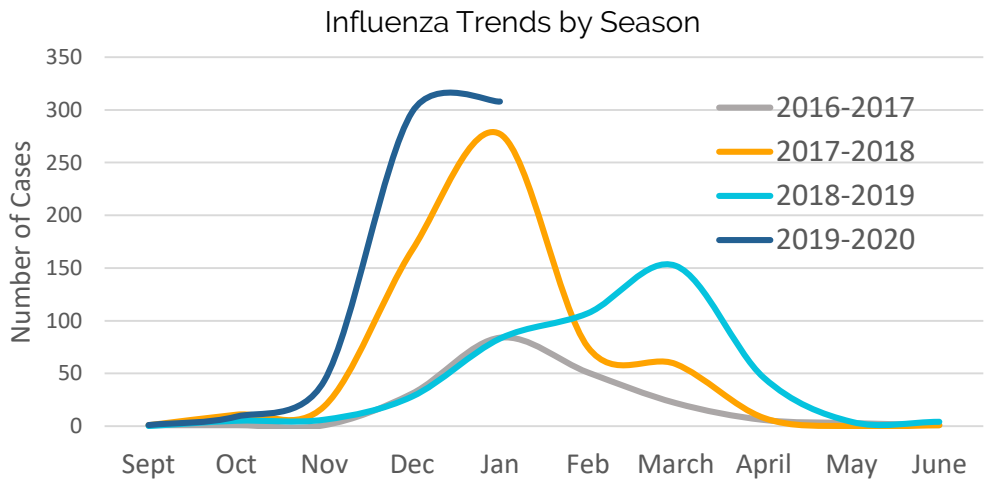
Influenza activity is widespread in California with elevated activity in Long Beach compared to previous years. In Week 3, the number of reported cases surpassed peak levels seen during the 2017-2018 season. During Week 2 (1/5-1/11), 28.8% of specimens in CA¹ tested for influenza were positive. While influenza B/Victoria viruses continue to be the predominant strain, influenza A H1N1 viruses are also circulating.¹ In Los Angeles last week, more influenza A was detected and the percentage of positive influenza B decreased.² Although both strains can be severe, Influenza B has generally been found to cause more pediatric hospitalizations and deaths.³ In Long Beach, 42% of all reports have been for persons less than 18 years of age, and of those 76% were influenza B.

A second influenza associated death was reported in a Long Beach resident over 65 years of age with significant underlying health conditions. Everyone 6 months and older needs a flu shot each year to protect themselves and others. It is not too late in the season to be vaccinated.

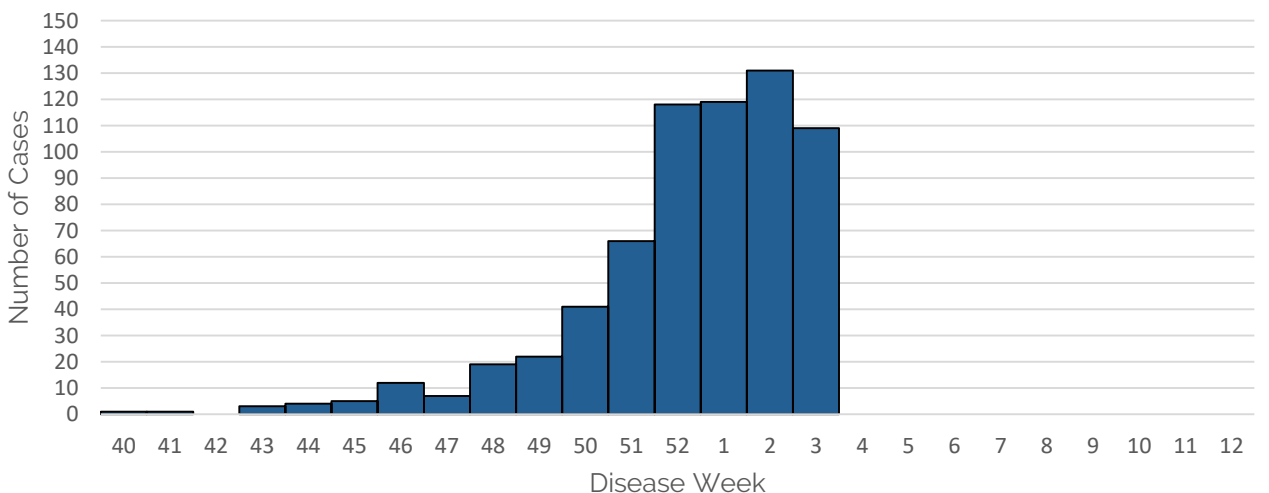
On October 1, 2019, laboratories were mandated to report all cases of influenza for the first time. Although, this may lead to an increase in the number of cases reported this season compared to past seasons.

LONG BEACH SEASON SUMMARY

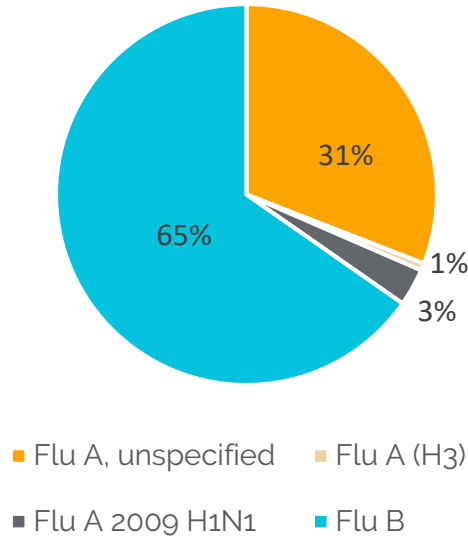
Total Cases ⁴ 660
Deaths ⁵ 2
Outbreaks 0



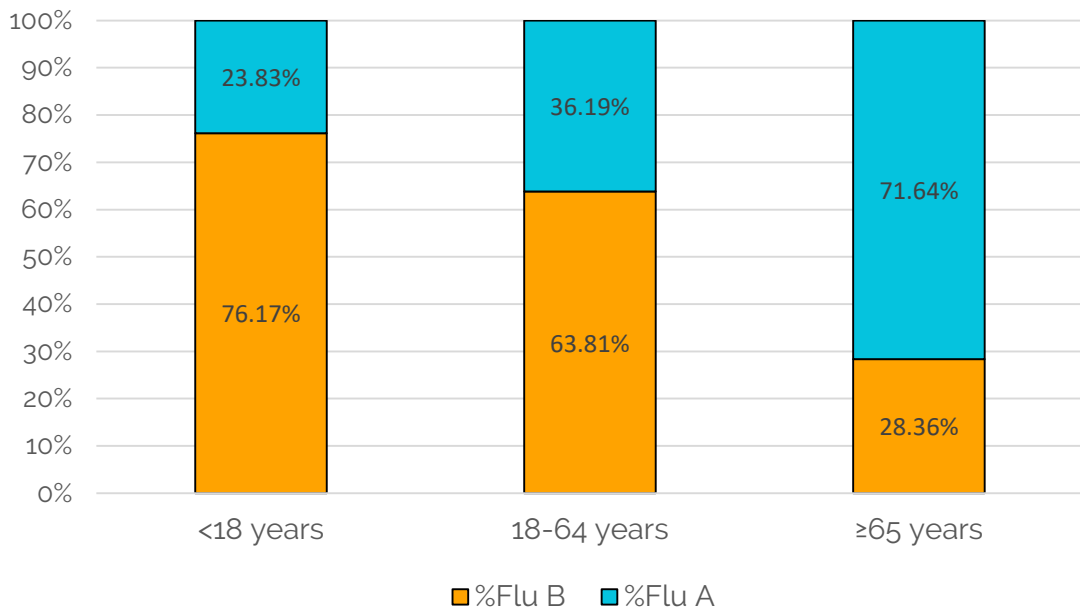
Influenza Laboratory Detection by Week 2019-2020



Virus Characteristics 2019-2020



Influenza Type by Age Group



1. Influenza and Other Respiratory Viruses Weekly Report. California Influenza Surveillance Program, CDPH, Week 1.
2. Influenza Watch. Influenza and Related Disease Updates for Los Angeles County. MMWR Week 2. Updated 17 Jan 2020.
3. *Elevated Influenza Activity: Influenza B/Victoria and A(H1N1)pdm09 Viruses are the Predominate Viruses.* CDC Health Advisory, January 19, 2020.
4. Total case counts are based on those reported to public health by laboratories, the true number of influenza cases may be under-reported. Due to lag in reporting, number of cases may change in the following weeks.
5. Number of deaths is based on influenza-coded deaths from death certificates. They are not necessarily laboratory-confirmed and may be an underestimate of all influenza-associated deaths.