

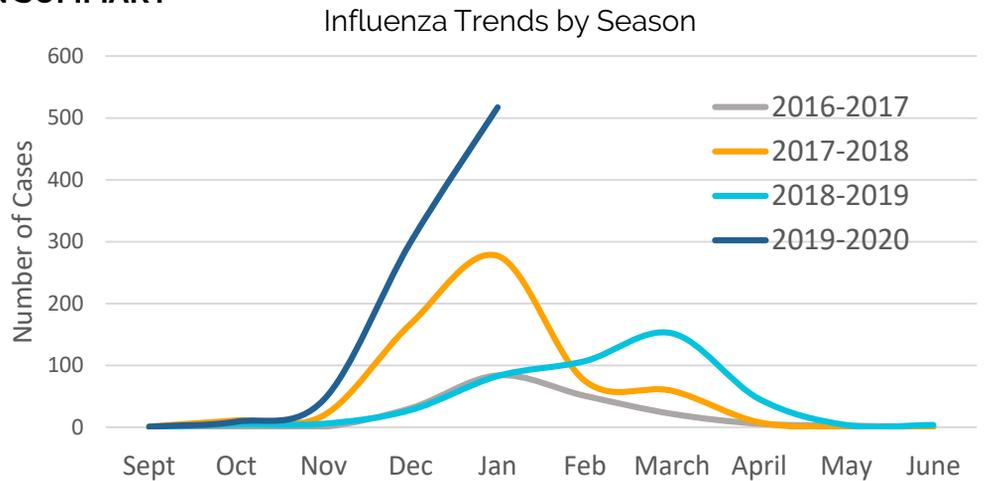
2019-2020 HIGHLIGHTS

Influenza activity remains widespread in California with elevated activity in Long Beach compared to previous years. It is still too early to determine whether the season has reached its peak. During Week 3 (1/12-1/18), 32.2% 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 Long Beach during Week 3, the number of influenza A reports surpassed influenza B, and influenza B reports have declined. Although both strains can be severe, Influenza B has generally been found to cause more pediatric hospitalizations and deaths.³ In Long Beach, 43% of all reports have been for persons less than 18 years of age, and of those 70% were influenza B.

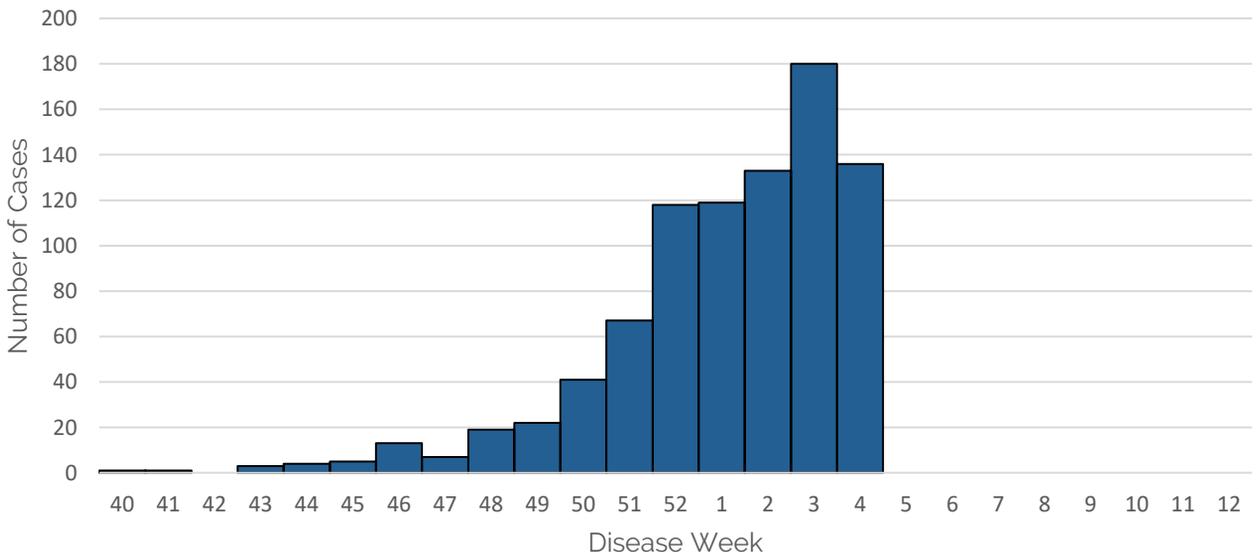
There have been two non-pediatric deaths reported in Long Beach to date. Everyone 6 months and older needs a flu shot each year to protect themselves and others. It is not too late in the season to be vaccinated.

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.

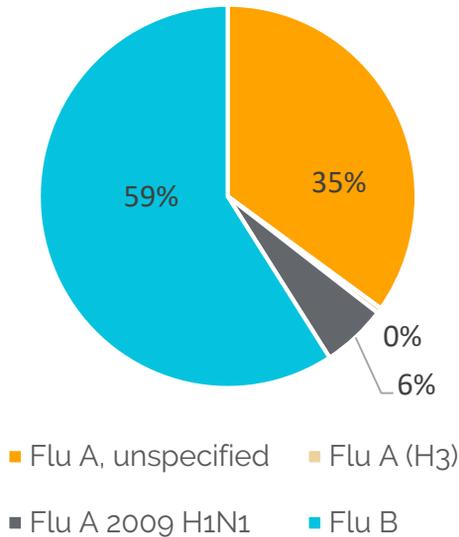
LONG BEACH SEASON SUMMARY



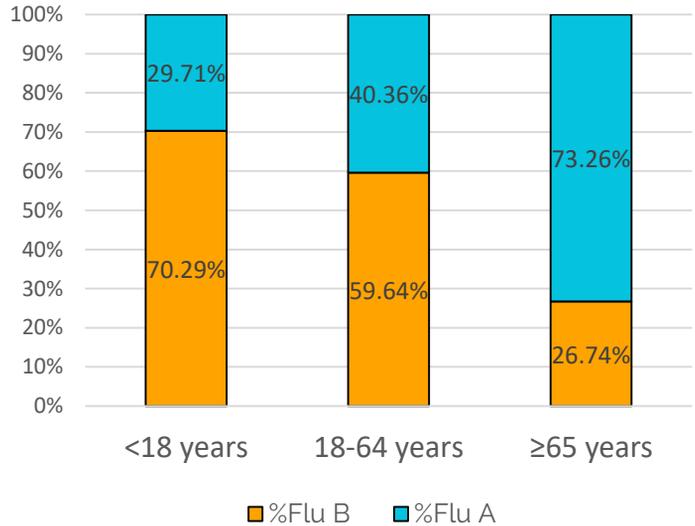
Influenza Laboratory Detection by Week, 2019-2020



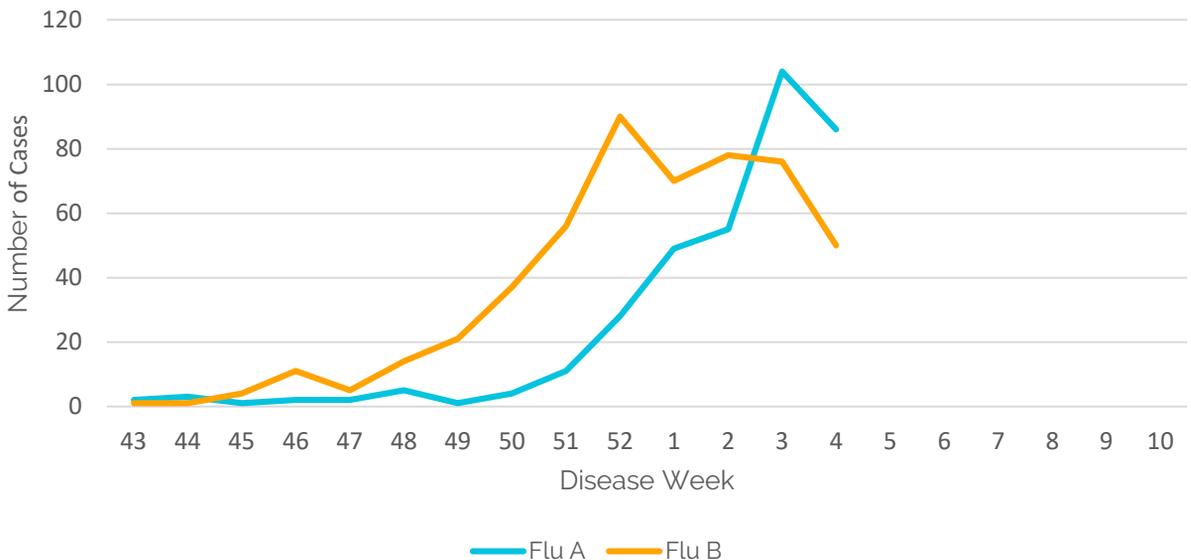
Virus Characteristics, 2019-2020



Influenza Type by Age Group
2019-2020



Influenza Type by Disease Week, 2019-2020



1. Influenza and Other Respiratory Viruses Weekly Report. California Influenza Surveillance Program, CDPH, Week 3.
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.