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 6 (2/2/20 – 2/8/2020), 28.3% of specimens in CA tested for influenza were positive. Influenza A H1N1 viruses are now the predominate virus in CA, but influenza B continues to circulate. In Long Beach, the number of influenza A reports have increased, and influenza B reports continue to decline. In Long Beach, 42% of all reports have been for persons less than 18 years of age.

There have been seven deaths reported in Long Beach to date. Although this season has been severe for those less than 18 years, no pediatric deaths have been reported in Long Beach. 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. The CDC estimated that this season influenza vaccine effectiveness for preventing laboratory confirmed infection was 45% overall.

On October 1, 2019, laboratories were mandated to report all cases of influenza for the first time. This may lead to an increase in the number of cases reported this season compared to past seasons.
Influenza Weekly Report: 2019-2020
Disease Week 4 (1/19/2020-1/25/2020)

Virus Characteristics, 2019-2020

- Flu A, unspecified: 52%
- Flu A (H3): 40%
- Flu A 2009 H1N1: 8%
- Flu B: 0%

Influenza Type by Age Group

- <18 years: 36.97% Flu B, 63.03% Flu A
- 18-64 years: 51.44% Flu B, 48.56% Flu A
- ≥65 years: 77.44% Flu B, 22.56% Flu A

Influenza Type by Disease Week

   https://www.cdc.gov/mmwr/volumes/69/wr/mm6907a1.htm?s_cid=mm6907a1_w
3. 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.
4. 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.