Influenza (flu) activity has decreased in California, with 7.8% of the laboratory specimens testing positive during Week 19 (5/8/22 - 5/14/22), compared to 9.6% the week before. CDPH is now reporting Local level transmission in CA, with increases primarily in central CA. In California, 0.2% of hospitalized cases were flu admissions, compared to 0.3% the week before.¹ Based on CDC information, influenza viruses have been circulating and is increasing in some parts of the United States. Public health laboratories have detected mostly Influenza A (H3N2) cases this season. Nationally, there has been stable number of hospital admissions compared to last week.²

Based on CDC information, flu vaccination coverage is lower this season compared to last. Vaccines are the best way to prevent flu and complications, and there is still time to receive the vaccine. Everyone 6 months and older should receive an influenza vaccine each year.²

Cases have been steadily increasing each week since February in Long Beach. Although activity remain low, it is currently higher than pre-COVID seasons for this time of year which may indicate an extended flu season. Majority of the cases in Long Beach are Influenza A and affect individuals 18-39 years, followed by those 0-17 years. The first influenza death in Long Beach was reported during Week 1 (1/2/22-1/8/22).

<table>
<thead>
<tr>
<th>Total Cases³</th>
<th>648</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outbreaks⁴</td>
<td>0</td>
</tr>
<tr>
<td>Deaths⁵</td>
<td>1</td>
</tr>
</tbody>
</table>

*All numbers as of 9/1/2021

Influenza and COVID-19 Trend by Season, 2017-2022

3. Total case counts are based on those reported to public health, the true number of influenza cases are under-reported.
4. Outbreaks are defined as at least one case of laboratory confirmed influenza and at least two residents with onset of influenza-like-illness (ILI) within 72 hours.
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.