

COVID WATCH

Summary of Los Angeles County Department of Public Health (LAC DPH) COVID-19 Related Surveillance

Updated: 02-4-2022

MMWR Week: 4

Ending on: 1-29-2022

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COVID-19 At a Glance

Virology	Activity	Severity
<p>14.8% of specimens tested at Los Angeles sentinel surveillance laboratories* in week 4 were positive for SARS-CoV-2, which is less than in week 3.</p> <p>Of specimens sequenced in week 3, 99% were Omicron.</p>	<p>In week 4, 15.9% of ED visits were for COVID-19, which is less than in week 3.</p> <p>Visits for influenza-like illness accounted for 2.9% of emergency department visits in week 4, which is less than in week 3.</p>	<p>COVID-19 was reported as a cause for 25% of deaths registered in LAC during week 4.</p> <p>Pneumonia, influenza, and COVID-19 accounted for 29% of all deaths registered LAC during week 4 which is the same as in week 3.</p>

* See indicator specific sections for associated methods.

** Whole Genome Sequencing results are lagged.

LAC DPH prepares this newsletter to summarize current COVID-19 and respiratory illness surveillance data in Los Angeles County. Because the COVID-19 pandemic is evolving rapidly, our methods, systems, and data are being added and revised constantly.

Weekly surveillance data are preliminary and subject to change.

Daily counts of cases and deaths are available on the LAC DPH website at http://dashboard.publichealth.lacounty.gov/covid19_surveillance_dashboard/.

* LAC DPH surveillance data excludes the cities of Long Beach and Pasadena.

** The respiratory virus surveillance period starts with MMWR week 40 and runs through week 39 of the following year. The 2021-22 season started on Oct 3, 2021.

Virologic Surveillance

Viral surveillance data is provided by clinical laboratories serving hospitals and healthcare networks across Los Angeles County. Participating laboratories provide the number of positive tests and total number of specimens tested for SARS-CoV2, influenza and respiratory syncytial virus. Data reported from viral surveillance laboratories will differ from the [overall county testing data](#) because of differences in the population tested, types of tests used, and changes in the number of laboratories conducting testing over time.

Figure 1. Respiratory Specimens Tested and Percent Positive for SARS-CoV-2 Reported by Select LAC Area Laboratories by Week of Specimen Collection

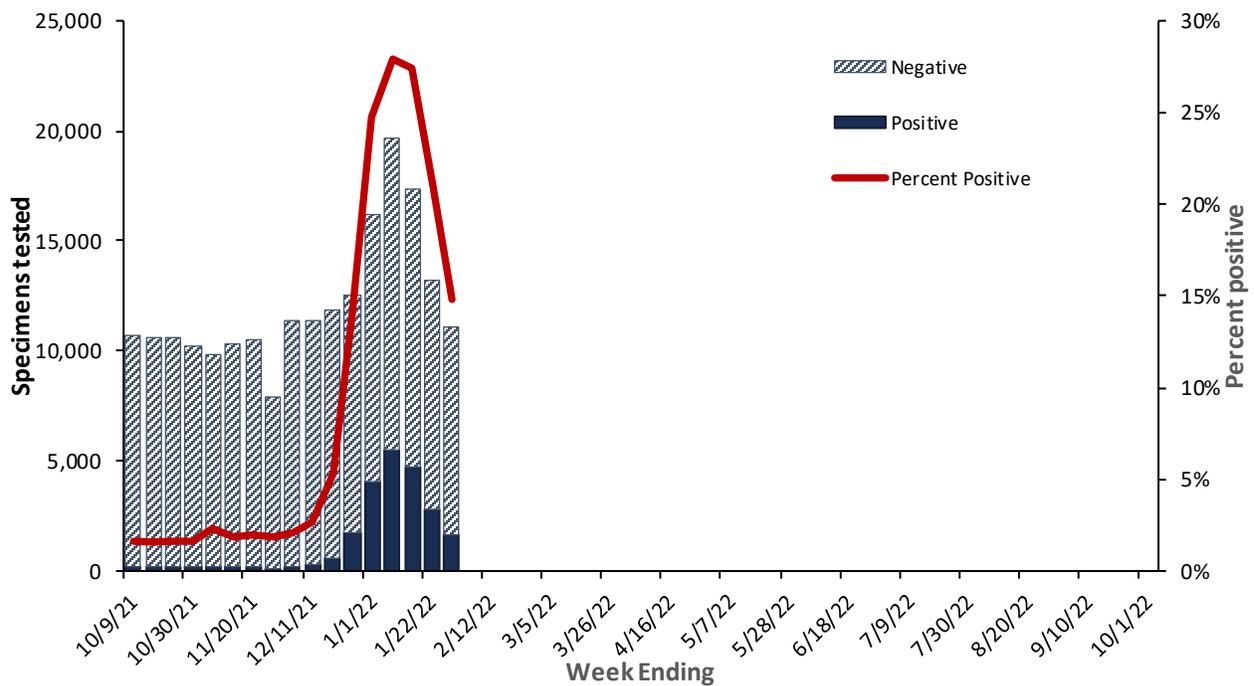


Figure 2. Percent Positive of Respiratory Specimens Tested for SARS-CoV-2 Reported by Select LAC Area Laboratories by Week of Specimen Collection, 2020-2021 vs 2021-2022

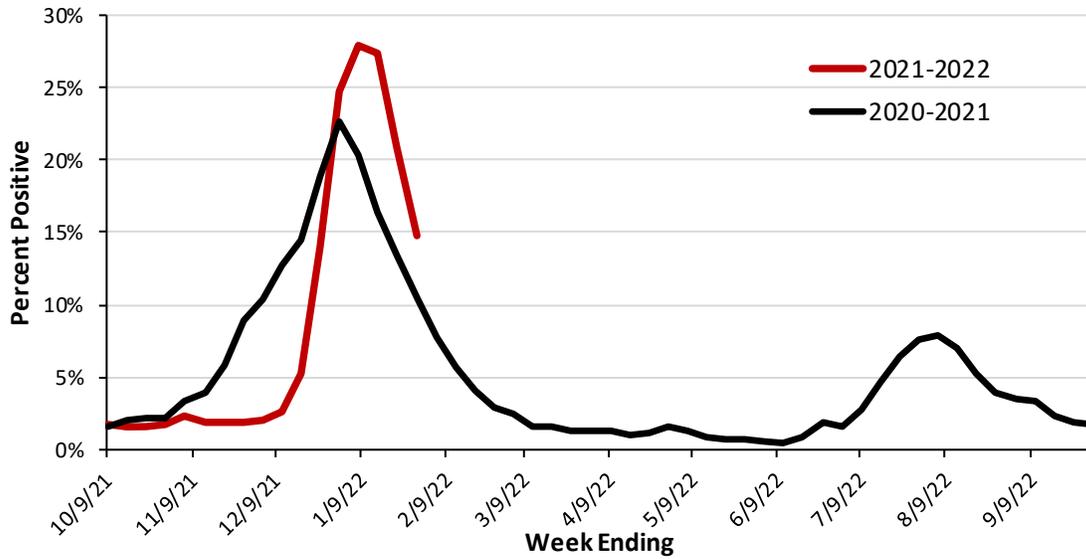
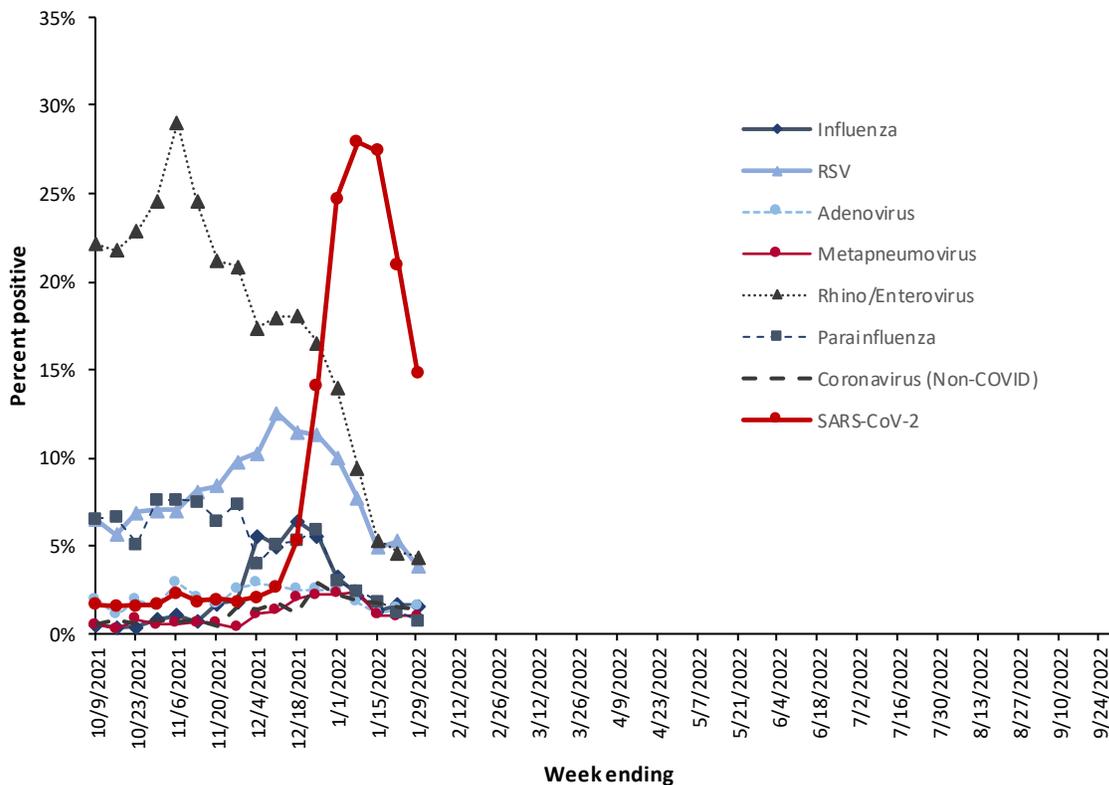


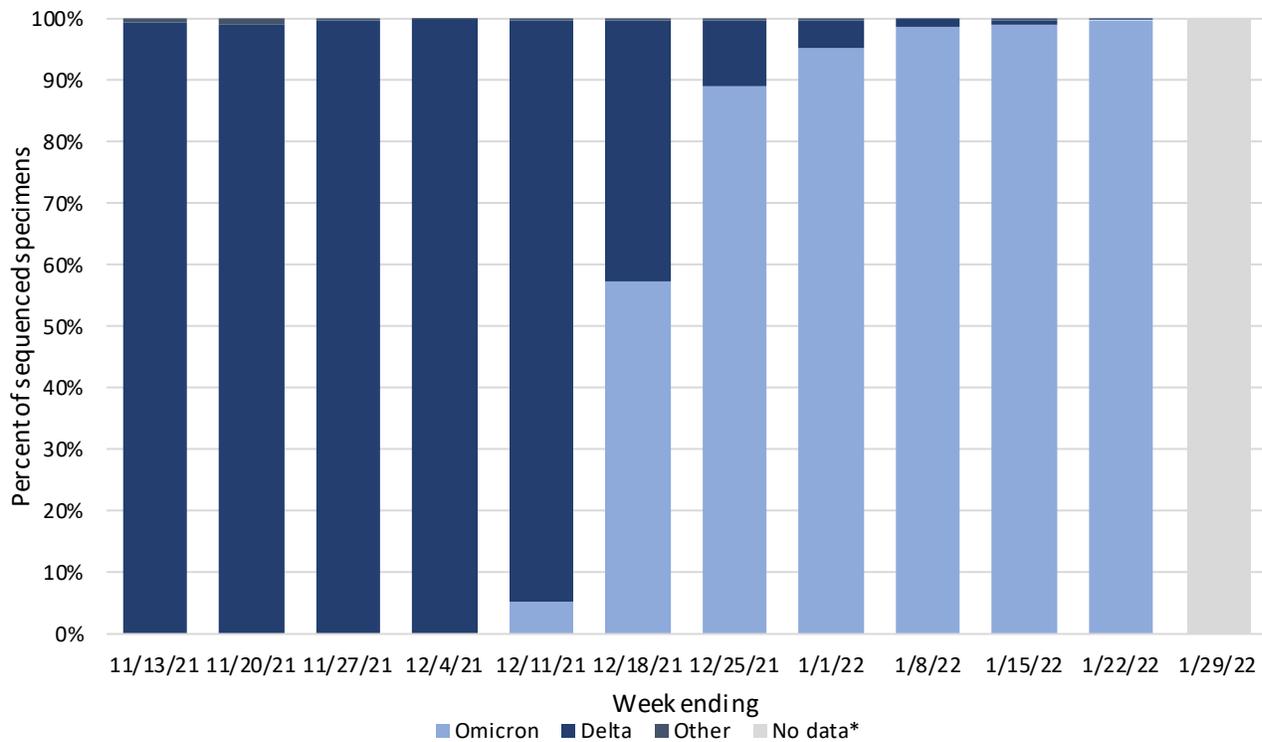
Figure 3. Percentage of Respiratory Specimens Testing Positive by Viral Etiology, Los Angeles County Sentinel Surveillance Labs 2021-2022



SARS-CoV-2 Genomic Surveillance

To track the circulation of SARS-CoV-2 [variants](#) in Los Angeles County, DPH receives whole genome sequencing results for specimens collected from Los Angeles County residents. Data presented here come from the LAC DPH Public Health Laboratory, clinical, commercial, and academic laboratory partners. The proportion of cases sequenced varies over time; generally sequencing results are available for 20%-30% of cases. Whole genome sequencing data has a reporting lag time of 2-3 weeks.

Figure 4. Variants of Concern as a percentage of all specimens sequenced for baseline surveillance in the past 12 weeks, by specimen collection date



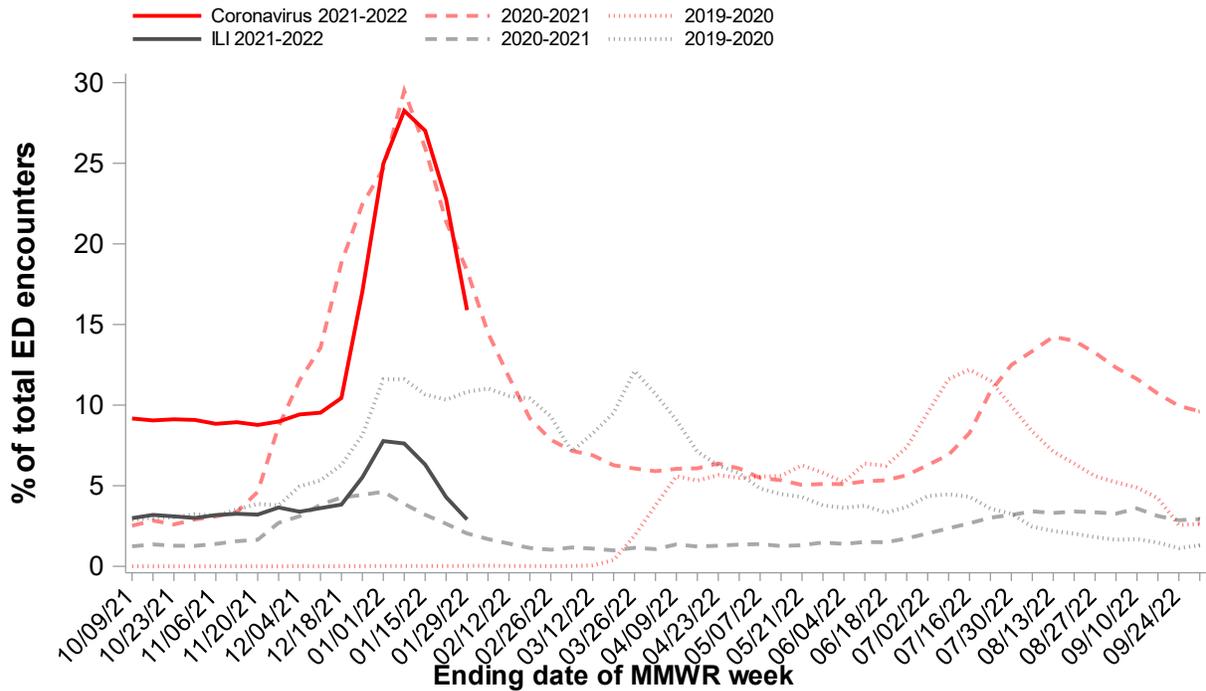
**Data for the most recent weeks are unavailable due to intrinsic lag times in Whole Genome Sequencing.*

Activity

Los Angeles County Emergency Department (ED) Influenza-Like Illness (ILI) and COVID-19 Visits

Public Health's Syndromic Surveillance Project monitors initial self-reported symptoms from patients presenting to participating emergency departments throughout LAC. These symptoms are categorized into different clinical syndromes according to specific code words. Visits are included in the COVID-19 category if the chief complaint field includes any mention of "COVID", "Coronavirus" or similar key words. The syndrome of ILI is defined as mention of influenza; or fever (subjective or measured greater than 100°F) plus cough or sore throat. The ILI and COVID-19 classified ED visits for all ages and by age group are analyzed weekly and year-round. The COVID-19 and ILI categories are not mutually exclusive.

Figure 5. Emergency Department Visits for Influenza-like Illness and COVID-19 per MMWR week, Los Angeles County, 2020-21 Influenza Season



Acute Communicable Disease Control Program Syndromic Surveillance Unit

Figure 6. Emergency Department Visits for COVID-19 by Age Category per MMWR week, Los Angeles County, October 2020 Through Present

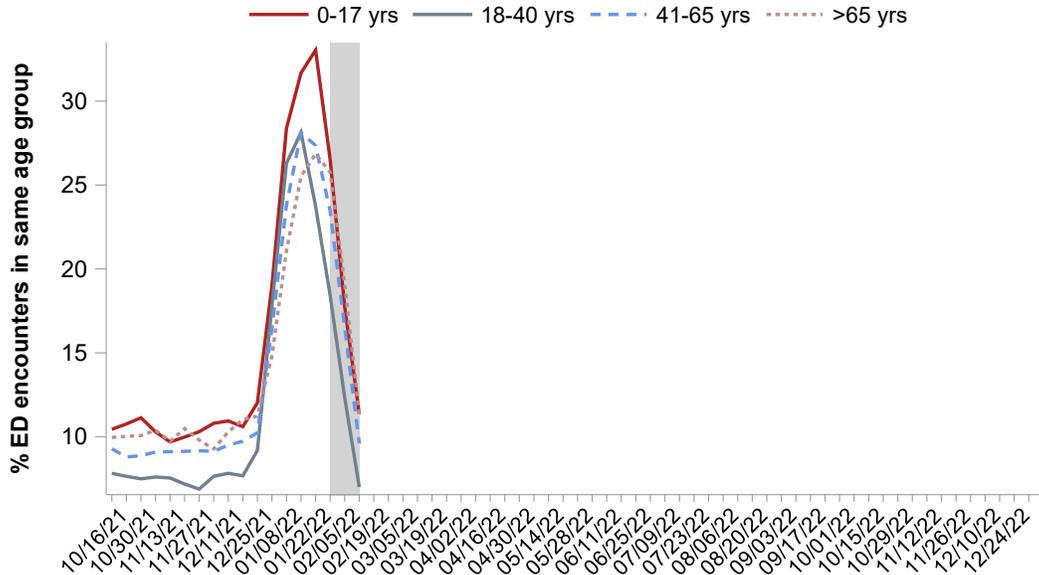


Figure 7. Emergency Department Visits for Influenza-like Illness by Age Groups per MMWR Week, Los Angeles County, October 2020 through Present

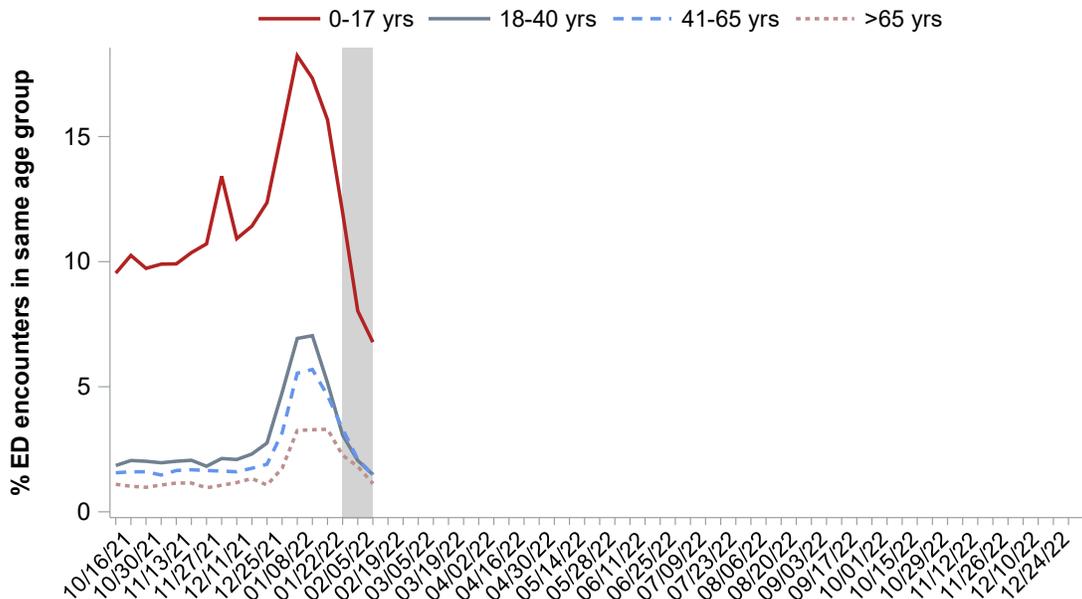
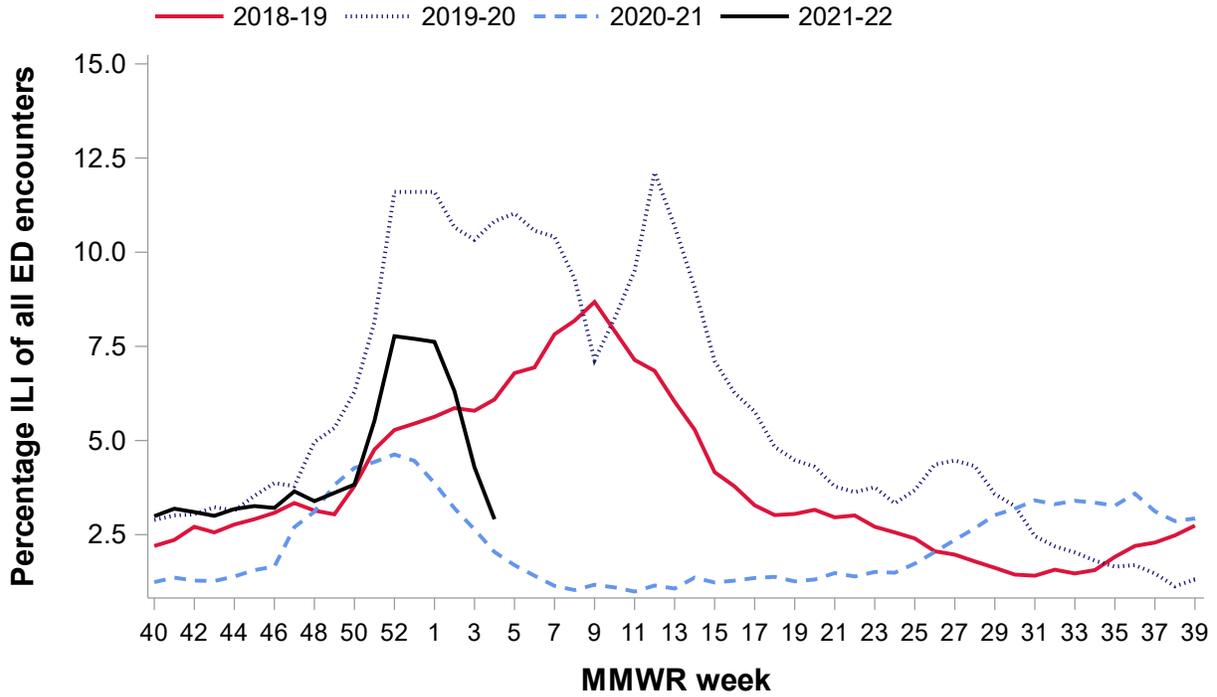


Figure 8. Emergency Department Visits for Influenza-like Illness, per 1,000, Los Angeles County 2017-18 through 2020-21 Influenza Seasons



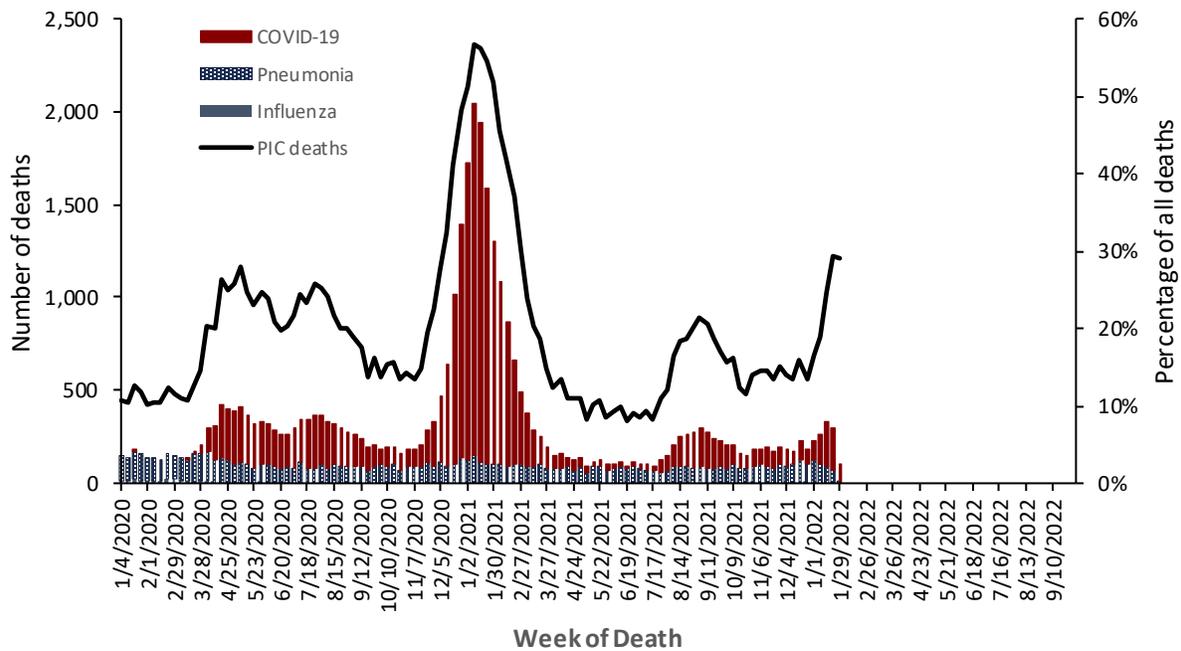
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Severity

Pneumonia, Influenza and COVID-19 Mortality

Each week, the Office of Health Assessment and Epidemiology at LAC DPH reports the total number of death certificates received and the number of those for which pneumonia, influenza, or COVID-19 (PIC) was listed as the underlying or contributing cause of death by age group.

Figure 9. Pneumonia, Influenza, and COVID-19 Deaths Registered in LAC, by MMWR Week of Death

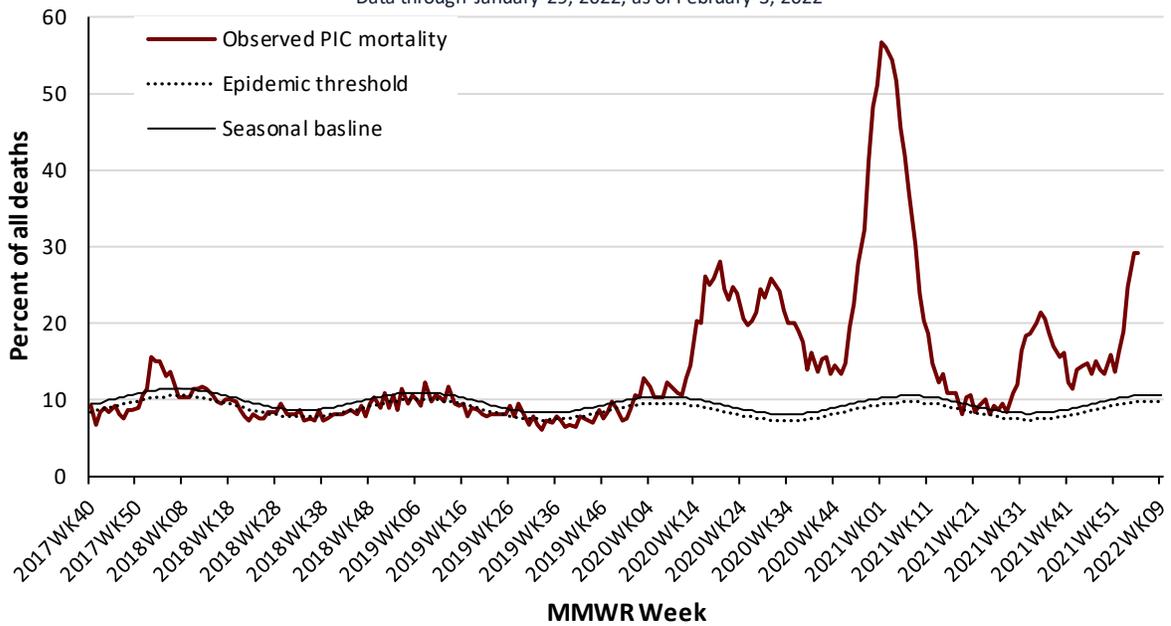


The seasonal baseline of pneumonia, influenza, and COVID-19 (PIC) deaths is calculated using a periodic regression model that incorporates a robust regression procedure applied to data from the previous 5 years. An increase of 1.645 standard deviations above the seasonal baseline of PIC deaths is considered the “epidemic threshold,” i.e., the point at which the observed proportion of deaths attributed to pneumonia, influenza or COVID-19 was significantly higher than would be expected at that time of the year in the absence of substantial virus-related mortality.

Figure 10. Pneumonia, Influenza, and COVID-19 Mortality

Los Angeles County*

Data through January 29, 2022, as of February 3, 2022



*excluding Long Beach and Pasadena

Technical note: The number of deaths reported in recent weeks does not represent all deaths that occurred in the reporting period. Data may be incomplete due to a lag between when the death occurred and when the death was registered. Previous weeks counts or percentages may change as vital records are updated with lagged death certificates. The count includes all certificates of deaths (excludes fetal deaths) occurring in the County of Los Angeles (excluding Long Beach and Pasadena) regardless of the residence of the deceased.

Angelenos in Action

Weekly Symptom Survey

[Angelenos In Action](#) is a voluntary text-based public health survey that collects information to monitor COVID-19 symptoms across LA County in real time. Volunteers across LA County provide information on their health as part of a weekly SMS survey. Respondents are assigned to a random day, and then texted once per week about their symptoms. Rates are then calculated weekly.

