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4/27/2020

Date

Estimating the Burden of Influenza from Emergency Department Visits in Los Angeles County

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**Estimating the Burden of Influenza from Emergency
Department Visits in Los Angeles County**

By

Jason Massey

Bachelor of Science
North Carolina State University
2013

Faculty Thesis Advisor: Dr. Anne C. Spaulding, MD

An abstract of
A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
in partial fulfillment of the requirements for the degree of
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Abstract

Estimating the Burden of Influenza from Emergency Department Visits in Los Angeles County

By Jason Massey

Currently, little is known about the holistic effect of flu on the emergency department. This study aims to explore the use of daily emergency department visits in Los Angeles County facilities from 2005-2014 to compare different models and their components to see which more accurately estimate the associated attributable burden of flu. Models for the outcomes: respiratory diseases, cardiovascular diseases, and pneumonia were fit using quasi-Poisson regression. Functions used to fit the models were 3rd degree polynomial and 40, 60, 80, and 120 knot splines. Comparisons were measured between the inclusion of both primary and secondary diagnoses codes versus primary. Each model reported a time series comparing each outcome including influenza as a predictor to excluding influenza as a predictor. The burden of influenza was found from taking the difference between the two. Both the burden estimates and standard errors were reported for each year for each model version. This methodology was also done for stratified groups of ages 1-4, 5-49, 50-64, and ≥ 65 . The 4 age group distributions were then compared over the 9-year study period. The models selected for each outcome were then based on both graphical interpretations of model fit and level of noise and numerical interpretations of standard error. Based on the selection criteria, outcomes were fit with both diagnoses' codes. The non-stratified results respiratory disease, cardiovascular disease, and pneumonia were fit with a 60-knot spline model, 40-knot spline model, and 3rd degree polynomial model respectively. For the stratified results, all three outcomes models selected were fit with a 40-knot spline model across all 4 age groups. The 5-49 age group showed the largest distribution of influenza burden especially from 2009-2010. This study was an exploratory descriptive analysis comparing the models used to more accurately measure influenza estimates. While the selected models seemed to decently fit the outcome data, much more investigation into modeling emergency department data across different regions and time periods needs to be done. The lack of knowledge on burden also emphasizes the need for both public health related and political actions towards increasing research and testing.

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TABLE OF CONTENTS

INTRODUCTION.....	2
METHODS	4
RESULTS	12
DISCUSSION.....	21
REFERENCES	25
APPENDIX A	27
APPENDIX B	40

Estimating the Burden of Influenza from Emergency Department Visits in Los Angeles County

INTRODUCTION

Approximating the burden of influenza-associated mortality is integral to public health on a national and international level. Reporting accurate counts of influenza (flu) has proven to be a challenge due to the requirement for high-quality systematic vital records and local viral surveillance data. Many believe that the WHO's previous estimate of 250,000–500,000 annual flu deaths is outdated and there are multiple issues when trying to accurately measure the true burden. (1) Influenza can easily be and quite often is mistaken for other respiratory illnesses such as respiratory syncytial virus (RSV) or other emerging viral diseases like COVID-19. Flu virus infections are often not confirmed systematically by laboratory diagnosis, and therefore flu deaths might be attributed to other comorbid conditions or secondary infections. (1)

Methods such as using mathematical and statistical models as well as epidemiological methods have been used to find more accurate estimates of baseline and influenza-associated illnesses (ILI). These methods have been improving overtime; however, influenza virus infections are seldomly confirmed in a systematic laboratory setting, and therefore influenza deaths could very well be confounded with other secondary infections or comorbid conditions. (1)

Fine tuning these models firstly involves using methods found in the literature to find the appropriate proxies for flu, the correct outcomes to measure, which covariates to include in the model, and choosing the right type and details of the model. Second, fine tuning is an iterative process which compares the different versions of the model for accuracy, adjusts its components accordingly, and repeats the process.

Currently, little is known about the holistic effect of flu on the emergency department (ED). (2) The United States has identified a severe shortage in preparedness for flu and other respiratory viruses like COVID-19. Therefore, this study aims to explore the use of daily ED visits in Los Angeles County facilities to compare different models and their components to see which more accurately estimate the associated attributable burden of flu among both stratified and non-stratified age groups.

METHODS

Study Setting and Population

Daily counts of flu, 6 outcomes and all the covariates used in the model were collected from 2005 to 2014 via records for patients who attended ED facilities in Los Angeles (LA) County, California. LAC pulled ED data from 27 facilities.

Study Design and Data Sources

This was an ecological study design based on previously collected counts of data. The model involved estimating a seasonal baseline for daily morbidity by fitting a sinusoidal function to cases of six outcomes data for periods during flu season. The ED data for outcomes and exposure were pulled from The California Office of Statewide Health Planning and Development (OSHPD) and using the 9th and 10th revisions of the International Statistical Classification of Diseases and Related Health Problems (ICD) codes (Appendix B).

The ED data itself includes encounters from hospitals that are licensed to provide emergency medical services. Reportable ED encounters only included patients who had face-to-face contact with their provider. This does not include patients who left without being seen.

The Model Design

Flu models count models are typically overdispersed in which case the variance is not equal to the mean. Therefore, a quasi-Poisson regression model was used compared to a standard Poisson which assumes the mean and variance are equal which would be an underestimate. The model was fit using the programming language R. There were a total of five different versions used to fit time in the model including a 3rd degree polynomial and splines with degrees of freedom equal to 40, 60, 80, and 120. All versions used cubic splines to fit the time dependent covariates. The following equations display the 3rd degree polynomial and cubic spline model respectively:

Equation1

$$\begin{aligned}
 ED_{OUTCOME(j)} = & \beta_0 \\
 & + \sum_{i=1}^{3625} [\beta_{1i}^{FLU} + \beta_{2i}^{FED_HOL} + \beta_{3i}^{DEC_25} + \beta_{4i}^{DEC_26} + \beta_{5i}^{JAN_1} \\
 & + \sum_{k=6}^{11} \beta_{ki}^{DOW} + \beta_{11i} Spline(MAX_TEMP, 3) \\
 & + \beta_{12i} Spline(MIN_TEMP, 3) + \beta_{13i} Spline(DEWPOINT, 3) + \beta_{14i}^{TIME} \\
 & + \beta_{15i}^{TIME^2} + \beta_{16i}^{TIME^3} + \beta_{17i}^{\cos(\frac{2\pi TIME}{356.25})} \beta_{18i}^{\sin(\frac{2\pi TIME}{356.25})} + \sum_{l=19}^{37} \beta_{li}^{FACILITY}]
 \end{aligned}$$

Equation 2

$$\begin{aligned}
ED_{OUTCOME(j)} = & \beta_0 \\
& + \sum_{i=1}^{3625} [\beta_{1i}^{FLU} + \beta_{2i}^{FED_HOL} + \beta_{3i}^{DEC_25} + \beta_{4i}^{DEC_26} + \beta_{5i}^{JAN_1} \\
& + \sum_{k=6}^{11} (\beta_{ki}^{DOW}) + \beta_{11i} Spline(MAX_TEMP, 3) \\
& + \beta_{12i} Spline(MIN_TEMP, 3) + \beta_{13i} Spline(DEWPOINT, 3) \\
& + \beta_{14i} Spline(TIME, df = m) + \beta_{15i}^{\cos(\frac{2\pi TIME}{356.25})} \beta_{16i}^{\sin(\frac{2\pi TIME}{356.25})} \\
& + \sum_{l=17}^{35} (\beta_{li}^{FACILITY})]
\end{aligned}$$

Outcomes

ED_{OUTCOME(j)} represents emergency department visits for j = 6 outcomes. This includes diagnoses in two categories: total and primary. The total category includes both primary and secondary diagnosed cases of respiratory diseases (RESP), bacterial pneumonia (PNEU) a subset of RESP, and cardiovascular diseases (CVD). The primary category is only primary cases of respiratory diseases (RD1), bacterial pneumonia (PNEU1), and cardiovascular diseases (CVD1). The ICD code table found in the appendix categorizes respiratory disease as RD and bacterial pneumonia as PNEU_B. These outcomes were chosen because respiratory diseases are closely related to flu and cardiovascular diseases have been known to show high comorbidity with flu.

The primary diagnosis is the most serious during the emergency department encounter. For this study it is defined as if the patient had visited the ED for one of the 6 outcomes.

A secondary diagnosis is defined as conditions that coexist at the same time as the primary diagnosis. An example of this in the study would be if a patient came in for something other than one of the 6 outcomes such as an injury but then while in the ED tested positive for a respiratory disease in addition to their injury.

Exposure

The exposure, FLU, represents all strains of flu which is also subset of RESP. Initially, both ICD codes for flu and ILI were used as proxies to estimate the true burden but after comparing multiple versions of the models ILI did not seem to provide useful results and was excluded from the study. Other measures seen in the literature of the flu were lab counts and percent positives with some including specific subtypes. (2-16)

Covariates

The other covariates are controlled for in the model are to help establish a more accurate fit of our model. DEC_25, DEC_26, and JAN_1 represent Christmas, the day after Christmas and New Year's respectively. FED_HOL represents other historically important federal holidays like the 4th of July. These holiday variables are included due to the seasonal pattern of high transmissibility of flu during these times. The DOW represent the indicator variables for each day of the week excluding Sunday which was a cause of multicollinearity. DOW is included because there is variation of ED visits which is usually higher during the week. MAX_TEMP, MIN_TEMP, and DEWPOINT all represent the daily maximum temperature, minimum temperature, and dewpoint respectively. The meteorology variables are from NOAA's online database which were

collected from airport monitors. They are included in the model due to their strong correlation to the transmission of flu as seen in the seasonal shift in cases which peak in the winter.

The Spline function seen previously represents cubic splines to account for the change over time seen in these three covariates. TIME represents each day and appears in the equation 1 (polynomial model) in the form of a 3rd degree variable. The Spline function of time in equation 2 takes represents all the time is measured using a spline function with varying degrees of freedom (df) equal to m knots. These knots include $m = 40, 60, 80,$ and 120.

The combination of sinusoidal functions helps to better fit the model to the seasonal pattern of flu. It takes the period, multiplies it by the time, and then divides it by an approximate year for both sinusoidal functions. This helps the model mimic the shape of annual waves in flu activity. Finally, FACILITY represents indicator variables for all of locations of the emergency department facilities.

Estimating the Burden of Influenza

Calculating the burden and standard error of flu uses the same methods for both the polynomial and spline models seen in equations 1 and 2. The following equations were used to estimate the burden of flu using the previous models:

Equation 3

$$\widehat{outcome}_{FLU=FLU} = \sum_i e^{ED(FLU=FLU)}$$

Equation 4

$$\widehat{outcome}_{FLU=0} = \sum_i e^{ED(FLU=0)}$$

Equation 5

$$flu\ \widehat{burden} = \sum_i E[ED_{outcome}(with\ flu)] - E[ED_{outcome}(without\ flu)]$$

Equation 6

$$flu\ \widehat{burden} = \sum_i e^{ED(FLU=FLU)} - e^{ED(FLU=0)}$$

Notice that equations 5 and 6 are equivalent. Here i represents the sum of the counts for each annual flu season. Equations 5 and 6 then take the difference between the expected value of the given predictors to estimate the outcome from the model where the predictor FLU is included and the expected value where the predictor FLU = 0. This difference is the estimated flu burden for each specific time period over i . Standard errors for the flu burden estimates were calculated using the multivariate delta method. (17) This was then used to calculate confidence intervals assuming normal 95% confidence. In addition to counts, burden estimate percentages per 100,000 individuals were reported for tables displayed for model selection. They were calculated by taking the counts and dividing them by year and age appropriate population denominators found via the LA County

census and then multiplied by 100,000. Flu burden estimates were reported annually across all 6 outcomes and all 5 versions of the model from 2005-2014.

Equations 3 and 4 are simply components of equations 5 and 6 and provide the total burden of that particular outcome (RESP, CVD, PNEU) with and without flu. The predictions from equations 5 and 6 were then plotted as two separate time series against the original outcome data for each of the 6 outcomes and both the polynomial and spline versions of the model.

Stratification by Age

Flu is known to be much more prevalent than those with high risk of weaker immune systems such the infants, those with immunocompromised systems and particularly in the elderly. Due to the clear modification that age has on the effect of morbidity of flu the study looked at differences in flu burden in age stratified groups. Ages were broken into four groups: 1-4, 5-49, 50-64, and $65 \leq$. The same methodology to estimate flu burden and outcomes as previously seen in equations 1-6 were applied to each of the four age groups.

Model Selection

There were two main metrics for model selection. The first was a graphical approach by analyzing time series of equations 3 and 4 to compare different versions of the model fit to the outcome data and volume of noise. The second involved a numeric approach by analyzing the estimate, standard error, and confidence interval values of equations 5 and

6 to compare the different model versions using the 2009-2010 flu season. The decision to use this year as a metric of comparing error came from looking at the output across flu seasons which showed similar patterns across years. The most error was typically exhibited during 2009-2010. Evaluating the model output was an iterative process of comparing different combinations of both the diagnoses codes and type of function used to create the model for each outcome over time. This selection process was done to obtain meaningful results for both the non-age-stratified and age-stratified data. The final tables and figures were created and modified using excel.

RESULTS

Model Patterns

The time series modeling respiratory disease ED visits followed an increasing seasonal sinusoidal pattern similar to flu with a clear spike in the 2009-2010 flu season period due to the H1N1 pandemic. The time series modeling cardiovascular disease ED visits followed an increasing line considering it is not a seasonal condition. Similar to respiratory disease, the time series modeling bacteria pneumonia ED visits also followed a seasonal sinusoidal pattern similar to flu with a clear spike in the 2009-2010 flu season period due to the H1N1 pandemic. This is partially expected considering pneumonia is a subset of the ICD codes of respiratory disease.

Non-Age-Stratified Results

Upon investigation of the time series and estimate outputs of the non-age-stratified data for all of the model combinations of respiratory disease had decent yet similar fits. When comparing outcomes RESP and RESP1, RESP1 appeared to display slightly more noise. Comparing 3rd polynomial to increasing splines, each increase in df gave a tighter fit. Figure 1 displays the different versions of the model for RESP and RESP1. The models for cardiovascular disease yielded similar results with all of the time series being very similar in fit and level of noise as seen with respiratory disease. The models for bacterial pneumonia, however, became more overfit to the data as it went from 3rd polynomial degree to splines and more so as it increased in df. PNEU was also a noisier outcome than PNEU1. Terminology seen in the tables and figures include SE for standard error, LL and

Lower Limit for lower confidence interval limits, UL and Upper Limit for upper confidence interval limits, and CI for confidence interval.

The time series investigation led to the second metric focusing on comparing the models for the outcomes RESP, CVD, and PNEU. Upon comparison of the burden estimates for the 2009-2010 season all of the versions of the model had reasonably small to moderate standard errors for all three outcomes. RESP had burden estimates with 95% confidence intervals of 28,218 (26,540.24-29,895.76), 7,053 (6,265.08-7,840.92), 5,109 (4,201.52-6,016.48), 5,136(4,142.28-6,129.72), and 3,003 (1,923.04, 4,082.96) for the 3rd degree polynomial and the spline models: df= 40, 60, 80, 120 respectively.

Figure 1: Time Series Comparisons of Emergency Department Visits for Respiratory Diseases in Los Angeles County

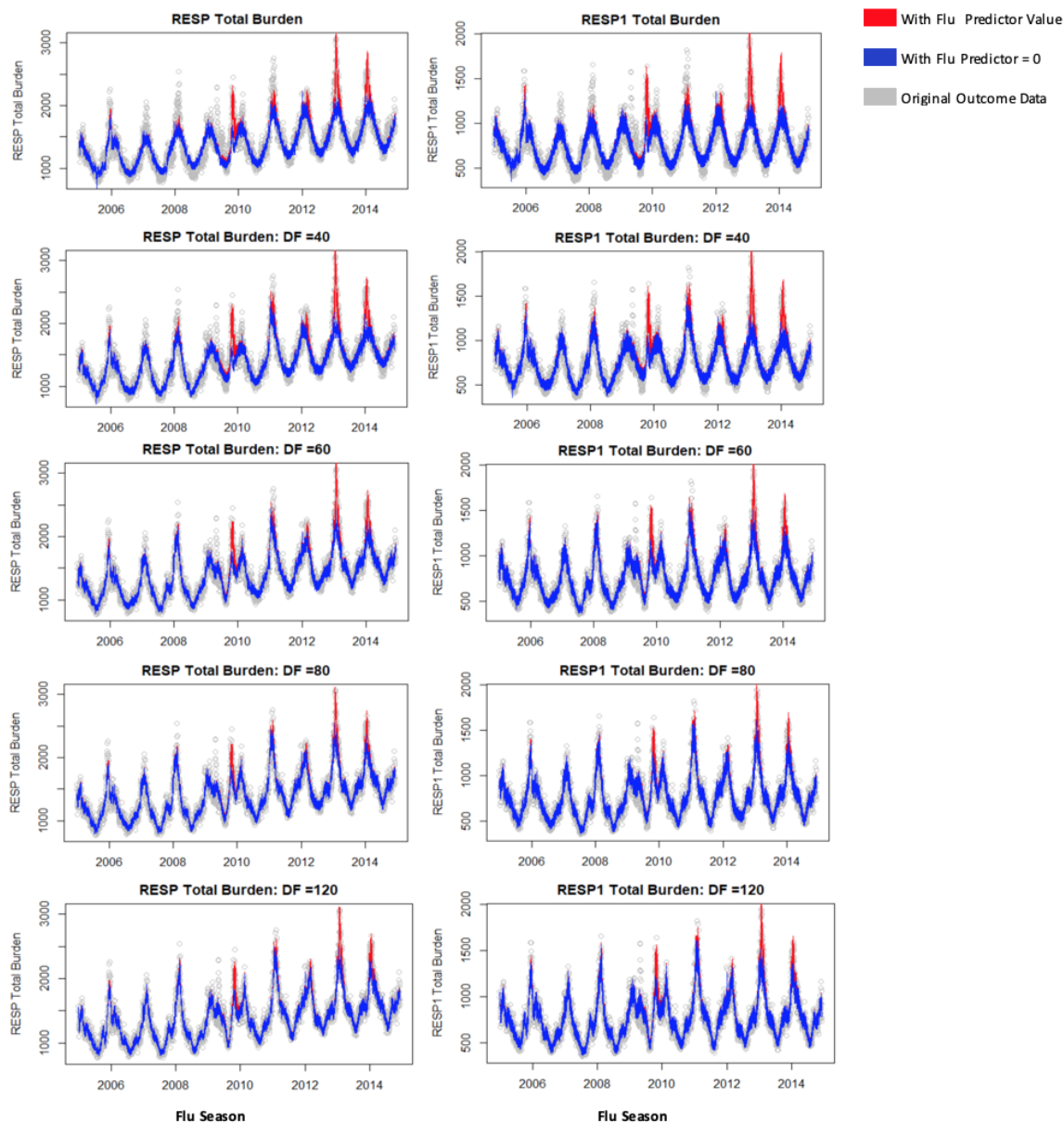


Table 1: 2009-2010 Burden of Influenza of Respiratory Disease Emergency Department Visits in Los Angeles County

Outcome	Model	Burden	SE	Lower Limit	Upper Limit	CI Width
Respiratory Disease (Primary and Secondary Diagnoses)	3rd Degree Polynomial	28,218.00	856.00	26,540.24	29,895.76	3,355.52
	Spline, DF = 40	7,053.00	402.00	6,265.08	7,840.92	1,575.84
	Spline, DF = 60	5,109.00	463.00	4,201.52	6,016.48	1,814.96
	Spline, DF = 80	5,136.00	507.00	4,142.28	6,129.72	1,987.44
	Spline, DF = 120	3,003.00	551.00	1,923.04	4,082.96	2,159.92
Cardiovascular Disease (Primary and Secondary Diagnoses)	3rd Degree Polynomial	3,750.00	474.00	2,820.96	4,679.04	1,858.08
	Spline, DF = 40	2,136.00	346.00	1,457.84	2,814.16	1,356.32
	Spline, DF = 60	1,583.00	415.00	769.60	2,396.40	1,626.80
	Spline, DF = 80	1,215.00	483.00	268.32	2,161.68	1,893.36
	Spline, DF = 120	-7.00	540.00	-1,065.40	1,051.40	2,116.80
Bacterial Pneumonia (Primary and Secondary Diagnoses)	3rd Degree Polynomial	629.00	35.00	560.40	697.60	137.20
	Spline, DF = 40	217.00	25.00	168.00	266.00	98.00
	Spline, DF = 60	181.00	31.00	120.24	241.76	121.52
	Spline, DF = 80	141.00	36.00	70.44	211.56	141.12
	Spline, DF = 120	117.00	40.00	38.60	195.40	156.80

When deciding which models to compare non-age-stratified flu burden over time the spline model with df=40 was selected for RESP due to having the best balance of low standard error and best fit compared to the other models. When deciding which models to compare non-age-stratified flu burden over time the spline model with df=60 was selected for CVD. Although all the models had similar fits the it had the lowest standard error. When deciding which models to compare non-age-stratified flu burden over time the 3rd degree polynomial was selected for PNEU. Although all the models had similar standard error it had the best fit among the models. Figure 2 displays the time series for each outcome's selected model. Table 2 displays the burden estimates of flu for each outcome's selected model. The models all show trends of increasing burden over time and a particular spike in the RESP model including flu as a predictor in 2009-2010.

Figure 2: Selected Time Series of Emergency Department Visits Outcomes in Los Angeles County

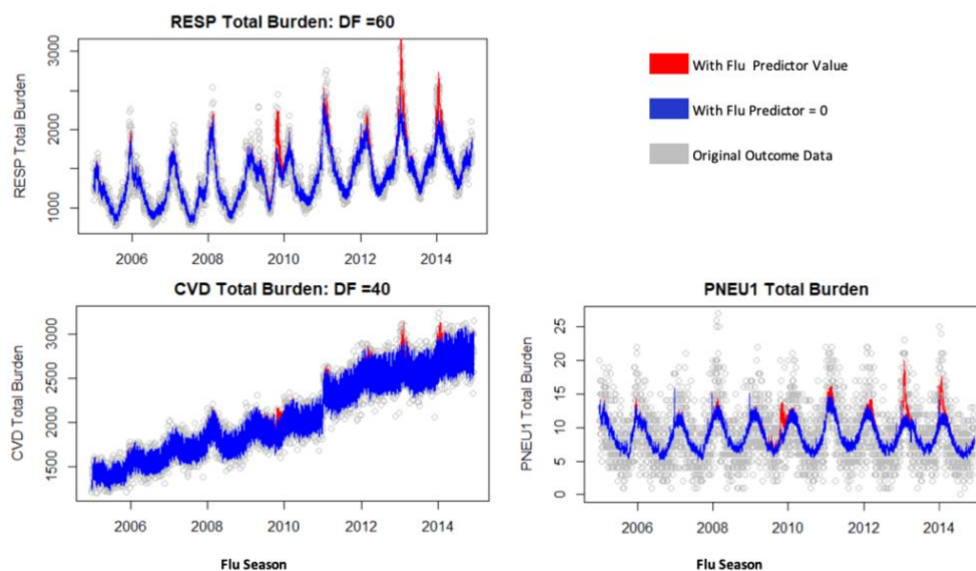


Table 2: 2005-2014 Burden of Influenza Emergency Department Visits in Los Angeles County

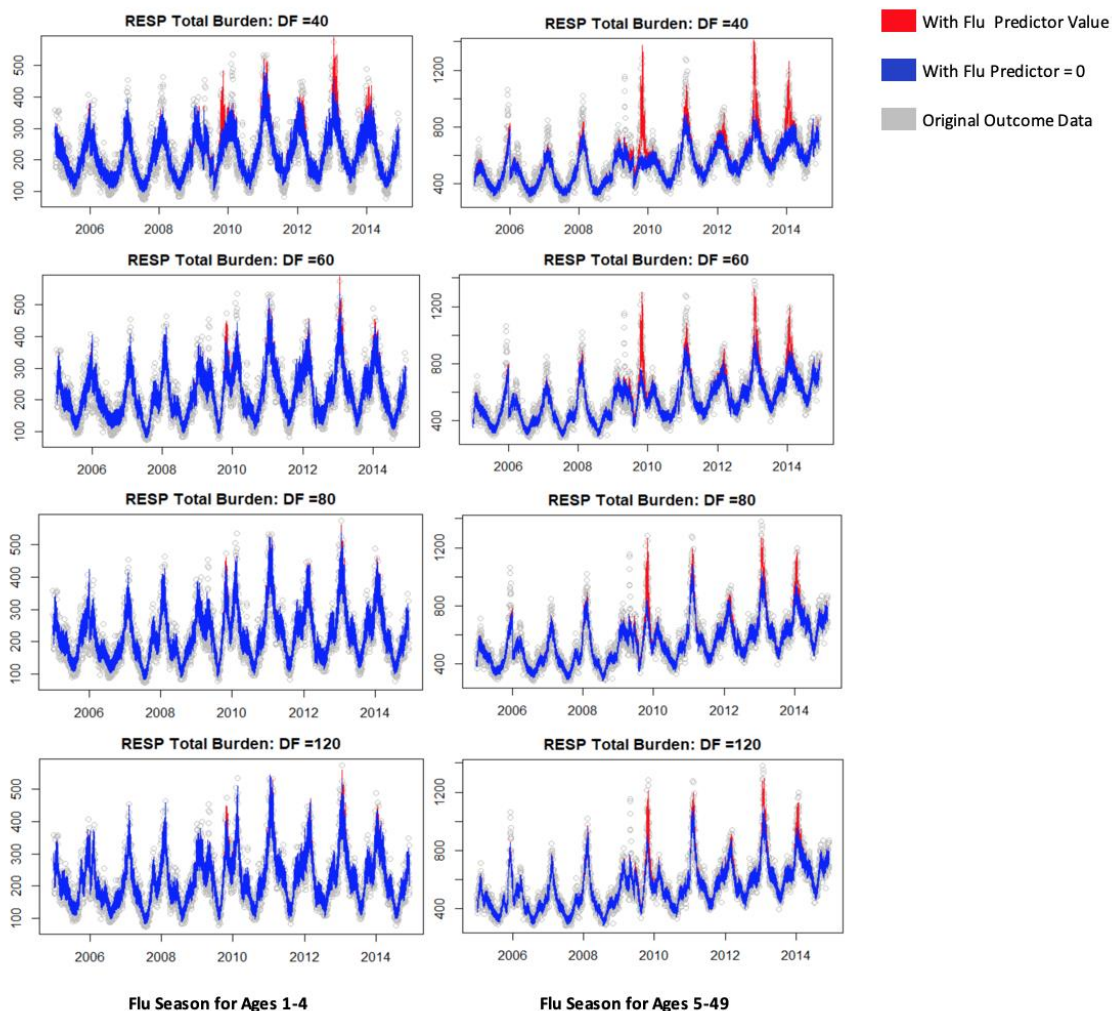
Outcome	Flu Season	Burden	SE	LL	UL	CI Width
Respiratory Disease (Primary and Secondary Diagnoses) DF=60	05-06	3.60	0.26	3.08	4.12	1.04
	06-07	4.20	0.39	3.44	4.96	1.52
	07-08	8.46	0.78	6.94	9.98	3.04
	08-09	10.94	1.00	8.97	12.91	3.94
	09-10	51.86	4.70	42.65	61.07	18.42
	10-11	26.61	2.43	21.86	31.37	9.51
	11-12	20.20	1.86	16.56	23.84	7.28
	12-13	57.25	5.13	47.20	67.30	20.10
	13-14	62.74	5.58	51.80	73.68	21.88
Cardiovascular Disease (Primary and Secondary Diagnoses) DF=40	05-06	2.44	0.40	1.66	3.22	1.56
	06-07	1.38	0.22	0.94	1.82	0.88
	07-08	2.72	0.44	1.86	3.58	1.72
	08-09	4.46	0.72	3.04	5.87	2.83
	09-10	21.68	3.51	14.80	28.57	13.77
	10-11	10.42	1.70	7.09	13.74	6.65
	11-12	8.33	1.35	5.68	10.98	5.30
	12-13	21.37	3.45	14.60	28.14	13.53
	13-14	24.66	3.98	16.85	32.47	15.62
Bacterial Pneumonia (Primary Diagnoses) 3rd Degree Polynomial	05-06	0.75	0.04	0.67	0.83	0.16
	06-07	0.30	0.02	0.26	0.34	0.08
	07-08	1.07	0.06	0.95	1.19	0.24
	08-09	0.68	0.04	0.60	0.76	0.16
	09-10	6.38	0.36	5.69	7.08	1.39
	10-11	2.46	0.13	2.20	2.72	0.52
	11-12	2.37	0.12	2.13	2.61	0.47
	12-13	7.33	0.42	6.50	8.15	1.65
	13-14	5.58	0.32	4.95	6.21	1.25

Age-Stratified Results

Upon investigation of the time series and estimate outputs of the age-stratified data it was apparent that disease was the only outcome that contained viable fits for the model. When broken into age groups the counts for cardiovascular disease and pneumonia were too low and caused issues with both the time series and burden estimates resulting in significantly poorly fit time series and poorly estimated and even in some cases negative values. The same is true for the 3rd degree polynomial model for respiratory disease which also resulted in poorly fit time series that were underestimated in the 5-49 and ≥ 65 year old age groups and overestimated in the 50-64 year old age group. Therefore, to make a comparison of adequately fit models RESP was the only outcome looked at using the spline versions of the model across the four age groups.

Upon comparison of the age-stratified spline time series the 1-4 and ≥ 65 year old age groups had decent fits with low noise volume for $df=40$ and then became noisier as the degrees of freedom increased. As for the 5-49 and 50-64 year old age groups, all of the time series had decent fits and were comparable to one another. Figure 1 displays the difference in noise across splines for age groups 1-4 and 5-49 years. Also, it shows the 5-49 year old age group having a much higher spike of flu burden in 2009-2010.

Figure 3: Time Series Comparisons of Emergency Department Visits by Age Group for Respiratory Diseases in Los Angeles County



Upon comparison of the burden estimates for the 2009-2010 season all of the spline versions of the model had reasonably small standard errors across the four age groups. The 1-4 age group had burden estimates of 3,822(3,292.80, 4,351.20), 1,445 (911.88, 1,978.12), 634 (108.72,1,159.28), and 1,078 (588, 1,568) for df= 40, 60, 80, 120 respectively. The 5-49 age group had burden estimates of 22,184 (20,931.56, 23,436.44), 15,674 (14,205.96, 17,142.04), 12,027 (10,425.68, 13,628.32), and 10,596 (8,937.84, 12,254.16) The 50-64 age group had burden estimates of 2,407(2,216.88, 2,597.12), 1,560 (1,340.48, 1,779.52), 996 (749.04, 1,242.96), and 882 (613.48, 1,150.52). Finally,

the ≥ 65 age group had burden estimates of 1,007 (903.12, 1,110.88), 618 (508.24, 727.76), 551(439.28, 662.72), and 511 (354.2, 667.80).

**Table 3: 2009-2010 Burden of Influenza from Spline Models of Respiratory Disease
Emergency Department Visits by Age Group in Los Angeles County***

Age Group	Model	Burden	SE	Lower Limit	Upper Limit	CI Width
Ages (1-4)	Spline, DF = 40	3,822.00	270.00	3,292.80	4,351.20	1,058.40
	Spline, DF = 60	1,445.00	272.00	911.88	1,978.12	1,066.24
	Spline, DF = 80	634.00	268.00	108.72	1,159.28	1,050.56
	Spline, DF = 120	1,078.00	250.00	588.00	1,568.00	980.00
Ages (5-49)	Spline, DF = 40	22,184.00	639.00	20,931.56	23,436.44	2,504.88
	Spline, DF = 60	15,674.00	749.00	14,205.96	17,142.04	2,936.08
	Spline, DF = 80	12,027.00	817.00	10,425.68	13,628.32	3,202.64
	Spline, DF = 120	10,596.00	846.00	8,937.84	12,254.16	3,316.32
Ages (50-64)	Spline, DF = 40	2,407.00	97.00	2,216.88	2,597.12	380.24
	Spline, DF = 60	1,560.00	112.00	1,340.48	1,779.52	439.04
	Spline, DF = 80	996.00	126.00	749.04	1,242.96	493.92
	Spline, DF = 120	882.00	137.00	613.48	1,150.52	537.04
Ages (65-)	Spline, DF = 40	1,007.00	53.00	903.12	1,110.88	207.76
	Spline, DF = 60	618.00	56.00	508.24	727.76	219.52
	Spline, DF = 80	551.00	57.00	439.28	662.72	223.44
	Spline, DF = 120	511.00	80.00	354.20	667.80	313.60

*Estimates for Primary and Secondary Diagnoses

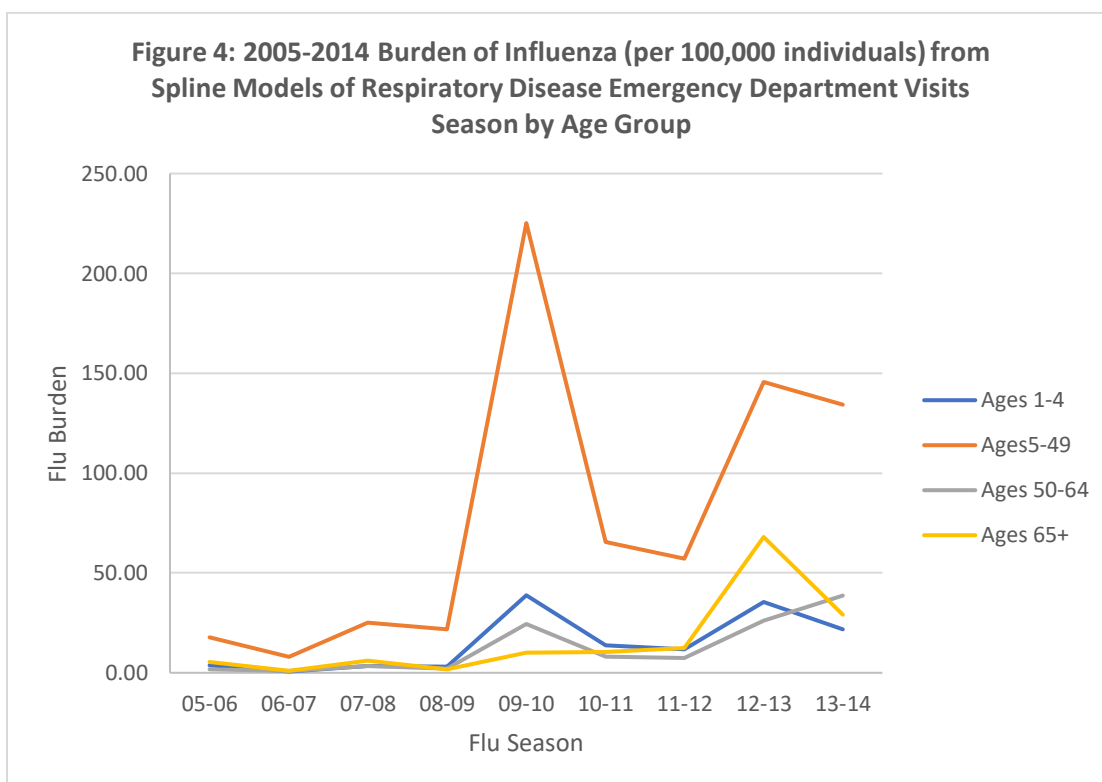
When deciding which model to compare age-stratified flu burden over time the spline model with $df=40$ was selected due to having both the least amount of noise in the splines and standard error when calculating estimates. Table 4 and Figure 4 show a clear trend of flu burden slightly increasing overall overtime in all age categories with a spike in 2009-2010 during the H1N1 pandemic. This also shows the largest burden is felt in the 5-49 age category especially a large majority during the 2009-2010 pandemic.

Table 4: 2005-2014 Burden of Flu (per 100,000 individuals) from Respiratory Diseases Spline Models Season by Age Group in Los Angeles County*

Ages 1-4						Ages 5-49					
Flu Season	Burden	SE	LL	UL	CI Width	Flu Season	Burden	SE	LL	UL	CI Width
05-06	3.60	0.26	3.08	4.12	1.04	05-06	17.76	0.56	16.66	18.86	2.19
06-07	0.63	0.04	0.55	0.71	0.16	06-07	7.99	0.25	7.51	8.47	0.96
07-08	3.23	0.23	2.77	3.69	0.92	07-08	25.20	0.79	23.66	26.74	3.08
08-09	3.05	0.22	2.61	3.48	0.88	08-09	21.76	0.68	20.43	23.10	2.67
09-10	38.80	2.74	33.42	44.17	10.74	09-10	225.18	6.49	212.47	237.90	25.43
10-11	13.75	0.98	11.82	15.68	3.86	10-11	65.62	2.00	61.70	69.54	7.84
11-12	11.68	0.85	10.02	13.34	3.32	11-12	57.11	1.77	53.65	60.57	6.93
12-13	35.33	2.47	30.49	40.17	9.68	12-13	145.69	4.33	137.21	154.17	16.96
13-14	21.62	1.56	18.56	24.67	6.11	13-14	134.16	4.11	126.09	142.22	16.12

Ages 50-64						Ages >= 65					
Flu Season	Burden	SE	LL	UL	CI Width	Flu Season	Burden	SE	LL	UL	CI Width
05-06	1.65	0.07	1.51	1.79	0.28	05-06	5.26	0.27	4.72	5.80	1.08
06-07	0.90	0.04	0.82	0.98	0.16	06-07	1.01	0.05	0.91	1.11	0.20
07-08	3.47	0.14	3.19	3.75	0.56	07-08	5.99	0.32	5.37	6.61	1.24
08-09	2.22	0.09	2.04	2.40	0.36	08-09	1.72	0.09	1.54	1.89	0.36
09-10	24.43	0.98	22.50	26.36	3.86	09-10	10.22	0.54	9.17	11.28	2.11
10-11	8.19	0.34	7.54	8.85	1.31	10-11	10.40	0.55	9.32	11.47	2.15
11-12	7.50	0.31	6.89	8.11	1.23	11-12	12.39	0.65	11.12	13.65	2.53
12-13	26.25	1.05	24.18	28.31	4.13	12-13	67.99	3.42	61.28	74.70	13.42
13-14	38.66	1.59	35.55	41.77	6.22	13-14	28.96	1.51	26.01	31.92	5.91

*Estimates for Primary and Secondary Diagnoses using 40 Knot Spline Models



DISCUSSION

Interpretation

This study aimed to explore the use of daily ED visits in Los Angeles County facilities to compare different models and their components to see which more accurately estimate the associated attributable burden of flu among both stratified and non-stratified age groups. All three outcomes saw increasing trends of burden over time from 2005-2014 especially CVD more than doubling in size. CVD was also the noisiest of the outcomes most likely due to its wide range of related causes, however, flu did seem to be related to all three outcomes. The 2009-2010 spike seen particularly in the RESP model is most likely due to the H1N1 pandemic and flu being a subset of respiratory disease.

As for model specifications, using both primary and secondary diagnoses seemed to ascertain more accurate estimates for all outcomes across all model combinations. Also, splines appear to be very useful in acquiring desired model fit in many cases however for outcomes which have sparser data such as PNEU they might overfit the data especially as increasing the number of knots. Age stratification runs the risk of actually getting unstable model estimate coefficients due to low counts of data as seen in both the CVD and PNEU outcomes. Splines, however, did fit the age-stratified models well for RESP which had a wide enough range of sizes of data. Figure 4 shows a significantly larger spike in cases for the 5-49 age group during H1N1. This aligns with previous estimates that

“globally 80 percent of (H1N1) pdm09 virus-related deaths were estimated to have occurred in people younger than 65 years of age”, which differs greatly from usually flu affected the older populations far more substantially. (18)

Limitations

There are several limitations to this study. First of all, emergency department visit data has not been examined in great detail and little is understood about how it measures the true burden of influenza. Sources such as the CDC only have symptomatic versus asymptomatic data. This illuminated the need for further data to be collected pertaining to emergency department visits.

Another limitation is the lack of available quality data. This includes surveillance and hospital data at the local level. Not only is there not sufficient research being done towards emergency department visits but also the local level surveillance particularly in the United States is lacking. Also, this study only includes data made available from public hospital facilities which could be one of the driving factors to the underestimation of flu burden. Underestimation is currently one of the largest issues pertaining to influenza which begs the need for more standard testing of the virus.

There were a number of challenges related to methodology and analysis. It was mentioned that the 2nd, 4th, and 5th polynomials were removed early in the study due to the similarity in nature, however over time of tuning models this can change. It would be interesting to look at the various age stratified estimates under versions of the model as well. Another limitation is that for preliminary model selection only the flu season of

2009-2010 during the H1N1 pandemic was used to compare standard errors between models. It could be useful to compare longer periods of time to compare statistics.

The age group cut offs were based on literature but were not of equal sizes. (10) Perhaps if there were more age groups with equal interval cutoffs or population weighted distributions that would change some of the results.

Also, there are more advanced methods for model selection such as more analytical techniques for measuring the level of noise in a time series or measuring the amount of error in a model. It could also be useful for further studies to investigate changes caused by adding or removing various combinations of covariates in the models based on previous literature.

Future Implications

With the current landscape of increasing cases of influenza, an increasing world population, and an increasing distribution of older populations or “population ageing” society now has a responsibility to prepare and be educated on the dangers of a virus like flu. This has been made particularly apparent from the novel coronavirus pandemic outbreak and has a number of future public health implications.

The first implication is in relation to the public health sphere focusing on better methods. Using ED visits to measure the burden of flu is a newer method and more research is required to conduct studies to gauge their accuracy. Also, it is important to extend the

methodology of this study to other regions beyond Los Angeles, California, and even the United States and compare their differences.

Unfortunately, models can only estimate but so much without the lack of sufficient data. The underestimation of flu is staggering for such a large burden and there is a clear need for more testing and surveillance related to testing. This should include policies and funding in support of implementing rapid testing made more freely available to citizens via hospitals, clinics and organizations as well as more education on flu made available via social media and community programs. With a push in the right direction, society can not only accurately know about the true burden of influenza but also work to reduce it.

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Appendix A

A Literature Review of the Attributable Burden of Influenza

Introduction Summary

Approximating the burden of influenza-associated mortality is integral to public health on a national and international level. The burden of influenza is difficult to measure. Many believe that the WHO's previous estimate of 250,000–500,000 annual influenza deaths is outdated. A 2017 study estimated the true burden to be 290,000-650,000. (1) Estimates for influenza usually have very wide ranges. Influenza can easily be and quite often is mistaken for other respiratory illnesses such as respiratory syncytial virus (RSV). More recently emerging viral diseases like COVID-19 also can mimic influenza. This literature review aims to analyze 15 papers which evaluate the strengths of various methods used to model the burden of influenza as well as the areas in which improvements can be made.

Basic Information /Etiology

Influenza (flu) is a viral, respiratory disease that is highly contagious. Its level of severity ranges from mild to serious infection. Severe outcomes of infection can include hospitalization and death. Serious flu complications are more common in high risk groups such as younger children and the elderly. There are many different strains of influenza of animal origin, like swine flu and bird flu. In humans, however, the influenza A and B viruses are responsible for most flu illness. Both are seen in the United States each year in seasonal flu epidemics.(2)

AB Virus Types

The four types of influenza viruses are A, B, C and D. The typical flu season occurs most winters in the United States. Influenza A viruses are the only influenza viruses known to spread globally, which is referred to as a pandemic. This typically occurs when a new and very different influenza A virus emerges that can dually infect people and efficiently spread between people. Influenza type C generally only causes mild illness in humans. Mainly only cattle are affected by Influenza D viruses. (3)

How Influenza Spreads

Experts think that influenza viruses spread mainly by droplets produced from humans coughing, sneezing, singing or talking, up to approximately 6 feet away. The droplets can deposit in mouths, noses, and into lungs. Less commonly someone might also acquire flu by contact with a surface or object then transferring the virus to their own mouth, nose, or eyes. (4)

When Influenza Spreads

People with flu are most contagious in the first three to four days after the onset of illness. The range for transmission of most healthy adults is from approximately 1 day before symptoms develop and up to 5 to 7 days after onset. Those with weakened immune systems and children may pass the virus beyond 7 days.

While the incubation period varies in persons it is usually between one and four days with an average period of two days. Some infected people can be asymptomatic and still spread the virus to others. (4)

The Current Situation

The burden of influenza in the United States widely varies and is determined by a number of components including the traits of circulating viruses, duration and time of season, vaccine efficacy, and the percentage of the population vaccinated. While the impact of flu is variable, it creates a significant burden on the health of people in the United States every year. (5) “CDC estimates that influenza has resulted in between 9 million – 45 million illnesses, between 140,000 – 810,000 hospitalizations and between 12,000 – 61,000 deaths annually since 2010.” (5)

Estimating the Burden of Influenza: Motivation and Challenges Faced

In recent years, the global stage has seen surveillance systems created as part of national pandemic preparedness efforts, which have produced substantial data on the epidemiology and impact of influenza in countries where once data were sparse.

Although this information has sparked interest in seasonal influenza there remains a lack of quality data on severe influenza, non-respiratory outcomes, and vulnerable demographics, as well as a need for more accurate mathematical models and economic evaluations. These limitations are the focus of research and surveillance that will help to bolster efforts in the control of influenza in the future. (6)

Obstacles of estimating burden of influenza include the difficulty of differentiating the virus from other respiratory illnesses. When lacking sufficient laboratory testing, appropriately attributing morbidity and mortality is challenging. The broad range of causes of influenza-like illnesses (ILI), combined with low-quality surveillance data,

make it troublesome to capture seasonal influenza surveillance data without wide and frequent gaps of missing data. (7)

This dearth of knowledge highlights the need for achieving specific goals. Goals include providing reliable national disease burden estimates for influenza, and a more comprehensive understanding of the public health implications of influenza, particularly in high-risk communities or subpopulations such as pregnant women, people 65 years and older, young children, and people with underlying illness. Equally important is to establish informed, evidence-based decisions when distributing limited resources such as vaccinations and organizing interventions to curtail the spread of influenza and mitigate its effects. Finally, it is crucial to holistically assess the cost and benefits of these interventions and their future implications. (7)

Estimating the Burden of Influenza: The Case for Modelling

Using mathematical and statistical models as well as epidemiological methods to estimate the burden of influenza has become an increasingly popular way to address these goals. Methods to estimate baseline and influenza-associated mortality have been improving overtime; however, influenza virus infections are seldomly confirmed in a systematic laboratory setting, and therefore influenza deaths could very well be confounded with other secondary infections or comorbid conditions. (8)

Ecological models are frequently used to measure influenza-associated mortality. The International Classification of Diseases (ICD) codes for influenza using code numbers 38

and 39. Vital records include cause of death using categories commonly associated with influenza, such as respiratory or circulatory causes. Virological data is used to determine the seasonal periods of influenza circulation and to estimate influenza associated excess deaths. Including this information is paramount for modelling influenza-associated mortality due to the circulating strains of the virus subtypes varying from year to year.(8) These variations can affect annual mortality and is what these studies seek to quantify.

The success of applying these methods varies greatly from country to country depending on the quality of public health infrastructure, including the level of robustness of surveillance data. This presents challenges to communities, especially those composed of underserved and low-income populations.(8)

Spatiotemporal Setting

This literature review looked at studies which measured the burden of influenza covering a range from 1995 to 2016 with a mean of 8.2 years per study. The countries mentioned, which span the globe, are Australia, the United States, Canada, Germany, Spain, Argentina, Hong Kong, Singapore and England. (9-23)

Data Collection

Data was collected on various levels from hospital databases, surveillance systems, clinical research groups, private practices and cooperative and healthcare organizations (9-23). Methods included sentinel physicians collecting surveillance data (13, 15). The majority of the studies recorded weekly influenza case counts while some recorded

counts on a monthly basis. The data collected were restricted by the definitions of influenza which will be covered in more detail below under the exposure section (9-23). The population denominators used in many cases came from data collected by statistic bureaus (9).

Exposure and Proxy Selection

An important part of measuring the burden of influenza is choosing the right proxy for influenza in the model. The various proxies used for influenza included percentage of specimens positive, count of positive specimens, ICD codes including those for both influenza as well as ILI, or a combination of multiple measures. (9-23) ILI is a category of respiratory illness that is nonspecific and defined by the presence of a cough or a sore throat as well as a fever while lacking a known cause. Clinically, until confirmed by laboratory testing a clinical diagnosis of flu is considered a diagnosis of ILI, not of confirmed influenza viral infection. (2)

Carefully identifying an appropriate proxy for influenza is crucial in updating a more accurate measure of burden. Commonly used to create a proxy for influenza was a collection of ICD 9 and ICD 10 codes based on either the case definition of influenza or the definition of ILI. (11, 12, 15, 17, 18, 20, 23).

Outcome Selection

Choosing the appropriate outcomes to measure in a model also plays an important role in producing more accurate measurements of the burden of influenza. Choosing an

outcome for which there exists well known verifiable measures of burden and can also be accurately related to influenza is key when using modeling techniques. The outcomes used in the previously mentioned studies included respiratory diseases, cardiovascular diseases, otitis media, asthma, chronic obstructive pulmonary disease (COPD), and pneumonia. The most common outcomes observed were respiratory diseases, cardiovascular diseases, otitis media, and pneumonia. (4, 9-23) Some studies looked at both primary and secondary diagnoses of these outcomes in their models for comparison. (20)

Covariate Selection

The covariates are included in the models to help account a more appropriate fit of the data. Including these covariates help introduce other relationships in addition to the exposure that could also account for the outcome being measured. This helps to both mitigate forms of bias such as confounders as well as check for effect measure modification (EMM). EMM can have a synergistic effect on an outcome when combined with influenza. Adding covariates can help the model fit follow patterns and shapes distinct to the particular outcome. For instance, both respiratory diseases and influenza are seasonal and typically include sinusoidal seasonal covariates of time to more accurately fit the data.

Covariates included in the studies were influenza, often by its subtypes; RSV; ILI; asthma; time variables including various holidays related to high influenza activity and baseline and long-term seasonality trends of influenza; weather variables such as

temperature and absolute humidity; and demographic variables such as age and sex. (9-23) Variables such as RSV and asthma are included in the model because they are common confounders of influenza. Variables like holidays are chosen due to the high spread of influenza during these times when people are in large groups and children are out of school. Variables like temperature and humidity are examined to analyze the relationship between climate influenza burden both at singular moments and over periods of time.

Stratification by Age

As mentioned previously, there are EMM, such as age, which are factors that have a synergistic effect with influenza, to heighten the effects of a particular outcome. Both young children and elders are vulnerable populations with heightened risks of developing complications from influenza. This is addressed in a number of the studies by stratifying the given cohort into age groups which have varying degrees of risk of complications. Modelers then apply their particular model to each group to measure and evaluate these differences (21).

Model Design

There are multiple attributes of influenza to consider when selecting an appropriate model to fit the burden. Models can measure the fixed probability that an outcome is likely to occur, or it can estimate a count. The number of flu cases is a count over time that is not only seasonal but also has a wide range from year to year.

The three main differing components of the models mentioned in the papers were type, baseline shape, and lag. The types of models chosen include multiple linear regression, Poisson regression, autoregressive, generalized additive regression, and negative binomial regression. Many models were designed using polynomial functions as well as splines. (9-23) The baseline shape of influenza takes on a sinusoidal seasonality trend over time that increases during influenza season ranging from October to May and peaking in winter months in the United States. (2) Common components in the model used to fit the seasonality included sinusoidal functions, cubic splines and serfling. (9-11, 13, 14, 16-19, 21-23) The lag represents the amount of time necessary for both testing and reporting the collected data. This is accounted for by adding a small shift to the model to variables related to influenza. The lag times used in the studies ranged from 0 to 3 weeks. (9-23)

Conclusions

The studies overwhelmingly express that the burden of influenza is underestimated and largely affects higher risk populations such as young children and the elderly. (9-23) Recognizing that direct counts are underestimates of true burden, the CDC along with other countries have turned to using statistical models. (5) The studies also show promising results in using influenza models to accurately estimate rates of outcomes such as hospitalization rates of pneumonia and asthma. (12, 14) One study reported that influenza appears to have had a greater effect on emergency department visits than was captured when relying on clinical diagnoses of either flu or ILI. (11)

Limitations

Limitations were related to study design, selection of hospitals, misclassification of influenzas and other variables, taking samples from surveillance data, and those related to the model itself. In many cases data is sourced only from public or federally funded hospitals and does not include private hospitals. Such models can underestimate disease burden. (18) Invalid estimates can also occur in studies from aggregating and extrapolating from surveillance data based on a sample population. Another common limitation is misclassifying influenza by mistaking it for another respiratory condition such as RSV. (13) Finally, the models vary in the components of their models that individually are prone to error. One study reported limitations of excluding seasonality from their model as well as not addressing autocorrelations, dispersion, or overestimation. (10) In sum choosing to include or exclude any number of variables and running insufficient statistical diagnostics in a given model can contribute to faultiness in the model's end result.

Motivation for Further Research

The conclusions from the 15 studies raise the need for more vaccination, surveillance, access to and frequency of testing, and outbreak response when it comes to influenza, especially in the older populations. The studies also highlighted a few other study design points of interest that require further research, such as including new variables to fit models. Interest in incorporating measures of climate change as well as syndromic data related to emergency department visits is increasing. The review demonstrates the general need of the public to be better informed of the severity of influenza in today's

world. This year's COVID-19 pandemic has illustrated the need for accurate differentiation between estimates of influenza and other ILIs. Overall, better understanding of influenza, a virus that has such a high morbidity and mortality each year and yet still has inaccurate estimates, is required.

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**Appendix B
Data and Results**

ICD Codes

Outcome	Short Name	ICD-9-CM Codes (for visits during 1/1/2005- 9/30/2015)	ICD-10-CM Codes (for visits during 10/1/2015- 12/31/2019)
<i>Cardiovascular Diseases (CVD)</i>			
Chronic rheumatic heart disease	RHD	393-396	I05-I08
Hypertension	HT	401-405	I10-I16
Ischemic heart disease (Acute myocardial infarction)	IHD (MI)	410-414 (410)	I20-I25 (I21)
Cardiac dysrhythmia	DYS	427	I47-I49
Congestive heart failure	CHF	428	I42, I50-I51
Cerebrovascular disease (Ischemic stroke)	CBV (STK)	430-434 and 436- 438 (434)	I60-I69 (I63)
Combined CVD Group	CVD	RHD or HT or IHD or DYS or CHF or CBV	
<i>Respiratory Diseases (RD)</i>			
Upper respiratory infections	URI	460-465, 466.0	J00-J06
Respiratory-related influenza	FLU	487.0, 487.8, 488.0, 488.01, 488.02, 488.1, 488.11, 488.12, 488.8, 488.81, 488.82	J09, J09.X1, J09.X2, J10.0, J10.00, J10.01, J10.08, J10.1, J11.0, J11.00, J11.08, J11.1
Bacterial pneumonia	PNEU_B	481, 482, 483.0, 483.1	J13, J14, J15, J16, A48.1
Culture-negative pneumonia*	PNEU_CN	485, 486	J18
Chronic obstructive pulmonary disease	COPD	491, 492, 496	J41-J44
Asthma	ASTHMA	493	J45

Table from International Statistical Classification of Diseases and Related Health Problems

RESULTS

Burden Estimates of Influenza Key

Outcome = Outcome of Interest

Seasons = Seasonal Year

Burden = Burden Estimate

LowerLimit, UpperLimit = Confidence interval Limits

DF = Degrees of Freedom (Knots Used)

Time Series of Outcome Estimates Key

Each Time Series Outcome displays 2 figures:

Figure 1

Grey = Original Outcome Counts

Red = Outcome Estimates with FLU in prediction

Blue = Outcome Estimates without FLU in prediction

DF = Degrees of Freedom (None means 3rd degree polynomial)Figure 2

Blue = Burden of FLU Estimates

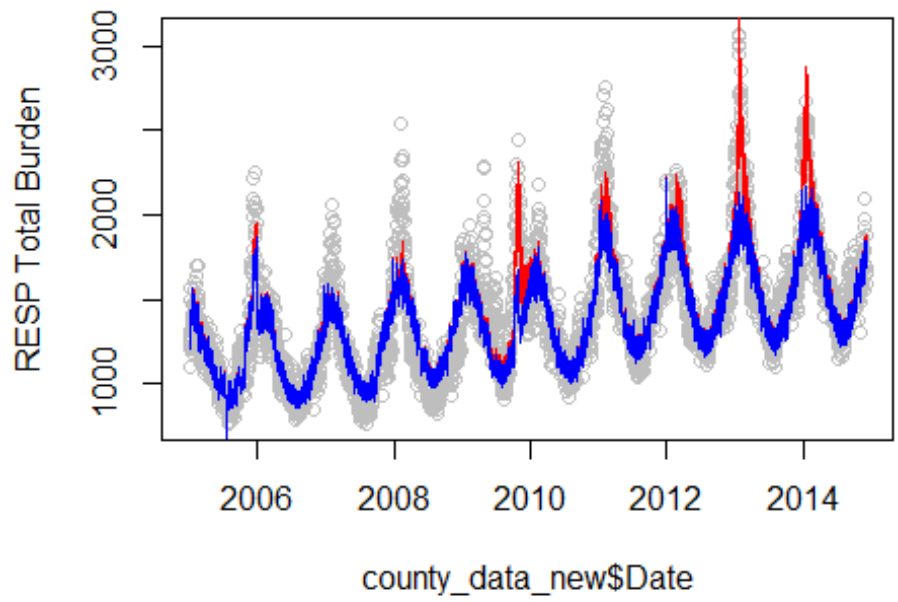
Los Angeles County 3rd Degree Polynomial Burden Estimates

##	Outcome	Seasons	Burden	LowerLimit	UpperLimit
## 1	RESP Total Burden	05-06	913	811.08	1014.92
## 2	RESP Total Burden	06-07	483	430.08	535.92
## 3	RESP Total Burden	07-08	1006	894.28	1117.72
## 4	RESP Total Burden	08-09	1342	1193.04	1490.96
## 5	RESP Total Burden	09-10	6740	5989.32	7490.68
## 6	RESP Total Burden	10-11	3534	3138.08	3929.92
## 7	RESP Total Burden	11-12	2722	2422.12	3021.88
## 8	RESP Total Burden	12-13	7013	6236.84	7789.16
## 9	RESP Total Burden	13-14	8107	7199.52	9014.48
## 10	RESP1 Total Burden	05-06	985	900.72	1069.28
## 11	RESP1 Total Burden	06-07	510	466.88	553.12
## 12	RESP1 Total Burden	07-08	1033	942.84	1123.16
## 13	RESP1 Total Burden	08-09	1207	1103.12	1310.88
## 14	RESP1 Total Burden	09-10	5965	5451.48	6478.52
## 15	RESP1 Total Burden	10-11	2954	2697.24	3210.76
## 16	RESP1 Total Burden	11-12	2015	1842.52	2187.48
## 17	RESP1 Total Burden	12-13	5386	4925.40	5846.60
## 18	RESP1 Total Burden	13-14	6113	5579.88	6646.12
## 19	CVD Total Burden	05-06	51	-13.68	115.68
## 20	CVD Total Burden	06-07	29	-8.24	66.24
## 21	CVD Total Burden	07-08	59	-17.44	135.44
## 22	CVD Total Burden	08-09	96	-27.48	219.48
## 23	CVD Total Burden	09-10	480	-129.56	1089.56
## 24	CVD Total Burden	10-11	228	-62.08	518.08

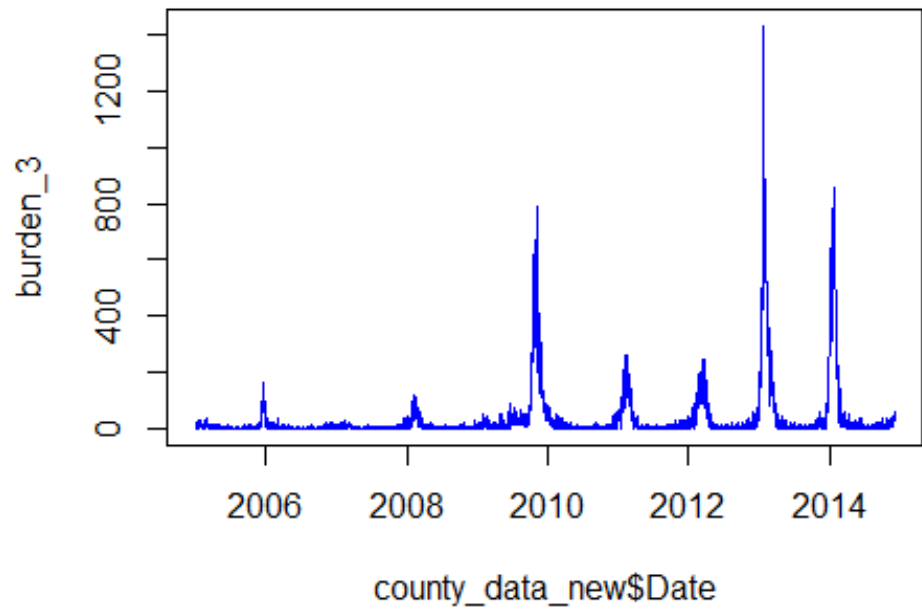
## 25	CVD Total Burden	11-12	183	-48.28	414.28
## 26	CVD Total Burden	12-13	461	-125.04	1047.04
## 27	CVD Total Burden	13-14	542	-145.96	1229.96
## 28	CVD1 Total Burden	05-06	-40	-67.44	-12.56
## 29	CVD1 Total Burden	06-07	-22	-37.68	-6.32
## 30	CVD1 Total Burden	07-08	-41	-68.44	-13.56
## 31	CVD1 Total Burden	08-09	-55	-92.24	-17.76
## 32	CVD1 Total Burden	09-10	-260	-434.44	-85.56
## 33	CVD1 Total Burden	10-11	-115	-191.44	-38.56
## 34	CVD1 Total Burden	11-12	-90	-150.76	-29.24
## 35	CVD1 Total Burden	12-13	-222	-370.96	-73.04
## 36	CVD1 Total Burden	13-14	-253	-423.52	-82.48
## 37	PNEU Total Burden	05-06	35	29.12	40.88
## 38	PNEU Total Burden	06-07	18	14.08	21.92
## 39	PNEU Total Burden	07-08	39	31.16	46.84
## 40	PNEU Total Burden	08-09	45	37.16	52.84
## 41	PNEU Total Burden	09-10	221	179.84	262.16
## 42	PNEU Total Burden	10-11	119	95.48	142.52
## 43	PNEU Total Burden	11-12	81	65.32	96.68
## 44	PNEU Total Burden	12-13	214	172.84	255.16
## 45	PNEU Total Burden	13-14	225	181.88	268.12
## 46	PNEU1 Total Burden	05-06	11	7.08	14.92
## 47	PNEU1 Total Burden	06-07	6	4.04	7.96
## 48	PNEU1 Total Burden	07-08	12	6.12	17.88
## 49	PNEU1 Total Burden	08-09	14	8.12	19.88
## 50	PNEU1 Total Burden	09-10	66	36.60	95.40
## 51	PNEU1 Total Burden	10-11	37	19.36	54.64
## 52	PNEU1 Total Burden	11-12	22	12.20	31.80
## 53	PNEU1 Total Burden	12-13	55	29.52	80.48
## 54	PNEU1 Total Burden	13-14	50	26.48	73.52

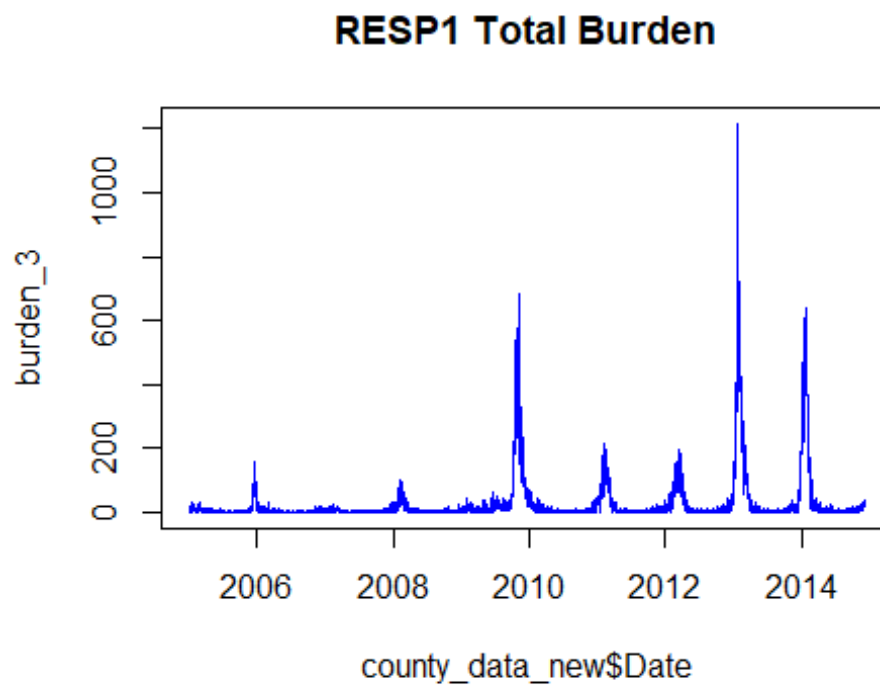
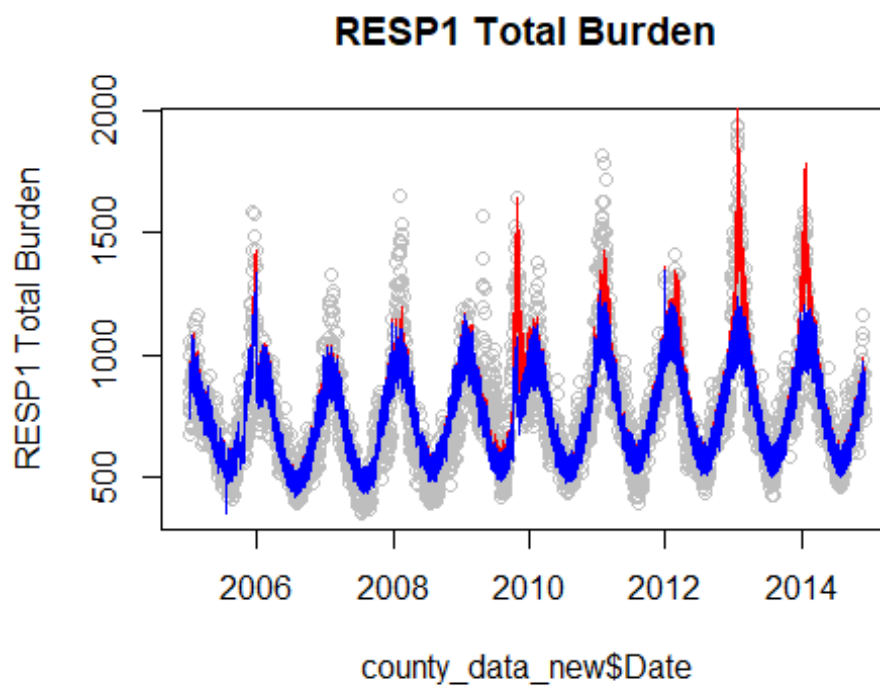
Los Angeles County 3rd Degree Polynomial Time Series

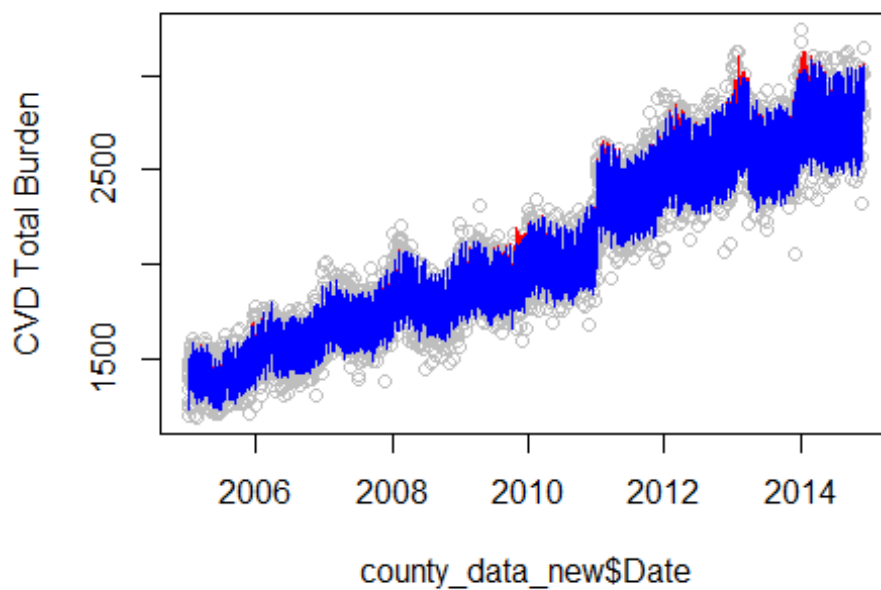
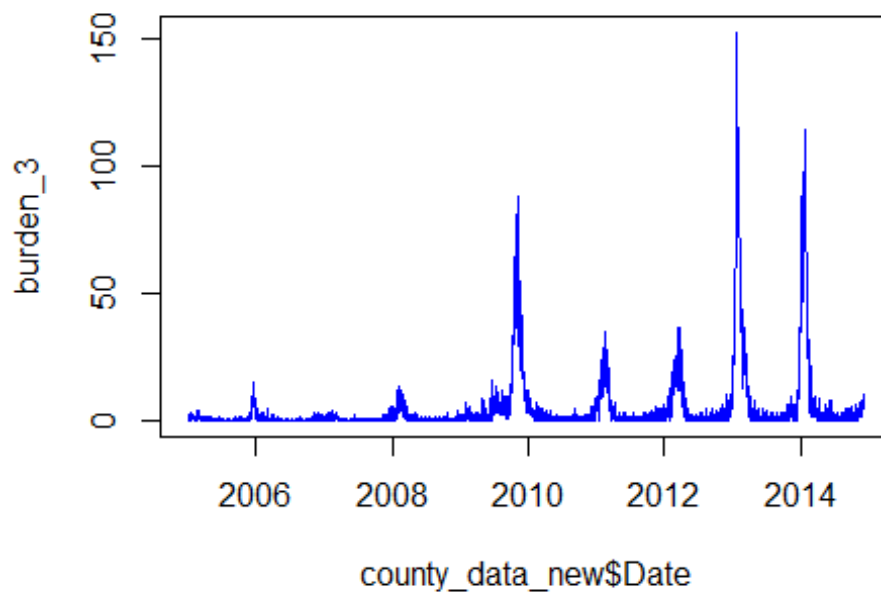
RESP Total Burden



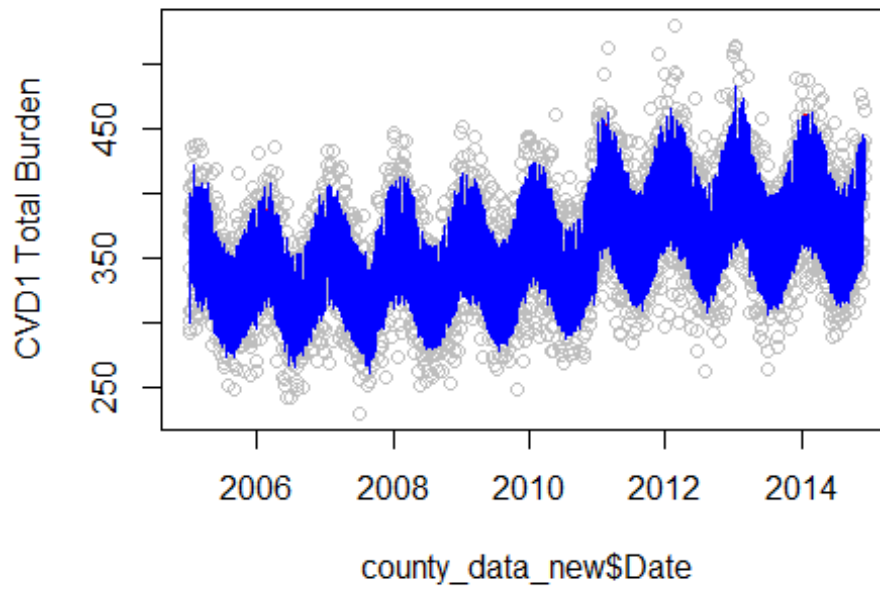
RESP Total Burden



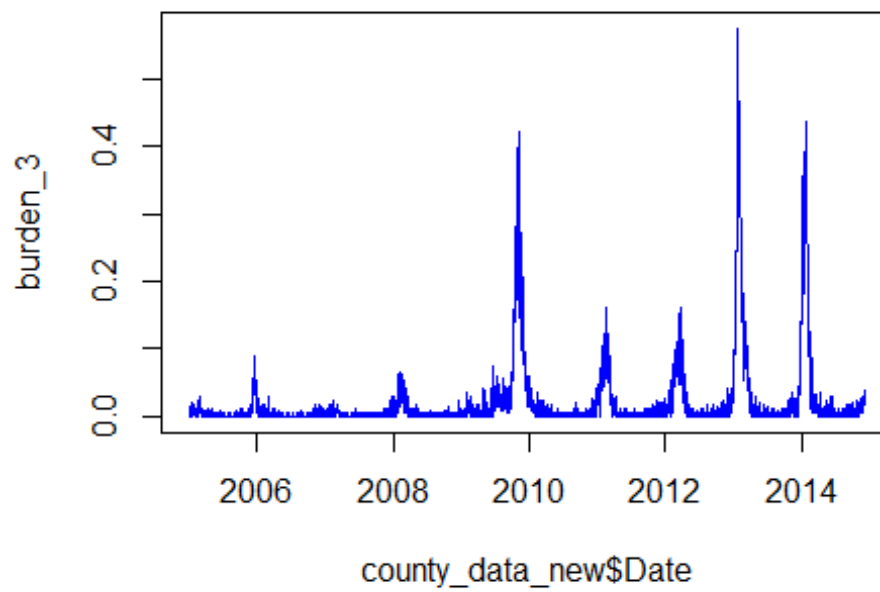


CVD Total Burden**CVD Total Burden**

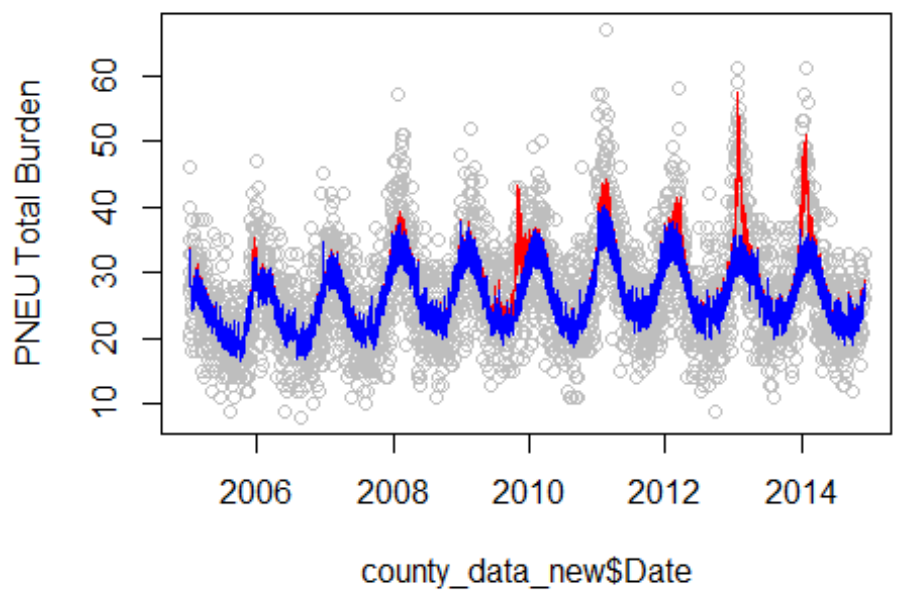
CVD1 Total Burden



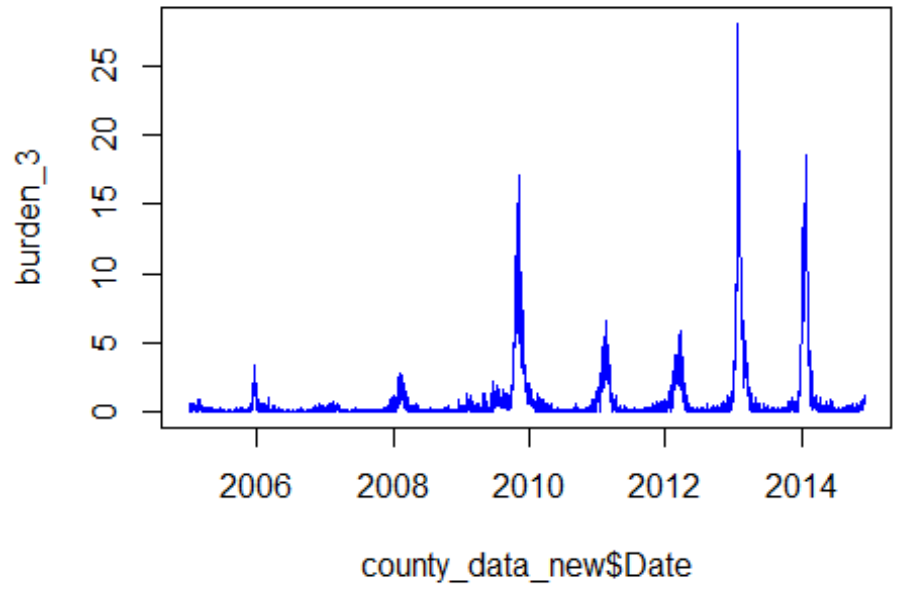
CVD1 Total Burden



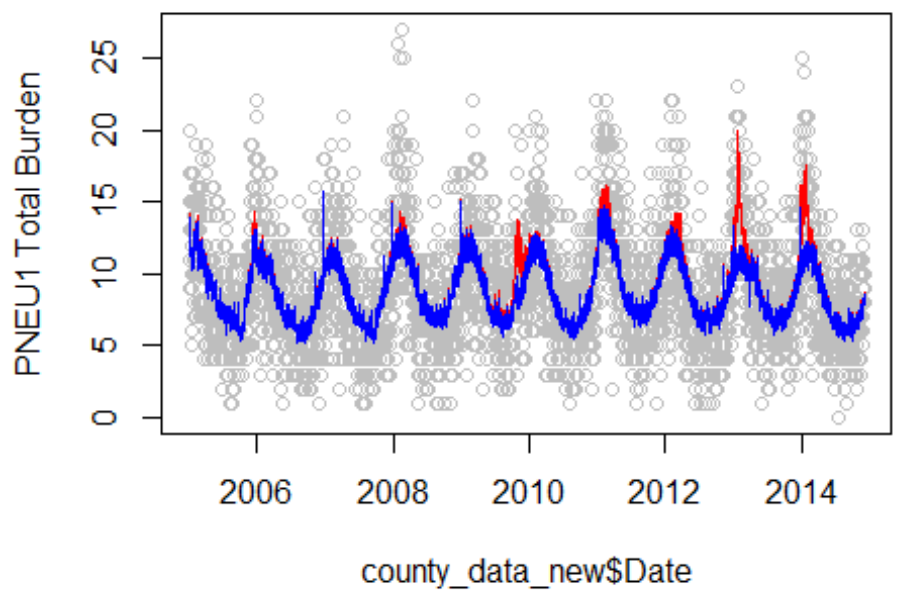
PNEU Total Burden



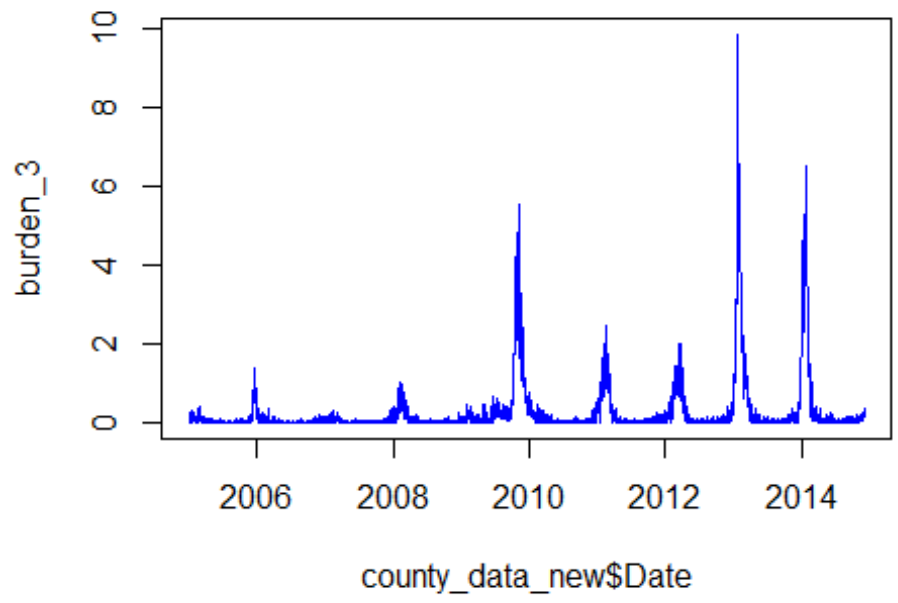
PNEU Total Burden



PNEU1 Total Burden



PNEU1 Total Burden



Los Angeles County 3rd Degree Polynomial Burden Estimates

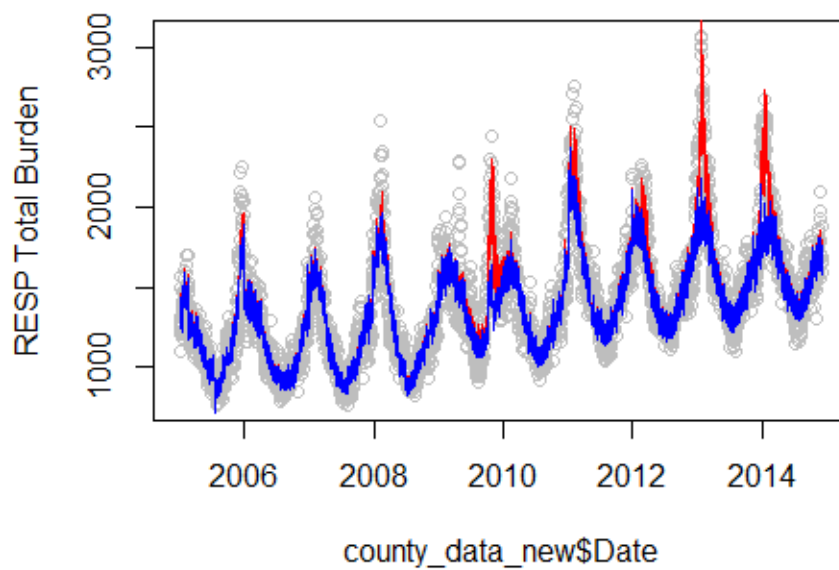
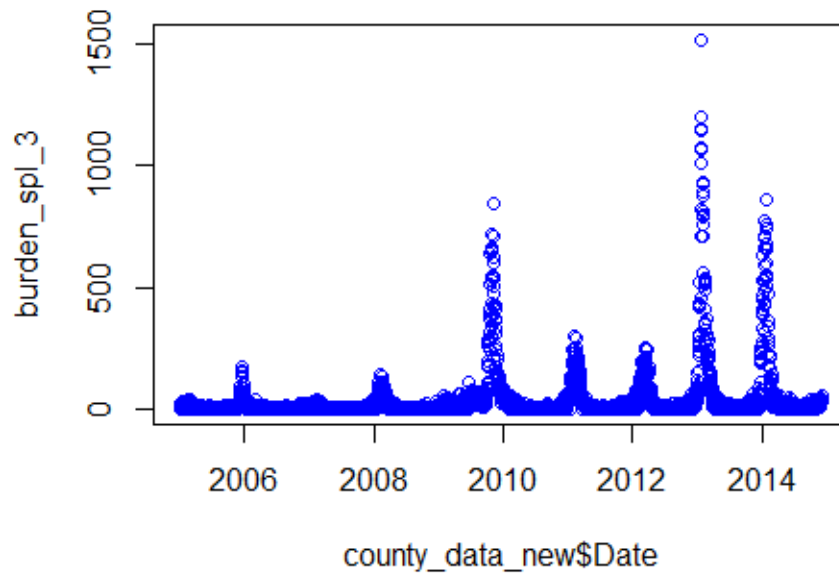
##		Outcome	Df	Seasons	Burden	LowerLimit	UpperLimit
## 1	RESP	Total Burden	40	05-06	3601	3375.60	3826.40
## 2	RESP	Total Burden	40	06-07	1294	1213.64	1374.36
## 3	RESP	Total Burden	40	07-08	4666	4377.88	4954.12
## 4	RESP	Total Burden	40	08-09	2995	2810.76	3179.24
## 5	RESP	Total Burden	40	09-10	29839	28088.72	31589.28
## 6	RESP	Total Burden	40	10-11	11549	10843.40	12254.60
## 7	RESP	Total Burden	40	11-12	10852	10183.64	11520.36
## 8	RESP	Total Burden	40	12-13	37545	35314.52	39775.48
## 9	RESP	Total Burden	40	13-14	27893	26179.96	29606.04
## 10	RESP	Total Burden	60	05-06	2500	2260.88	2739.12
## 11	RESP	Total Burden	60	06-07	893	808.72	977.28
## 12	RESP	Total Burden	60	07-08	3317	3001.44	3632.56
## 13	RESP	Total Burden	60	08-09	2115	1913.12	2316.88
## 14	RESP	Total Burden	60	09-10	21360	19415.68	23304.32
## 15	RESP	Total Burden	60	10-11	7987	7234.36	8739.64
## 16	RESP	Total Burden	60	11-12	7726	6998.84	8453.16
## 17	RESP	Total Burden	60	12-13	26868	24419.96	29316.04
## 18	RESP	Total Burden	60	13-14	19891	18068.20	21713.80
## 19	RESP	Total Burden	80	05-06	1847	1586.32	2107.68
## 20	RESP	Total Burden	80	06-07	662	567.92	756.08
## 21	RESP	Total Burden	80	07-08	2451	2104.08	2797.92
## 22	RESP	Total Burden	80	08-09	1555	1335.48	1774.52
## 23	RESP	Total Burden	80	09-10	16048	13870.44	18225.56
## 24	RESP	Total Burden	80	10-11	6040	5193.28	6886.72
## 25	RESP	Total Burden	80	11-12	5695	4895.32	6494.68
## 26	RESP	Total Burden	80	12-13	20196	17448.08	22943.92
## 27	RESP	Total Burden	80	13-14	15012	12965.76	17058.24
## 28	RESP	Total Burden	120	05-06	2042	1718.60	2365.40
## 29	RESP	Total Burden	120	06-07	729	613.36	844.64
## 30	RESP	Total Burden	120	07-08	2713	2281.80	3144.20
## 31	RESP	Total Burden	120	08-09	1719	1444.60	1993.40
## 32	RESP	Total Burden	120	09-10	17506	14848.24	20163.76
## 33	RESP	Total Burden	120	10-11	6625	5582.28	7667.72
## 34	RESP	Total Burden	120	11-12	6306	5312.28	7299.72
## 35	RESP	Total Burden	120	12-13	22069	18770.32	25367.68
## 36	RESP	Total Burden	120	13-14	16373	13879.88	18866.12
## 37	RESP1	Total Burden	40	05-06	2947	2743.16	3150.84
## 38	RESP1	Total Burden	40	06-07	960	895.32	1024.68
## 39	RESP1	Total Burden	40	07-08	3516	3274.92	3757.08
## 40	RESP1	Total Burden	40	08-09	2172	2023.04	2320.96
## 41	RESP1	Total Burden	40	09-10	22320	20893.12	23746.88
## 42	RESP1	Total Burden	40	10-11	8552	7975.76	9128.24
## 43	RESP1	Total Burden	40	11-12	7261	6765.12	7756.88
## 44	RESP1	Total Burden	40	12-13	26867	25126.52	28607.48
## 45	RESP1	Total Burden	40	13-14	19136	17840.44	20431.56
## 46	RESP1	Total Burden	60	05-06	1925	1713.32	2136.68
## 47	RESP1	Total Burden	60	06-07	622	553.40	690.60
## 48	RESP1	Total Burden	60	07-08	2361	2100.32	2621.68

## 49	RESP1	Total	Burden	60	08-09	1453	1292.28	1613.72
## 50	RESP1	Total	Burden	60	09-10	15279	13683.56	16874.44
## 51	RESP1	Total	Burden	60	10-11	5539	4937.28	6140.72
## 52	RESP1	Total	Burden	60	11-12	4923	4385.96	5460.04
## 53	RESP1	Total	Burden	60	12-13	18316	16403.04	20228.96
## 54	RESP1	Total	Burden	60	13-14	13044	11670.04	14417.96
## 55	RESP1	Total	Burden	80	05-06	1344	1116.64	1571.36
## 56	RESP1	Total	Burden	80	06-07	436	361.52	510.48
## 57	RESP1	Total	Burden	80	07-08	1650	1369.72	1930.28
## 58	RESP1	Total	Burden	80	08-09	1007	836.48	1177.52
## 59	RESP1	Total	Burden	80	09-10	10894	9131.96	12656.04
## 60	RESP1	Total	Burden	80	10-11	3990	3319.68	4660.32
## 61	RESP1	Total	Burden	80	11-12	3421	2844.76	3997.24
## 62	RESP1	Total	Burden	80	12-13	13106	10979.40	15232.60
## 63	RESP1	Total	Burden	80	13-14	9383	7856.16	10909.84
## 64	RESP1	Total	Burden	120	05-06	1624	1345.68	1902.32
## 65	RESP1	Total	Burden	120	06-07	525	434.84	615.16
## 66	RESP1	Total	Burden	120	07-08	1996	1653.00	2339.00
## 67	RESP1	Total	Burden	120	08-09	1219	1009.28	1428.72
## 68	RESP1	Total	Burden	120	09-10	12899	10811.60	14986.40
## 69	RESP1	Total	Burden	120	10-11	4775	3965.52	5584.48
## 70	RESP1	Total	Burden	120	11-12	4152	3448.36	4855.64
## 71	RESP1	Total	Burden	120	12-13	15501	13039.24	17962.76
## 72	RESP1	Total	Burden	120	13-14	11122	9314.88	12929.12
## 73	CVD	Total	Burden	40	05-06	645	537.20	752.80
## 74	CVD	Total	Burden	40	06-07	293	244.00	342.00
## 75	CVD	Total	Burden	40	07-08	982	819.32	1144.68
## 76	CVD	Total	Burden	40	08-09	737	613.52	860.48
## 77	CVD	Total	Burden	40	09-10	6671	5569.48	7772.52
## 78	CVD	Total	Burden	40	10-11	2506	2088.52	2923.48
## 79	CVD	Total	Burden	40	11-12	2902	2419.84	3384.16
## 80	CVD	Total	Burden	40	12-13	8591	7168.04	10013.96
## 81	CVD	Total	Burden	40	13-14	6987	5822.76	8151.24
## 82	CVD	Total	Burden	60	05-06	433	301.68	564.32
## 83	CVD	Total	Burden	60	06-07	197	138.20	255.80
## 84	CVD	Total	Burden	60	07-08	663	463.08	862.92
## 85	CVD	Total	Burden	60	08-09	495	346.04	643.96
## 86	CVD	Total	Burden	60	09-10	4477	3130.48	5823.52
## 87	CVD	Total	Burden	60	10-11	1687	1177.40	2196.60
## 88	CVD	Total	Burden	60	11-12	1963	1369.12	2556.88
## 89	CVD	Total	Burden	60	12-13	5817	4066.72	7567.28
## 90	CVD	Total	Burden	60	13-14	4718	3297.00	6139.00
## 91	CVD	Total	Burden	80	05-06	467	312.16	621.84
## 92	CVD	Total	Burden	80	06-07	212	141.44	282.56
## 93	CVD	Total	Burden	80	07-08	714	476.84	951.16
## 94	CVD	Total	Burden	80	08-09	533	356.60	709.40
## 95	CVD	Total	Burden	80	09-10	4797	3219.20	6374.80
## 96	CVD	Total	Burden	80	10-11	1819	1215.32	2422.68
## 97	CVD	Total	Burden	80	11-12	2112	1412.28	2811.72
## 98	CVD	Total	Burden	80	12-13	6265	4201.12	8328.88

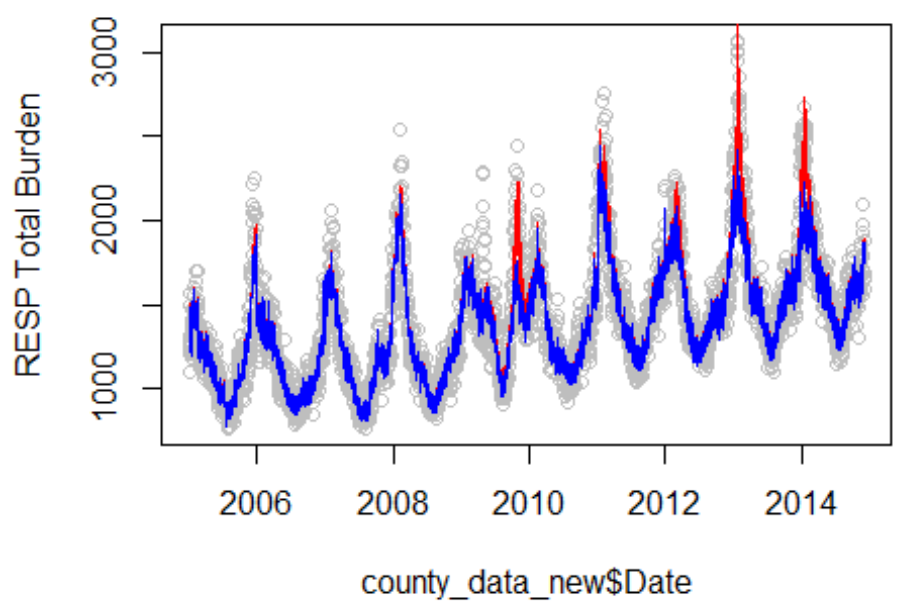
## 99	CVD Total Burden	80	13-14	5100	3420.28	6779.72
## 100	CVD Total Burden	120	05-06	319	107.32	530.68
## 101	CVD Total Burden	120	06-07	145	48.96	241.04
## 102	CVD Total Burden	120	07-08	488	162.64	813.36
## 103	CVD Total Burden	120	08-09	364	120.96	607.04
## 104	CVD Total Burden	120	09-10	3285	1113.32	5456.68
## 105	CVD Total Burden	120	10-11	1246	416.92	2075.08
## 106	CVD Total Burden	120	11-12	1446	483.64	2408.36
## 107	CVD Total Burden	120	12-13	4310	1468.00	7152.00
## 108	CVD Total Burden	120	13-14	3496	1183.20	5808.80
## 109	CVD1 Total Burden	40	05-06	34	-11.08	79.08
## 110	CVD1 Total Burden	40	06-07	14	-3.64	31.64
## 111	CVD1 Total Burden	40	07-08	45	-11.84	101.84
## 112	CVD1 Total Burden	40	08-09	32	-9.16	73.16
## 113	CVD1 Total Burden	40	09-10	285	-83.48	653.48
## 114	CVD1 Total Burden	40	10-11	101	-30.32	232.32
## 115	CVD1 Total Burden	40	11-12	108	-33.12	249.12
## 116	CVD1 Total Burden	40	12-13	306	-91.88	703.88
## 117	CVD1 Total Burden	40	13-14	241	-72.60	554.60
## 118	CVD1 Total Burden	60	05-06	-6	-60.88	48.88
## 119	CVD1 Total Burden	60	06-07	-2	-25.52	21.52
## 120	CVD1 Total Burden	60	07-08	-8	-78.56	62.56
## 121	CVD1 Total Burden	60	08-09	-5	-55.96	45.96
## 122	CVD1 Total Burden	60	09-10	-48	-502.72	406.72
## 123	CVD1 Total Burden	60	10-11	-17	-179.68	145.68
## 124	CVD1 Total Burden	60	11-12	-18	-192.44	156.44
## 125	CVD1 Total Burden	60	12-13	-52	-545.92	441.92
## 126	CVD1 Total Burden	60	13-14	-40	-424.16	344.16
## 127	CVD1 Total Burden	80	05-06	2	-62.68	66.68
## 128	CVD1 Total Burden	80	06-07	1	-26.44	28.44
## 129	CVD1 Total Burden	80	07-08	3	-83.24	89.24
## 130	CVD1 Total Burden	80	08-09	2	-58.76	62.76
## 131	CVD1 Total Burden	80	09-10	18	-524.92	560.92
## 132	CVD1 Total Burden	80	10-11	6	-188.04	200.04
## 133	CVD1 Total Burden	80	11-12	7	-200.76	214.76
## 134	CVD1 Total Burden	80	12-13	19	-570.96	608.96
## 135	CVD1 Total Burden	80	13-14	15	-445.60	475.60
## 136	CVD1 Total Burden	120	05-06	-34	-124.16	56.16
## 137	CVD1 Total Burden	120	06-07	-14	-51.24	23.24
## 138	CVD1 Total Burden	120	07-08	-45	-162.60	72.60
## 139	CVD1 Total Burden	120	08-09	-32	-116.28	52.28
## 140	CVD1 Total Burden	120	09-10	-284	-1032.72	464.72
## 141	CVD1 Total Burden	120	10-11	-101	-367.56	165.56
## 142	CVD1 Total Burden	120	11-12	-109	-395.16	177.16
## 143	CVD1 Total Burden	120	12-13	-310	-1127.32	507.32
## 144	CVD1 Total Burden	120	13-14	-242	-879.00	395.00
## 145	PNEU Total Burden	40	05-06	71	59.24	82.76
## 146	PNEU Total Burden	40	06-07	27	23.08	30.92
## 147	PNEU Total Burden	40	07-08	105	89.32	120.68
## 148	PNEU Total Burden	40	08-09	64	54.20	73.80

## 149	PNEU	Total	Burden	40	09-10	573	488.72	657.28
## 150	PNEU	Total	Burden	40	10-11	242	204.76	279.24
## 151	PNEU	Total	Burden	40	11-12	213	179.68	246.32
## 152	PNEU	Total	Burden	40	12-13	706	602.12	809.88
## 153	PNEU	Total	Burden	40	13-14	532	451.64	612.36
## 154	PNEU	Total	Burden	60	05-06	54	40.28	67.72
## 155	PNEU	Total	Burden	60	06-07	21	15.12	26.88
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## 157	PNEU	Total	Burden	60	08-09	49	37.24	60.76
## 158	PNEU	Total	Burden	60	09-10	442	338.12	545.88
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## 160	PNEU	Total	Burden	60	11-12	168	126.84	209.16
## 161	PNEU	Total	Burden	60	12-13	552	422.64	681.36
## 162	PNEU	Total	Burden	60	13-14	425	325.04	524.96
## 163	PNEU	Total	Burden	80	05-06	49	33.32	64.68
## 164	PNEU	Total	Burden	80	06-07	19	13.12	24.88
## 165	PNEU	Total	Burden	80	07-08	73	49.48	96.52
## 166	PNEU	Total	Burden	80	08-09	44	30.28	57.72
## 167	PNEU	Total	Burden	80	09-10	397	275.48	518.52
## 168	PNEU	Total	Burden	80	10-11	169	114.12	223.88
## 169	PNEU	Total	Burden	80	11-12	151	102.00	200.00
## 170	PNEU	Total	Burden	80	12-13	501	346.16	655.84
## 171	PNEU	Total	Burden	80	13-14	387	267.44	506.56
## 172	PNEU	Total	Burden	120	05-06	61	39.44	82.56
## 173	PNEU	Total	Burden	120	06-07	23	15.16	30.84
## 174	PNEU	Total	Burden	120	07-08	90	56.68	123.32
## 175	PNEU	Total	Burden	120	08-09	54	34.40	73.60
## 176	PNEU	Total	Burden	120	09-10	479	316.32	641.68
## 177	PNEU	Total	Burden	120	10-11	207	132.52	281.48
## 178	PNEU	Total	Burden	120	11-12	185	118.36	251.64
## 179	PNEU	Total	Burden	120	12-13	601	403.04	798.96
## 180	PNEU	Total	Burden	120	13-14	465	306.24	623.76
## 181	PNEU1	Total	Burden	40	05-06	28	20.16	35.84
## 182	PNEU1	Total	Burden	40	06-07	10	8.04	11.96
## 183	PNEU1	Total	Burden	40	07-08	40	30.20	49.80
## 184	PNEU1	Total	Burden	40	08-09	22	16.12	27.88
## 185	PNEU1	Total	Burden	40	09-10	191	143.96	238.04
## 186	PNEU1	Total	Burden	40	10-11	87	63.48	110.52
## 187	PNEU1	Total	Burden	40	11-12	73	53.40	92.60
## 188	PNEU1	Total	Burden	40	12-13	241	180.24	301.76
## 189	PNEU1	Total	Burden	40	13-14	184	136.96	231.04
## 190	PNEU1	Total	Burden	60	05-06	17	7.20	26.80
## 191	PNEU1	Total	Burden	60	06-07	6	2.08	9.92
## 192	PNEU1	Total	Burden	60	07-08	24	10.28	37.72
## 193	PNEU1	Total	Burden	60	08-09	13	5.16	20.84
## 194	PNEU1	Total	Burden	60	09-10	114	53.24	174.76
## 195	PNEU1	Total	Burden	60	10-11	51	23.56	78.44
## 196	PNEU1	Total	Burden	60	11-12	44	20.48	67.52
## 197	PNEU1	Total	Burden	60	12-13	147	68.60	225.40
## 198	PNEU1	Total	Burden	60	13-14	114	53.24	174.76

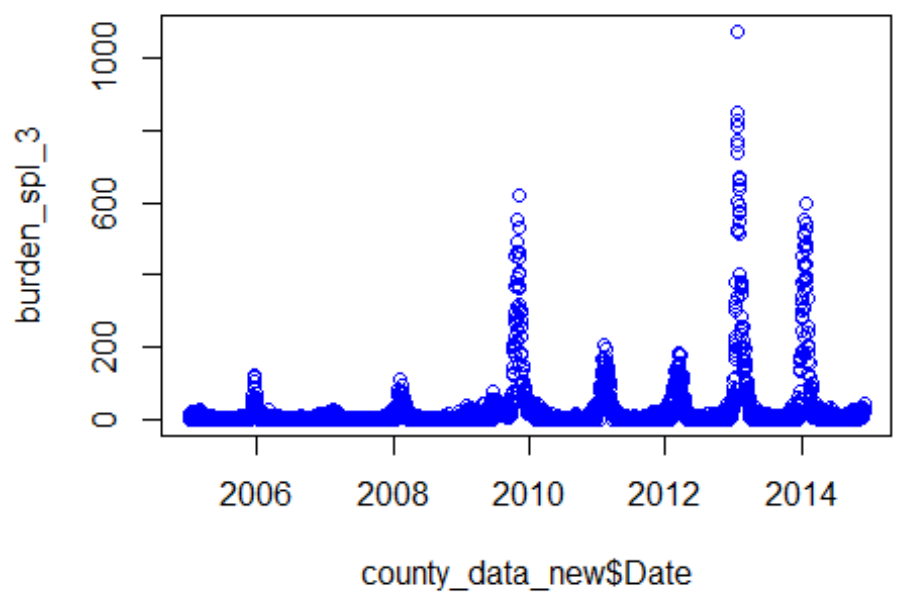
## 199	PNEU1	Total Burden	80	05-06	11	-0.76	22.76
## 200	PNEU1	Total Burden	80	06-07	4	0.08	7.92
## 201	PNEU1	Total Burden	80	07-08	16	0.32	31.68
## 202	PNEU1	Total Burden	80	08-09	9	1.16	16.84
## 203	PNEU1	Total Burden	80	09-10	80	5.52	154.48
## 204	PNEU1	Total Burden	80	10-11	36	2.68	69.32
## 205	PNEU1	Total Burden	80	11-12	30	0.60	59.40
## 206	PNEU1	Total Burden	80	12-13	104	7.96	200.04
## 207	PNEU1	Total Burden	80	13-14	80	5.52	154.48
## 208	PNEU1	Total Burden	120	05-06	17	1.32	32.68
## 209	PNEU1	Total Burden	120	06-07	6	0.12	11.88
## 210	PNEU1	Total Burden	120	07-08	24	2.44	45.56
## 211	PNEU1	Total Burden	120	08-09	14	2.24	25.76
## 212	PNEU1	Total Burden	120	09-10	117	19.00	215.00
## 213	PNEU1	Total Burden	120	10-11	53	5.96	100.04
## 214	PNEU1	Total Burden	120	11-12	45	5.80	84.20
## 215	PNEU1	Total Burden	120	12-13	149	27.48	270.52
## 216	PNEU1	Total Burden	120	13-14	116	18.00	214.00

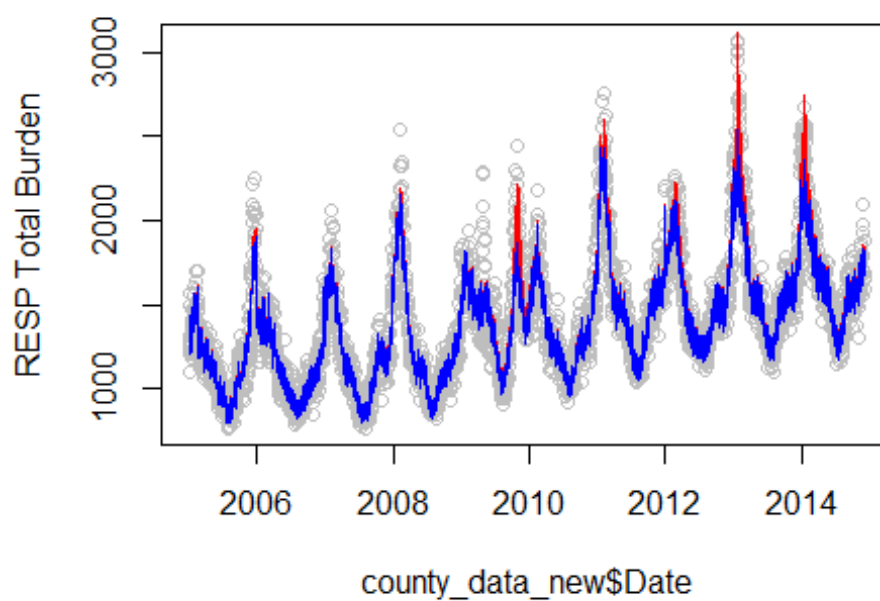
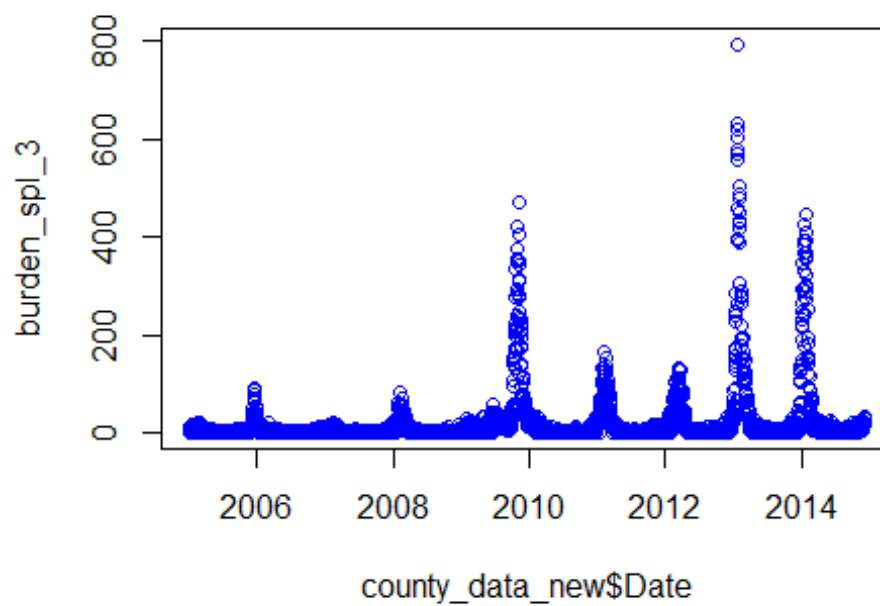
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RESP Total Burden: DF =60

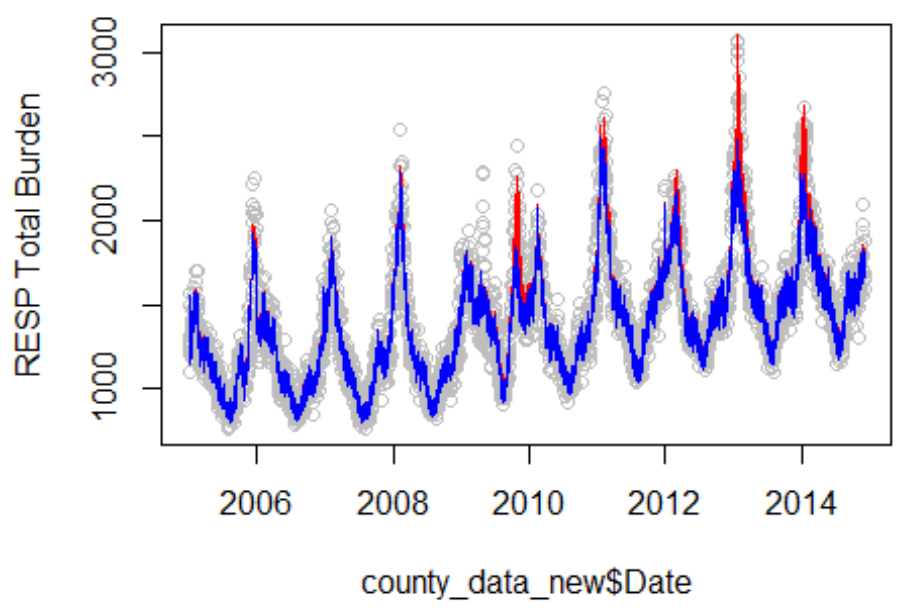


RESP Total Burden

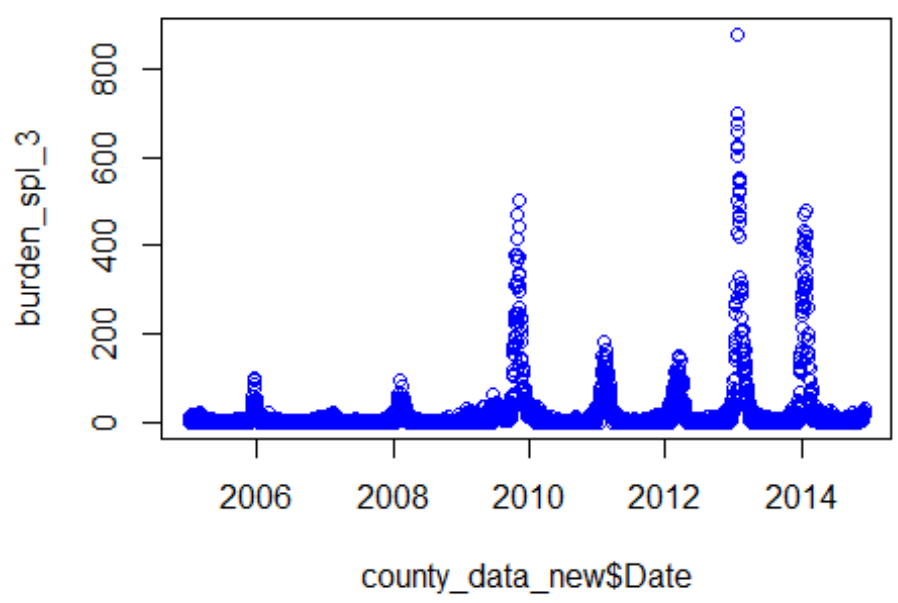


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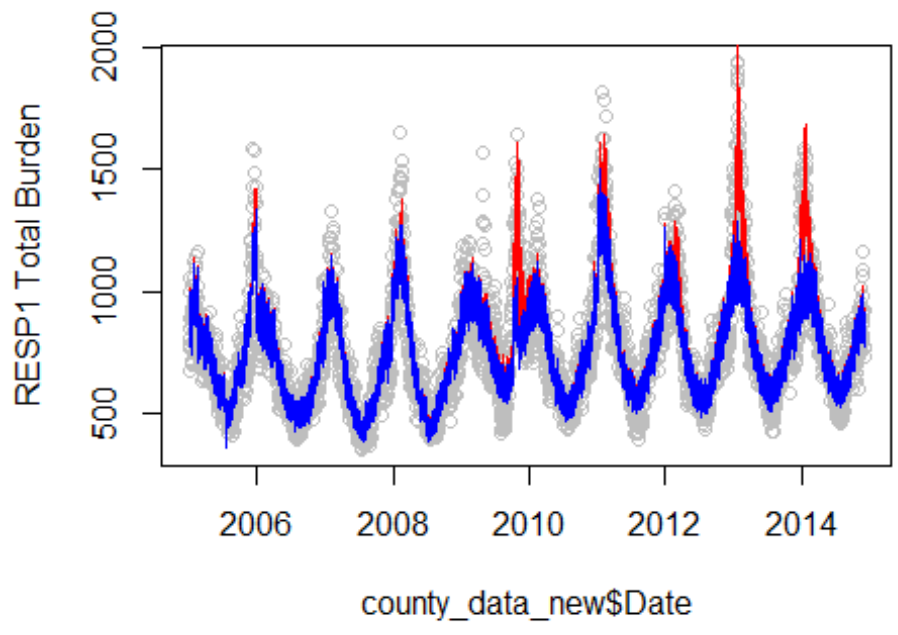
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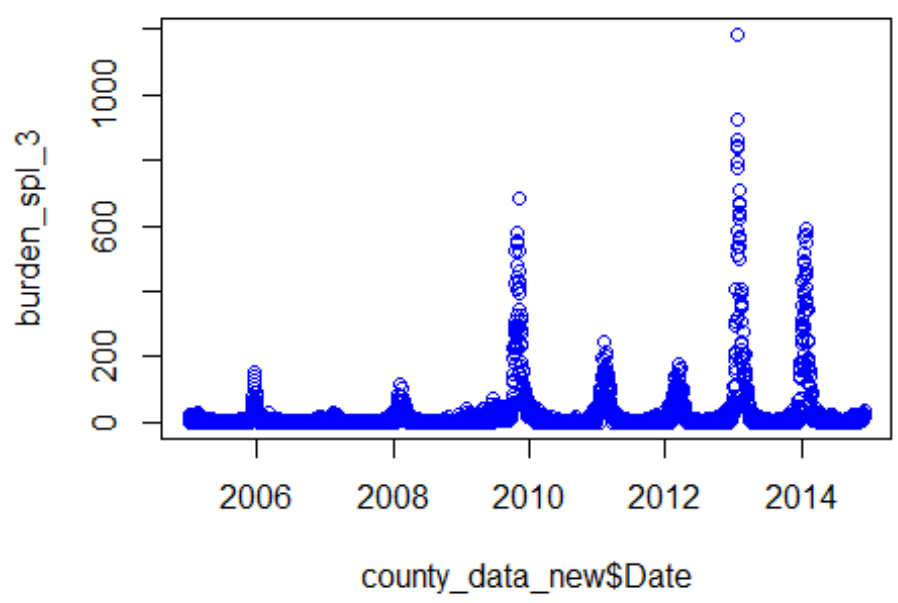
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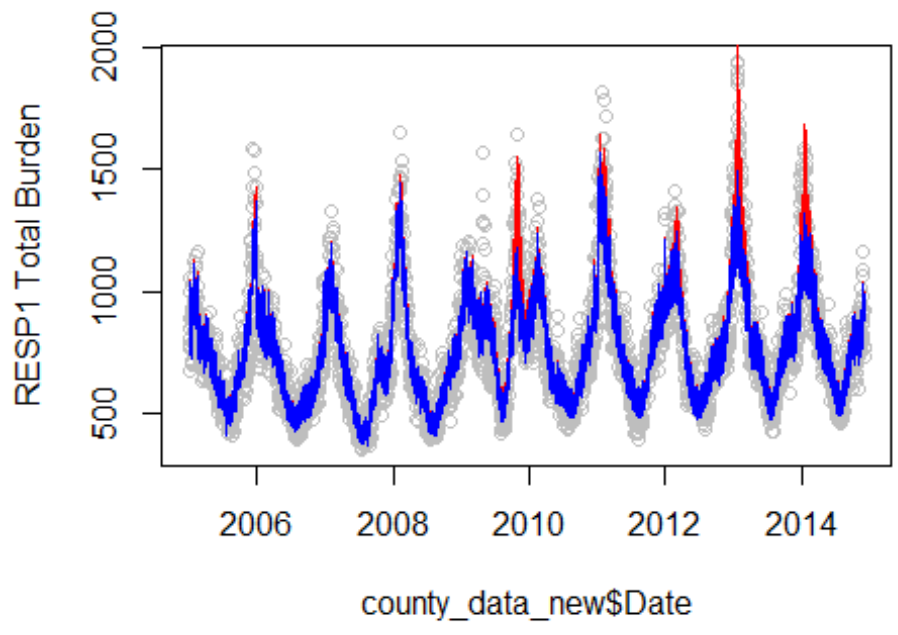
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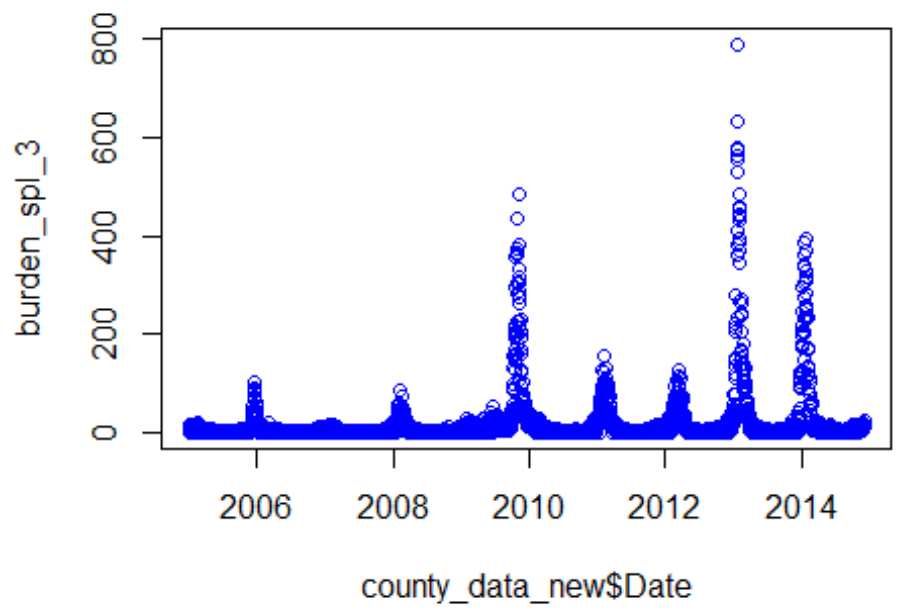
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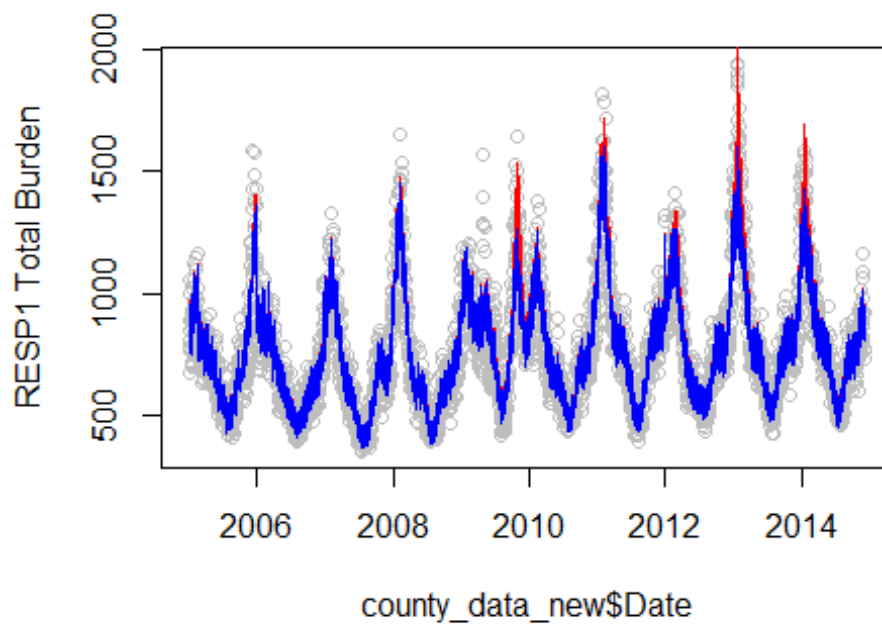
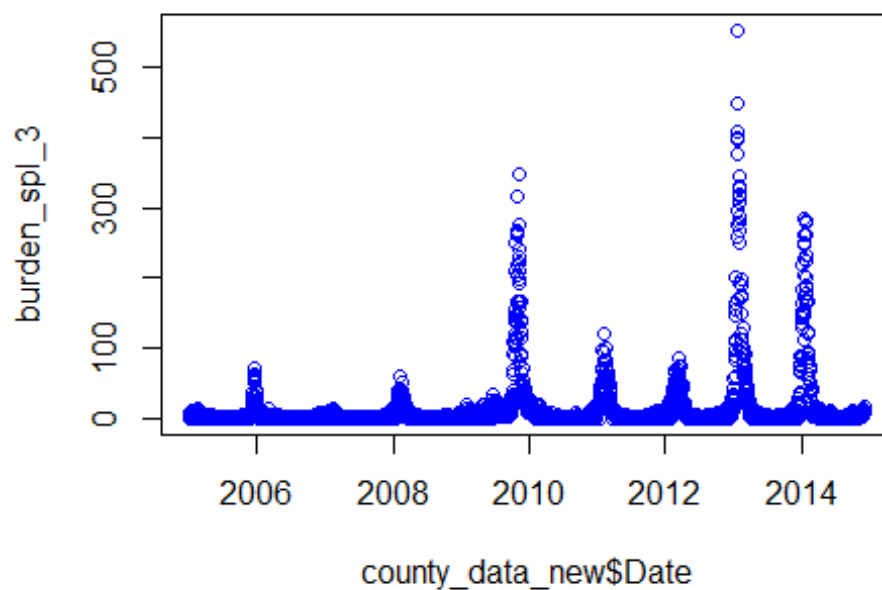


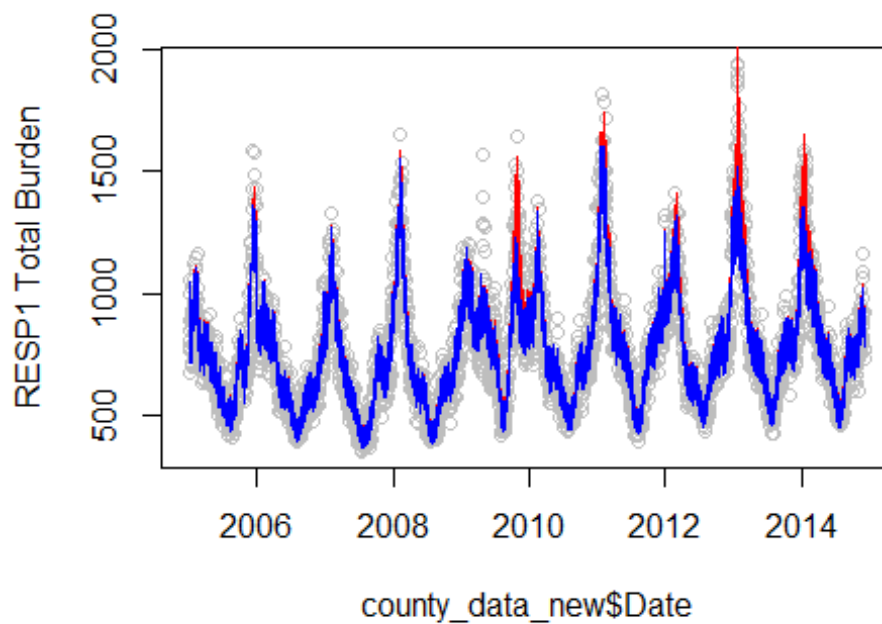
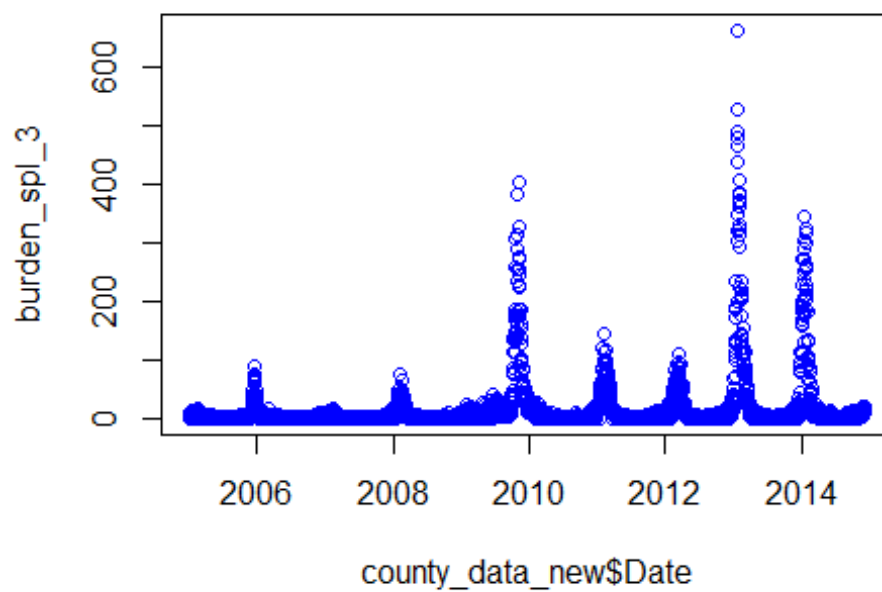
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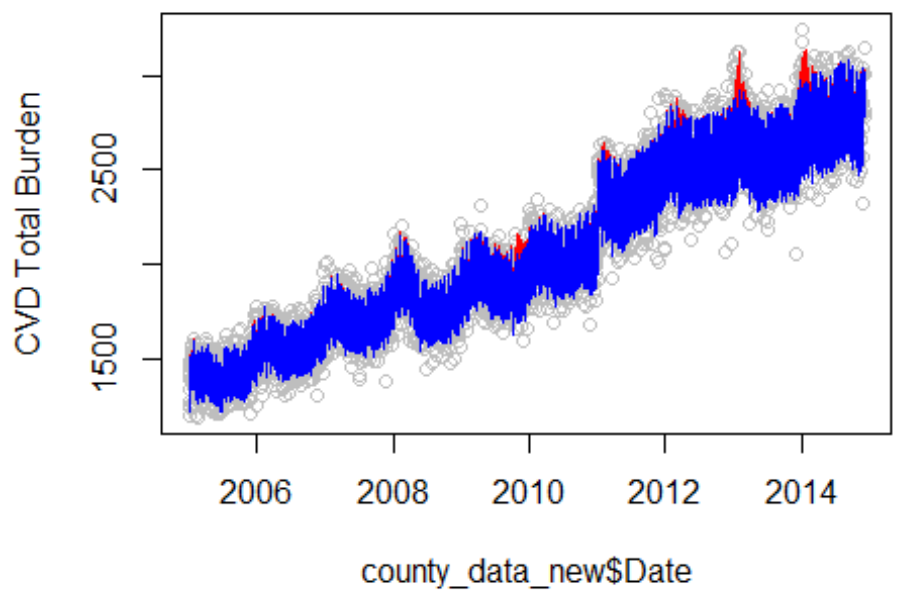
RESP1 Total Burden



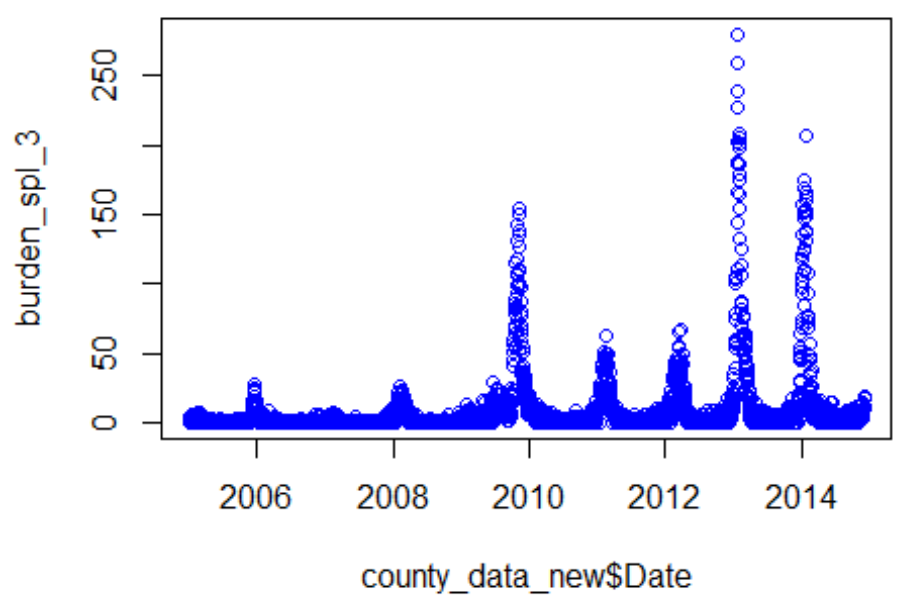
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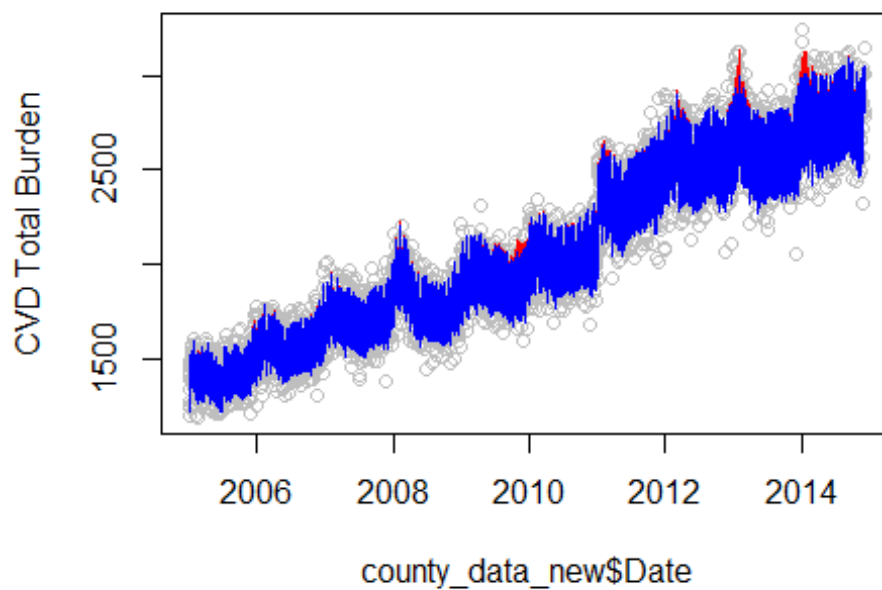
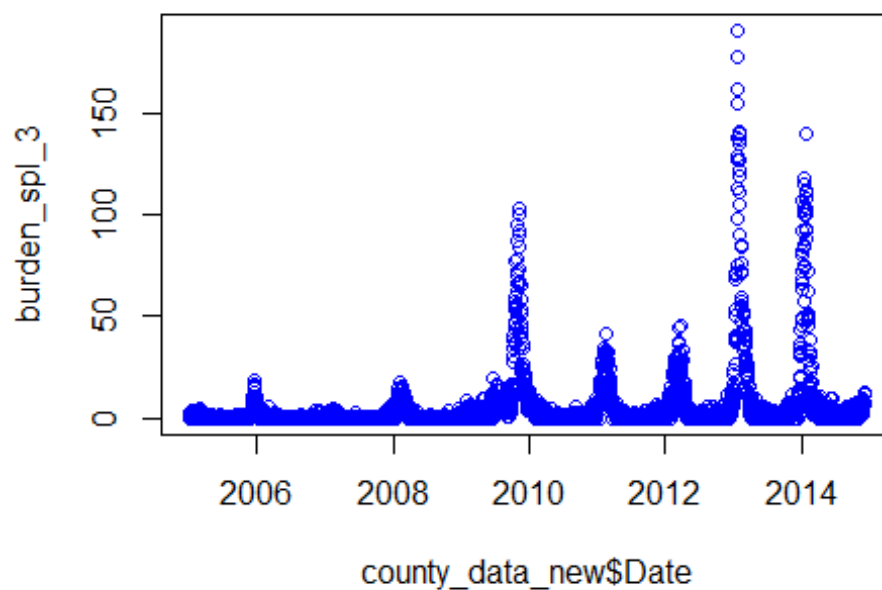
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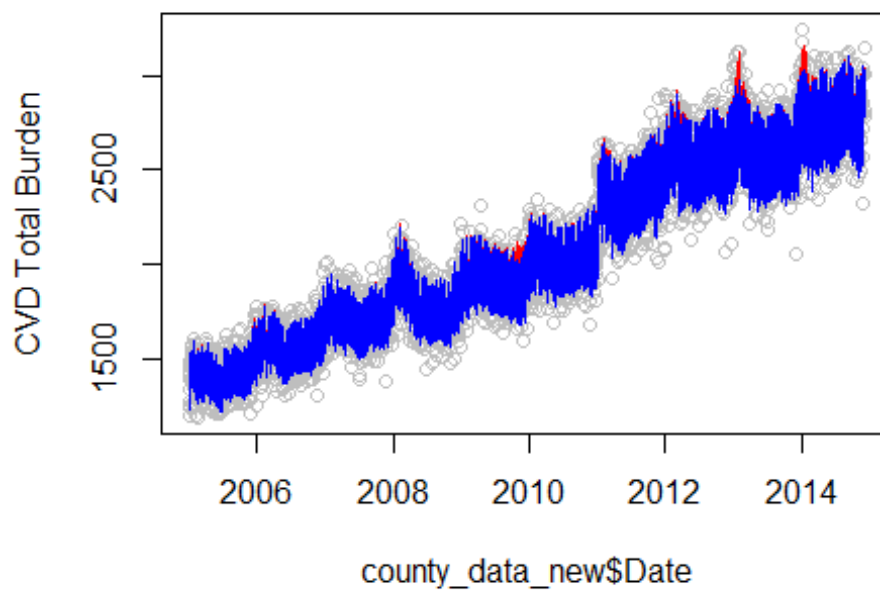
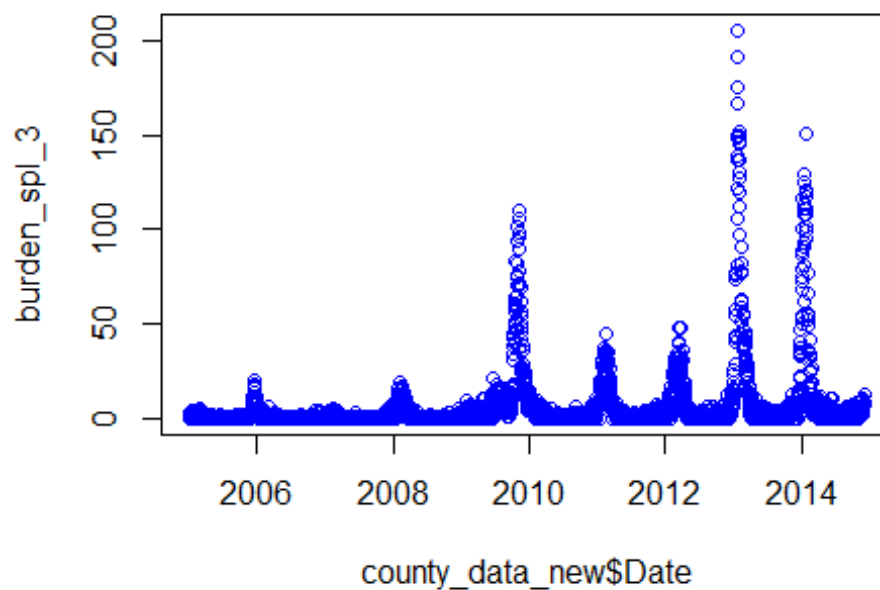
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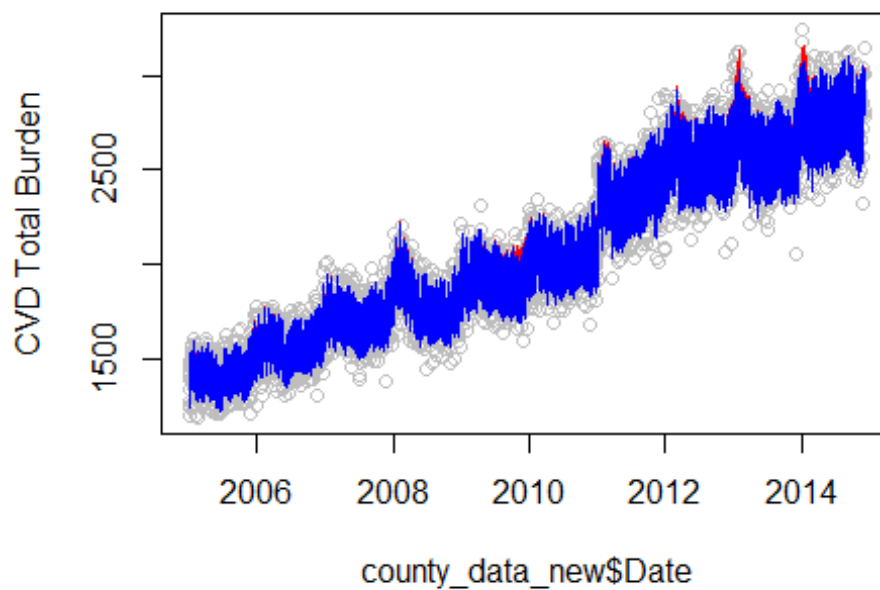
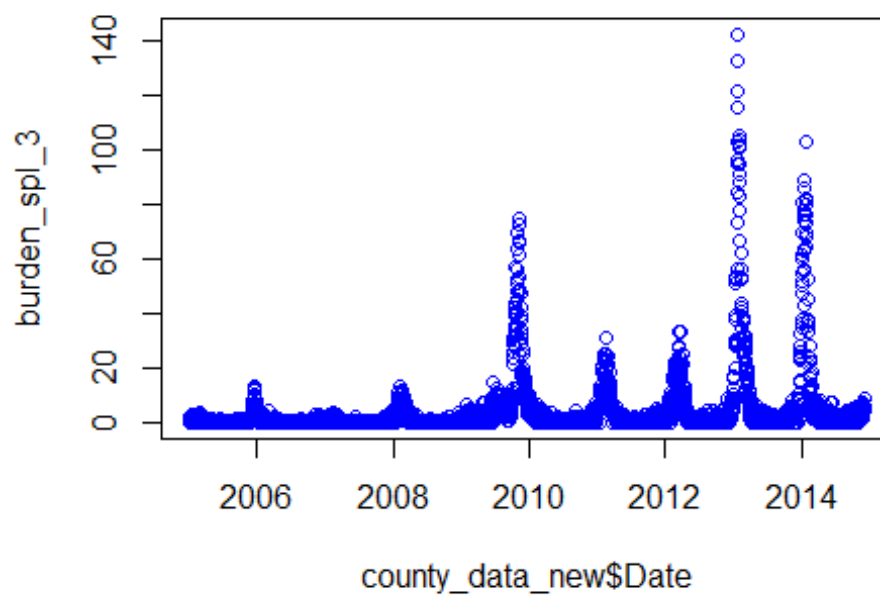


CVD Total Burden

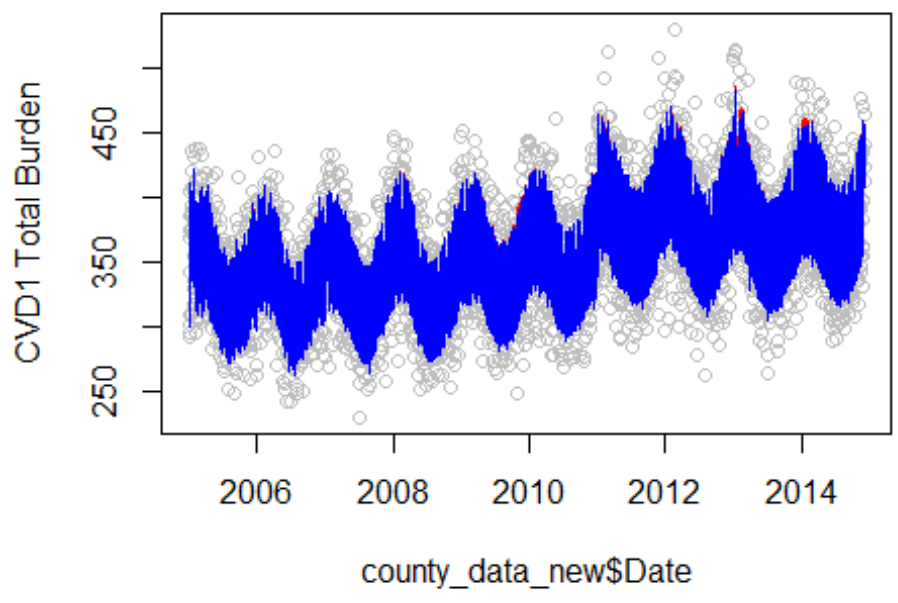


CVD Total Burden: DF =60**CVD Total Burden**

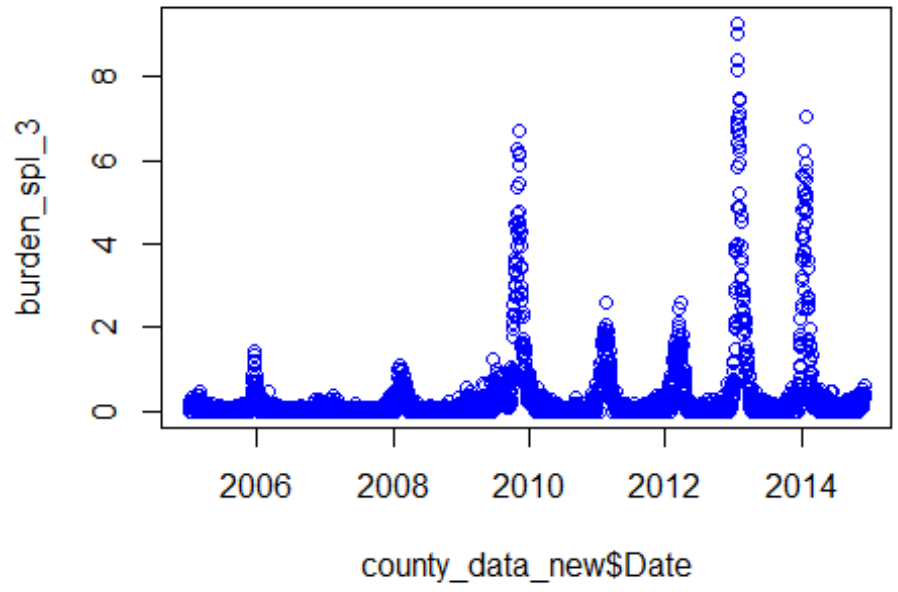
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CVD Total Burden: DF =120**CVD Total Burden**

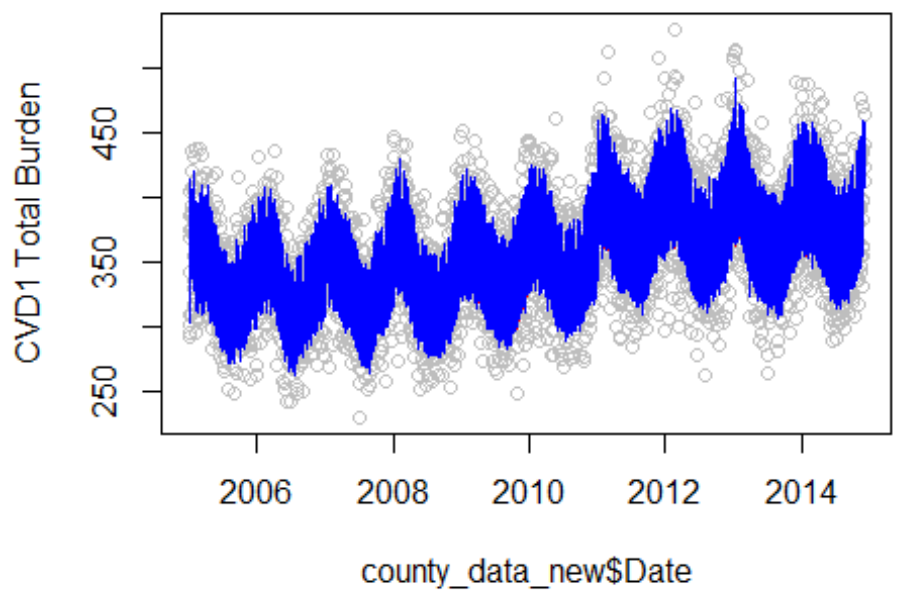
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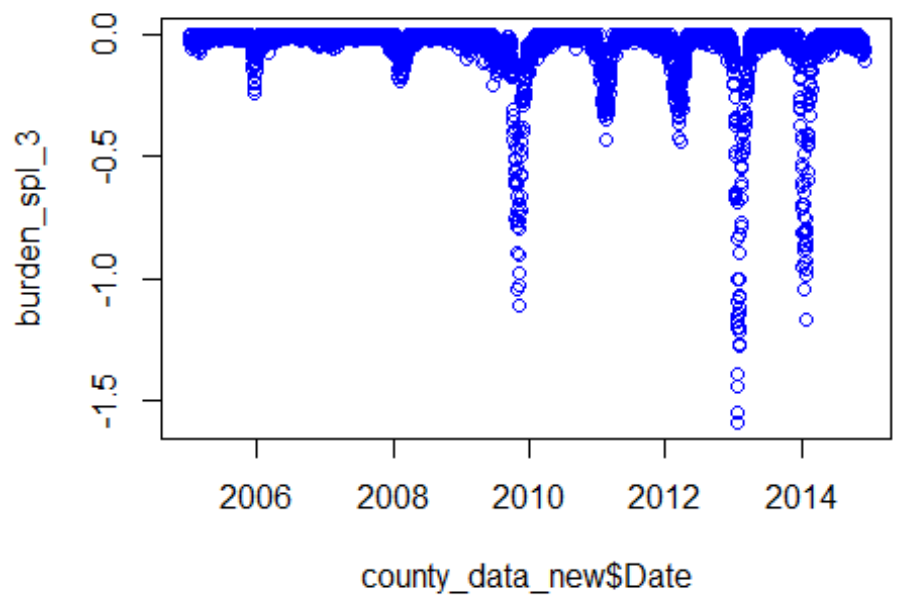
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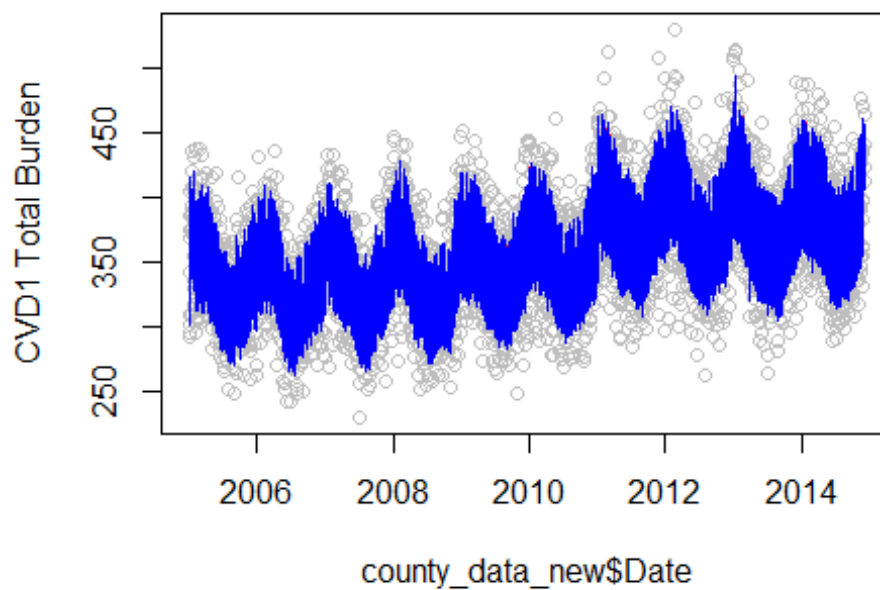
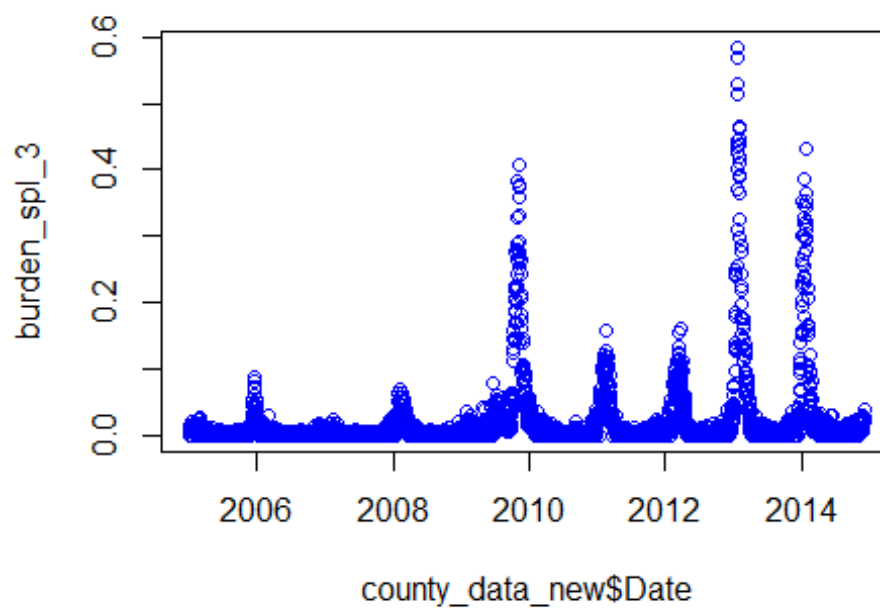


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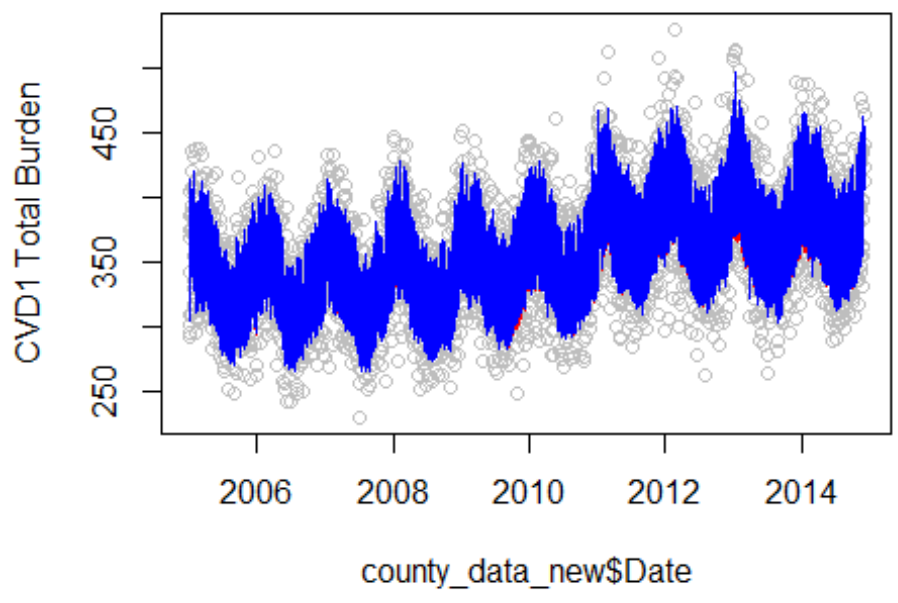


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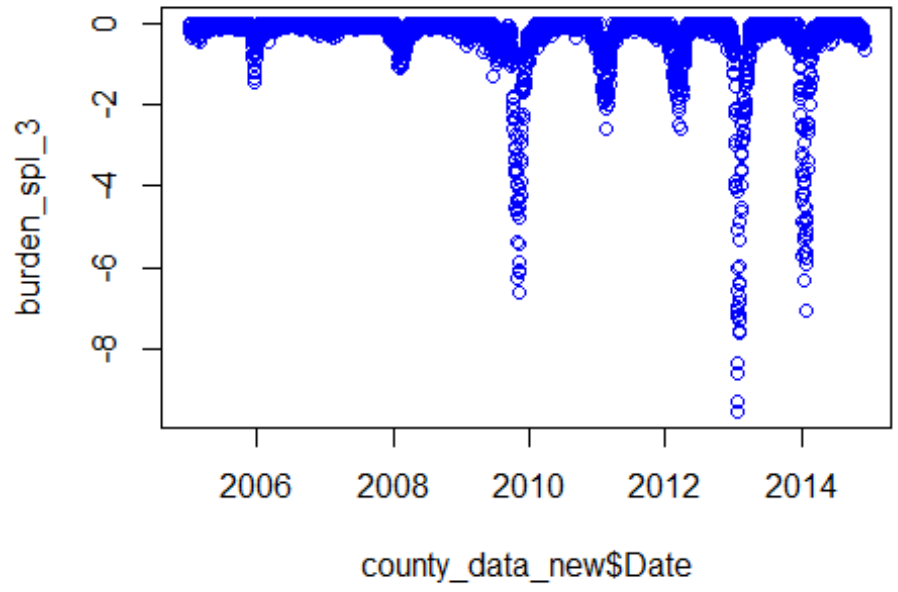


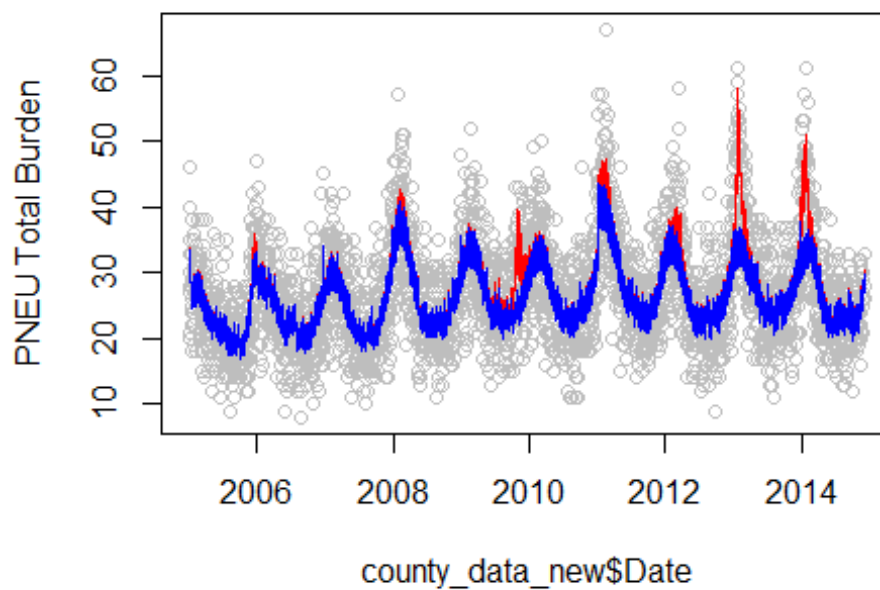
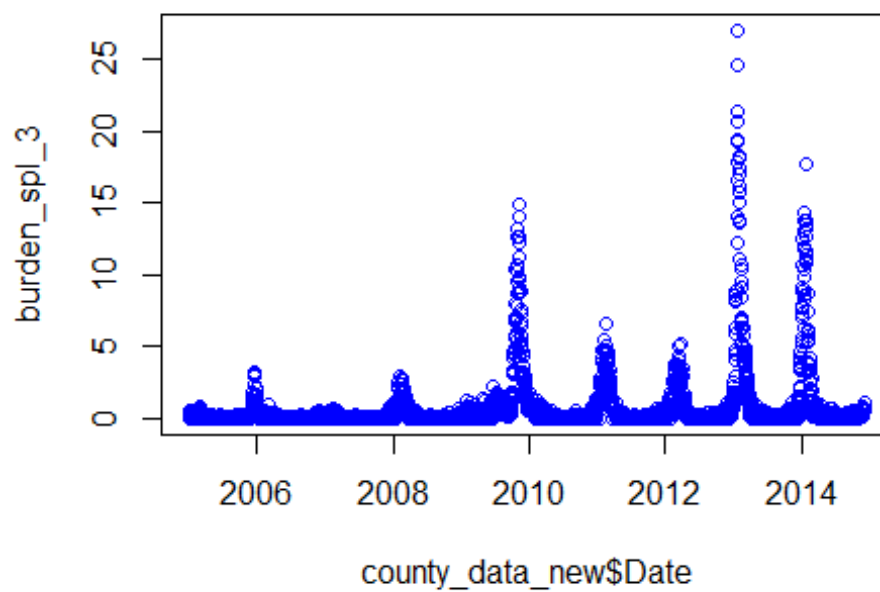
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CVD1 Total Burden: DF =120

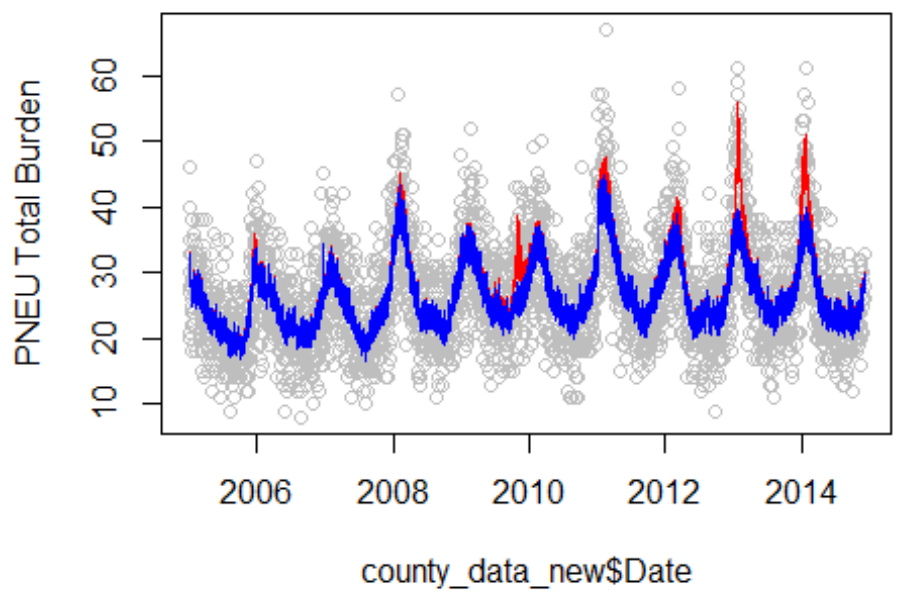


CVD1 Total Burden

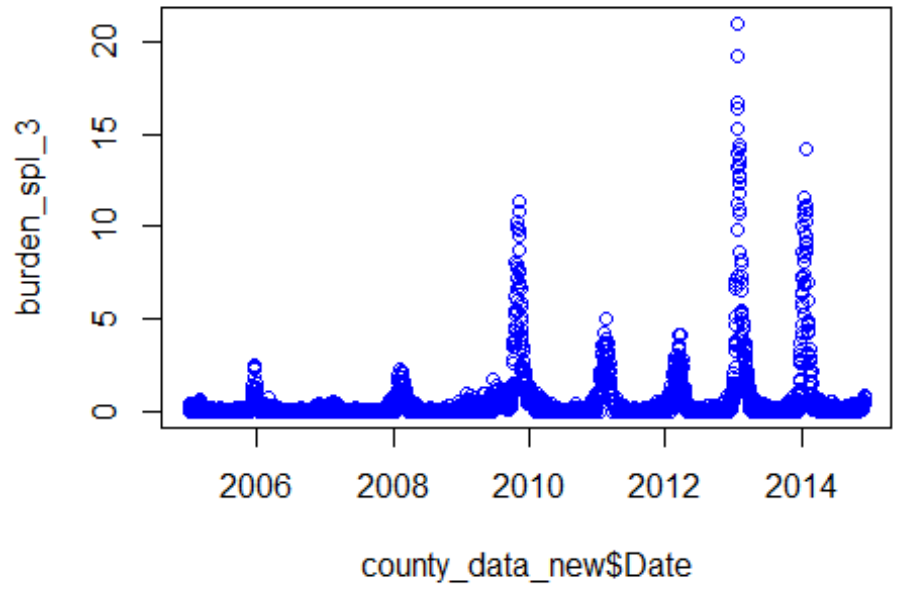


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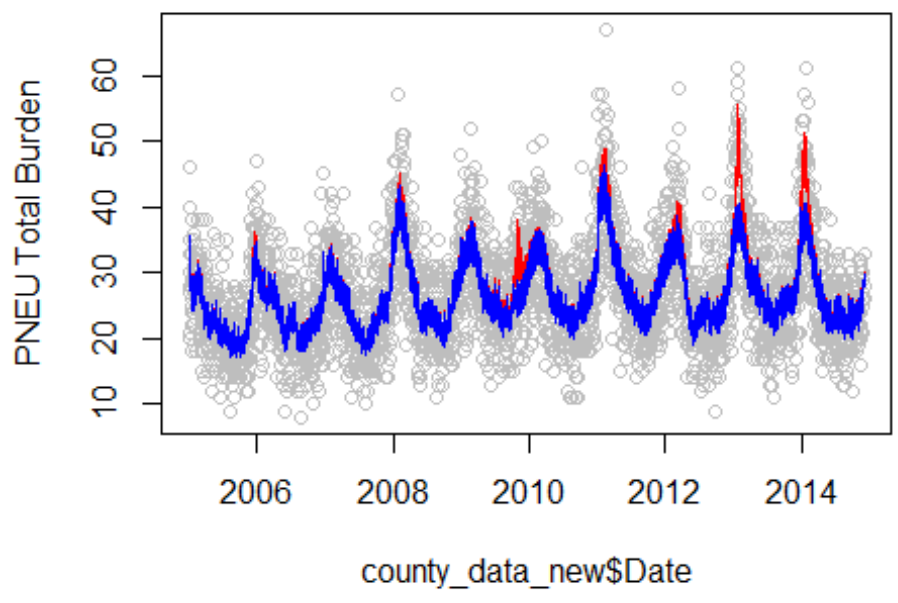
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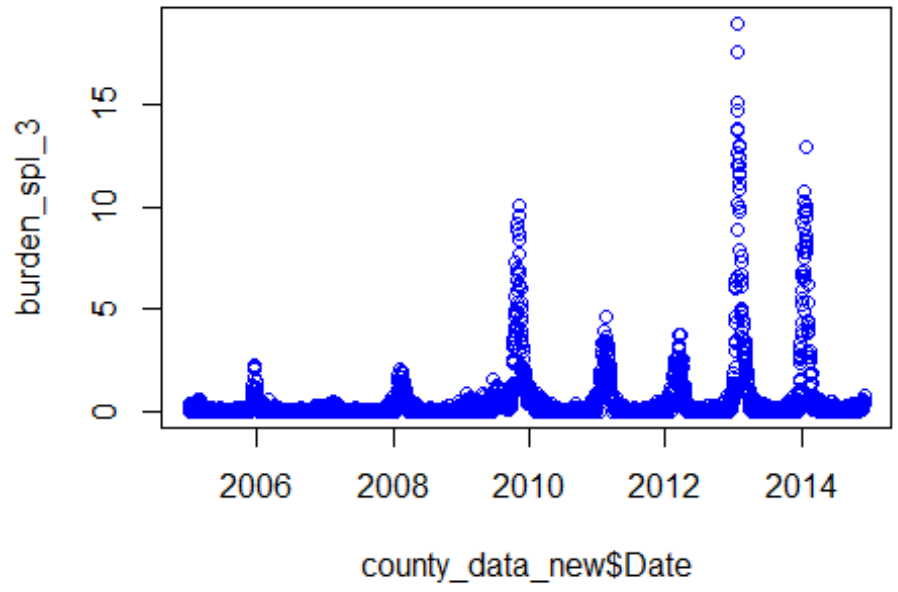
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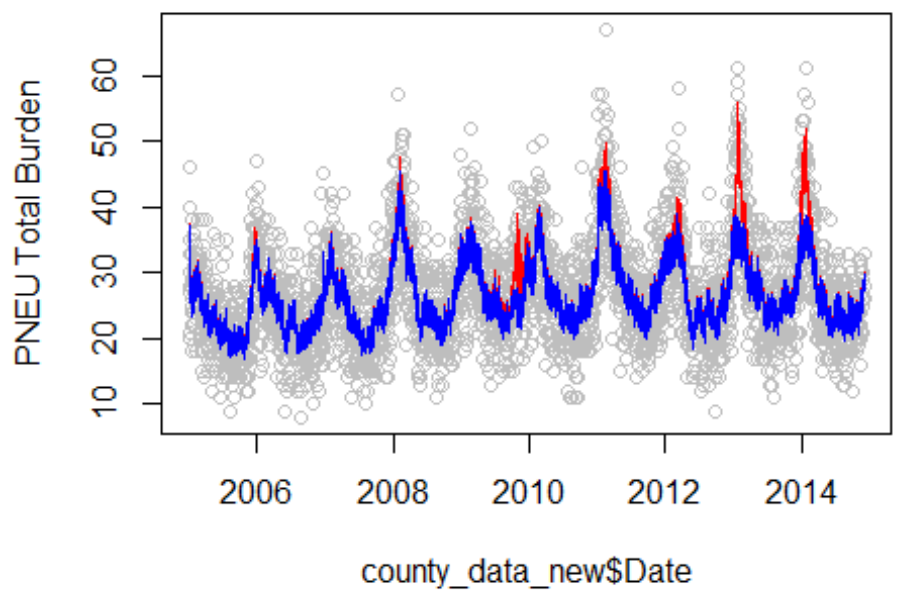
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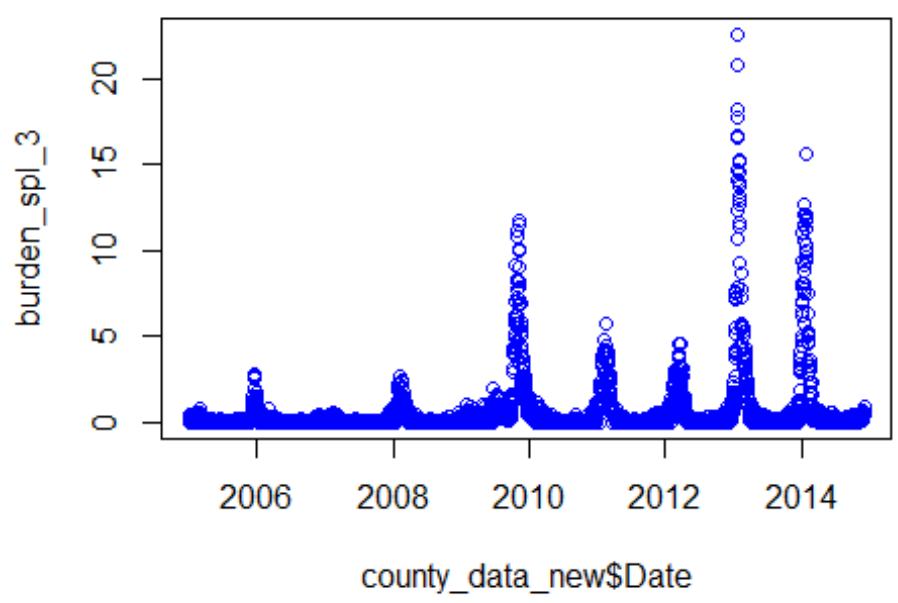
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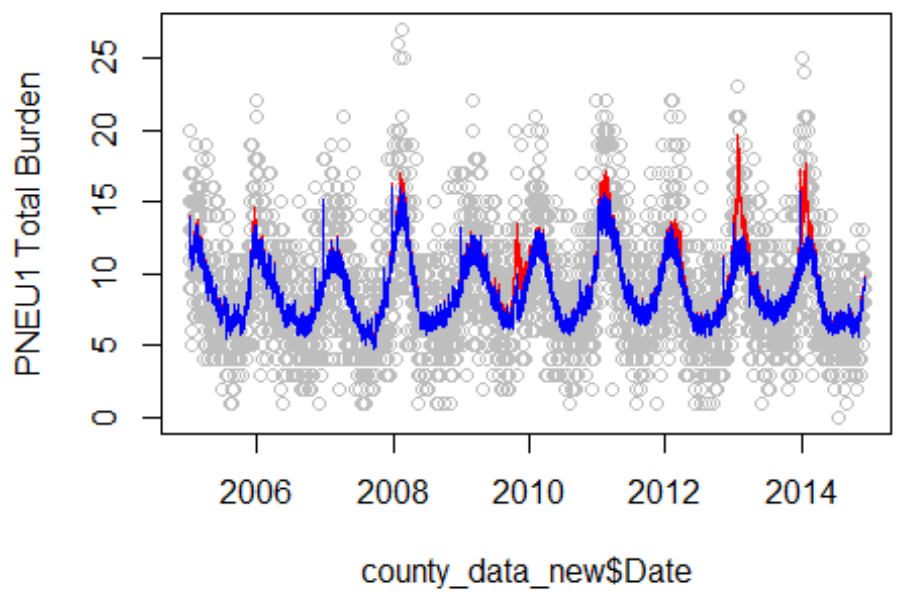
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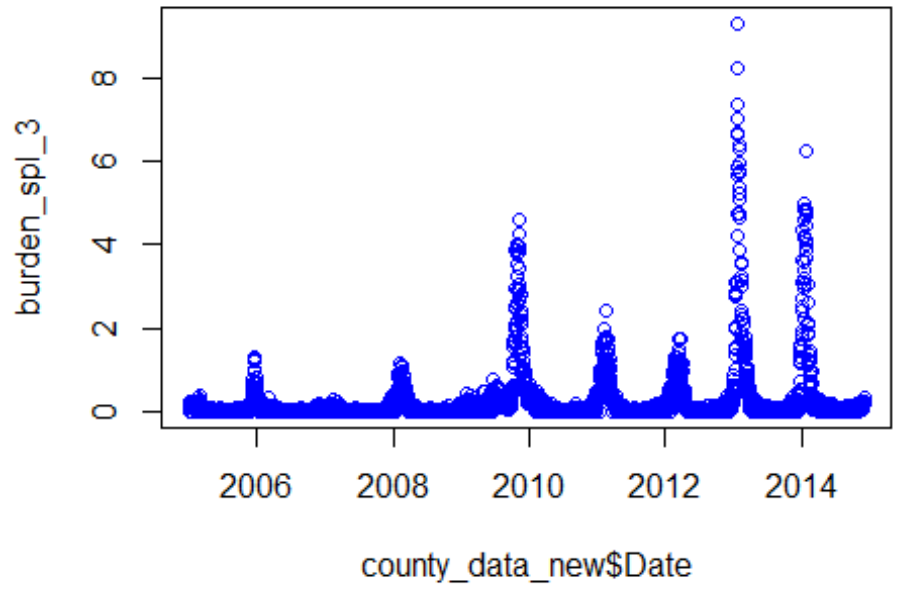
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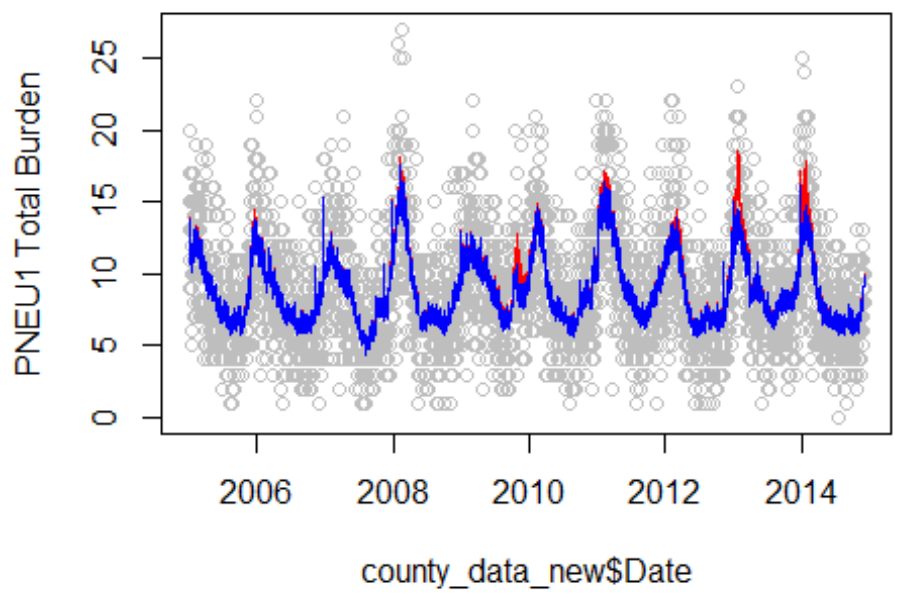
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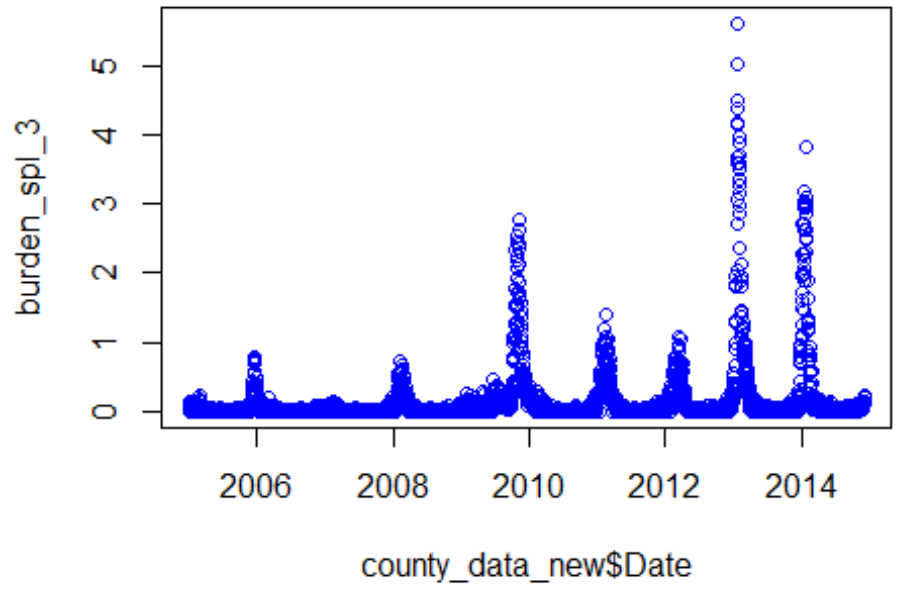
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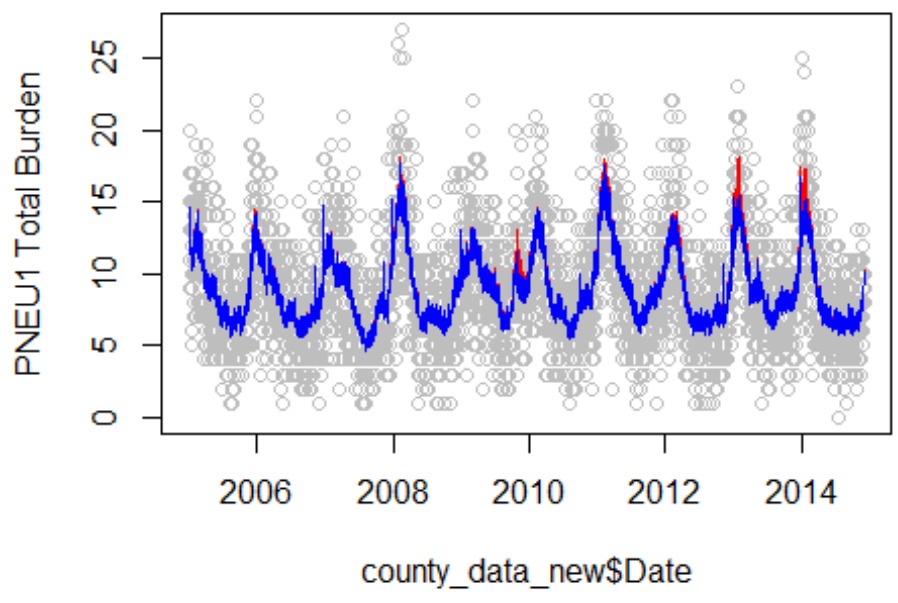
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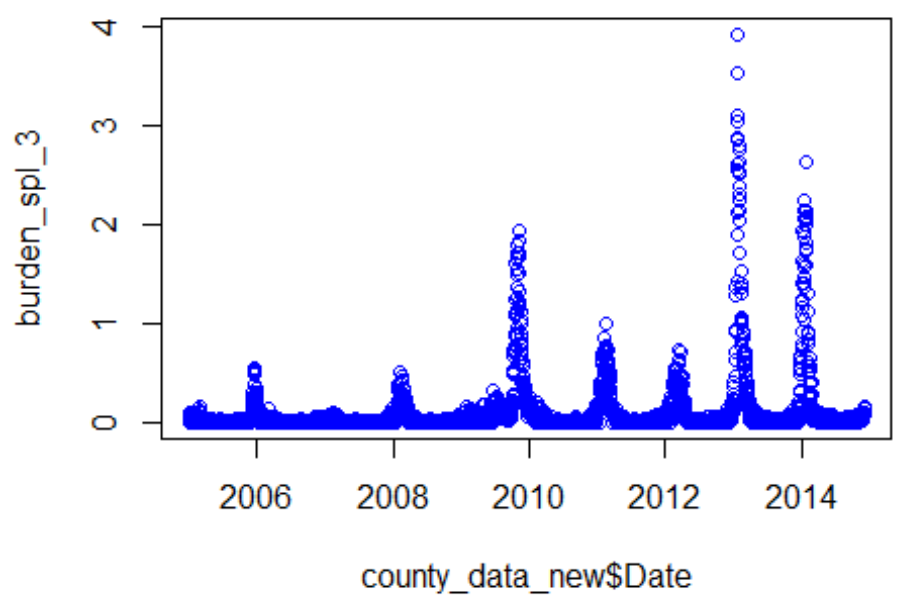
PNEU1 Total Burden



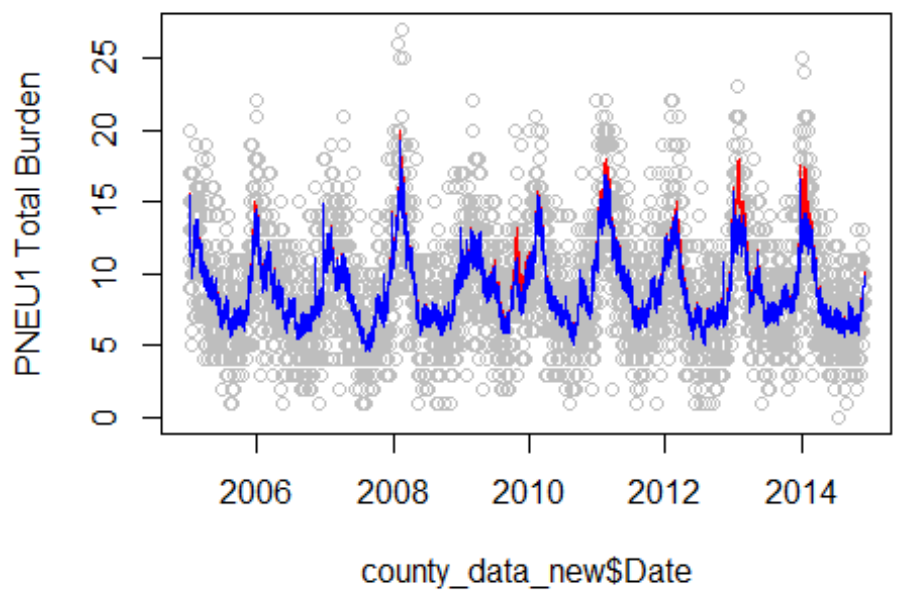
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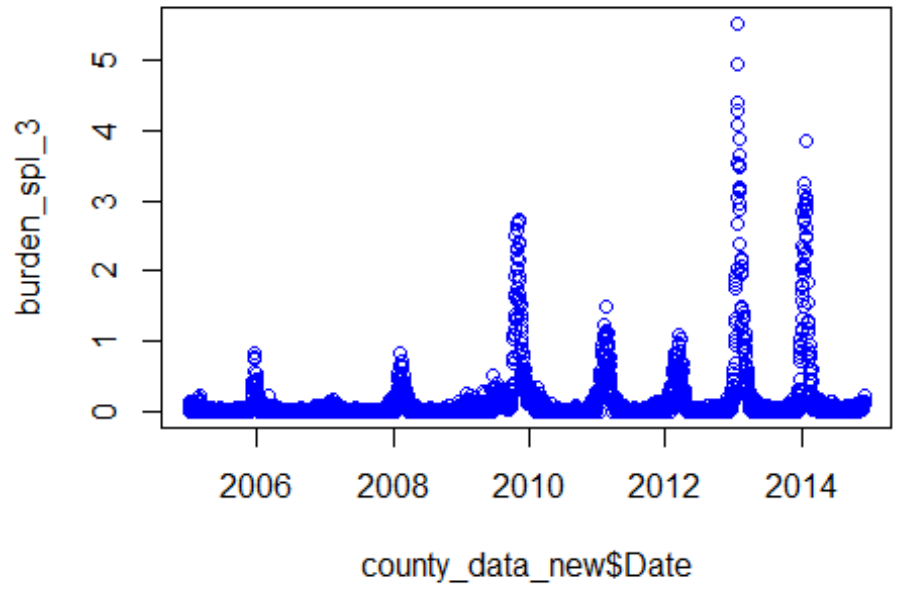
PNEU1 Total Burden



PNEU1 Total Burden: DF =120



PNEU1 Total Burden



Los Angeles County 3rd Degree Polynomial Time Series (Age Stratified)

Ages 1-4

##		Outcome	Seasons	Burden	LowerLimit	UpperLimit
## 1	RESP	Total Burden	05-06	336	294.84	377.16
## 2	RESP	Total Burden	06-07	64	56.16	71.84
## 3	RESP	Total Burden	07-08	300	262.76	337.24
## 4	RESP	Total Burden	08-09	297	259.76	334.24
## 5	RESP	Total Burden	09-10	3699	3216.84	4181.16
## 6	RESP	Total Burden	10-11	1296	1137.24	1454.76
## 7	RESP	Total Burden	11-12	1122	980.88	1263.12
## 8	RESP	Total Burden	12-13	3434	3002.80	3865.20
## 9	RESP	Total Burden	13-14	2291	2004.84	2577.16
## 10	RESP1	Total Burden	05-06	268	234.68	301.32
## 11	RESP1	Total Burden	06-07	50	44.12	55.88
## 12	RESP1	Total Burden	07-08	234	204.60	263.40
## 13	RESP1	Total Burden	08-09	236	204.64	267.36
## 14	RESP1	Total Burden	09-10	3020	2614.28	3425.72
## 15	RESP1	Total Burden	10-11	1026	896.64	1155.36
## 16	RESP1	Total Burden	11-12	871	759.28	982.72
## 17	RESP1	Total Burden	12-13	2716	2363.20	3068.80
## 18	RESP1	Total Burden	13-14	1839	1601.84	2076.16

Ages 5-49

##		Outcome	Seasons	Burden	LowerLimit	UpperLimit
## 1	RESP	Total Burden	05-06	428	380.96	475.04
## 2	RESP	Total Burden	06-07	208	184.48	231.52
## 3	RESP	Total Burden	07-08	574	511.28	636.72
## 4	RESP	Total Burden	08-09	499	444.12	553.88
## 5	RESP	Total Burden	09-10	5126	4534.08	5717.92
## 6	RESP	Total Burden	10-11	1678	1495.72	1860.28
## 7	RESP	Total Burden	11-12	1354	1203.08	1504.92
## 8	RESP	Total Burden	12-13	3405	3022.80	3787.20
## 9	RESP	Total Burden	13-14	3306	2935.56	3676.44
## 10	RESP1	Total Burden	05-06	342	302.80	381.20
## 11	RESP1	Total Burden	06-07	162	144.36	179.64
## 12	RESP1	Total Burden	07-08	448	397.04	498.96
## 13	RESP1	Total Burden	08-09	395	349.92	440.08
## 14	RESP1	Total Burden	09-10	4173	3675.16	4670.84
## 15	RESP1	Total Burden	10-11	1321	1174.00	1468.00
## 16	RESP1	Total Burden	11-12	1049	929.44	1168.56
## 17	RESP1	Total Burden	12-13	2690	2378.36	3001.64
## 18	RESP1	Total Burden	13-14	2646	2340.24	2951.76

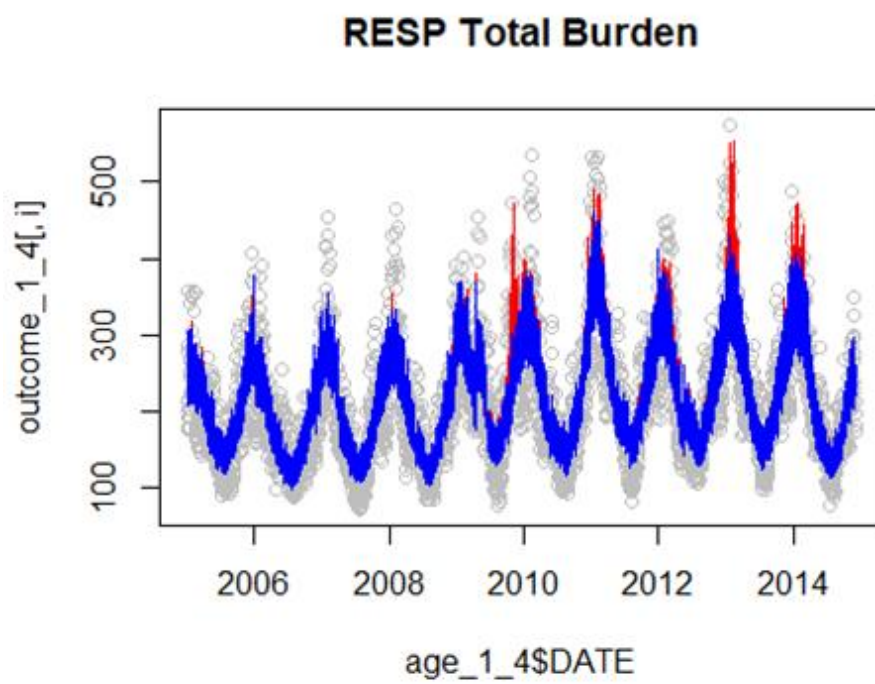
Ages 50-64

##		Outcome	Seasons	Burden	LowerLimit	UpperLimit
## 1	RESP	Total Burden	05-06	149	119.60	178.40
## 2	RESP	Total Burden	06-07	79	63.32	94.68
## 3	RESP	Total Burden	07-08	253	204.00	302.00
## 4	RESP	Total Burden	08-09	185	149.72	220.28
## 5	RESP	Total Burden	09-10	2018	1624.04	2411.96
## 6	RESP	Total Burden	10-11	735	593.88	876.12
## 7	RESP	Total Burden	11-12	505	407.00	603.00
## 8	RESP	Total Burden	12-13	1932	1557.64	2306.36
## 9	RESP	Total Burden	13-14	2797	2242.32	3351.68
## 10	RESP1	Total Burden	05-06	117	93.48	140.52
## 11	RESP1	Total Burden	06-07	61	49.24	72.76
## 12	RESP1	Total Burden	07-08	194	154.80	233.20
## 13	RESP1	Total Burden	08-09	145	115.60	174.40
## 14	RESP1	Total Burden	09-10	1612	1280.76	1943.24
## 15	RESP1	Total Burden	10-11	570	454.36	685.64
## 16	RESP1	Total Burden	11-12	386	307.60	464.40
## 17	RESP1	Total Burden	12-13	1501	1195.24	1806.76
## 18	RESP1	Total Burden	13-14	2206	1747.36	2664.64

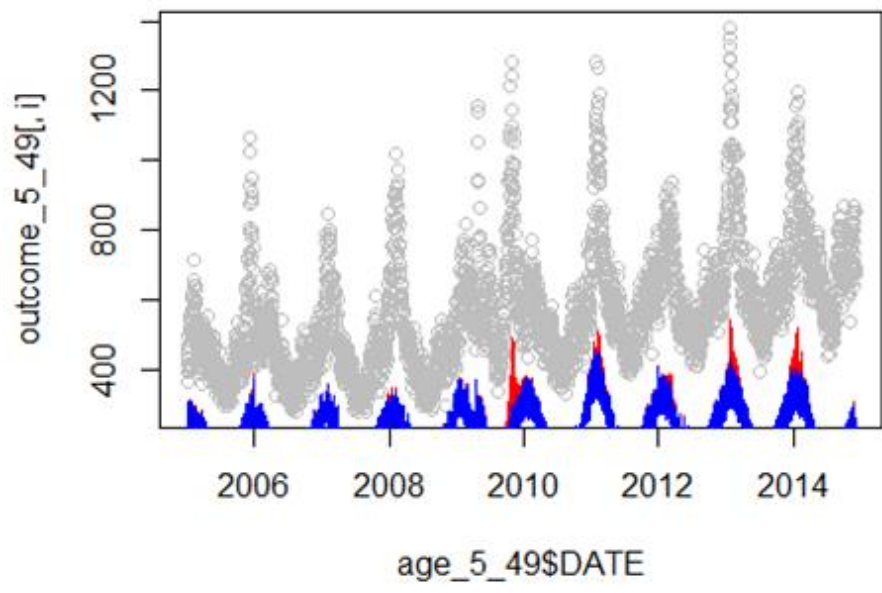
Ages >= 65

##		Outcome	Seasons	Burden	LowerLimit	UpperLimit
## 1	RESP	Total Burden	05-06	328	269.20	386.80
## 2	RESP	Total Burden	06-07	66	54.24	77.76
## 3	RESP	Total Burden	07-08	314	257.16	370.84
## 4	RESP	Total Burden	08-09	107	87.40	126.60
## 5	RESP	Total Burden	09-10	683	559.52	806.48
## 6	RESP	Total Burden	10-11	703	577.56	828.44
## 7	RESP	Total Burden	11-12	662	542.44	781.56
## 8	RESP	Total Burden	12-13	4039	3284.40	4793.60
## 9	RESP	Total Burden	13-14	1831	1497.80	2164.20
## 10	RESP1	Total Burden	05-06	267	218.00	316.00
## 11	RESP1	Total Burden	06-07	52	42.20	61.80
## 12	RESP1	Total Burden	07-08	248	202.92	293.08
## 13	RESP1	Total Burden	08-09	87	71.32	102.68
## 14	RESP1	Total Burden	09-10	562	458.12	665.88
## 15	RESP1	Total Burden	10-11	562	460.08	663.92
## 16	RESP1	Total Burden	11-12	520	423.96	616.04
## 17	RESP1	Total Burden	12-13	3246	2626.64	3865.36
## 18	RESP1	Total Burden	13-14	1487	1210.64	1763.36

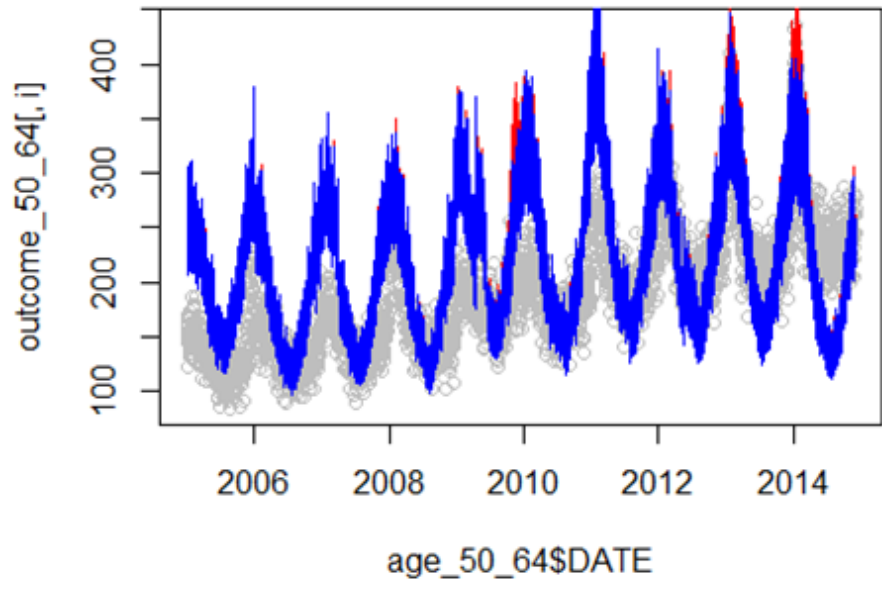
Los Angeles County 3rd Degree Polynomial Time Series (Age Stratified)



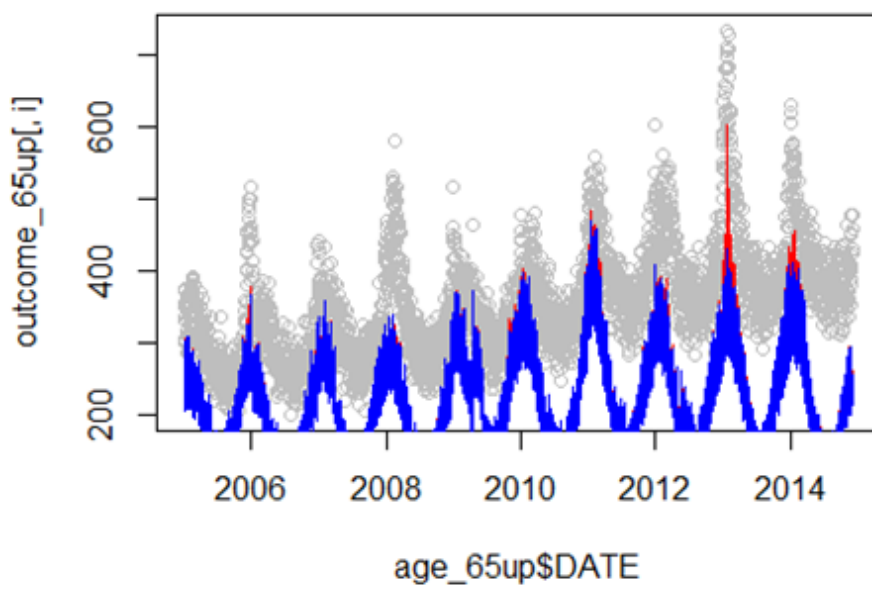
RESP Total Burden



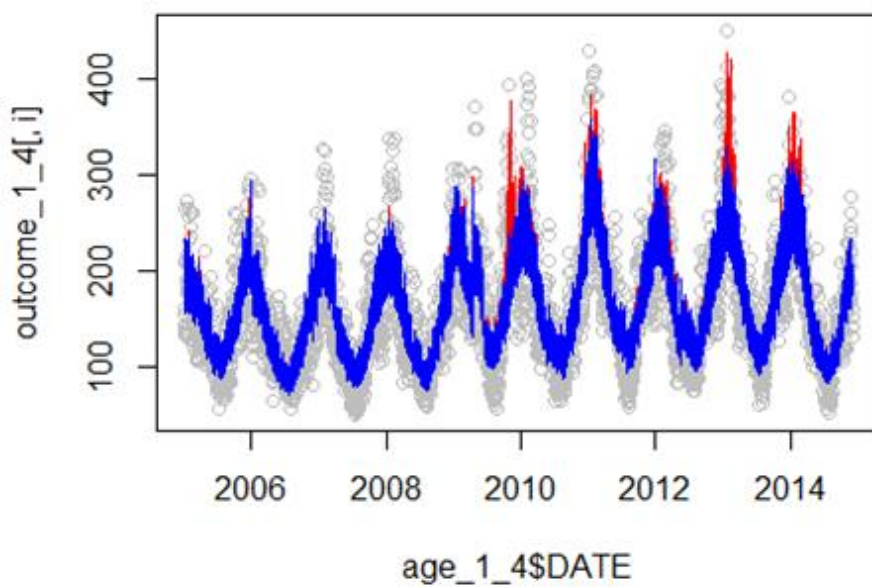
RESP Total Burden



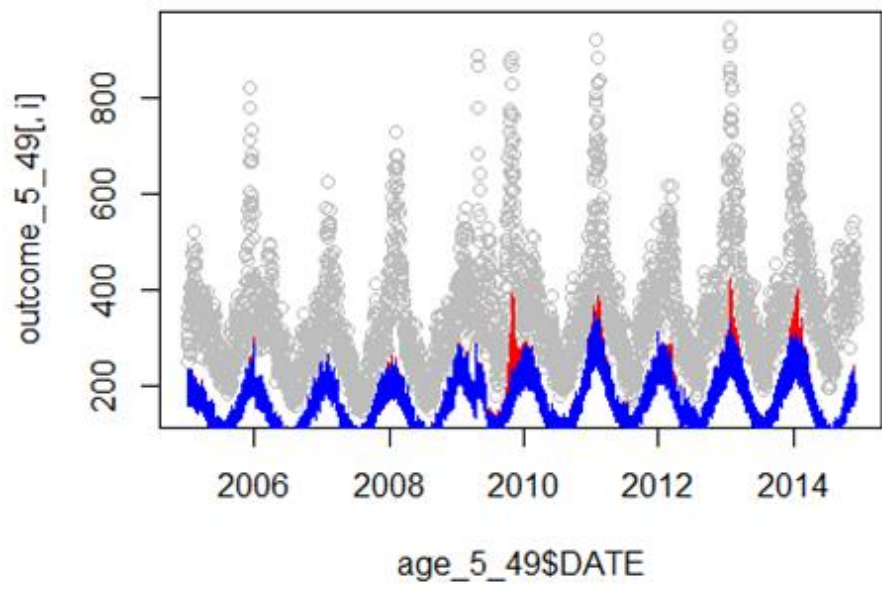
RESP Total Burden



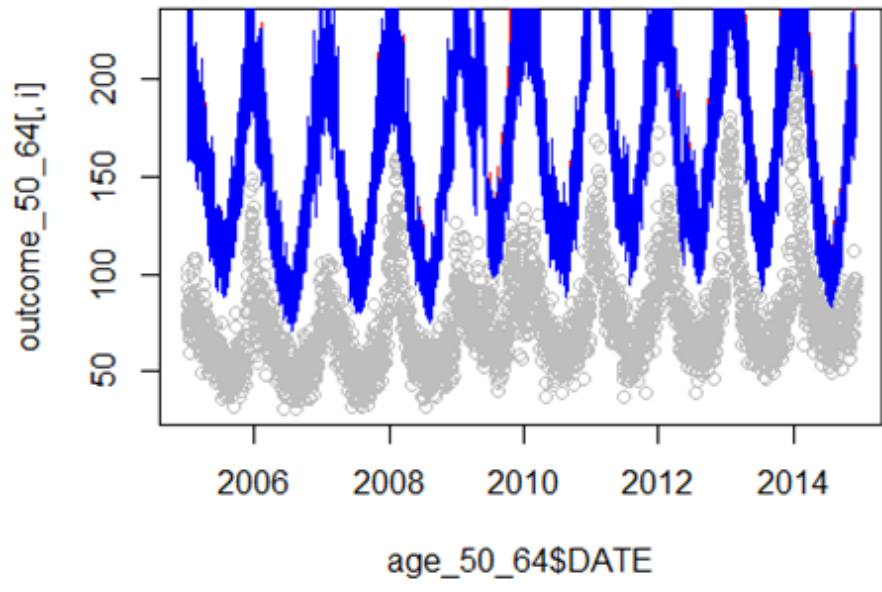
RESP1 Total Burden

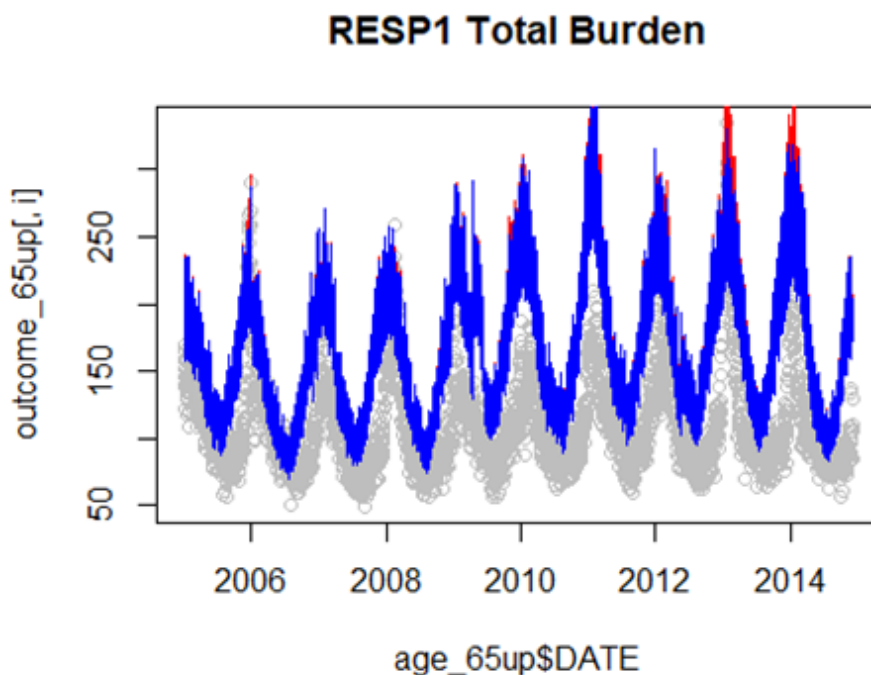


RESP1 Total Burden



RESP1 Total Burden





Los Angeles County Spline Burden Estimates (Age Stratified)

Ages 1-4

##	Outcome	DF	Seasons	Burden	LowerLimit	UpperLimit
## 05-06	RESP Total Burden	40	05-06	354	303.04	404.96
## 06-07	RESP Total Burden	40	06-07	62	54.16	69.84
## 07-08	RESP Total Burden	40	07-08	317	271.92	362.08
## 08-09	RESP Total Burden	40	08-09	300	256.88	343.12
## 09-10	RESP Total Burden	40	09-10	3822	3292.80	4351.20
## 10-11	RESP Total Burden	40	10-11	1354	1163.88	1544.12
## 11-12	RESP Total Burden	40	11-12	1157	992.36	1321.64
## 12-13	RESP Total Burden	40	12-13	3520	3037.84	4002.16
## 13-14	RESP Total Burden	40	13-14	2165	1859.24	2470.76
## 05-061	RESP Total Burden	60	05-06	122	76.92	167.08
## 06-071	RESP Total Burden	60	06-07	21	13.16	28.84
## 07-081	RESP Total Burden	60	07-08	116	72.88	159.12
## 08-091	RESP Total Burden	60	08-09	107	67.80	146.20
## 09-101	RESP Total Burden	60	09-10	1445	911.88	1978.12
## 10-111	RESP Total Burden	60	10-11	461	288.52	633.48
## 11-121	RESP Total Burden	60	11-12	429	268.28	589.72
## 12-131	RESP Total Burden	60	12-13	1277	804.64	1749.36
## 13-141	RESP Total Burden	60	13-14	798	502.04	1093.96
## 05-062	RESP Total Burden	80	05-06	51	7.88	94.12
## 06-072	RESP Total Burden	80	06-07	9	1.16	16.84

## 07-082	RESP Total Burden	80	07-08	50	8.84	91.16
## 08-092	RESP Total Burden	80	08-09	46	6.80	85.20
## 09-102	RESP Total Burden	80	09-10	634	108.72	1159.28
## 10-112	RESP Total Burden	80	10-11	200	33.40	366.60
## 11-122	RESP Total Burden	80	11-12	181	30.08	331.92
## 12-132	RESP Total Burden	80	12-13	552	93.36	1010.64
## 13-142	RESP Total Burden	80	13-14	345	58.84	631.16
## 05-063	RESP Total Burden	120	05-06	90	48.84	131.16
## 06-073	RESP Total Burden	120	06-07	17	9.16	24.84
## 07-083	RESP Total Burden	120	07-08	86	46.80	125.20
## 08-093	RESP Total Burden	120	08-09	81	43.76	118.24
## 09-103	RESP Total Burden	120	09-10	1078	588.00	1568.00
## 10-113	RESP Total Burden	120	10-11	346	185.28	506.72
## 11-123	RESP Total Burden	120	11-12	318	171.00	465.00
## 12-133	RESP Total Burden	120	12-13	946	514.80	1377.20
## 13-143	RESP Total Burden	120	13-14	592	321.52	862.48
## 05-064	RESP1 Total Burden	40	05-06	274	232.84	315.16
## 06-074	RESP1 Total Burden	40	06-07	47	39.16	54.84
## 07-084	RESP1 Total Burden	40	07-08	245	209.72	280.28
## 08-094	RESP1 Total Burden	40	08-09	236	200.72	271.28
## 09-104	RESP1 Total Burden	40	09-10	3098	2653.08	3542.92
## 10-114	RESP1 Total Burden	40	10-11	1066	911.16	1220.84
## 11-124	RESP1 Total Burden	40	11-12	885	753.68	1016.32
## 12-134	RESP1 Total Burden	40	12-13	2775	2381.04	3168.96
## 13-144	RESP1 Total Burden	40	13-14	1702	1453.08	1950.92
## 05-065	RESP1 Total Burden	60	05-06	91	53.76	128.24
## 06-075	RESP1 Total Burden	60	06-07	16	10.12	21.88
## 07-085	RESP1 Total Burden	60	07-08	87	51.72	122.28
## 08-095	RESP1 Total Burden	60	08-09	82	48.68	115.32
## 09-105	RESP1 Total Burden	60	09-10	1143	690.24	1595.76
## 10-115	RESP1 Total Burden	60	10-11	351	209.88	492.12
## 11-125	RESP1 Total Burden	60	11-12	321	191.64	450.36
## 12-135	RESP1 Total Burden	60	12-13	976	587.92	1364.08
## 13-145	RESP1 Total Burden	60	13-14	610	366.96	853.04
## 05-066	RESP1 Total Burden	80	05-06	39	3.72	74.28
## 06-076	RESP1 Total Burden	80	06-07	7	1.12	12.88
## 07-086	RESP1 Total Burden	80	07-08	38	4.68	71.32
## 08-096	RESP1 Total Burden	80	08-09	36	4.64	67.36
## 09-106	RESP1 Total Burden	80	09-10	509	64.08	953.92
## 10-116	RESP1 Total Burden	80	10-11	155	17.80	292.20
## 11-126	RESP1 Total Burden	80	11-12	138	16.48	259.52
## 12-136	RESP1 Total Burden	80	12-13	430	51.72	808.28
## 13-146	RESP1 Total Burden	80	13-14	269	31.84	506.16
## 05-067	RESP1 Total Burden	120	05-06	69	35.68	102.32

## 06-077	RESP1 Total Burden 120	06-07	13	7.12	18.88
## 07-087	RESP1 Total Burden 120	07-08	66	32.68	99.32
## 08-097	RESP1 Total Burden 120	08-09	64	32.64	95.36
## 09-107	RESP1 Total Burden 120	09-10	870	448.60	1291.40
## 10-117	RESP1 Total Burden 120	10-11	270	136.72	403.28
## 11-127	RESP1 Total Burden 120	11-12	244	124.44	363.56
## 12-137	RESP1 Total Burden 120	12-13	742	381.36	1102.64
## 13-147	RESP1 Total Burden 120	13-14	463	237.60	688.40

Ages 5-49

##	Outcome	DF	Seasons	Burden	LowerLimit	UpperLimit
## 05-06	RESP Total Burden	40	05-06	1745	1637.20	1852.80
## 06-07	RESP Total Burden	40	06-07	782	734.96	829.04
## 07-08	RESP Total Burden	40	07-08	2469	2318.08	2619.92
## 08-09	RESP Total Burden	40	08-09	2144	2012.68	2275.32
## 09-10	RESP Total Burden	40	09-10	22184	20931.56	23436.44
## 10-11	RESP Total Burden	40	10-11	6463	6076.88	6849.12
## 11-12	RESP Total Burden	40	11-12	5657	5314.00	6000.00
## 12-13	RESP Total Burden	40	12-13	14516	13671.24	15360.76
## 13-14	RESP Total Burden	40	13-14	13437	12629.48	14244.52
## 05-061	RESP Total Burden	60	05-06	1143	1025.40	1260.60
## 06-071	RESP Total Burden	60	06-07	516	463.08	568.92
## 07-081	RESP Total Burden	60	07-08	1672	1501.48	1842.52
## 08-091	RESP Total Burden	60	08-09	1466	1319.00	1613.00
## 09-101	RESP Total Burden	60	09-10	15674	14205.96	17142.04
## 10-111	RESP Total Burden	60	10-11	4357	3919.92	4794.08
## 11-121	RESP Total Burden	60	11-12	3850	3463.88	4236.12
## 12-131	RESP Total Burden	60	12-13	9832	8869.64	10794.36
## 13-141	RESP Total Burden	60	13-14	9214	8316.32	10111.68
## 05-062	RESP Total Burden	80	05-06	855	731.52	978.48
## 06-072	RESP Total Burden	80	06-07	389	332.16	445.84
## 07-082	RESP Total Burden	80	07-08	1254	1073.68	1434.32
## 08-092	RESP Total Burden	80	08-09	1110	949.28	1270.72
## 09-102	RESP Total Burden	80	09-10	12027	10425.68	13628.32
## 10-112	RESP Total Burden	80	10-11	3400	2915.88	3884.12
## 11-122	RESP Total Burden	80	11-12	2866	2456.36	3275.64
## 12-132	RESP Total Burden	80	12-13	7503	6454.40	8551.60
## 13-142	RESP Total Burden	80	13-14	7070	6093.92	8046.08
## 05-063	RESP Total Burden	120	05-06	758	630.60	885.40
## 06-073	RESP Total Burden	120	06-07	341	284.16	397.84
## 07-083	RESP Total Burden	120	07-08	1107	920.80	1293.20
## 08-093	RESP Total Burden	120	08-09	977	812.36	1141.64
## 09-103	RESP Total Burden	120	09-10	10596	8937.84	12254.16
## 10-113	RESP Total Burden	120	10-11	2962	2472.00	3452.00
## 11-123	RESP Total Burden	120	11-12	2527	2107.56	2946.44
## 12-133	RESP Total Burden	120	12-13	6662	5589.88	7734.12
## 13-143	RESP Total Burden	120	13-14	6186	5190.32	7181.68

## 05-064	RESP1	Total	Burden	40	05-06	1432	1335.96	1528.04
## 06-074	RESP1	Total	Burden	40	06-07	595	555.80	634.20
## 07-084	RESP1	Total	Burden	40	07-08	1899	1773.56	2024.44
## 08-094	RESP1	Total	Burden	40	08-09	1612	1504.20	1719.80
## 09-104	RESP1	Total	Burden	40	09-10	16848	15826.84	17869.16
## 10-114	RESP1	Total	Burden	40	10-11	4834	4520.40	5147.60
## 11-124	RESP1	Total	Burden	40	11-12	3828	3575.16	4080.84
## 12-134	RESP1	Total	Burden	40	12-13	10394	9739.36	11048.64
## 13-144	RESP1	Total	Burden	40	13-14	9199	8597.28	9800.72
## 05-065	RESP1	Total	Burden	60	05-06	879	775.12	982.88
## 06-075	RESP1	Total	Burden	60	06-07	369	325.88	412.12
## 07-085	RESP1	Total	Burden	60	07-08	1208	1064.92	1351.08
## 08-095	RESP1	Total	Burden	60	08-09	1040	918.48	1161.52
## 09-105	RESP1	Total	Burden	60	09-10	11373	10153.88	12592.12
## 10-115	RESP1	Total	Burden	60	10-11	3059	2704.24	3413.76
## 11-125	RESP1	Total	Burden	60	11-12	2470	2183.84	2756.16
## 12-135	RESP1	Total	Burden	60	12-13	6667	5916.32	7417.68
## 13-145	RESP1	Total	Burden	60	13-14	6014	5339.76	6688.24
## 05-066	RESP1	Total	Burden	80	05-06	675	565.24	784.76
## 06-076	RESP1	Total	Burden	80	06-07	286	238.96	333.04
## 07-086	RESP1	Total	Burden	80	07-08	930	781.04	1078.96
## 08-096	RESP1	Total	Burden	80	08-09	810	678.68	941.32
## 09-106	RESP1	Total	Burden	80	09-10	8905	7589.84	10220.16
## 10-116	RESP1	Total	Burden	80	10-11	2465	2073.00	2857.00
## 11-126	RESP1	Total	Burden	80	11-12	1879	1579.12	2178.88
## 12-136	RESP1	Total	Burden	80	12-13	5226	4412.60	6039.40
## 13-146	RESP1	Total	Burden	80	13-14	4761	4029.92	5492.08
## 05-067	RESP1	Total	Burden	120	05-06	598	486.28	709.72
## 06-077	RESP1	Total	Burden	120	06-07	250	202.96	297.04
## 07-087	RESP1	Total	Burden	120	07-08	819	666.12	971.88
## 08-097	RESP1	Total	Burden	120	08-09	713	579.72	846.28
## 09-107	RESP1	Total	Burden	120	09-10	7836	6479.68	9192.32
## 10-117	RESP1	Total	Burden	120	10-11	2143	1747.08	2538.92
## 11-127	RESP1	Total	Burden	120	11-12	1660	1352.28	1967.72
## 12-137	RESP1	Total	Burden	120	12-13	4641	3813.88	5468.12
## 13-147	RESP1	Total	Burden	120	13-14	4161	3418.16	4903.84

Ages 50-64

##		Outcome	DF	Seasons	Burden	LowerLimit	UpperLimit	
## 05-06	RESP	Total	Burden	40	05-06	162	148.28	175.72
## 06-07	RESP	Total	Burden	40	06-07	88	80.16	95.84
## 07-08	RESP	Total	Burden	40	07-08	340	312.56	367.44
## 08-09	RESP	Total	Burden	40	08-09	219	201.36	236.64
## 09-10	RESP	Total	Burden	40	09-10	2407	2216.88	2597.12
## 10-11	RESP	Total	Burden	40	10-11	807	742.32	871.68
## 11-12	RESP	Total	Burden	40	11-12	743	682.24	803.76
## 12-13	RESP	Total	Burden	40	12-13	2615	2409.20	2820.80
## 13-14	RESP	Total	Burden	40	13-14	3872	3560.36	4183.64

## 05-061	RESP Total Burden	60	05-06	104	88.32	119.68
## 06-071	RESP Total Burden	60	06-07	56	48.16	63.84
## 07-081	RESP Total Burden	60	07-08	222	190.64	253.36
## 08-091	RESP Total Burden	60	08-09	141	121.40	160.60
## 09-101	RESP Total Burden	60	09-10	1560	1340.48	1779.52
## 10-111	RESP Total Burden	60	10-11	525	450.52	599.48
## 11-121	RESP Total Burden	60	11-12	481	412.40	549.60
## 12-131	RESP Total Burden	60	12-13	1707	1465.92	1948.08
## 13-141	RESP Total Burden	60	13-14	2615	2252.40	2977.60
## 05-062	RESP Total Burden	80	05-06	66	50.32	81.68
## 06-072	RESP Total Burden	80	06-07	35	25.20	44.80
## 07-082	RESP Total Burden	80	07-08	139	103.72	174.28
## 08-092	RESP Total Burden	80	08-09	89	67.44	110.56
## 09-102	RESP Total Burden	80	09-10	996	749.04	1242.96
## 10-112	RESP Total Burden	80	10-11	336	251.72	420.28
## 11-122	RESP Total Burden	80	11-12	302	225.56	378.44
## 12-132	RESP Total Burden	80	12-13	1083	812.52	1353.48
## 13-142	RESP Total Burden	80	13-14	1709	1289.56	2128.44
## 05-063	RESP Total Burden	120	05-06	59	41.36	76.64
## 06-073	RESP Total Burden	120	06-07	31	21.20	40.80
## 07-083	RESP Total Burden	120	07-08	125	85.80	164.20
## 08-093	RESP Total Burden	120	08-09	79	55.48	102.52
## 09-103	RESP Total Burden	120	09-10	882	613.48	1150.52
## 10-113	RESP Total Burden	120	10-11	299	206.88	391.12
## 11-123	RESP Total Burden	120	11-12	270	187.68	352.32
## 12-133	RESP Total Burden	120	12-13	968	675.96	1260.04
## 13-143	RESP Total Burden	120	13-14	1532	1073.36	1990.64
## 05-064	RESP1 Total Burden	40	05-06	145	133.24	156.76
## 06-074	RESP1 Total Burden	40	06-07	65	59.12	70.88
## 07-084	RESP1 Total Burden	40	07-08	271	249.44	292.56
## 08-094	RESP1 Total Burden	40	08-09	154	142.24	165.76
## 09-104	RESP1 Total Burden	40	09-10	1750	1620.64	1879.36
## 10-114	RESP1 Total Burden	40	10-11	605	557.96	652.04
## 11-124	RESP1 Total Burden	40	11-12	496	456.80	535.20
## 12-134	RESP1 Total Burden	40	12-13	1907	1765.88	2048.12
## 13-144	RESP1 Total Burden	40	13-14	2752	2544.24	2959.76
## 05-065	RESP1 Total Burden	60	05-06	89	77.24	100.76
## 06-075	RESP1 Total Burden	60	06-07	39	33.12	44.88
## 07-085	RESP1 Total Burden	60	07-08	170	146.48	193.52
## 08-095	RESP1 Total Burden	60	08-09	95	81.28	108.72
## 09-105	RESP1 Total Burden	60	09-10	1097	950.00	1244.00
## 10-115	RESP1 Total Burden	60	10-11	376	323.08	428.92
## 11-125	RESP1 Total Burden	60	11-12	307	263.88	350.12
## 12-135	RESP1 Total Burden	60	12-13	1206	1043.32	1368.68
## 13-145	RESP1 Total Burden	60	13-14	1850	1606.96	2093.04
## 05-066	RESP1 Total Burden	80	05-06	56	42.28	69.72
## 06-076	RESP1 Total Burden	80	06-07	25	19.12	30.88
## 07-086	RESP1 Total Burden	80	07-08	107	81.52	132.48
## 08-096	RESP1 Total Burden	80	08-09	60	46.28	73.72
## 09-106	RESP1 Total Burden	80	09-10	709	544.36	873.64

## 10-116	RESP1	Total	Burden	80	10-11	244	185.20	302.80
## 11-126	RESP1	Total	Burden	80	11-12	194	146.96	241.04
## 12-136	RESP1	Total	Burden	80	12-13	771	590.68	951.32
## 13-146	RESP1	Total	Burden	80	13-14	1245	962.76	1527.24
## 05-067	RESP1	Total	Burden	120	05-06	54	38.32	69.68
## 06-077	RESP1	Total	Burden	120	06-07	23	17.12	28.88
## 07-087	RESP1	Total	Burden	120	07-08	100	72.56	127.44
## 08-097	RESP1	Total	Burden	120	08-09	55	39.32	70.68
## 09-107	RESP1	Total	Burden	120	09-10	648	473.56	822.44
## 10-117	RESP1	Total	Burden	120	10-11	225	162.28	287.72
## 11-127	RESP1	Total	Burden	120	11-12	180	131.00	229.00
## 12-137	RESP1	Total	Burden	120	12-13	712	519.92	904.08
## 13-147	RESP1	Total	Burden	120	13-14	1156	852.20	1459.80

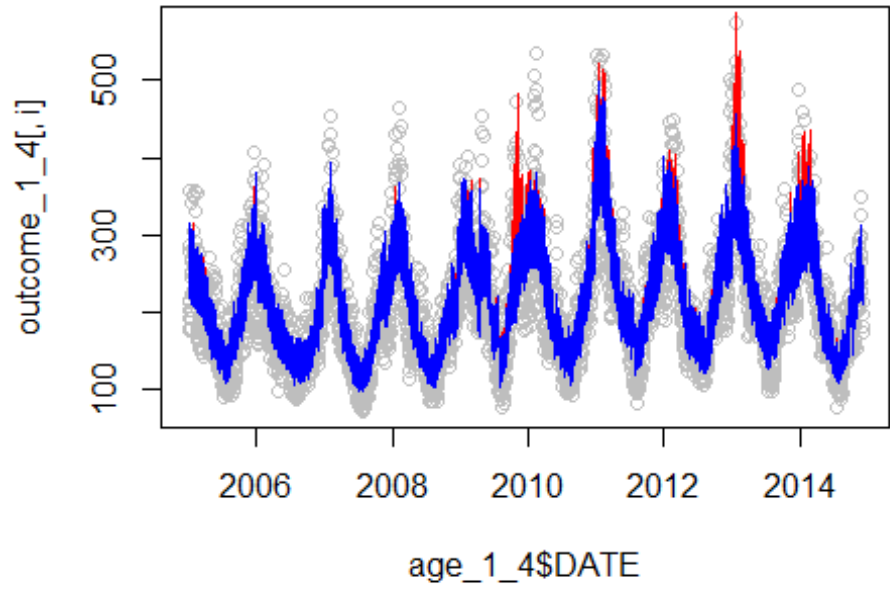
Ages >= 65

##		Outcome	DF	Seasons	Burden	LowerLimit	UpperLimit	
## 05-06	RESP	Total	Burden	40	05-06	517	464.08	569.92
## 06-07	RESP	Total	Burden	40	06-07	99	89.20	108.80
## 07-08	RESP	Total	Burden	40	07-08	587	526.24	647.76
## 08-09	RESP	Total	Burden	40	08-09	169	151.36	186.64
## 09-10	RESP	Total	Burden	40	09-10	1007	903.12	1110.88
## 10-11	RESP	Total	Burden	40	10-11	1024	918.16	1129.84
## 11-12	RESP	Total	Burden	40	11-12	1227	1101.56	1352.44
## 12-13	RESP	Total	Burden	40	12-13	6774	6105.64	7442.36
## 13-14	RESP	Total	Burden	40	13-14	2901	2605.04	3196.96
## 05-061	RESP	Total	Burden	60	05-06	323	266.16	379.84
## 06-071	RESP	Total	Burden	60	06-07	61	51.20	70.80
## 07-081	RESP	Total	Burden	60	07-08	362	297.32	426.68
## 08-091	RESP	Total	Burden	60	08-09	103	85.36	120.64
## 09-101	RESP	Total	Burden	60	09-10	618	508.24	727.76
## 10-111	RESP	Total	Burden	60	10-11	634	522.28	745.72
## 11-121	RESP	Total	Burden	60	11-12	760	626.72	893.28
## 12-131	RESP	Total	Burden	60	12-13	4276	3542.96	5009.04
## 13-141	RESP	Total	Burden	60	13-14	1838	1516.56	2159.44
## 05-062	RESP	Total	Burden	80	05-06	290	231.20	348.80
## 06-072	RESP	Total	Burden	80	06-07	54	42.24	65.76
## 07-082	RESP	Total	Burden	80	07-08	324	257.36	390.64
## 08-092	RESP	Total	Burden	80	08-09	92	72.40	111.60
## 09-102	RESP	Total	Burden	80	09-10	551	439.28	662.72
## 10-112	RESP	Total	Burden	80	10-11	567	451.36	682.64
## 11-122	RESP	Total	Burden	80	11-12	677	537.84	816.16
## 12-132	RESP	Total	Burden	80	12-13	3811	3054.44	4567.56
## 13-142	RESP	Total	Burden	80	13-14	1659	1323.84	1994.16
## 05-063	RESP	Total	Burden	120	05-06	271	186.72	355.28
## 06-073	RESP	Total	Burden	120	06-07	50	34.32	65.68
## 07-083	RESP	Total	Burden	120	07-08	302	209.88	394.12
## 08-093	RESP	Total	Burden	120	08-09	85	59.52	110.48
## 09-103	RESP	Total	Burden	120	09-10	511	354.20	667.80

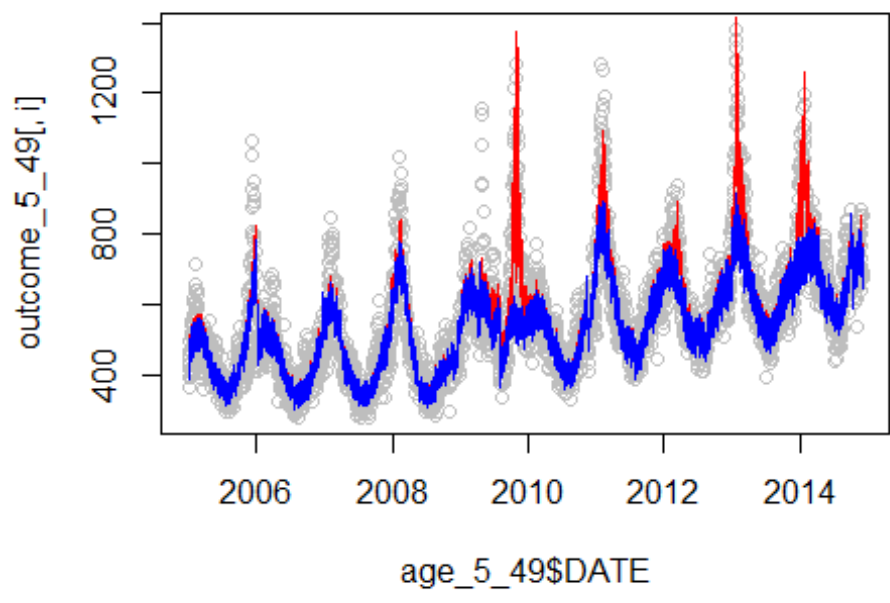
## 10-113	RESP	Total	Burden	120	10-11	528	365.32	690.68
## 11-123	RESP	Total	Burden	120	11-12	633	438.96	827.04
## 12-133	RESP	Total	Burden	120	12-13	3553	2506.36	4599.64
## 13-143	RESP	Total	Burden	120	13-14	1536	1069.52	2002.48
## 05-064	RESP1	Total	Burden	40	05-06	398	354.88	441.12
## 06-074	RESP1	Total	Burden	40	06-07	59	53.12	64.88
## 07-084	RESP1	Total	Burden	40	07-08	372	332.80	411.20
## 08-094	RESP1	Total	Burden	40	08-09	92	82.20	101.80
## 09-104	RESP1	Total	Burden	40	09-10	524	469.12	578.88
## 10-114	RESP1	Total	Burden	40	10-11	567	506.24	627.76
## 11-124	RESP1	Total	Burden	40	11-12	636	569.36	702.64
## 12-134	RESP1	Total	Burden	40	12-13	4011	3619.00	4403.00
## 13-144	RESP1	Total	Burden	40	13-14	1456	1303.12	1608.88
## 05-065	RESP1	Total	Burden	60	05-06	224	178.92	269.08
## 06-075	RESP1	Total	Burden	60	06-07	32	26.12	37.88
## 07-085	RESP1	Total	Burden	60	07-08	206	164.84	247.16
## 08-095	RESP1	Total	Burden	60	08-09	50	40.20	59.80
## 09-105	RESP1	Total	Burden	60	09-10	290	233.16	346.84
## 10-115	RESP1	Total	Burden	60	10-11	314	251.28	376.72
## 11-125	RESP1	Total	Burden	60	11-12	358	287.44	428.56
## 12-135	RESP1	Total	Burden	60	12-13	2335	1895.96	2774.04
## 13-145	RESP1	Total	Burden	60	13-14	867	698.44	1035.56
## 05-066	RESP1	Total	Burden	80	05-06	188	142.92	233.08
## 06-076	RESP1	Total	Burden	80	06-07	27	21.12	32.88
## 07-086	RESP1	Total	Burden	80	07-08	172	130.84	213.16
## 08-096	RESP1	Total	Burden	80	08-09	41	31.20	50.80
## 09-106	RESP1	Total	Burden	80	09-10	242	183.20	300.80
## 10-116	RESP1	Total	Burden	80	10-11	263	200.28	325.72
## 11-126	RESP1	Total	Burden	80	11-12	298	225.48	370.52
## 12-136	RESP1	Total	Burden	80	12-13	1955	1504.20	2405.80
## 13-146	RESP1	Total	Burden	80	13-14	739	564.56	913.44
## 05-067	RESP1	Total	Burden	120	05-06	199	134.32	263.68
## 06-077	RESP1	Total	Burden	120	06-07	28	18.20	37.80
## 07-087	RESP1	Total	Burden	120	07-08	179	122.16	235.84
## 08-097	RESP1	Total	Burden	120	08-09	43	29.28	56.72
## 09-107	RESP1	Total	Burden	120	09-10	250	169.64	330.36
## 10-117	RESP1	Total	Burden	120	10-11	275	186.80	363.20
## 11-127	RESP1	Total	Burden	120	11-12	313	213.04	412.96
## 12-137	RESP1	Total	Burden	120	12-13	2015	1411.32	2618.68
## 13-147	RESP1	Total	Burden	120	13-14	762	522.88	1001.12

Los Angeles County Spline Time Series (Age Stratified)

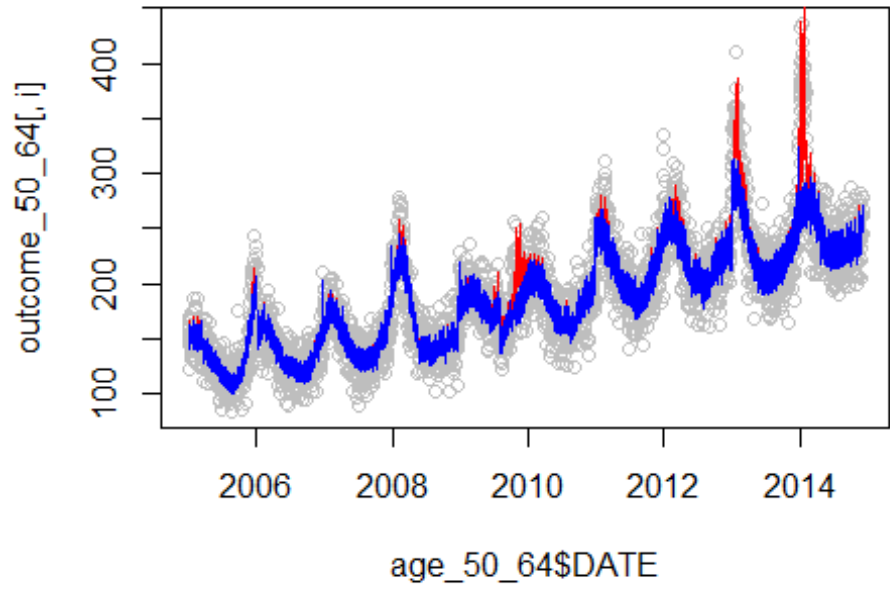
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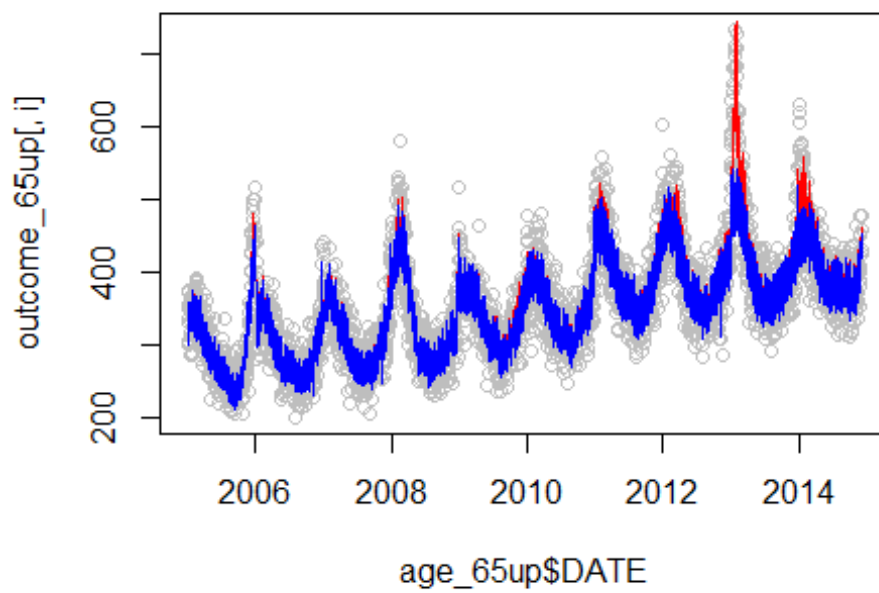


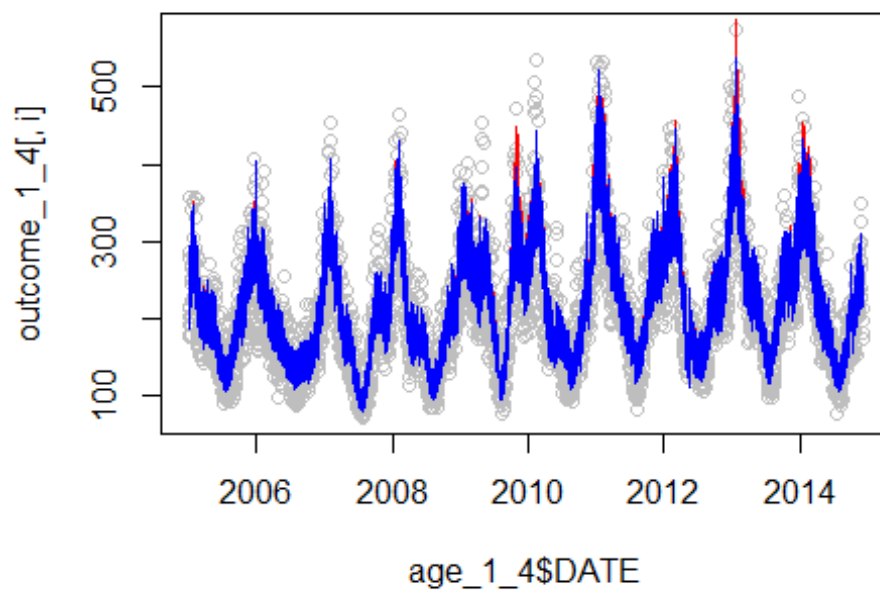
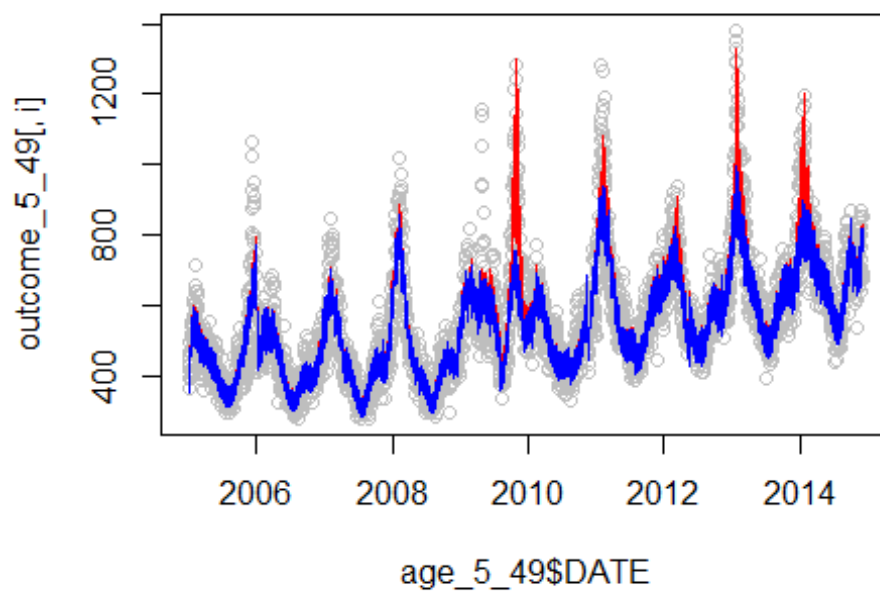
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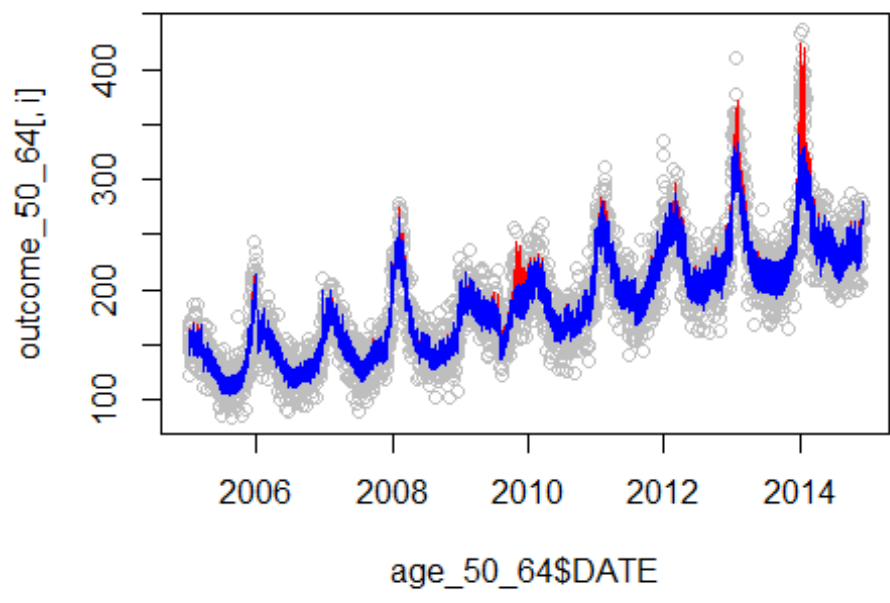
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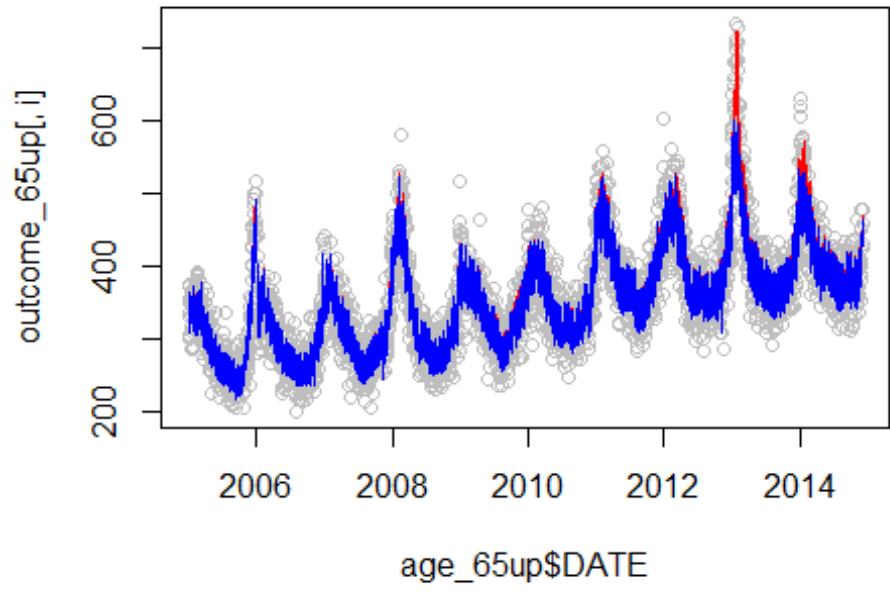
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RESP Total Burden: DF =60**RESP Total Burden: DF =60**

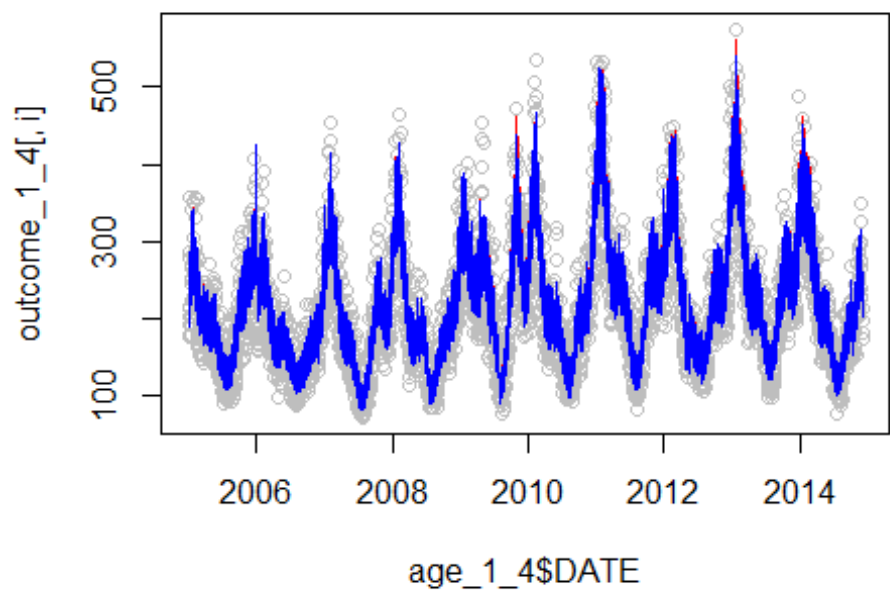
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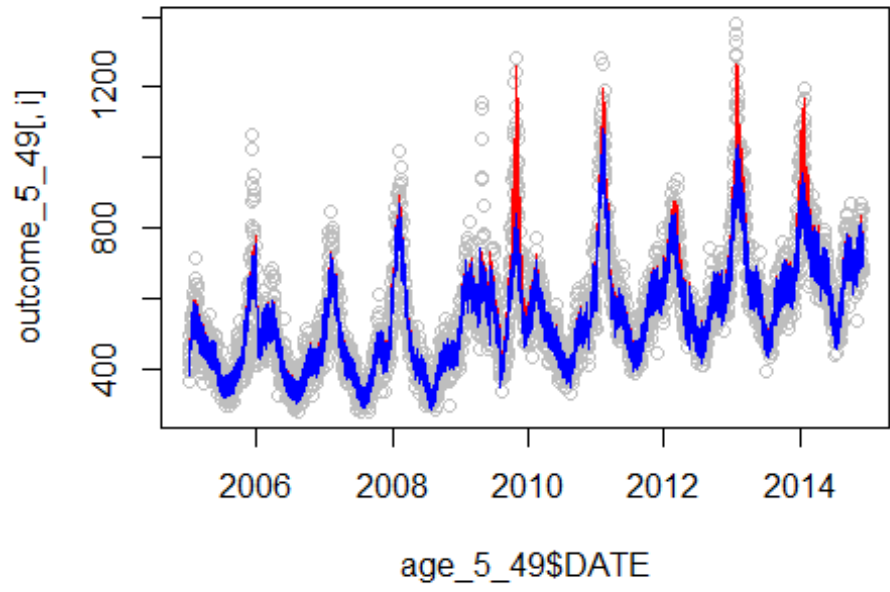
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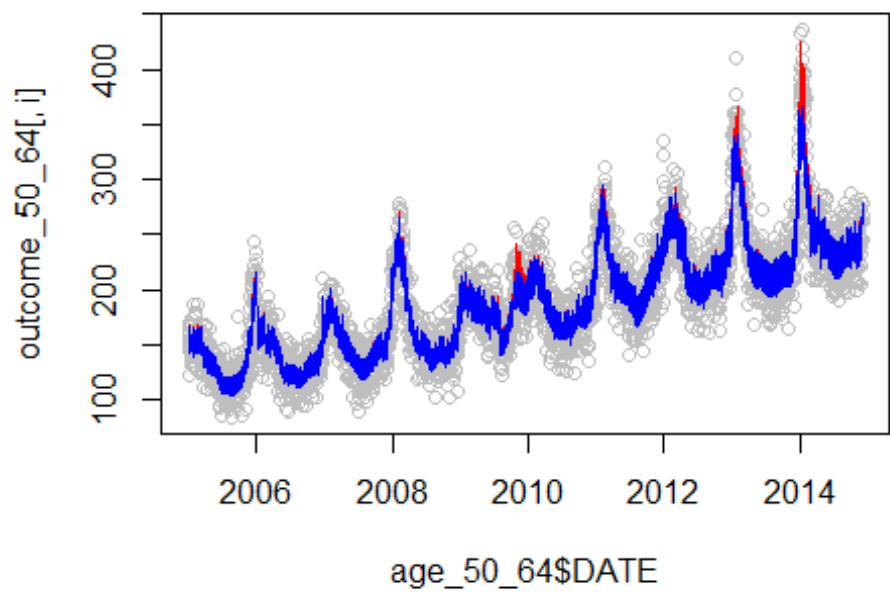
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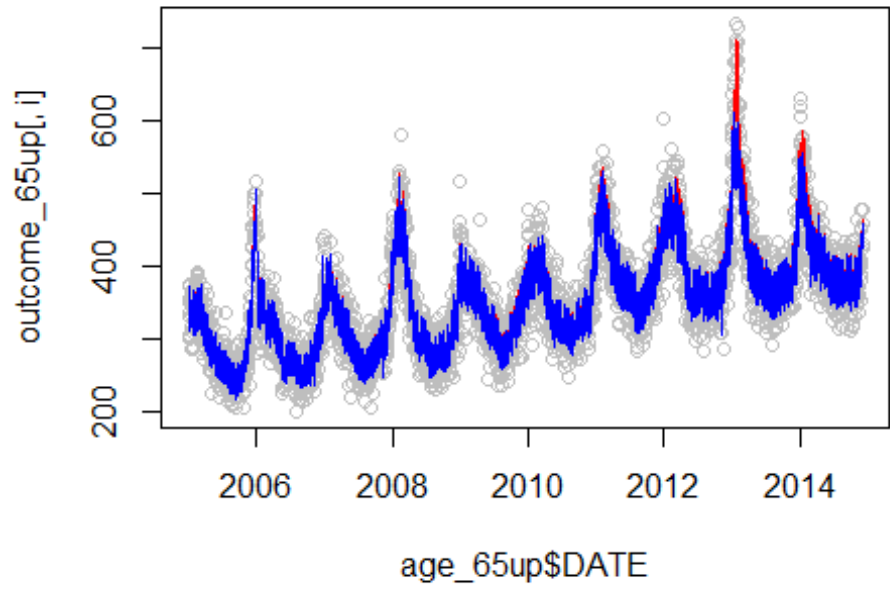
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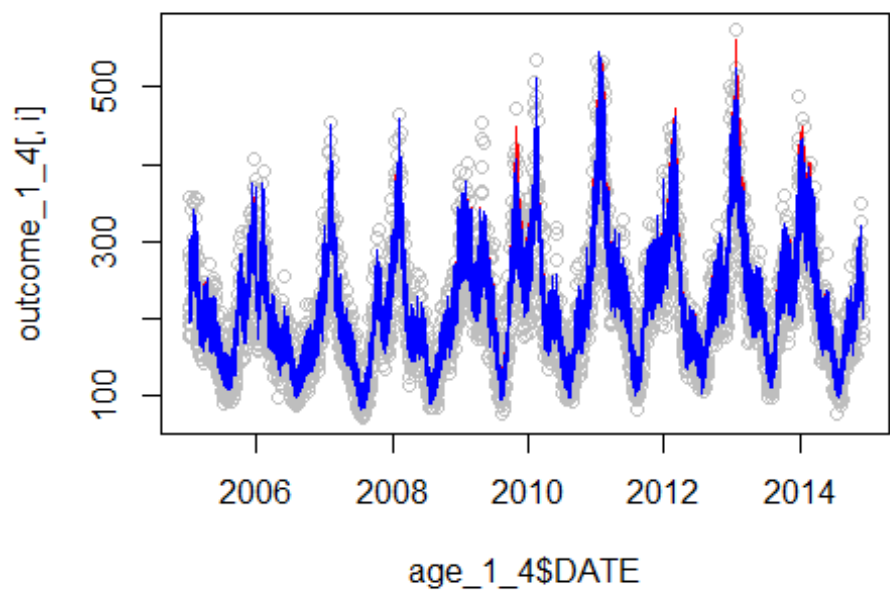
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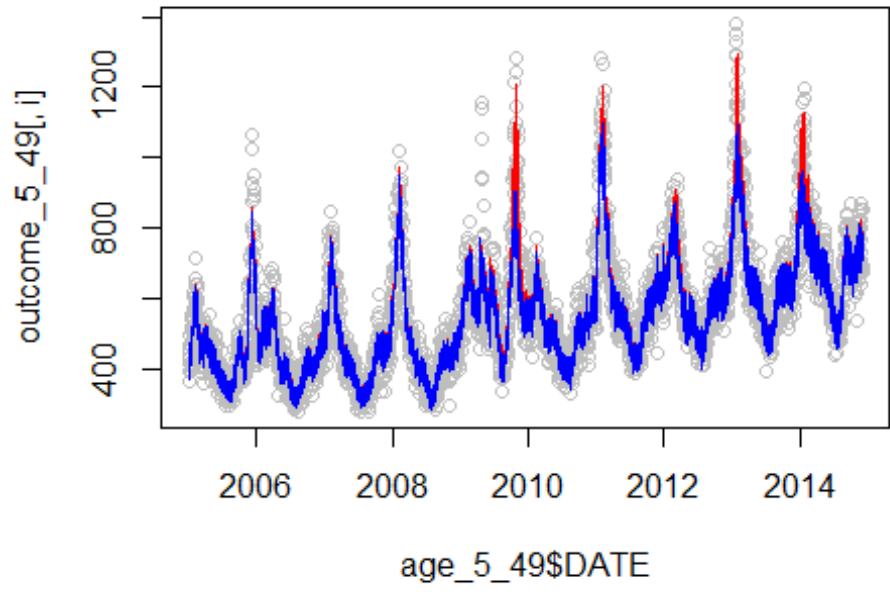
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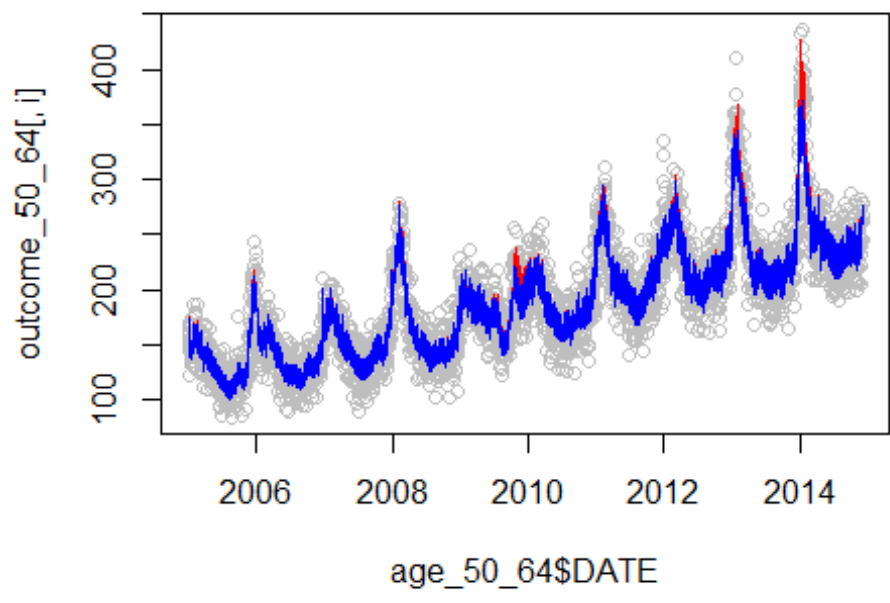
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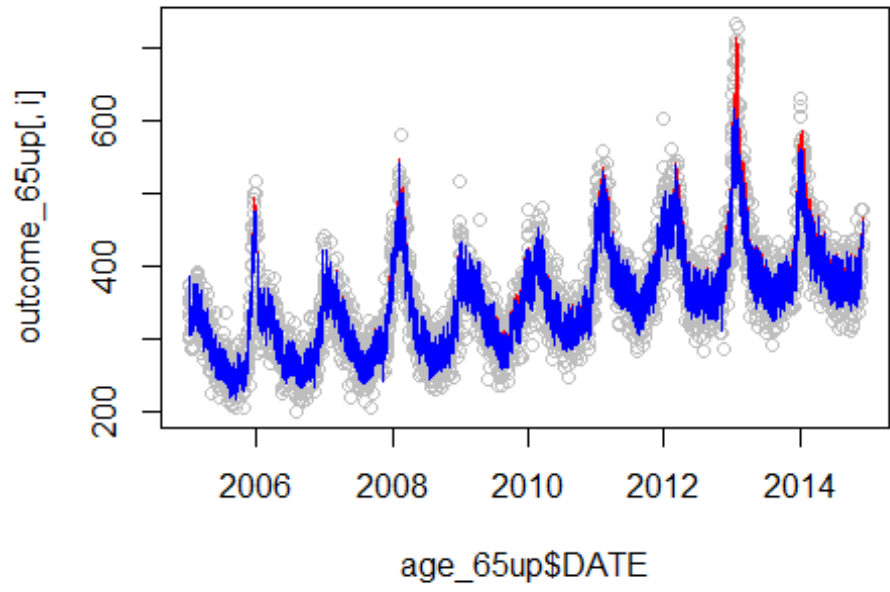
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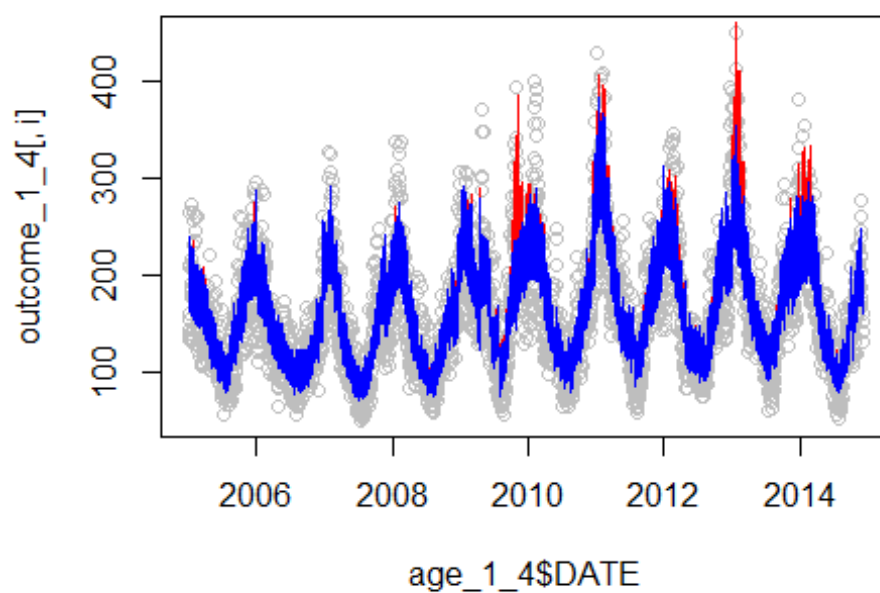
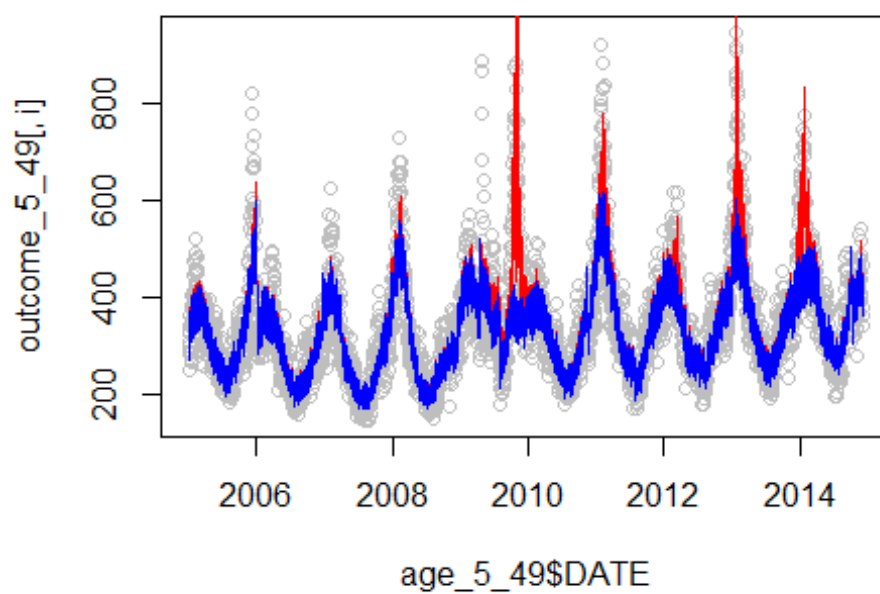


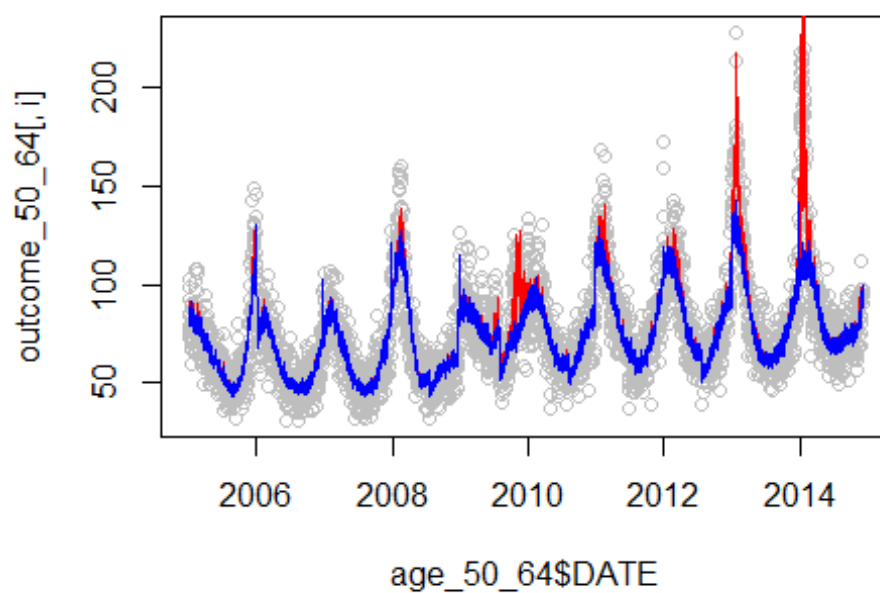
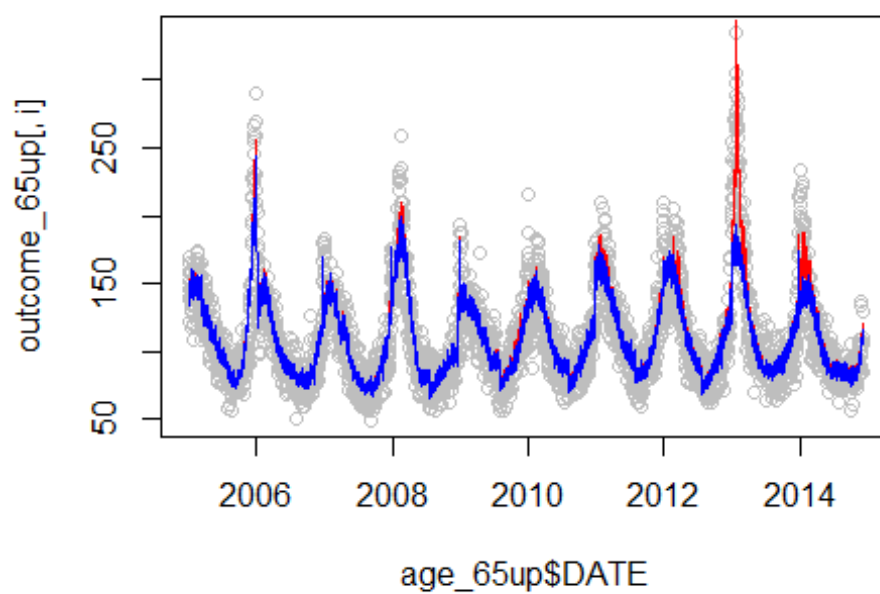
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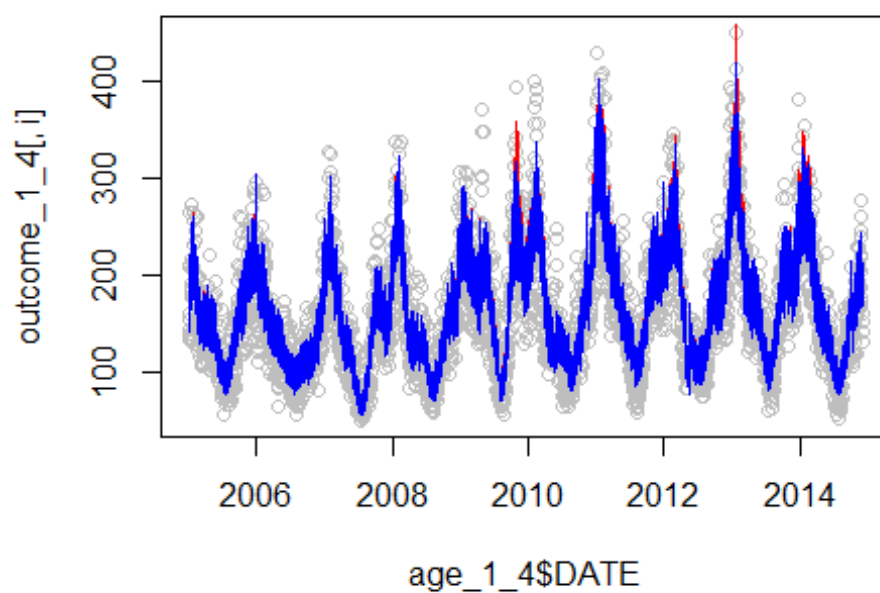
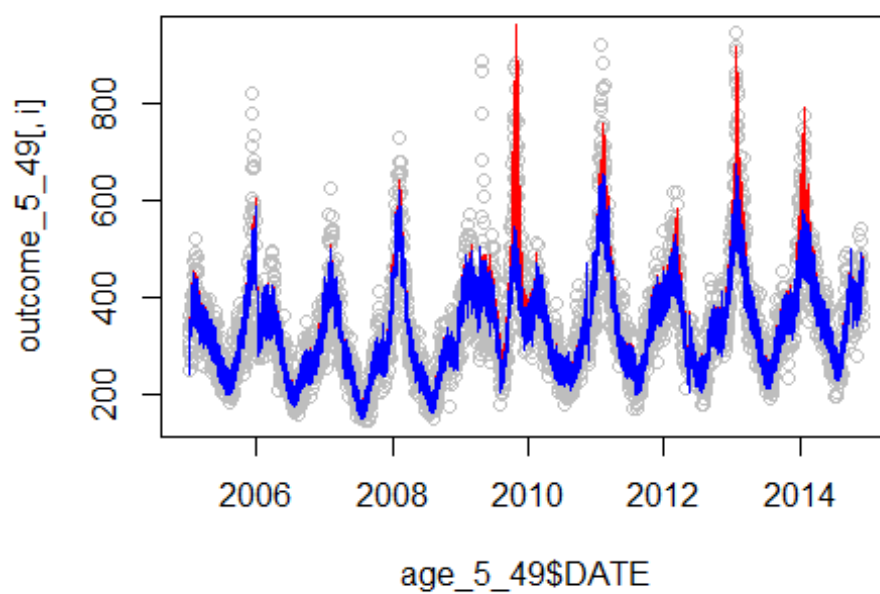


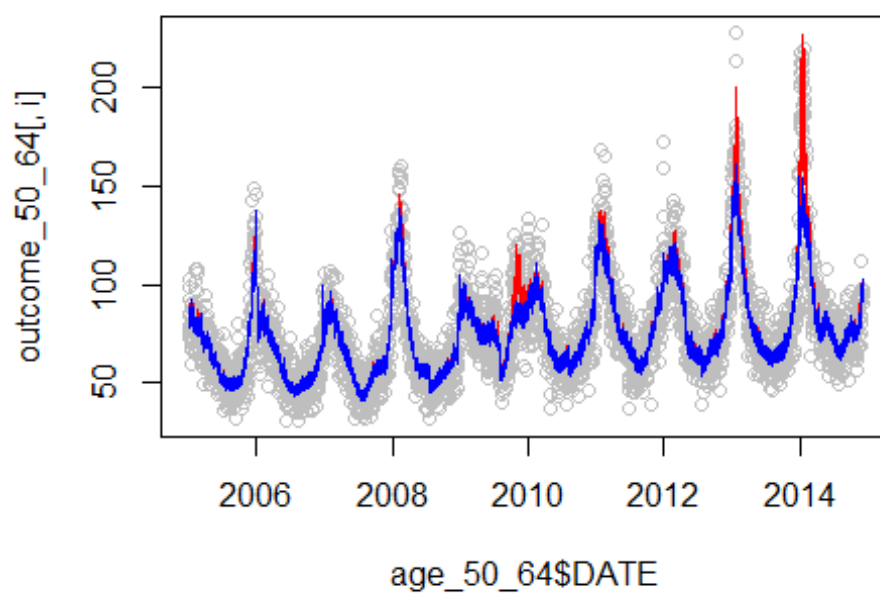
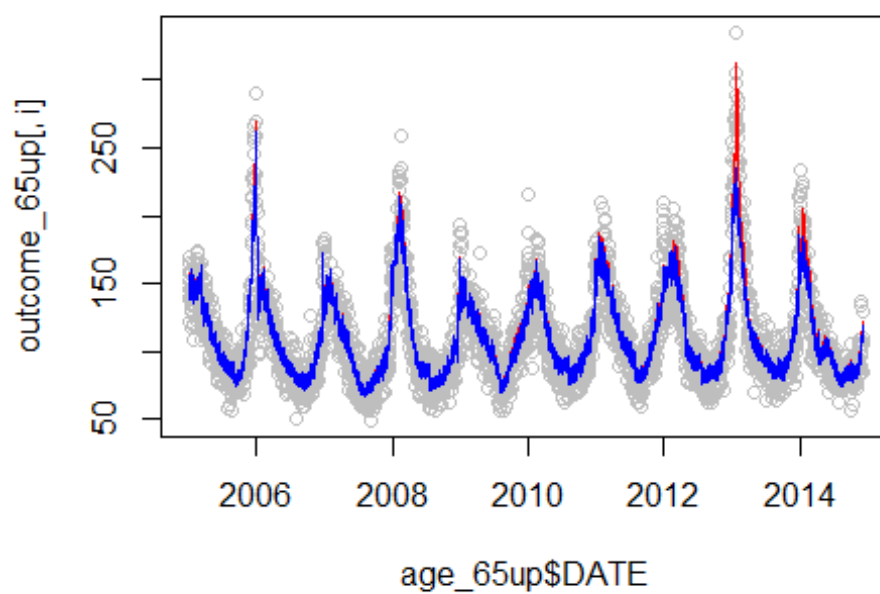
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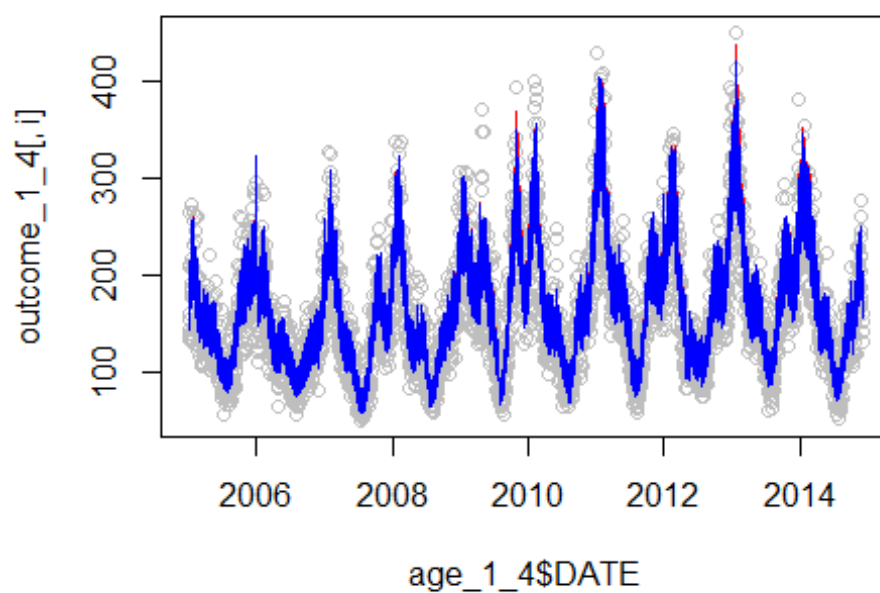
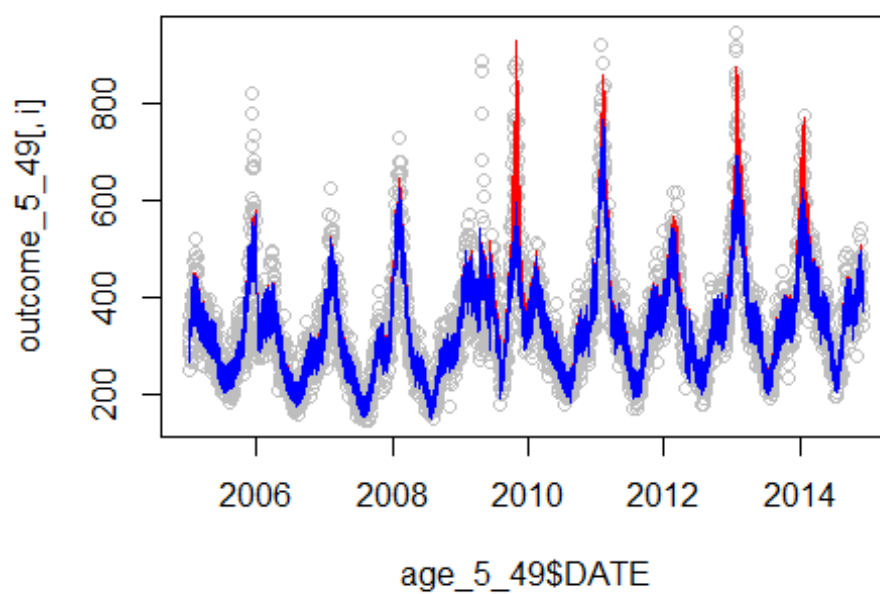


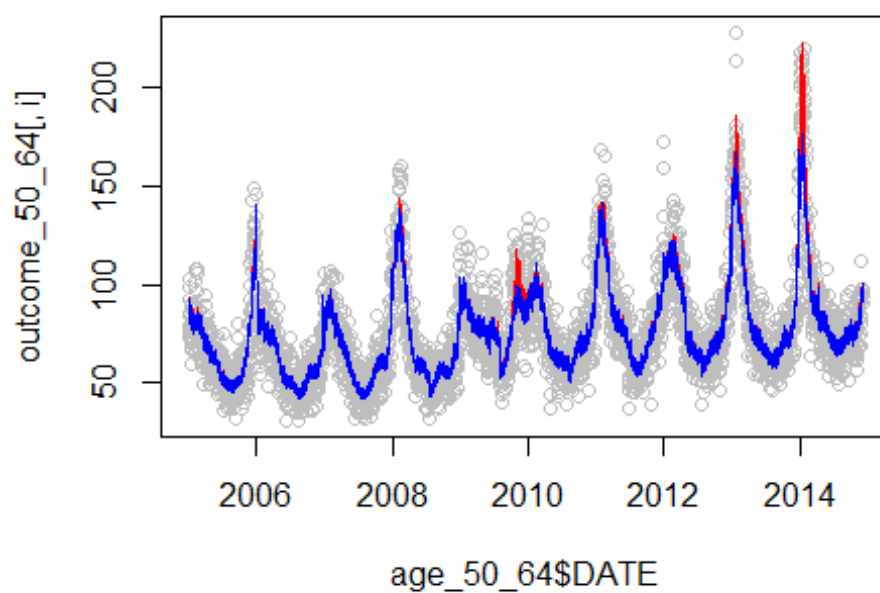
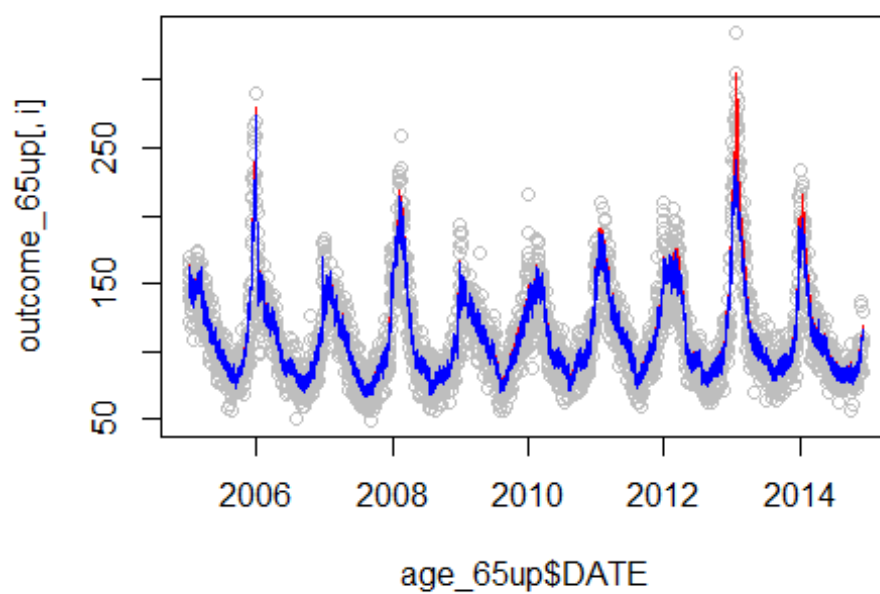
RESP1 Total Burden: DF =40**RESP1 Total Burden: DF =40**

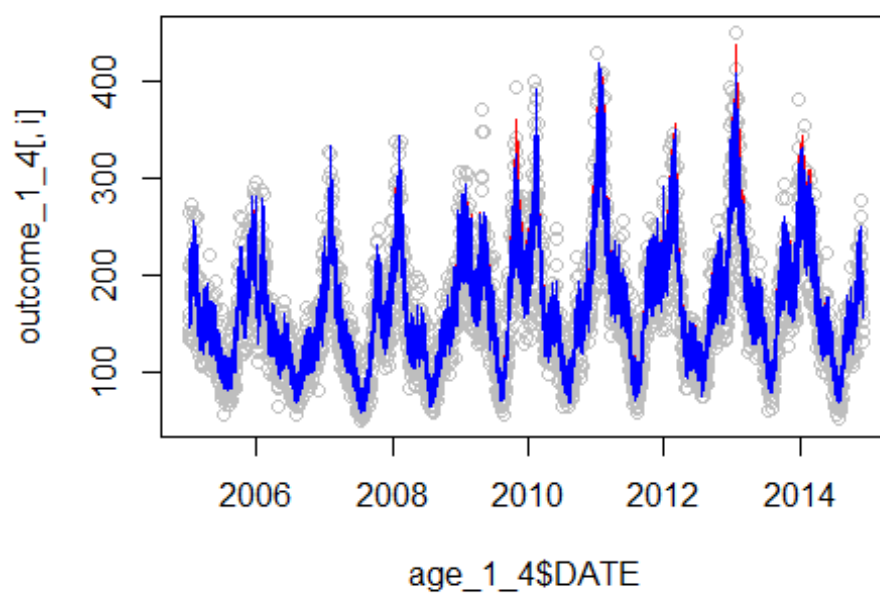
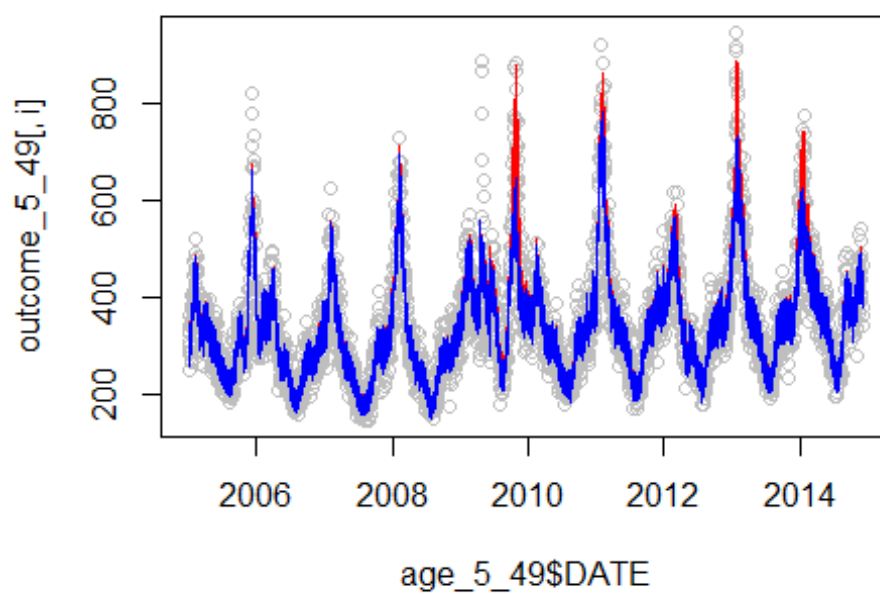
RESP1 Total Burden: DF =40**RESP1 Total Burden: DF =40**

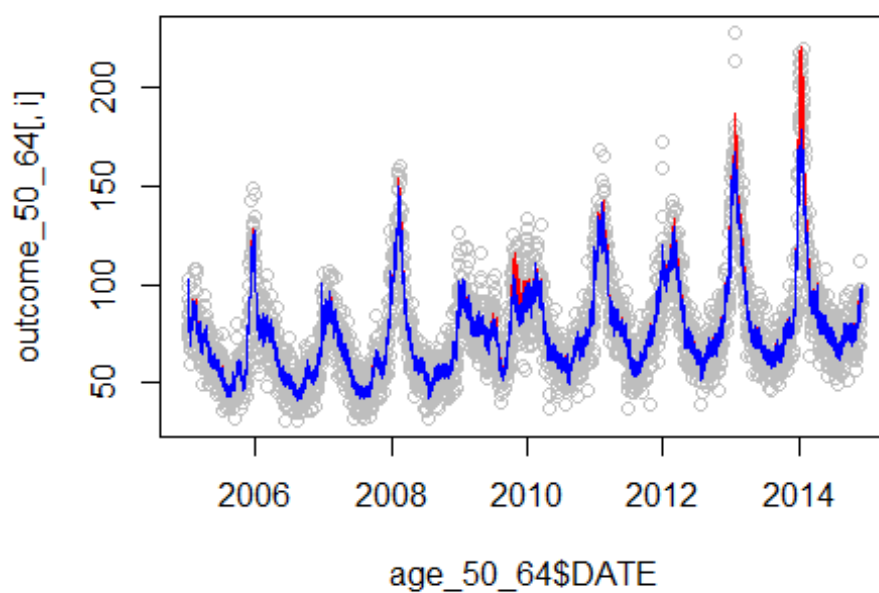
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RESP1 Total Burden: DF =60**RESP1 Total Burden: DF =60**

RESP1 Total Burden: DF =80**RESP1 Total Burden: DF =80**

RESP1 Total Burden: DF =80**RESP1 Total Burden: DF =80**

RESP1 Total Burden: DF =120**RESP1 Total Burden: DF =120**

RESP1 Total Burden: DF =120**RESP1 Total Burden: DF =120**