



INFLUENZA WATCH

Week 45
Ending 11/14/2015

The purpose of the weekly *Influenza Watch* is to summarize current influenza surveillance in San Diego County. **Please note that reported weekly data are preliminary and may change due to delayed submissions and additional laboratory results.**

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Current Week

Current Week 45 (ending 11/14/2015)

- 18 new influenza detections reported: *Expected level*
- 3% influenza-like illness (ILI) among emergency department visits: *Expected level*
- 0 influenza-related deaths reported this week
- 7% of deaths registered with pneumonia and/or influenza: *Expected level*

Current Season Summary

107
Total Cases

2
ICU Cases

1
Death

0
Outbreaks

Virus Characteristics

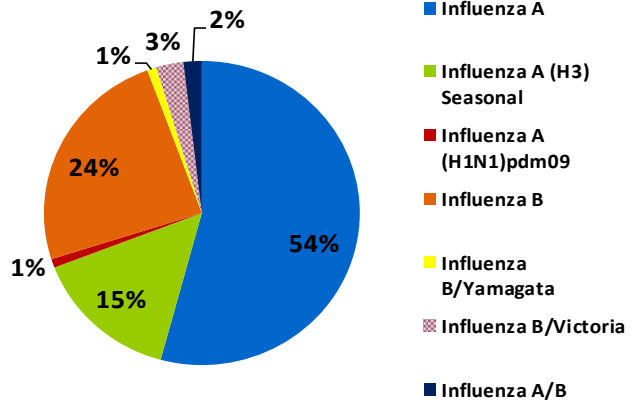


Table 1. Influenza Surveillance Indicators

Indicator	FY 2015-16*			FY 2014-15		Prior 3-Year Average**	
	Week 45	Week 44	FYTD [#]	Week 45	FYTD [#]	Week 45	FYTD [#]
All influenza detections reported (rapid or PCR)	18	3	107	12	97	7	56
Percent of emergency department visits for ILI	3%	3%		2%		2%	
Percent of deaths registered with pneumonia and/or influenza	7%	5%		5%		6%	
Number of influenza-related deaths reported [^]	0	0	1	0	0	0	0

* FYTD=Fiscal Year To Date (FY is July 1 - June 30, Weeks 27-26). Total deaths reported in prior years: 97 in 2014-15, 70 in 2013-14, 65 in 2012-13.

* Previous weeks case counts or percentages may change due to delayed processing or reporting.

** Includes FYs 2014-15, 2013-14, and 2012-13.

[^] Current FY deaths are shown by week of report; by week of death for prior FYs.

Antivirals: an important adjunct to vaccines to control influenza

Antiviral medications with activity against influenza viruses are an important adjunct to influenza vaccine in the control of influenza. Three influenza antiviral medications are recommended for use this season: oral oseltamivir (Tamiflu®), inhaled zanamivir (Relenza®), and intravenous peramivir (Rapivab®). These neuraminidase inhibitors have activity against both influenza A and B viruses.

Amantadine and rimantadine are adamantanes with activity against influenza A viruses, but not influenza B viruses. As in recent past seasons, high levels of adamantine resistance (>99%) are found among influenza A (H3N2) and influenza A (H1N1) pdm09 viruses. Therefore, amantadine and rimantadine are not recommended for antiviral treatment or chemoprophylaxis of influenza.

Antiviral resistance to oseltamivir, zanamivir, and peramivir among circulating influenza viruses is currently low, but this can change. Antiviral resistance can emerge during or after treatment in some patients (e.g., immunosuppressed).

- For information about antiviral resistance and guidance on the use of influenza antivirals when resistance is suspected or documented this season, see [Antiviral Drug-Resistance among Influenza Viruses](#).
- For weekly surveillance data on antiviral resistance, see the [FluView U.S. Influenza Surveillance Report](#).
- For a complete review of current antiviral recommendations for influenza, see [Influenza Antiviral Medications: Summary for Clinicians](#).
- For a recent online review supporting the use of antivirals in the treatment of influenza, see [Treating Influenza With Neuraminidase Inhibitors: What Is the Evidence?](#)

Table 2. Influenza Detections Reported, FY 2015-16*

Positive Test Type/Subtype	Week 45	Total To-Date
Influenza A†	9	58
Influenza A(H1N1) Pandemic 2009	0	1
Influenza A (H3) Seasonal	1	16
Influenza B†	5	26
Influenza B/Yamagata	0	1
Influenza B/Victoria	2	3
Influenza A/B†	1	2
Total	18	107

* FY is July 1- June 30.

† No further characterization performed or results not available at time of publication.

Note: Totals may change due to further laboratory findings.

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Figure 1. Percent of Emergency Department Visits for Influenza-like Illness by Week and FY

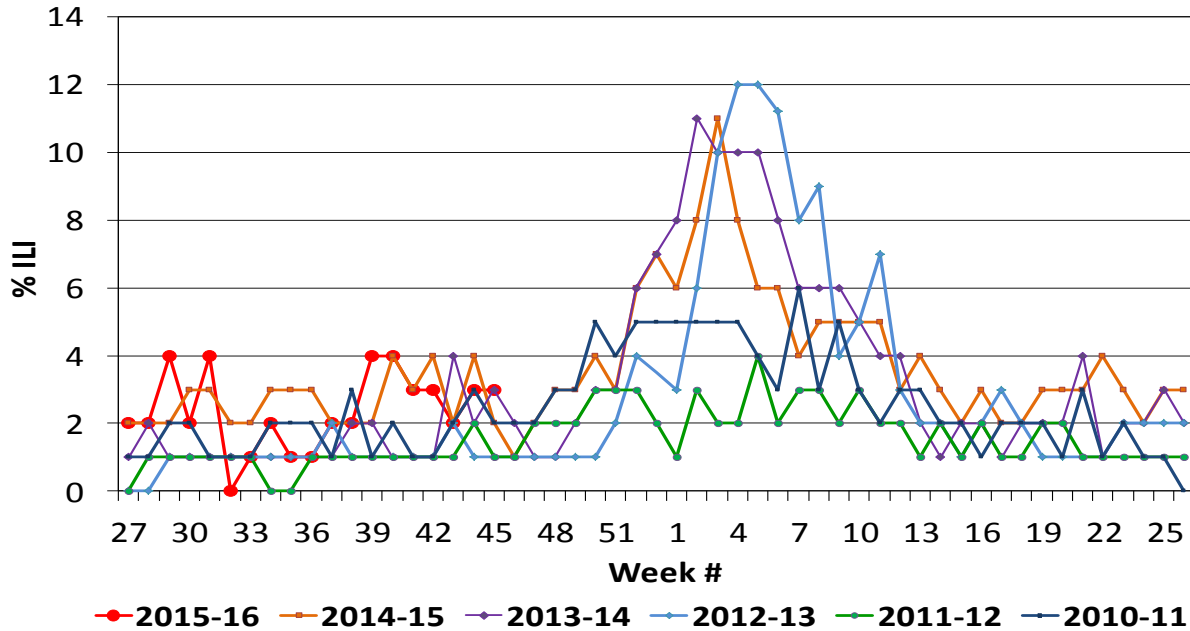
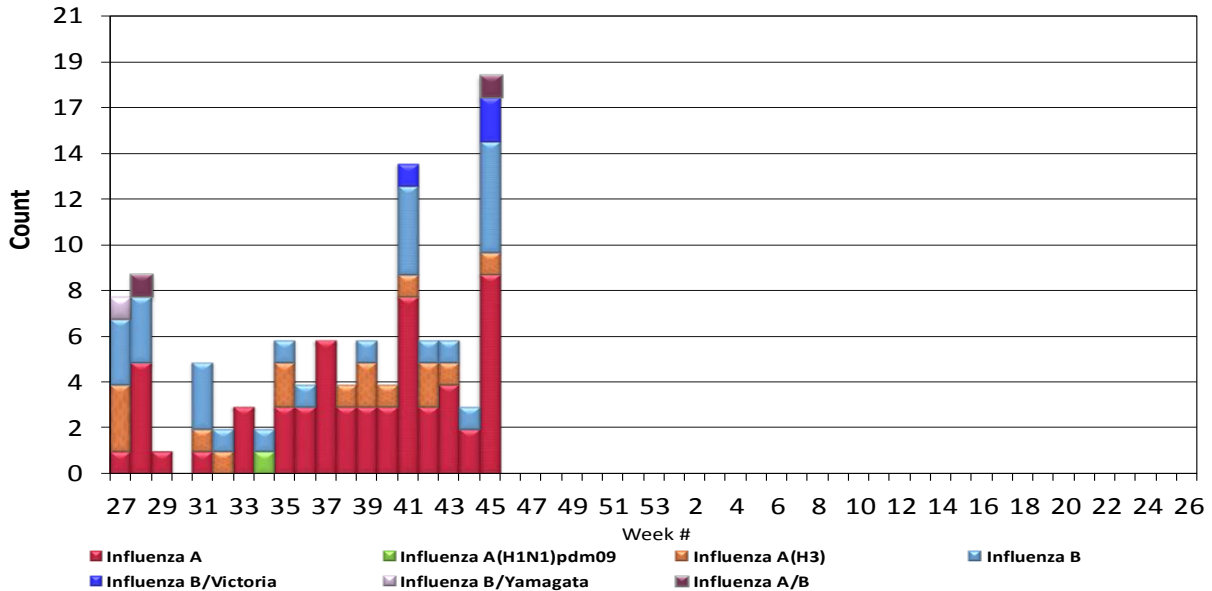


Figure 2. San Diego County Influenza Detections by Type and Week of Report, 2015-16 (N=107)



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Figure 3. Percent of Reported Influenza Cases by Age Group and Season, 2009-10 to 2015-16 YTD

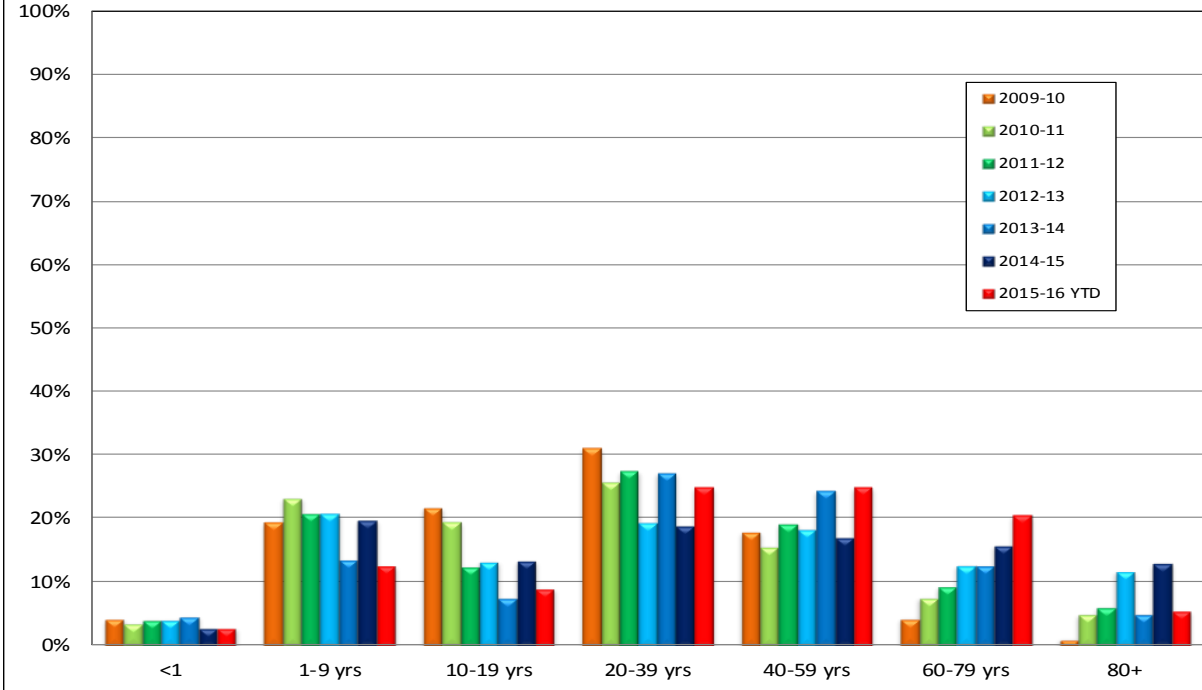
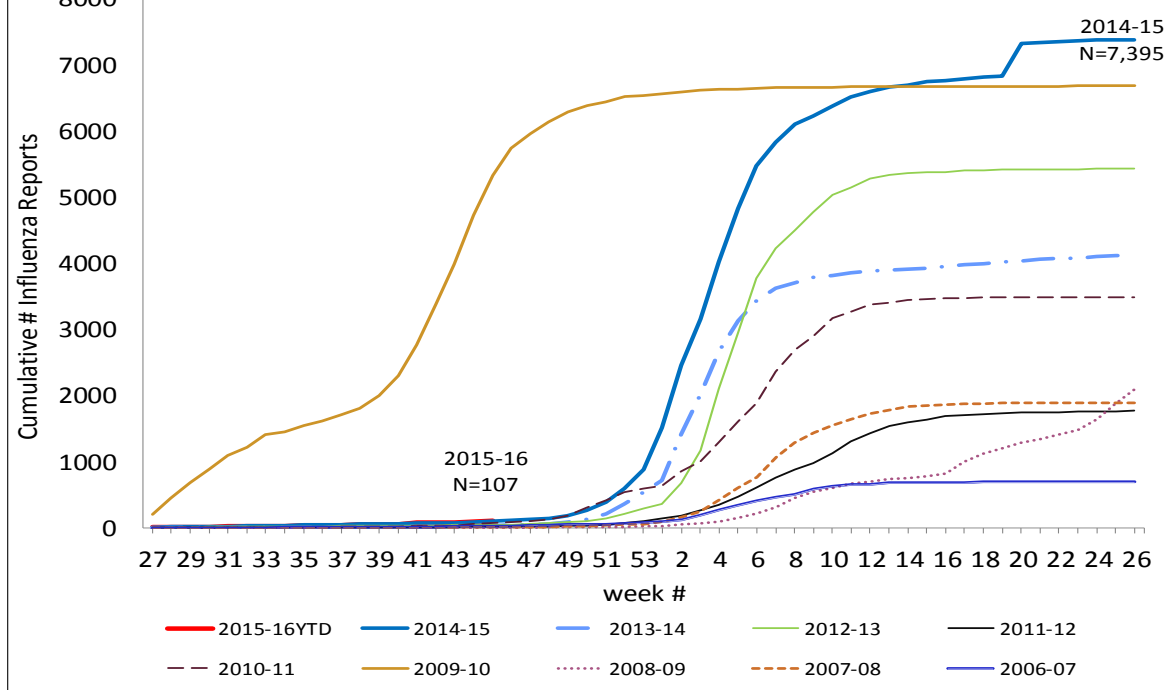


Figure 4. Cumulative Influenza Case Reports by Week & Season



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Figure 5. Percent of San Diego County Emergency Department Visits for Influenza-like Illness by Week and FY Compared to 5-Year Baseline & Upper 95% Threshold Values (Serfling Method)

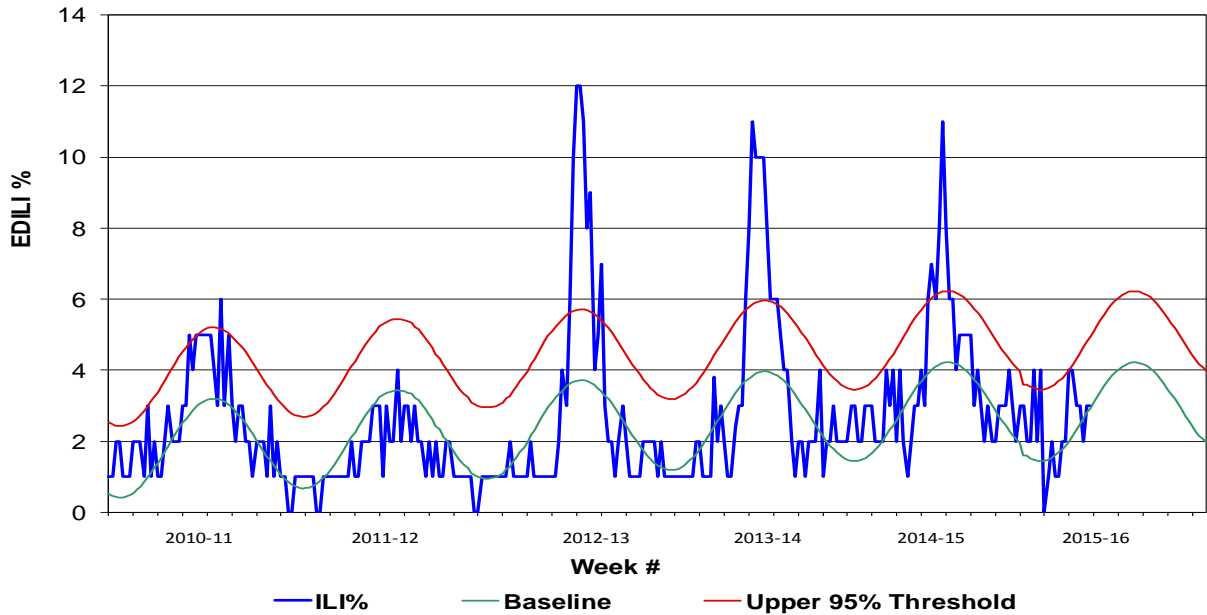
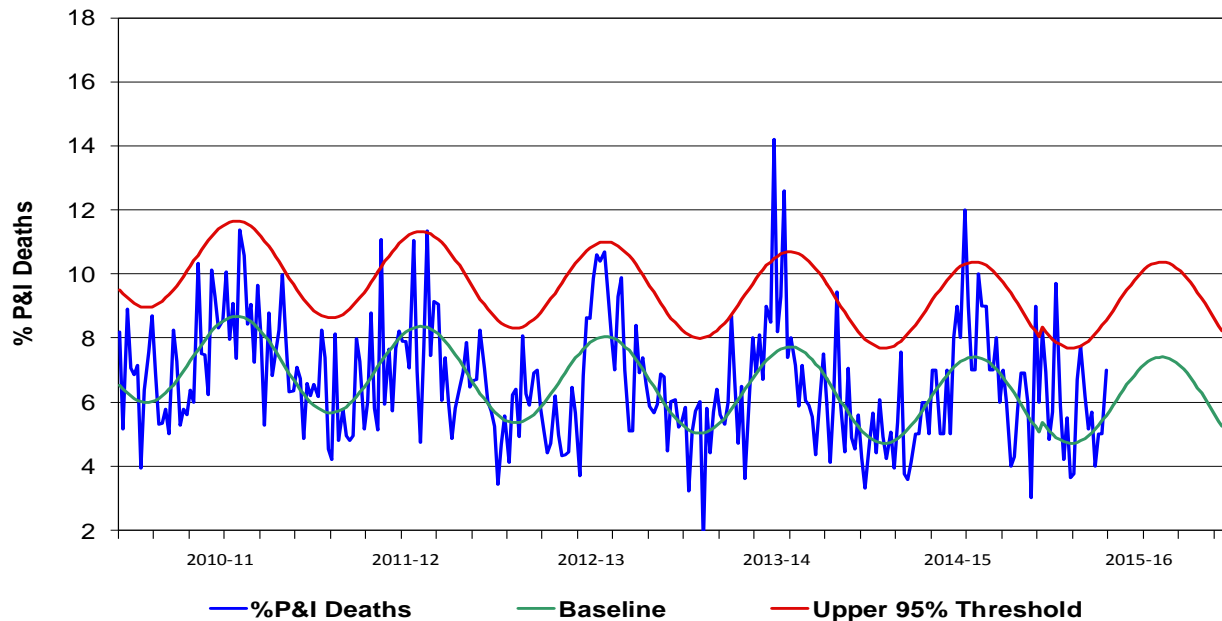


Figure 6. Percent of All San Diego County Deaths Registered with Pneumonia and/or Influenza by Week and FY Compared to Prior 5-Year Baseline & Upper 95% Threshold (Serfling Method)



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Figure 7. Influenza Deaths by Type, and Season

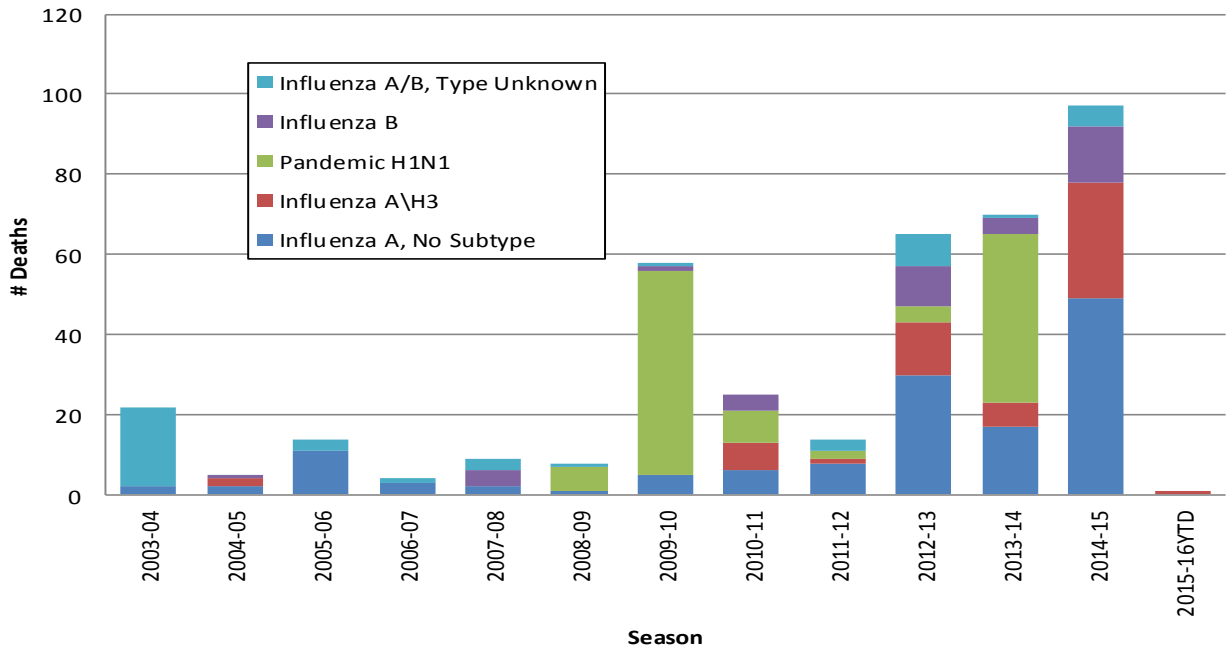


Figure 8. Influenza Deaths by Age and Season

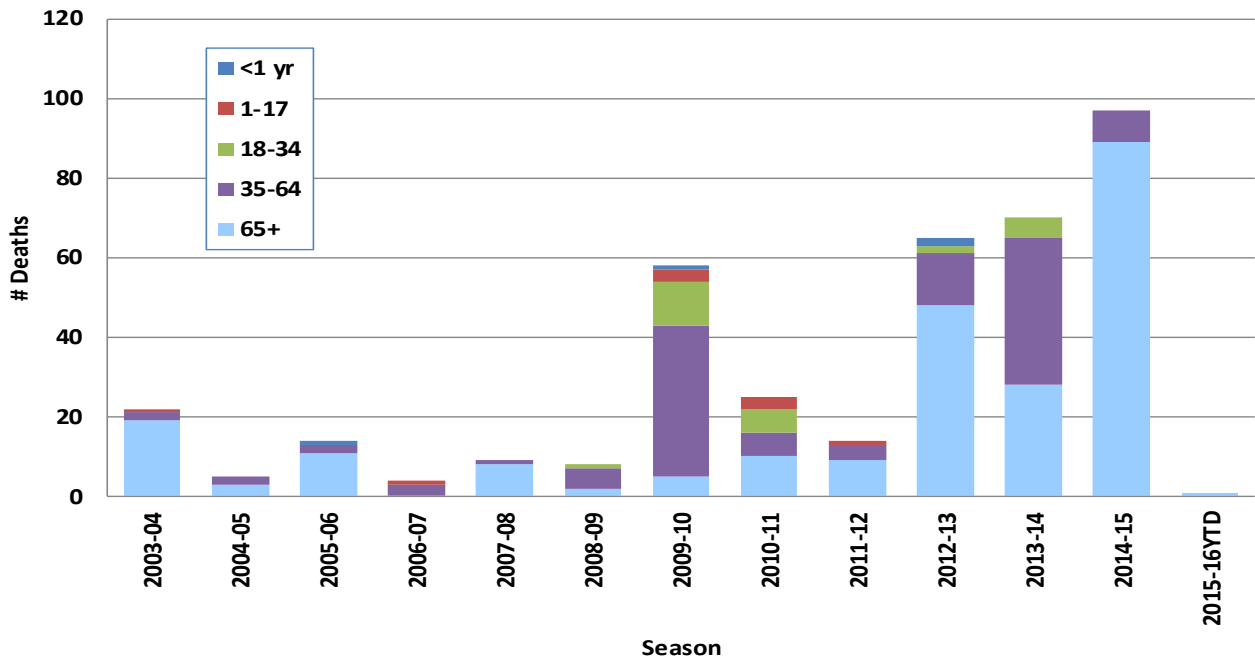
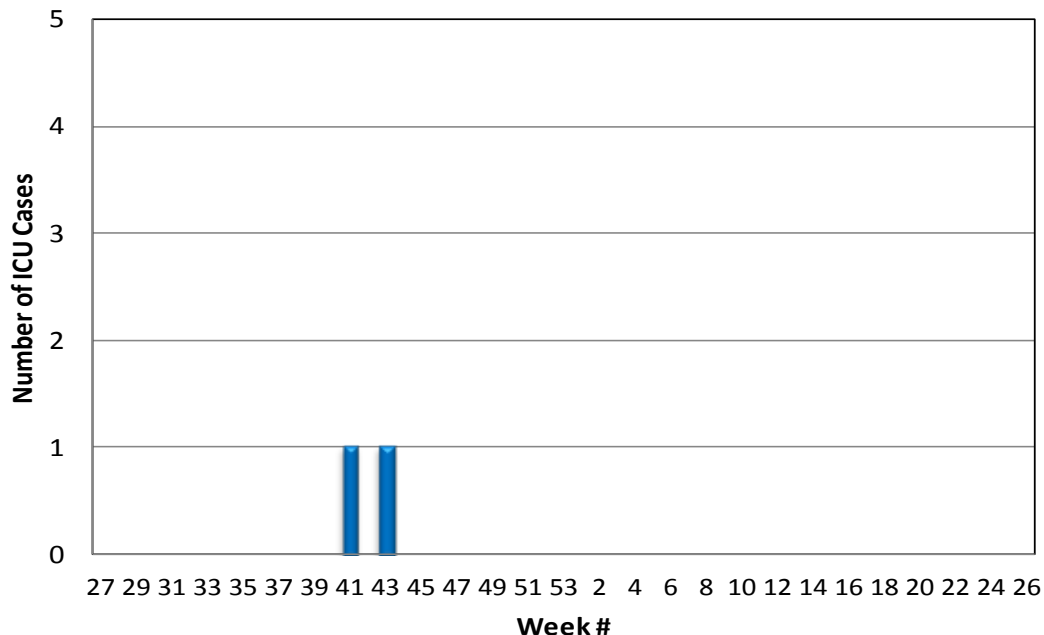


Figure 9. Number of Influenza Cases Requiring ICU Care by Week Reported, 2015-16 YTD (N=2)



Influenza Reporting in San Diego County

Local providers are encouraged to report laboratory positive influenza detections to the County Epidemiology Program by **FAX (858) 715-6458**. Please fax a [Case Report](#) Form and/or a printed laboratory result, and indicate if patient was admitted to ICU or died, and/or is a resident of a congregate living facility.

For questions regarding sending specimens to Public Health Laboratory (PHL), call (619) 692-8500. Click here for the updated PHL [PCR Test Request Form](#).

Contact Epidemiology at **(619) 692-8499** or by email to: EpiDiv.HHSA@sdcounty.ca.gov with questions.

Resources

County of San Diego Immunization Branch www.sdiz.org

California Department of Public Health [Influenza](#)

CDC Influenza Surveillance [Weekly Report](#)