



INFLUENZA WATCH

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 4 (ending 1/30/2016)

- 189 new influenza detections reported: *Expected level*
- 4% influenza-like illness (ILI) among emergency department visits: *Expected level*
- 1 influenza-related death reported this week
- 4% of deaths registered with pneumonia and/or influenza: *Expected level*

Current Season Summary

- 925**
Total Cases
- 11**
ICU Cases
- 5**
Deaths
- 2**
Outbreaks

Virus Characteristics

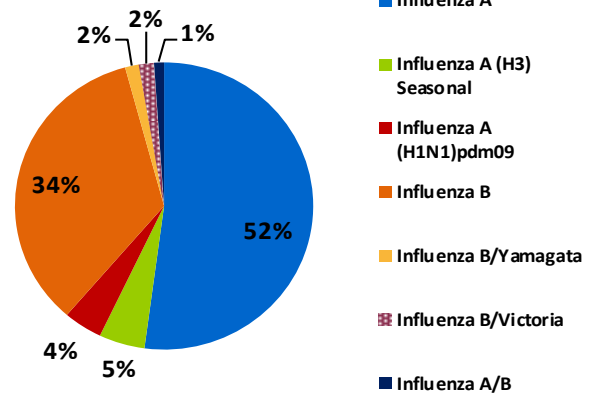


Table 1. Influenza Surveillance Indicators

Indicator	FY 2015-16*			FY 2014-15		Prior 3-Year Average**	
	Week 4	Week 3	FYTD#	Week 4	FYTD#	Week 4	FYTD#
	All influenza detections reported (rapid or PCR)	189	181	925	859	4,025	806
Percent of emergency department visits for ILI	4%	4%		8%		10%	
Percent of deaths registered with pneumonia and/or influenza	8%	6%		8%		10%	
Number of influenza-related deaths reported^	1	1	5	8	38	10	31

* 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.

CDC Issues Health Advisory: Severe Influenza Illness Reported

On February 1, 2016, the Centers for Disease Control and Prevention (CDC) issued a health advisory on the current influenza season. It noted that influenza activity is increasing across the country, as are reports of severe influenza illness. CDC reminded clinicians to treat suspected influenza in high-risk outpatients, those with progressive disease, and all hospitalized patients with antiviral medications as soon as possible, regardless of negative rapid influenza diagnostic test (RIDT) results, and without waiting for RT-PCR testing results.

Early antiviral treatment for influenza works best, but treatment may offer benefit when started up to 4-5 days after symptom onset in hospitalized patients. Early antiviral treatment can reduce influenza morbidity and mortality. [CDC guidelines for influenza antiviral use](#) during 2015-16 season are the same as during prior seasons.

National and local co-circulation of influenza A(H3N2), A(H1N1)pdm09, and influenza B viruses has been noted. H1N1pdm09 viruses have predominated in recent weeks in many parts of the country. CDC reported being notified of recent cases of severe respiratory illness among young- to middle-aged adults with H1N1pdm09 virus infection, some of whom required intensive care unit (ICU) admission. Fatalities have been reported. Some of these patients reportedly tested negative for influenza by RIDT; their influenza diagnosis was made later with molecular assays. Most of these patients were reportedly unvaccinated. H1N1pdm09 virus infection in the past has caused severe illness in some children and young- and middle-aged adults.

Clinicians should continue efforts to vaccinate patients this season for as long as influenza viruses are circulating, and promptly start antiviral treatment of severely ill and high-risk patients if influenza is suspected or confirmed. To view the CDC alert go to:

[CDC Health Alert 387 - Flu Season Begins: Severe Influenza Illness Reported](#)

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

Positive Test Type/Subtype	Week 4	Total To-Date
Influenza A†	108	482
Influenza A(H1N1) Pandemic 2009	5	39
Influenza A (H3) Seasonal	2	46
Influenza B†	69	319
Influenza B/Victoria	2	15
Influenza B/Yamagata	2	14
Influenza A/B†	1	10
Total	189	925

* FY is July 1- June 30.

† No further characterization performed, or results were not yet 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

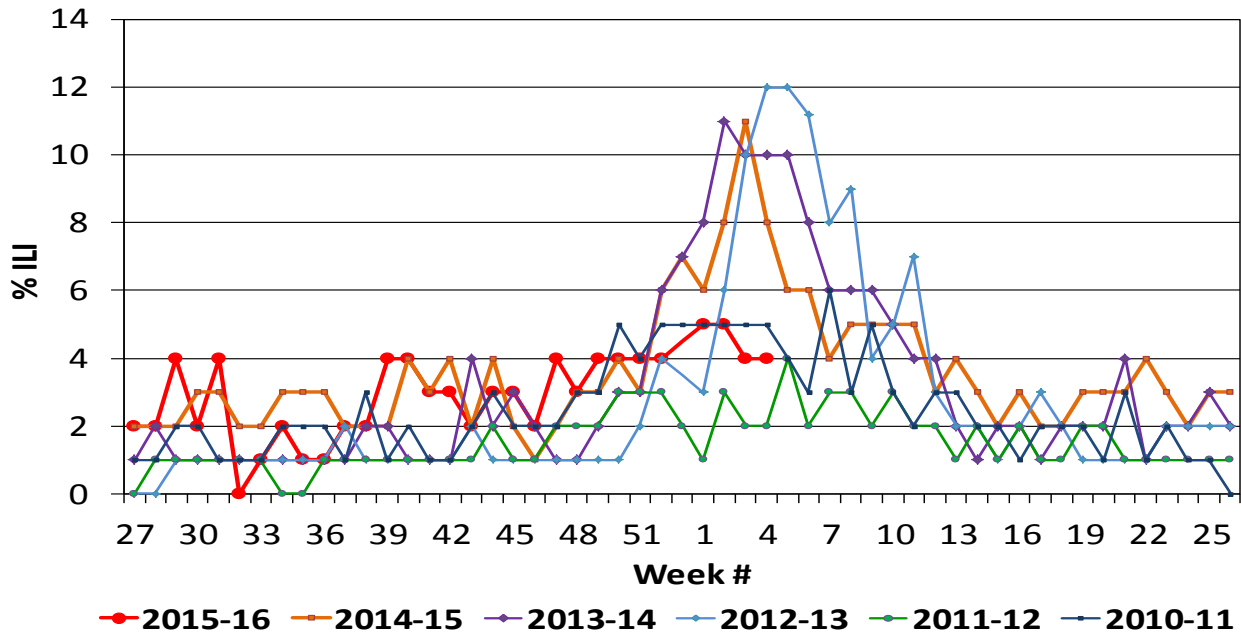
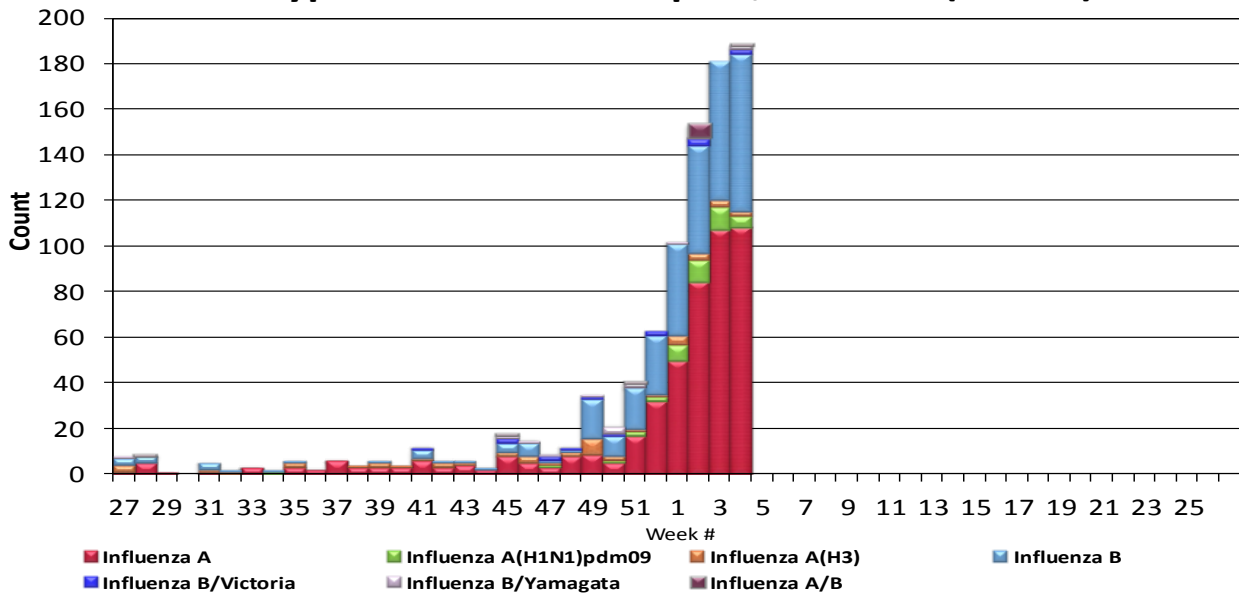


Figure 2. San Diego County Influenza Detections by Type and Week of Report, 2015-16 (N=925)



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

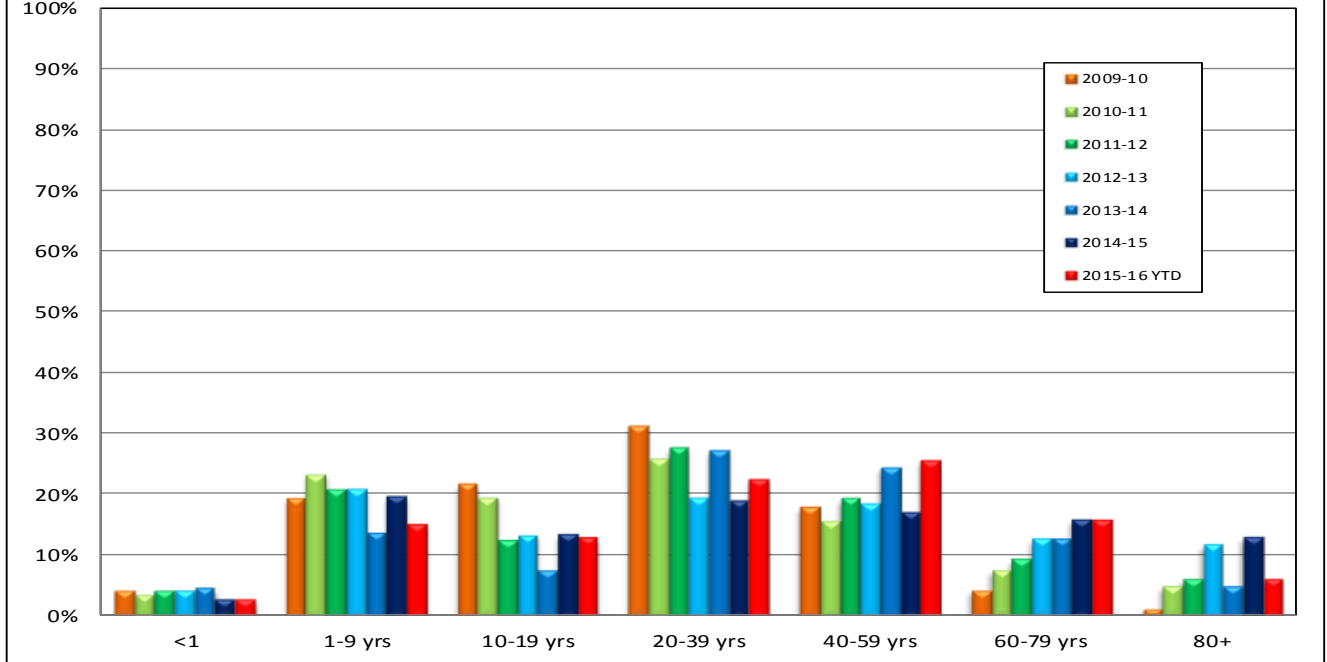
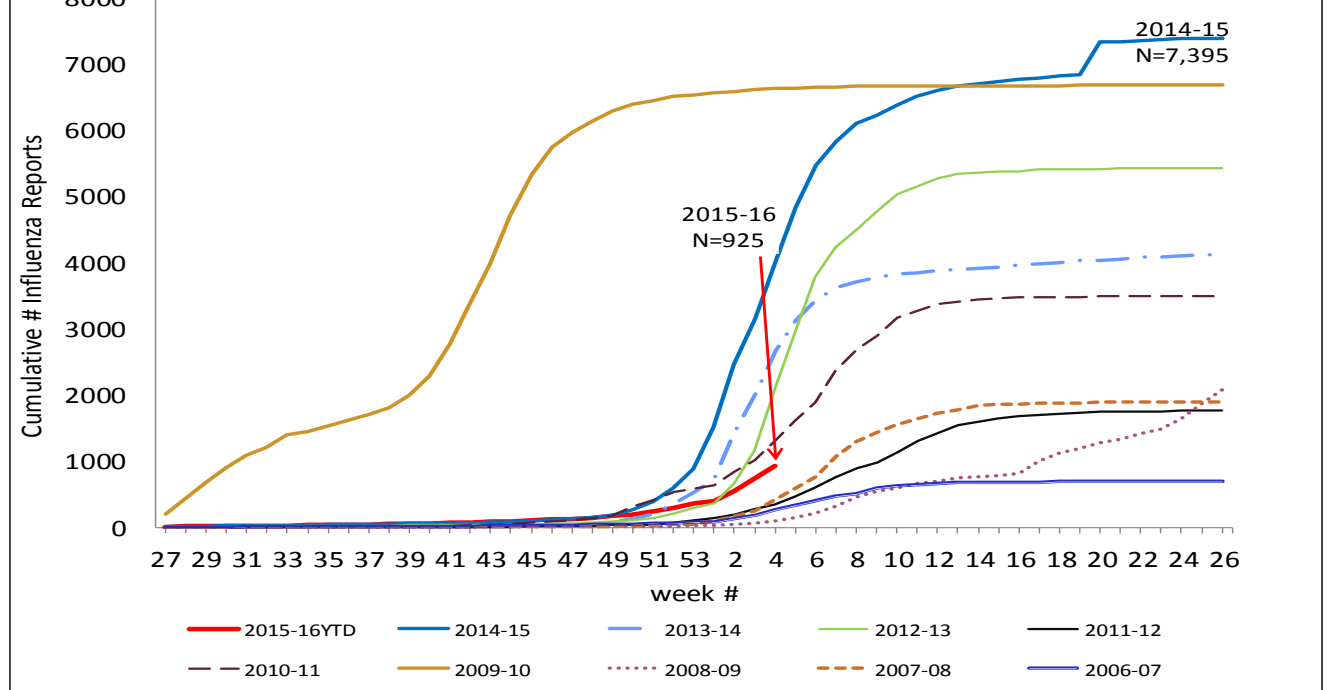


Figure 4. Cumulative Influenza Case Reports by Week & Season



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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)

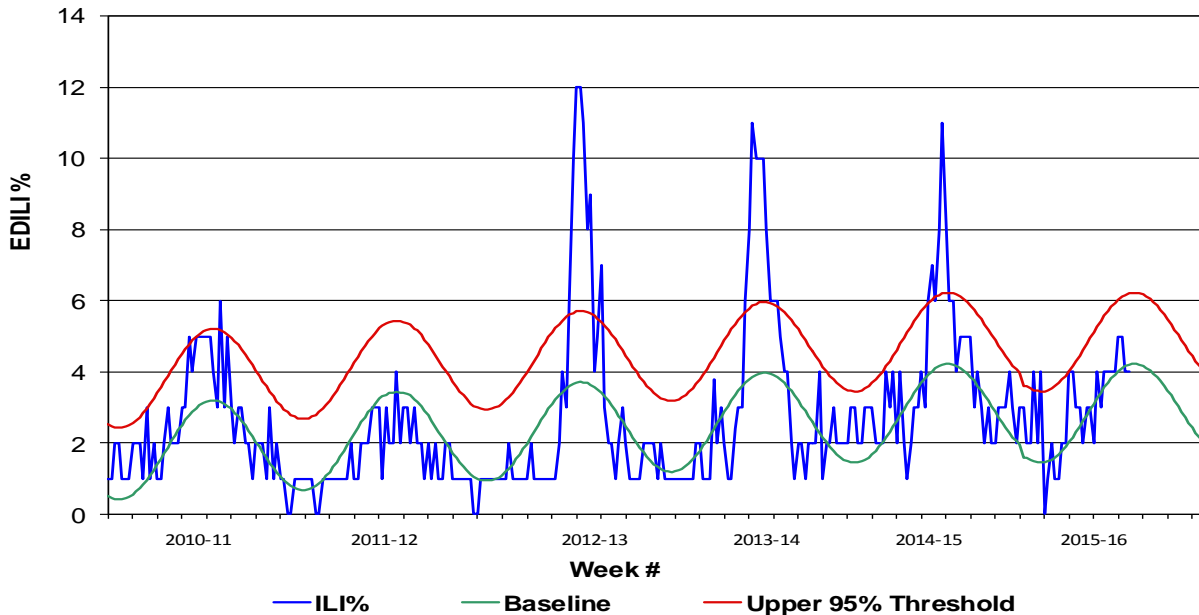
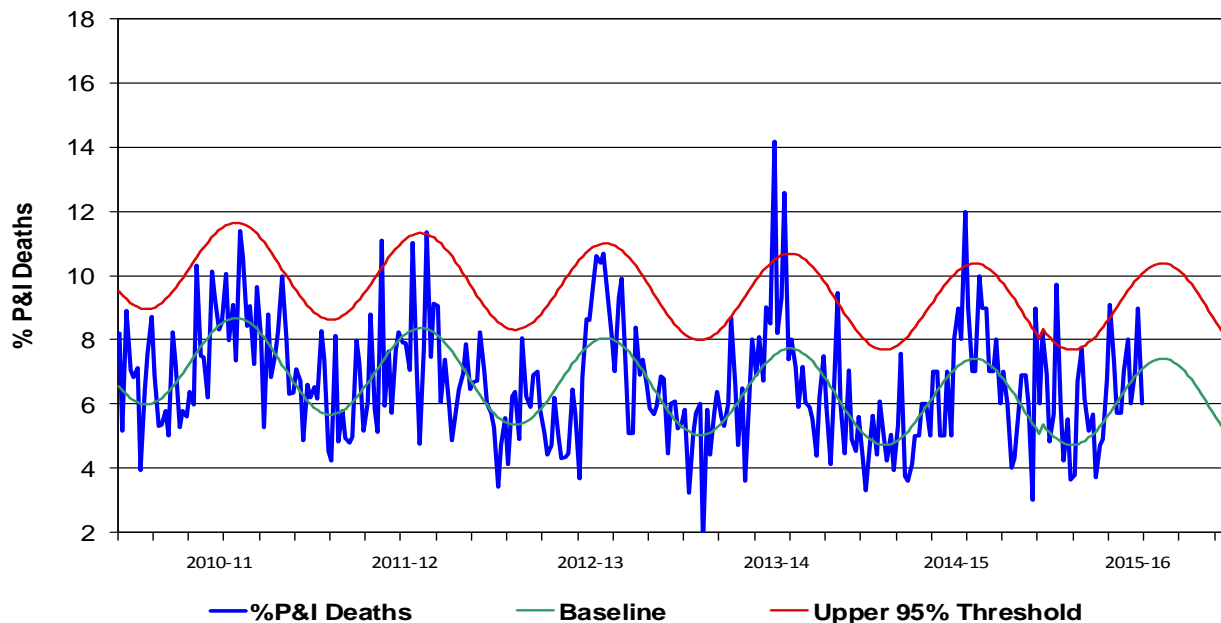


Figure 6. Percent of All San Diego County Deaths Registered with Pneumonia and/or Influenza by Week and FY Compared to Prior 5-Year Baseline & Upper 95% Threshold (Serfling Method)



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Figure 7. Influenza Deaths by Type, and Season

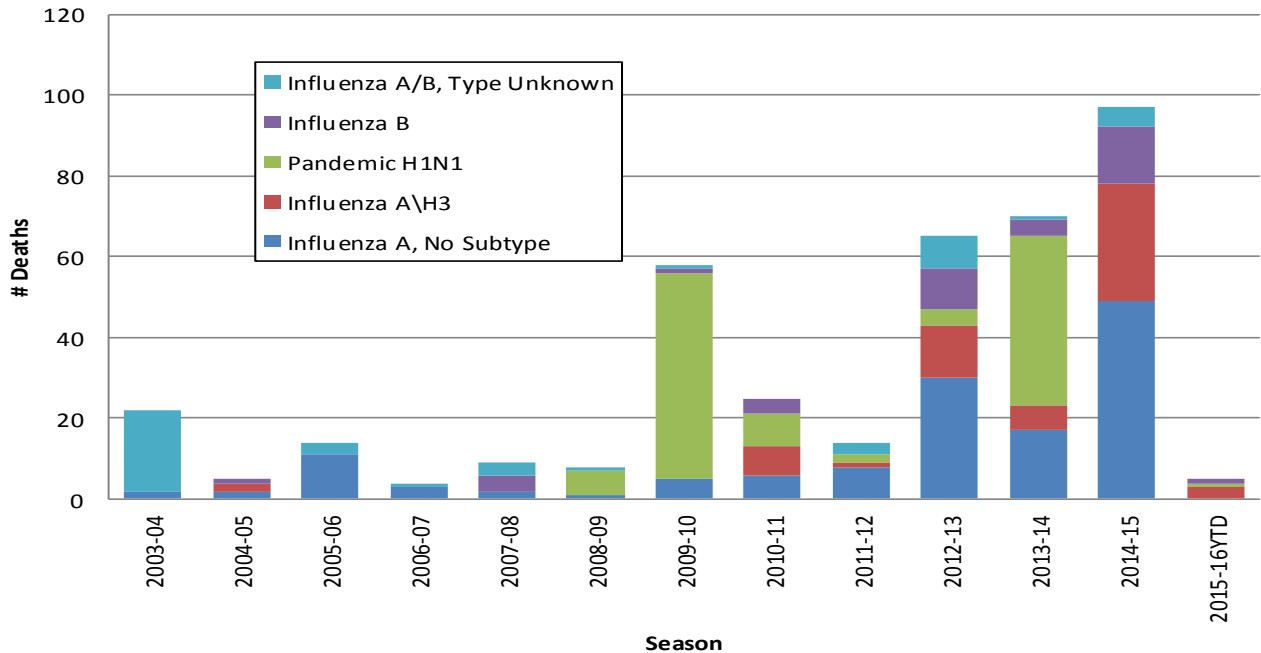


Figure 8. Influenza Deaths by Age and Season

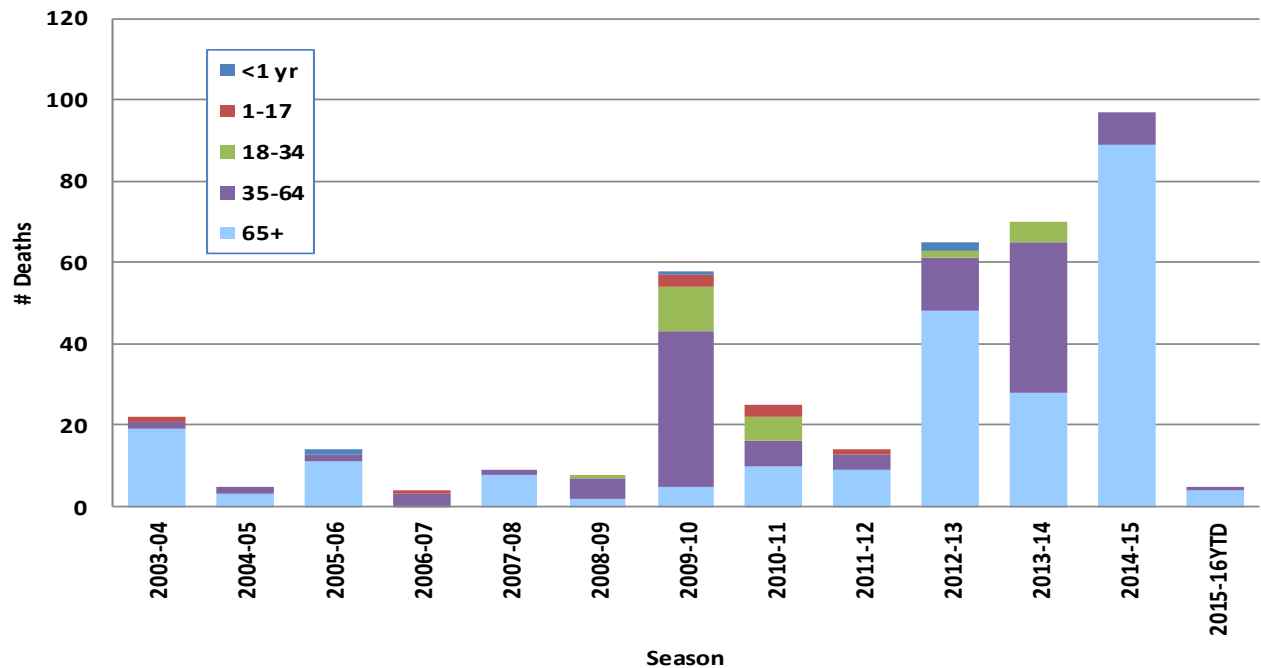
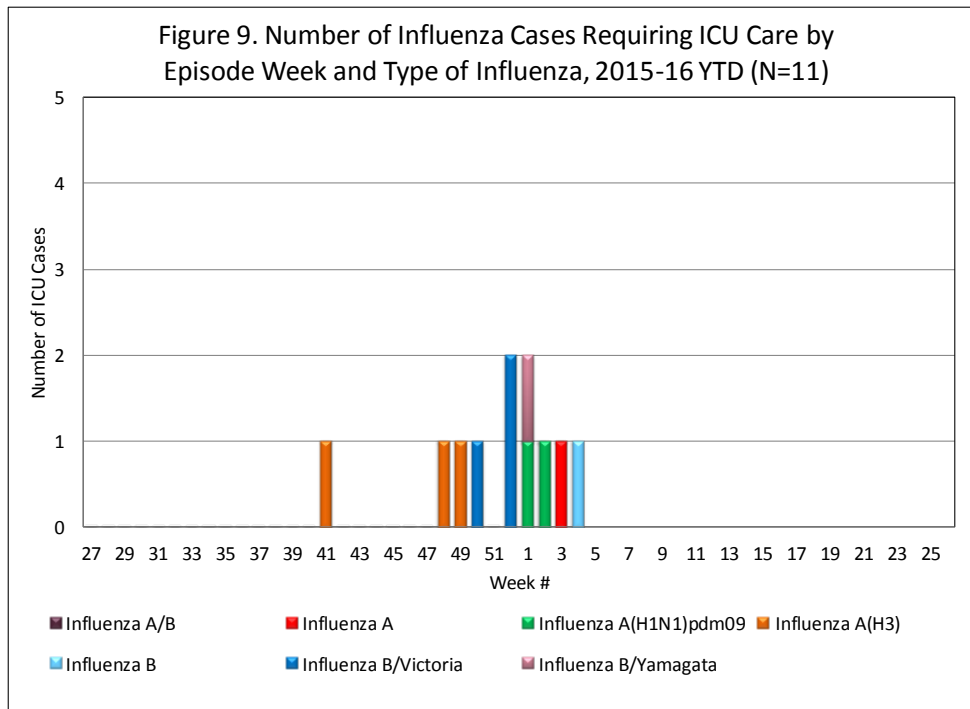


Figure 9. Number of Influenza Cases Requiring ICU Care by Episode Week and Type of Influenza, 2015-16 YTD (N=11)



Episode Week is the Week of Onset, or earliest available date in which the case is identified.

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](#)