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.*

**Current Week 46 (ending 11/19/2016)**
- 25 new influenza detections reported: *Expected level*
- 2% 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

- **159** Total Cases
- **4** ICU Cases
- **1** Death
- **2** Outbreaks

### Virus Characteristics

- **64.2%** Influenza A
- **15.7%** Influenza B
- **16.4%** Influenza A (H3) Seasonal
- **1.9%** Influenza A (H1N1)pdm09
- **1.9%** Influenza B/Yamagata
- **1.9%** Influenza B/Victoria
- **1.9%** Influenza A/B

### Table 1. Influenza Surveillance Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>FY 2016-17*</th>
<th>FY 2015-16</th>
<th>Prior 3-Year Average**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Week 46</td>
<td>Week 45</td>
<td>FYTD§</td>
</tr>
<tr>
<td>All influenza detections reported (rapid or PCR)</td>
<td>25</td>
<td>22</td>
<td>159</td>
</tr>
<tr>
<td>Percent of emergency department visits for ILI</td>
<td>2%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Percent of deaths registered with pneumonia and/or influenza</td>
<td>7%</td>
<td>7%</td>
<td>9%</td>
</tr>
<tr>
<td>Number of influenza-related deaths reported§</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

* FYTD—Fiscal Year To Date (FY is July 1 - June 30, Weeks 27-26). Total deaths reported in prior years: 68 in 2015-16, 97 in 2014-15, and 70 in 2013-14.

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

** Includes FYs 2013-14, 2014-15, and 2015-16.

§ Current FY deaths are shown by week of report; by week of death for prior FYs.
Influenza Vaccination and Treatment Critical During Pregnancy

Vaccination is the first and most important step in protecting pregnant women against influenza. When given during pregnancy, vaccination has been shown to protect both the mother and her baby. Vaccination during pregnancy provides some antibodies for babies that will help protect them from influenza for several months after birth. This is important because babies younger than six months are too young to get vaccinated, but are at high risk of being hospitalized from this disease.

Unfortunately, while vaccination coverage among pregnant women has been increasing, only an estimated half (50%) of all pregnant women in the US were vaccinated in 2014-15, the most recent season for which data are available. Noting the safety of influenza vaccination in pregnancy, the American College of Obstetricians and Gynecologists reaffirmed this year that all providers of obstetric care advocate for influenza vaccination, provide the influenza vaccine to their pregnant patients, and receive the influenza vaccine themselves every season.

In addition to vaccination, prompt treatment of influenza is important in pregnant women, because they are more likely to develop severe disease and are at increased risk for early labor. Influenza in pregnancy also is associated with increased risk for hospitalization or intensive care unit admission, acute renal failure, and death. This is probably due to immune and physiologic changes, including decreased T-cell immunity, reduced lung volumes, and increased oxygen consumption, all of which peak late in pregnancy. This risk is further increased when additional conditions are present, such as asthma, diabetes, or obesity.

Treatment for influenza should be started as early as possible and ideally within 48 hours of symptom onset. However, pregnant women and other high-risk individuals should be treated even if they present later.

For more information about influenza and pregnancy, including infographics and patient handouts, go to the Centers for Disease Control and Prevention Pregnant Women & Influenza website.
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, 2016-17 (N=159)
Figure 3. Percent of Reported Influenza Cases by Age Group and Season, 2011-12 to 2016-17 YTD

Figure 4. Cumulative Influenza Case Reports by Week & Season (Excluding 2009-10)
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 San Diego County Deaths Registered with Pneumonia and/or Influenza by Week and FY Compared to Prior 5-Year Baseline & Upper 95% Threshold Values (Serfling Method)
Figure 7. Influenza Deaths by Type, and Season

Figure 8. Influenza Deaths by Age and Season
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 the 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 the Epidemiology Program with any questions at (619) 692-8499 or by email to: EpiDiv.HHSA@sdcounty.ca.gov.

Resources
San Diego County Influenza Surveillance Weekly Slide Deck - presentation version of this report
County of San Diego Immunization Program www.sdiz.org
California Department of Public Health Influenza
Centers for Disease Control and Prevention Influenza Surveillance Weekly Report