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 1 (ending 1/6/2018)**
- 2,992 new influenza detections reported: *Elevated level*
- 11% influenza-like-illness (ILI) among emergency department visits: *Elevated level*
- 47 new influenza-related deaths reported this week
- 50 new ICU cases reported this week
- 9% of deaths registered with pneumonia and/or influenza: *Expected level*

**Week 1 Ending 1/6/2018**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>FY 2017-18</th>
<th>FY 2016-17</th>
<th>Prior 3-Year Average</th>
</tr>
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<tbody>
<tr>
<td>All influenza detections reported (rapid or PCR)</td>
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<td>476 1,352 402</td>
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<td>Percent of emergency department visits for ILI</td>
<td>11% 13%</td>
<td>4% 5%</td>
<td></td>
</tr>
<tr>
<td>Percent of deaths registered with pneumonia and/or influenza</td>
<td>9% 9%</td>
<td>8% 7%</td>
<td></td>
</tr>
<tr>
<td>Number of influenza-related deaths reported</td>
<td>47 44 91</td>
<td>3 8 2</td>
<td>5</td>
</tr>
</tbody>
</table>

* At least one case of laboratory-confirmed influenza in a setting experiencing ≥2 cases of influenza like illness (ILI) within a 72-hour period.

**Virus Characteristics**

- Influenza A
- Influenza A (H1N1)pdm09
- Influenza A (H3) Seasonal
- Influenza B
- Influenza B/Yamagata
- Influenza B/Victoria
- Influenza A/B

**Table 1. Influenza Surveillance Indicators**

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* FYTD=Fiscal Year To Date (FY is July 1- June 30, Weeks 27-26). Total deaths reported in prior years: 87 in 2016-17, 68 in 2015-16, and 97 in 2014-15.
* Previous weeks case counts or percentages may change due to delayed processing or reporting.
* Current FY deaths are shown by week of report; by week of death for prior FYs.
Influenza Activity in San Diego County Remains High

A high number of influenza cases continue to be reported in San Diego County each week. The County of San Diego Health and Human Services Agency is closely monitoring the impact of influenza on local healthcare capacity and utilization. Local hospitals and healthcare systems are currently effectively managing the increased workload. This includes the successful use of telephone triage by healthcare providers and the increased evaluation of influenza in non-urgent settings. Presumptive diagnosis and treatment without testing for influenza are increasingly being utilized in the community. This may be contributing to the decrease in the absolute number of reported lab-confirmed cases in Week 1 (2018) compared to Week 52 (2017).

Three ongoing and critical actions to reduce the local impact of influenza are:

1) **Vaccinate** everyone over six months of age who has not yet received the annual influenza shot. **It’s not too late to be vaccinated!** Media reports of a low (10%) vaccine effectiveness (VE) in Australia of one component of this season’s vaccine are inappropriately dissuading some people from getting vaccinated. Initial VE estimates for this season’s vaccine in the US will be available in February. According to the Centers for Disease Control and Prevention (CDC), overall VE against all circulating flu viruses in the US is likely to be similar to last year (39%).

2) **Practice everyday preventive steps** to stop the spread of influenza. Avoid close contact with anyone who is ill and remain at home when sick for at least 24 hours after fever is gone. See everyday preventive actions and non-pharmaceutical interventions for more information about actions individuals and communities can take to stop the spread of influenza.

3) **Use antiviral medications** to treat influenza based on CDC guidelines. Generic oseltamivir is reported to be in short supply nationwide; however the brand version (Tamiflu®) is available according to the manufacturer. Individual pharmacies may not have specific influenza antiviral medications due to increased demand, so patient may need to check with several pharmacies to fill a prescription to treat influenza. Patients are encouraged to call pharmacies ahead of time and to have a family member or friend pick up prescriptions to minimize exposure to others. Providers who have supply issues should inform the County Epidemiology Program during normal working hours at 619-692-8499.

<table>
<thead>
<tr>
<th>Table 2. Influenza Detections Reported, FY 2017-18*</th>
</tr>
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<tbody>
<tr>
<td>Positive Test Type/Subtype</td>
</tr>
<tr>
<td>Influenza A†</td>
</tr>
<tr>
<td>Influenza A(H1N1) Pandemic 2009</td>
</tr>
<tr>
<td>Influenza A (H3) Seasonal</td>
</tr>
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<td>Influenza B†</td>
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</tr>
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<td><strong>Total</strong></td>
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* 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.
Figure 1. Percent of Emergency Department Visits for Influenza-like Illness by Week and FY

Week Number

Figure 2. San Diego County Influenza Detection A at Type and Week of Report, 2017-18 FYTD (N=10,324)
Figure 3. Percent of Reported Influenza Cases by Age Group and Season, 2011-12 to 2017-18 FYTD

Figure 4. Cumulative Influenza Case Reports by Episode Week & Season

2017-18 FYTD

Week Number

Cumulative Number Influenza Reports

2017-18
2016-17
2015-16
2014-15
2013-14
2012-13
2011-12
2010-11
2009-10
2008-09
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

- Both Influenza A and Influenza B
- Influenza A/B, Type Unknown
- Influenza B
- Pandemic H1N1
- Influenza A\H3
- Influenza A, No Subtype

Figure 8. Influenza Deaths by Age and Season

- <1 yr
- 1-17
- 18-34
- 35-64
- 65+

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Week 1
Ending 1/6/2018
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