

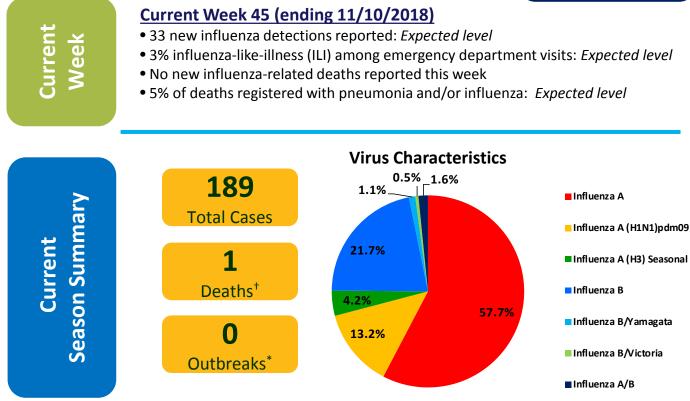
County of San Diego INFLUENZA WATCH

Week 45 Ending 11/10/18

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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† Flu deaths less than 18 years of age are reportable to CDPH.

At least one case of laboratory-confirmed influenza in a setting experiencing e2 cases of influenza like illness (ILI) within a 72-hour period.

Table 1. Influenza Surveillance Indicators								
						Prior 3-Year		
	2018-19 Season			2017-18 Season		Average**		
	Week	Week	Total To	Week	Total To	Week	Total To	
Indicator	45	44	Date	45	Date	45	Date	
All influenza detections reported (rapid or PCR)	33	27	189	58	441	33	230	
Percent of emergency department visits for ILI	3%	2%		3%		2%		
Percent of deaths registered with pneumonia and/or influenza	5%	4%		6%		7%		
Number of influenza-related deaths reported^	0	1	1	1	3	0	2	

Influenza season is July 1 - June 30, Weeks 27-26. Total deaths reported in prior seasons: 342 in 2017-18, 87 in 2016-17, and 68 in 2015-16.

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

** Includes FYs 2015-16, 2016-17, and 2017-18.

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



Epidemiology and Immunization Services Branch





New Influenza Antiviral Approved

On October 24, 2018, the United States Food and Drug Administration <u>approved</u> baloxavir marboxil (Xofluza[®]) for the treatment of acute uncomplicated influenza in patients 12 years of age and older who have been symptomatic for no more than 48 hours.

Baloxavir works in a novel mechanism to inhibit viral mRNA replication. The new antiviral drug was shown in phase 2 and 3 trials to reduce duration of influenza symptoms in both adolescents and adults by about one day when compared to placebo. There was no significant difference in time to alleviate symptoms when compared to oseltamivir, however baloxavir was superior to both placebo and oseltamivir in reducing viral load quickly. This may be beneficial in decreasing influenza transmission.

Baloxavir may also be useful to counteract resistance to neuraminidase inhibitors because of the different mechanism of action, and for widespread use during a pandemic because it is a single oral dose.

Press reports <u>indicate</u> that baloxavir will soon be available and that the wholesale acquisition cost will be approximately \$150.

Results from the phase 2 and 3 trials were published in *The New England Journal of Medicine* and are available here: <u>Baloxavir Marboxil for Uncomplicated Influenza in Adults and Adolescents</u>.

Positive Test Type/Subtype	Count	Percent				
Influenza A	109	57.7%				
Influenza A (H1N1)pdm09	25	13.2%				
Influenza A (H3) Seasonal	8	4.2%				
Influenza B	41	21.7%				
Influenza B/Yamagata	2	1.1%				
Influenza B/Victoria	1	0.5%				
Influenza A/B	3	1.6%				
Total	189	100%				

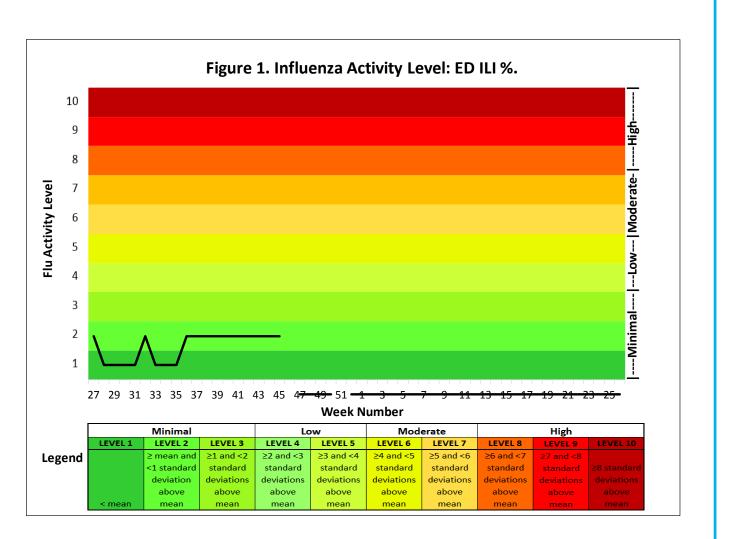
Table 2. Influenza Detections Reported, FY 2018-19*

* Season is July 1 - June 30









Influenza Activity Indicator:

The activity levels show how the current week's ED ILI% (emergency department influenza-like-illness, percent of all visits) compares to the mean, and number of standard deviations above of the mean, of the non-influenza season weeks (CDC disease weeks 27-39) observed from the prior five seasons.

There are 10 activity levels, classified as: Minimal (levels 1-3), Low (levels 4-5), Moderate (levels 6-7), and High (levels 8-10). An activity level of 1 corresponds to when the ED ILI% is below the mean; level 2 corresponds to when the ED ILI% is less than 1 standard deviation above the mean; level 3 corresponds to when the ED ILI% is more than 1 but less than 2 standard deviations above the mean, and so on, with an activity level of 10 corresponding to when the ED ILI% is at 8 or more standard deviations above the mean.

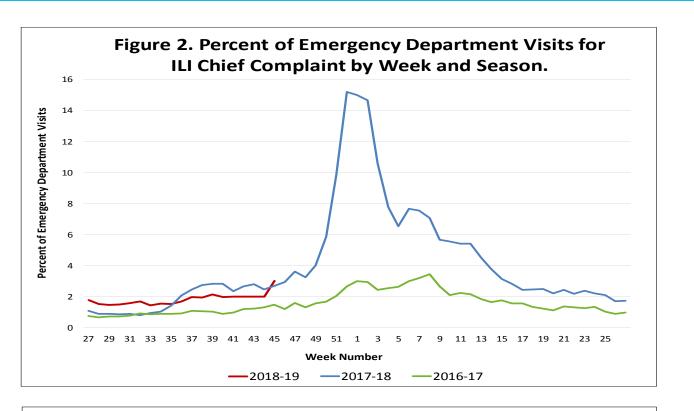


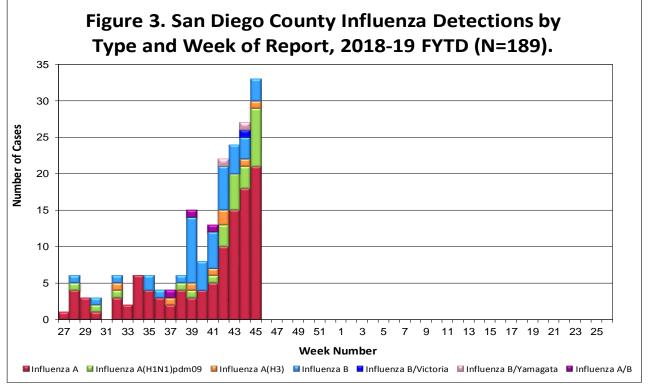
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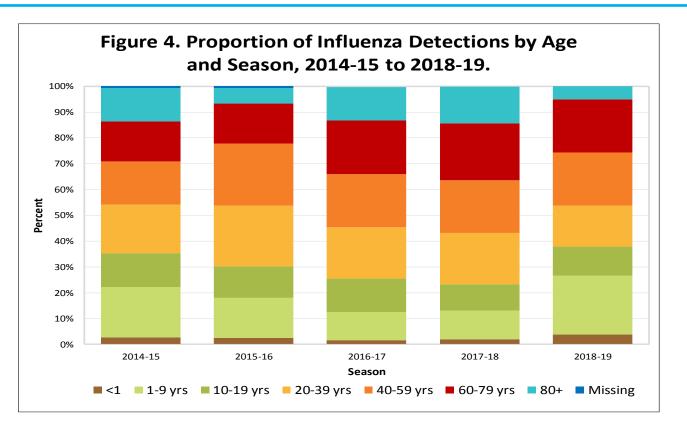


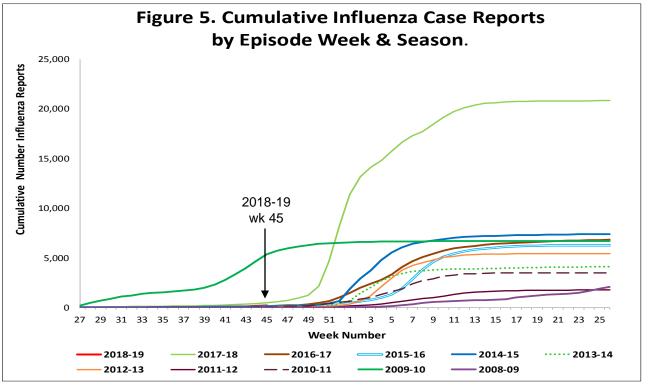




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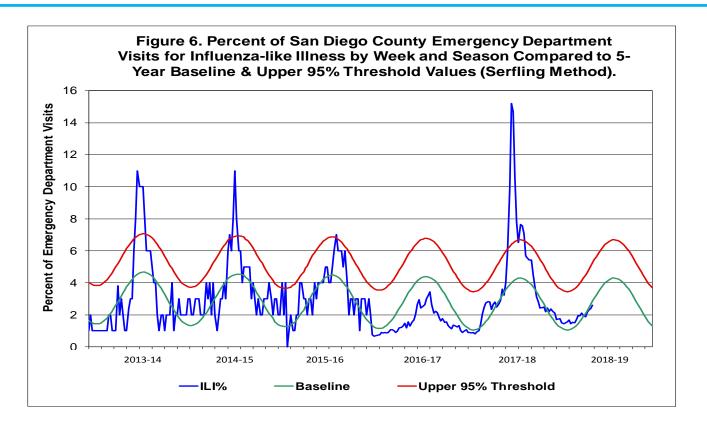


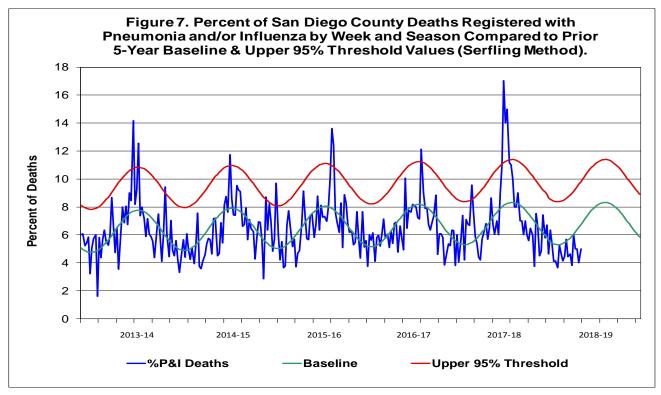




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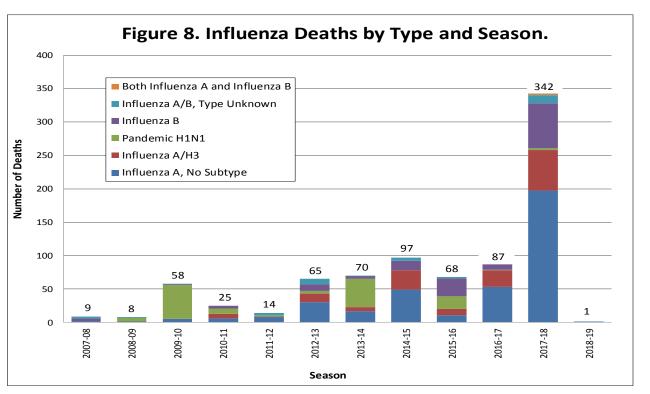


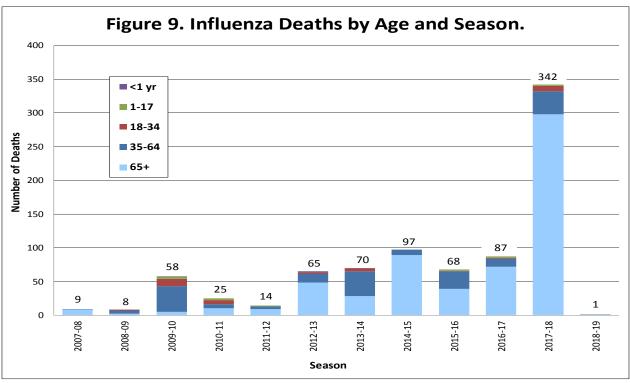
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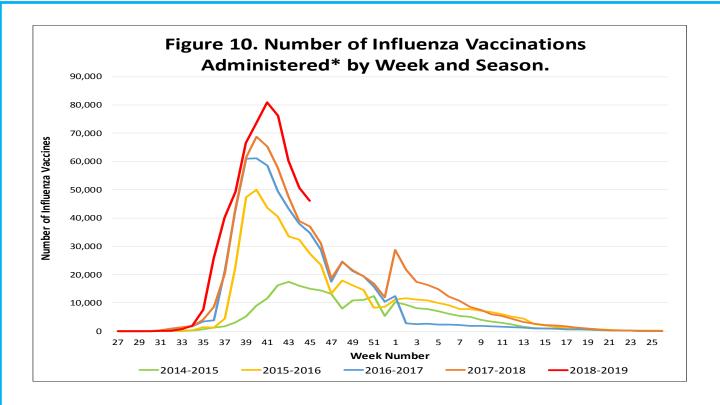


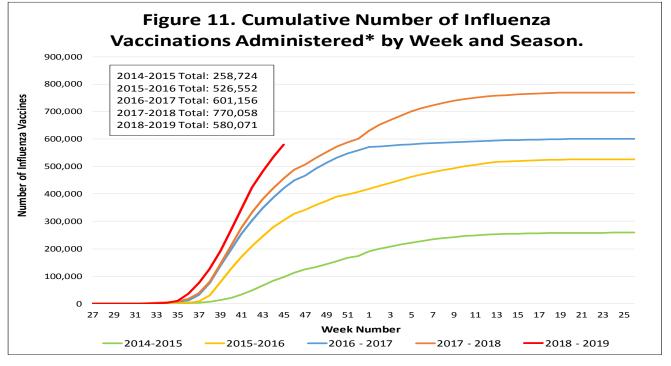


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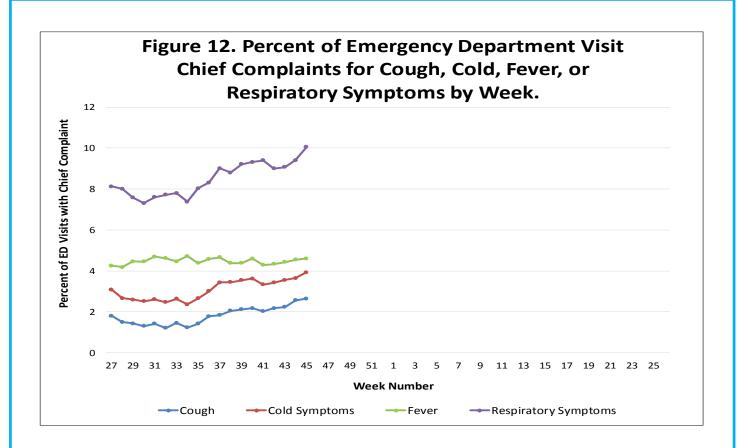


* Influenza vaccinations administered and entered into the San Diego Immunization Registry (SDIR)



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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 <u>Confidential Morbidity Report Form</u>, or an <u>Influenza Case Report</u> <u>Form</u>, and/or a printed laboratory result. If known, please indicate if the patient was admitted to ICU and/or died, and/or is a resident of a congregate living facility.

Regarding sending influenza specimens to <u>Public Health Laboratory</u> (PHL) for confirmation, please use the updated PHL <u>Test Request Form</u> and contact PHL at **(619) 692-8500** with any questions. Contact the Epidemiology Program by telephone **(619) 692-8499** or email to <u>EpiDiv.HHSA@sdcounty.ca.gov</u> with questions regarding influenza data.

Resources

County of San Diego Epidemiology Program website <u>www.sdepi.org</u> County of San Diego <u>2017-18 Influenza Season Summary</u> Current Week Influenza Watch <u>Slide Deck</u> – A slide presentation version of this report County of San Diego Immunization Program (SDIZ) <u>www.sdiz.org</u>

California Department of Public Health (CDPH) <u>Influenza Update</u> Centers for Disease Control and Prevention (CDC) <u>Influenza Surveillance</u>



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