County of San Diego

INFLUENZA WATCH

Week 43 Ending 10/26/19

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Overview

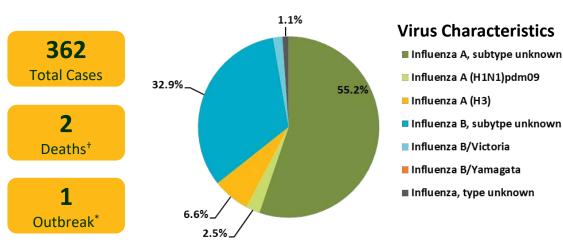
San Diego has had earlier flu activity this season compared to most previous seasons. It is too early to know which influenza viruses will circulate in the county later this fall and winter or how severe the season might be. Regardless of which viruses may be circulating, the best protection against influenza is an influenza vaccination.

Key Points

Current Week 43 (ending 10/26/2019)

- 30 new influenza detections reported
- No new influenza-related deaths reported this week
- 3% influenza-like illness (ILI) among emergency department visits
- 6% of death certificates registered with pneumonia and/or influenza

2019-20 FYTD Season Summary



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

Table 1. Influenza Surveillance Indicators.

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|--|----------------|------|----------|----------------|----------|--------|-----------------------|----------|--------|--|
| | 2019-20 Season | | | 2018-19 Season | | | Prior 3-Year Average* | | | |
| | Week | Week | Total To | Week | Total To | Season | Week | Total To | Season | |
| Indicator | 43 | 42 | Date | 43 | Date | Total | 43 | Date | Total | |
| All influenza detections reported (rapid or PCR test) | 30 | 36 | 362 | 21 | 130 | 9,655 | 21 | 186 | 12,110 | |
| Percent of emergency department visits for ILI | 3% | 3% | | 2% | | | 2% | | | |
| Percent of deaths registered with pneumonia and/or influenza | 6% | 4% | | 5% | | | 6% | | | |
| Number of influenza-related outbreaks [∞] | 0 | 0 | 1 | 0 | 0 | 25 | 0 | 1 | 59 | |
| Number of influenza-related deaths reported^ | 0 | 0 | 2 | 0 | 0 | 77 | 0 | 1 | 169 | |

Influenza season is July 1 - June 30, Weeks 27-26. 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. Total deaths reported in prior seasons: 77 in 2018-19, 343 in 2017-18, and 87 in 2016-17.





^{*} In a congregate living setting, outbreaks are defined as at least one laboratory-confirmed influenza in the setting of a cluster (≥2 cases) of influenza-like illness (ILI) within a 72-hour period.

^{*} Includes FYs 2016-17, 2017-18, and 2018-19.

^{**} At least one case of laboratory-confirmed influenza in a setting experiencing two or more cases of influenza like illness (ILI) within a 72-hour period. Total confirmed influenza outbreaks in prior seasons: 25 in 2018-19, 119 in 2017-18, and 34 in 2016-17.

People at High Risk for Influenza Complications

Although **everyone six months and older should get an annual influenza vaccine**, some people are more likely to get <u>influenza complications</u> that can result in hospitalization and sometimes death. Influenza can also make chronic health problems worse. The groups of people who are more likely to get serious flu-related complications if they get sick with influenza are listed below.

- Children younger than 5, but especially children younger than 2 yearsold
- Adults 65 years of age and older
- Pregnant women (and women up to two weeks postpartum)
- Residents of nursing homes and other long-term care facilities
- American Indians and Alaskan Natives seem to be at higher risk of flucomplications
- Asthma
- <u>Children</u> and adults with neurological and neurodevelopmental conditions [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability (mental retardation), moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].
- Chronic lung disease (such as chronic obstructive pulmonary disease [COPD] and cystic fibrosis)
- <u>Heart disease</u> (such as congenital heart disease, congestive heart failure and coronary artery disease)
- Blood disorders (such as sickle cell disease)
- Endocrine disorders (such as <u>diabetes</u>)
- Kidney disorders
- Liver disorders
- Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
- Weakened immune system due to disease or medication (such as people with <u>HIV or AIDS</u>, or <u>cancer</u>, or those on chronic steroids)
- People younger than 19 years of age who are receiving long-term aspirintherapy
- People with extreme obesity (body mass index [BMI] of 40 or more)

Each year, the majority of influenza deaths occur among people who had no evidence of having received an annual influenza vaccine. Providers should make extra efforts to ensure that everyone at risk for influenza complications gets vaccinated with the annual influenza vaccine. More information is available at the CDC Influenza website.

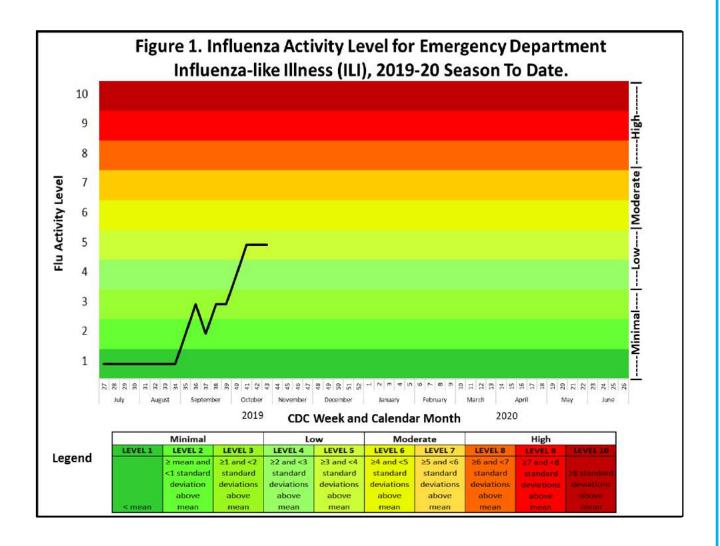
Table 2. Influenza Cases Reported, 2019-20 Season*

| | | | Total To | Percent To |
|------------------------------|---------|---------|----------|------------|
| Positive Test Type/Subtype | Week 43 | Week 42 | Date | Date |
| Influenza A, subtype unknown | 16 | 19 | 200 | 55.2% |
| Influenza A (H1N1)pdm09 | 0 | 0 | 9 | 2.5% |
| Influenza A (H3) | 1 | 2 | 24 | 6.6% |
| Influenza B, subytpe unknown | 13 | 15 | 119 | 32.9% |
| Influenza B/Victoria | 0 | 0 | 6 | 1.7% |
| Influenza B/Yamagata | 0 | 0 | 0 | 0.0% |
| Influenza, type unknown | 0 | 0 | 4 | 1.1% |
| Total | 30 | 36 | 362 | 100.0% |

^{*} Season is July 1 - June 30, Weeks 27-26.







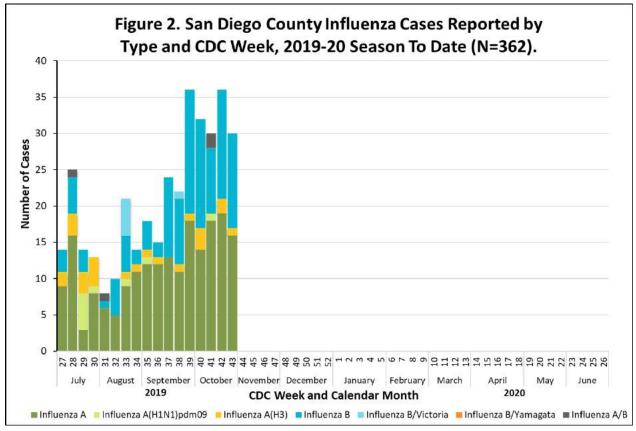
Influenza Activity Indicator:

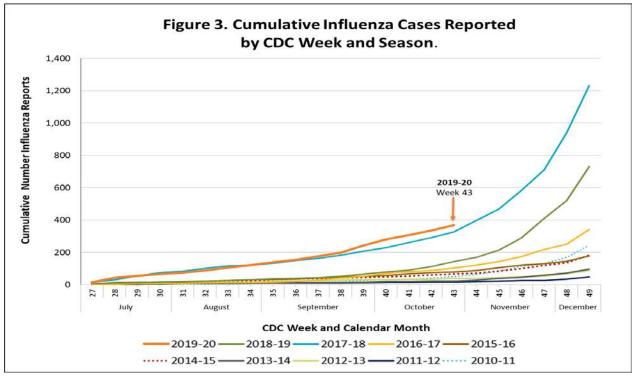
The activity levels show how the current week's ED ILI% (emergency department influenza-like illness, percent of all visits) compares to the mean, and number of standard deviations above of the mean, of the non-influenza season weeks (CDC disease weeks 27-39) of the current season.

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.



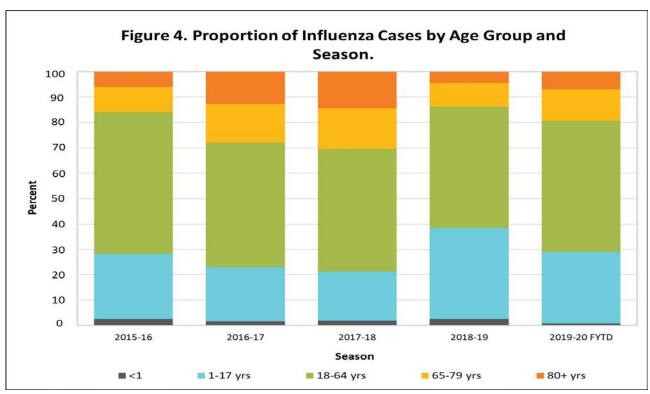


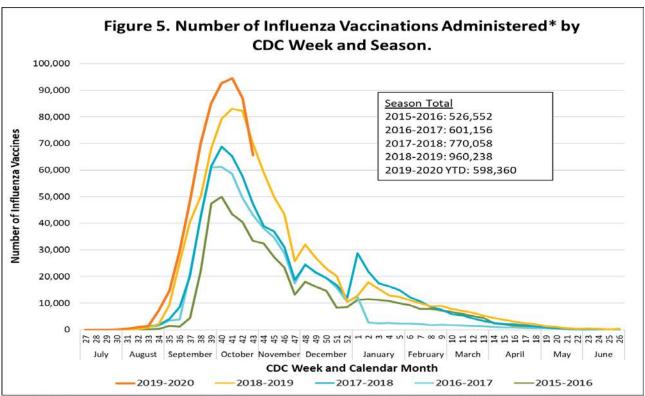








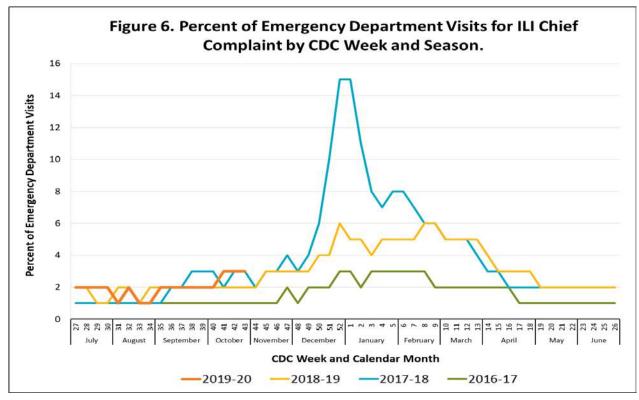


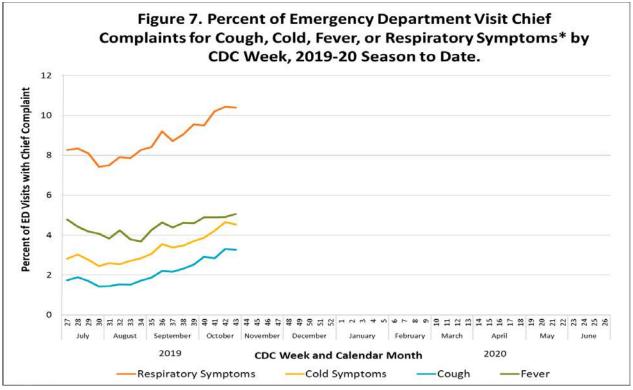


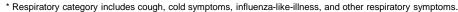






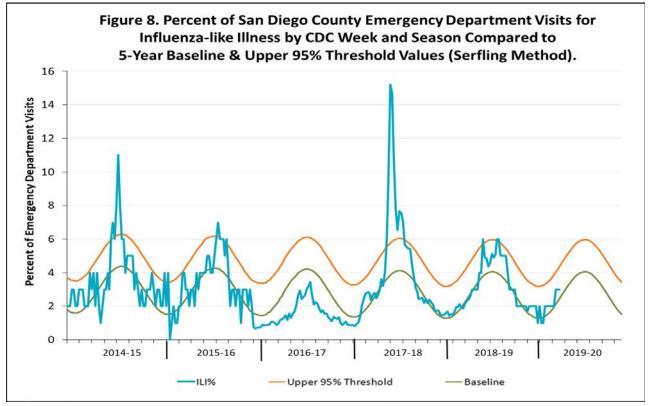


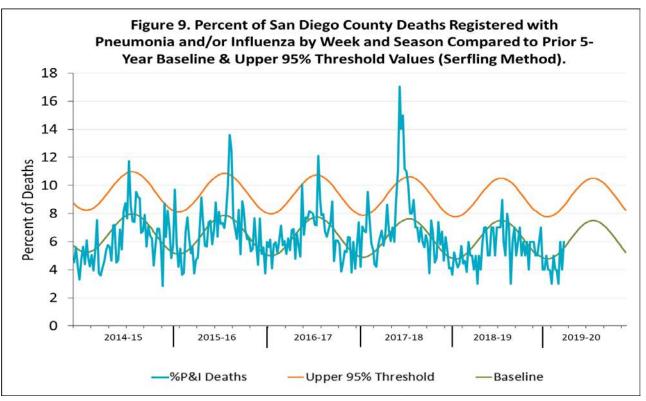






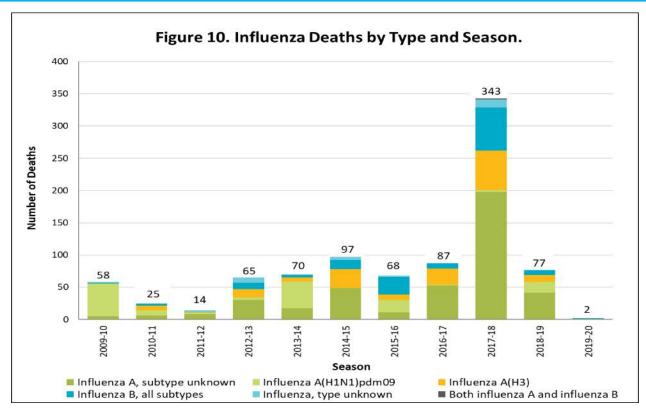


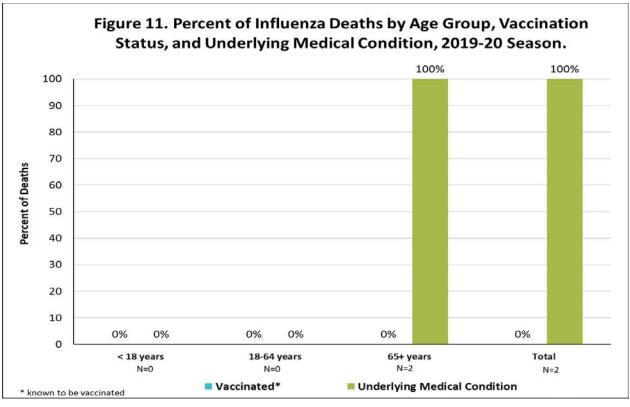














Influenza Reporting in San Diego County

Individual influenza cases are now reportable to Public Health as of October 1, 2019. Please report laboratory-positive influenza results to the County Epidemiology Program by **FAX (858) 715-6458** using a <u>Confidential Morbidity Report Form</u>, or an <u>Influenza Case Report Form</u>, and/or a copy of the positive laboratory results. Also, please indicate if the patient died and/or is a resident of a congregate living facility (if known).

Influenza specimens should be sent to Public Health Laboratory (PHL) for confirmation and subtyping, until further notice. Please contact PHL at (619) 692-8500 for questions and use the current PHL Test Request Form found at https://www.sandiegocounty.gov/hhsa/programs/phs/phs_laboratory/. Contact the Epidemiology Program by telephone (619) 692-8499 or email (EpiDiv.HHSA@sdcounty.ca.gov) with questions about influenza data. Influenza outbreaks should be reported by telephone to (619) 692-8499.

Resource Links

- County of San Diego Epidemiology Program www.sdepi.org
- County of San Diego <u>2018-19 Influenza Season Summary</u>
- Influenza Watch Slide Deck A slide version of this report for presentations
- County of San Diego Public Health Laboratory (PHL)
- County of San Diego Immunization Program (SDIZ) www.sdiz.org
- San Diego Regional Immunization Registry (SDIR) http://www.sdiz.org/CAIR-SDIR/index.html
- California Department of Public Health (CDPH) <u>Influenza Update</u>
- Centers for Disease Control and Prevention (CDC) <u>Influenza Surveillance</u>

Influenza Watch Data Sources

The following sources of data are used to produce this report:

- Influenza case reports: Medical providers and laboratories report individual cases of confirmed influenza via fax or
 electronic laboratory reporting (ELR) to Public Health Services Epidemiology Program (Epidemiology).
- Influenza deaths: Hospital infection control professionals report influenza-related deaths. Pediatric flu deaths (under 18 years of age) are legally reportable in California; however, San Diego County requests that all influenza-related deaths be reported for surveillance purposes. Influenza-related deaths are also identified through death certificate registration. The County Office of Vital Records notifies Epidemiology when a new death is registered with influenza listed as a cause of death or underlying condition. In addition, influenza case reports are compared to death data for San Diego County, and matches are evaluated to determine if influenza infection was related to the cause of death.
- **Percent pneumonia and influenza deaths:** The percentage of all deaths registered that had either pneumonia and/or influenza listed as a cause of death is obtained directly from the Vital Records VRIS data system on a weekly basis.
- Influenza-like illness (ILI): Electronic emergency department (ED) visit data are submitted to Epidemiology daily, and the number of all ILI chief complaints and total visits are used to calculate the ED ILI percentage for each week. ILI is defined as fever (>100°F or 37.8°C) and cough and/or sore throat, in the absence of a known cause.
- Influenza outbreaks: In a congregate living setting, outbreaks are defined as at least one laboratory-confirmed influenza in the setting of a cluster (≥2 cases) of influenza-like illness (ILI) within a 72-hour period. Influenza outbreaks are reportable in California. Epidemiology identifies outbreaks when facilities call to report. Other potential outbreaks are identified when multiple cases share an address or have a residential address that matches a skilled nursing or long-term care facility.
- **Number of vaccines:** The San Diego Immunization Registry (SDIR) provides weekly updates on the number of flu vaccinations given based on number of flu vaccinations registered by participating providers.

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.



