



## California Department of Public Health Influenza Surveillance Program

### *California Influenza and Other Respiratory Disease Surveillance for Week 48 (November 29, 2015 to December 5, 2015)*

Note: This report includes data from many sources of influenza surveillance and it should be viewed as a preliminary “snapshot” of influenza activity for each surveillance week. Because data are preliminary, the information may be updated in later reports as additional data are received. These data should not be considered population-based or representative of all California public health jurisdictions.

**Overall influenza activity in California remained “sporadic\*” during Week 48.**

#### **Influenza Report Highlights**

- Influenza activity in California continues to be low and within expected activity levels
- Outpatient influenza-like illness (ILI)
  - 1.9% of patient visits during Week 48 were for ILI, which is lower compared to Week 47 (2.3%)
- Hospitalization data
  - 5.2% of Kaiser patients hospitalized during Week 48 were admitted with a pneumonia and/or influenza (P&I) diagnosis, which is slightly higher compared to Week 47 (4.9%); the percentage of P&I admissions is within expected levels for this time of year
- Influenza virus detections by Respiratory Laboratory Network and Sentinel Laboratories
  - 50 (2.5%) of 2,014 specimens tested were positive for influenza during Week 48, which is higher compared to Week 47 (1.4%)
- Influenza-associated deaths among patients 0–64 years of age
  - No laboratory-confirmed influenza deaths were reported during Week 48
- Influenza-associated outbreaks
  - No laboratory-confirmed influenza outbreaks were reported during Week 48

\***Sporadic:** Small numbers of laboratory-confirmed influenza cases or a single laboratory-confirmed influenza outbreak has been reported, but there is no increase in cases of ILI.

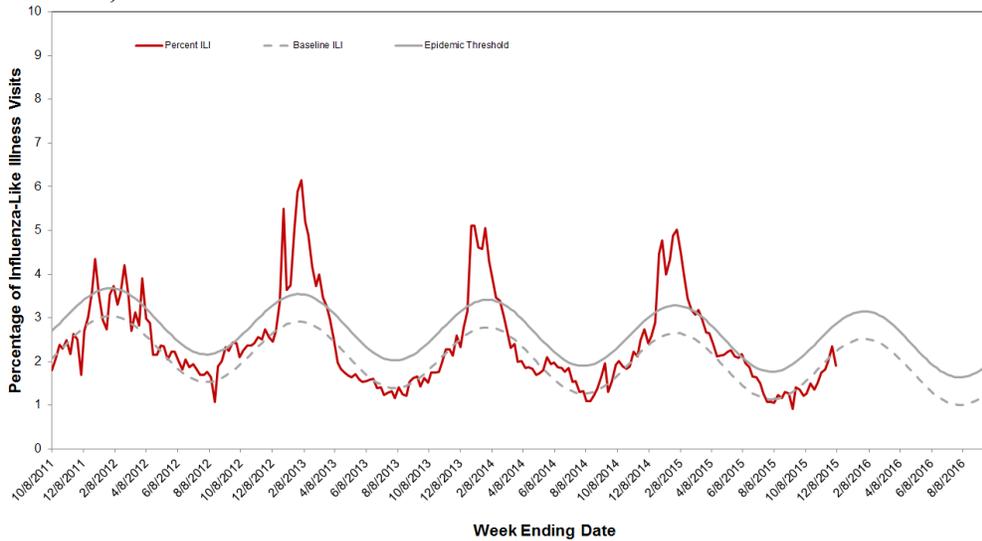
#### **A. Outpatient and Inpatient Data**

##### 1. Influenza Sentinel Providers

Sentinel providers (physicians, nurse practitioners, and physician assistants) situated throughout California report on a weekly basis the number of patients seen with influenza-like illness (ILI) and the total number of patients seen for any reason. ILI is defined as any illness with fever ( $\geq 100^{\circ}\text{F}$  or  $37.8^{\circ}\text{C}$ ) AND cough and/or sore throat (in the absence of a known cause other than influenza).

A total of 98 enrolled sentinel providers have reported data for Week 48. Based on available data, the percentage of visits for ILI in Week 48 (1.9%) was within expected baseline levels for this time of year (Figure 1).

**Figure 1. Percentage of Influenza-like Illness Visits Among Patients Seen by California Sentinel Providers, 2011-2016**



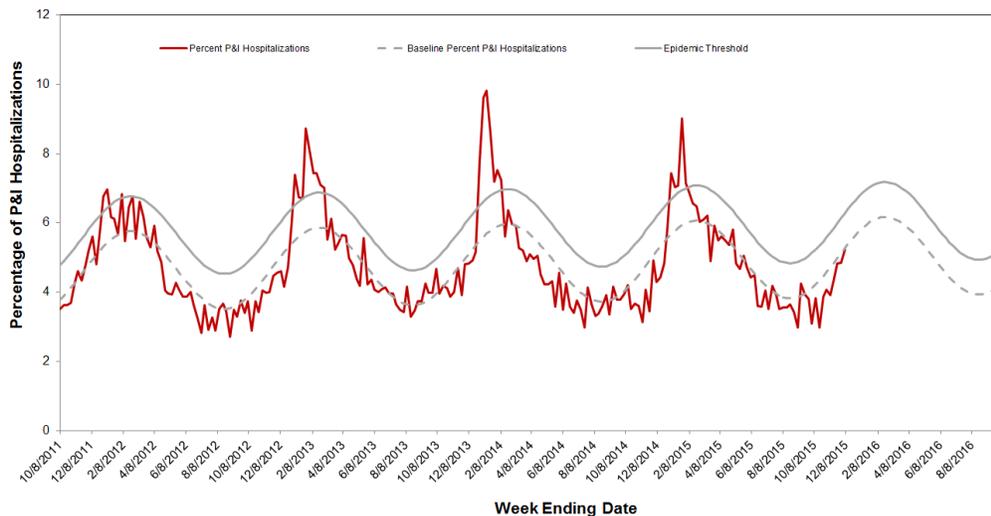
The seasonal baseline was calculated using a regression model applied to data from the previous five years. The epidemic threshold is two standard deviations above the seasonal baseline and is the point at which the observed percentage of ILI is significantly higher than would be expected at that time of the year.

**2. Kaiser Permanente Hospitalization Data**

Inpatients at Kaiser Permanente facilities with an admission diagnosis including the keywords “flu,” “influenza,” “pneumonia,” or variants of the keywords are defined as pneumonia and influenza (P&I)-related admissions. The number of P&I admissions is divided by the total number of hospital admissions occurring in the same time period to estimate the percentage of P&I admissions. Admissions for pregnancy, labor and delivery, birth, and outpatient procedures are excluded from the denominator.

The percentage of hospitalizations for pneumonia and influenza (P&I) in Kaiser Permanente facilities in northern California during Week 48 was 5.2% compared to Week 47 (4.9%) and is within expected baseline levels for this time of the year (Figure 2).

**Figure 2. Percentage of P&I Hospitalizations in Kaiser Permanente Northern California Hospitals, 2011–2016**



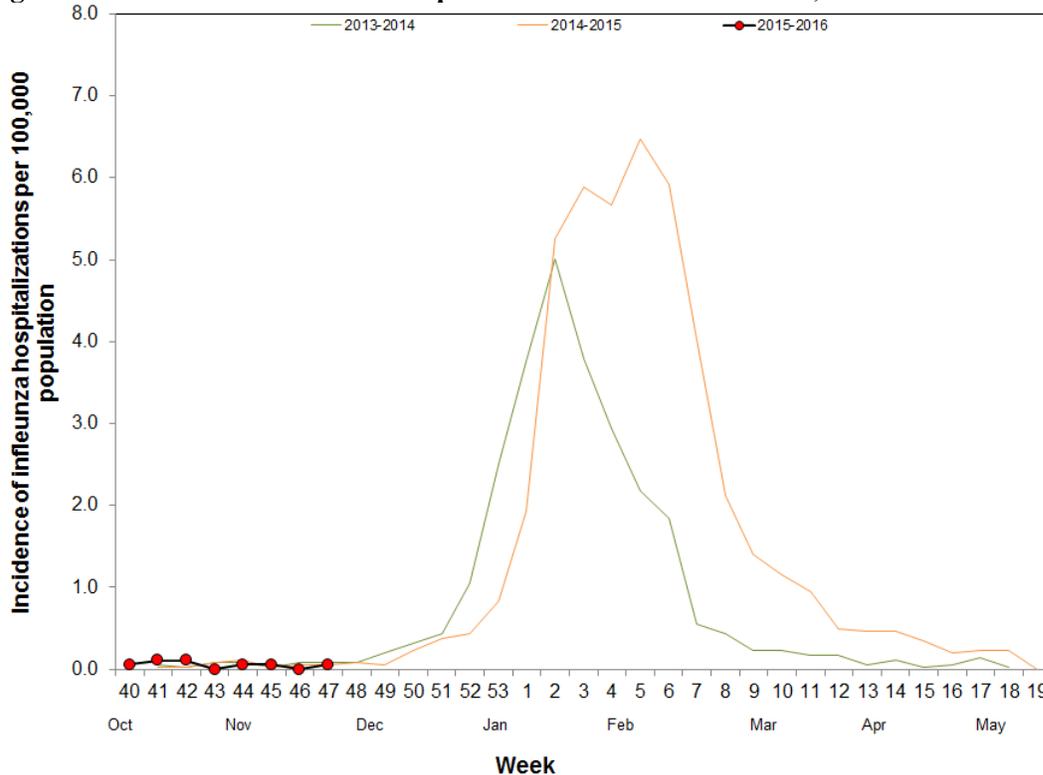
The seasonal baseline was calculated using a regression model applied to data from the previous five years. The epidemic threshold is two standard deviations above the seasonal baseline and is the point at which the observed percentage of pneumonia and influenza hospitalizations in Kaiser Permanente hospitals in northern California is significantly higher than would be expected at that time of the year.

### 3. Influenza-Associated Hospitalizations, California Emerging Infections Program

The California Emerging Infections Program (CEIP), Influenza Surveillance Network (FluSurv-NET) conducts population-based surveillance for laboratory-confirmed influenza-associated hospitalizations among patients of all ages in Alameda, Contra Costa, and San Francisco counties.

The incidence of influenza-associated hospitalizations per 100,000 population increased in Week 47 (0.06) compared to Week 46 (0.0) (Figure 3). Data for Week 48 are not presented because results are still being collected and are likely to change.

**Figure 3. Incidence of Influenza Hospitalizations in CEIP Counties, 2013–2016**



Note: The 2014-15 season contains a week 53. Prior years' data have been shifted so that week 1 aligns across years.

## **B. Laboratory Update - Influenza**

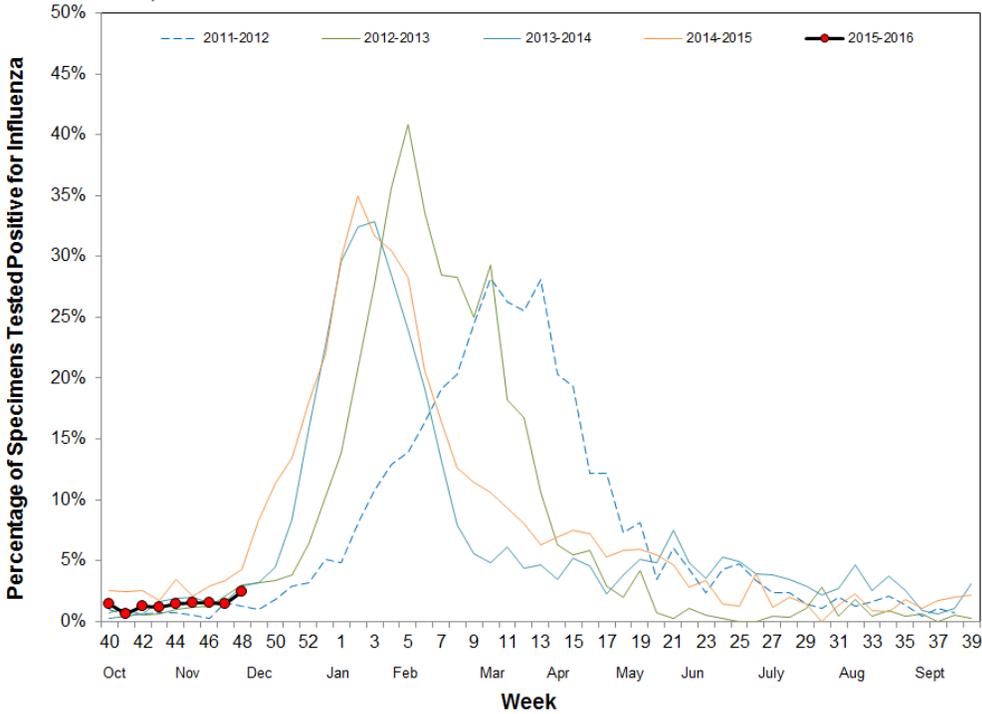
### 1. Respiratory Laboratory Network (RLN) and Sentinel Laboratory Surveillance Results

Laboratory surveillance for influenza and other respiratory viruses involves the use of data from hospital, academic, private and public health laboratories located throughout California. These laboratories report the number of laboratory-confirmed influenza and other respiratory virus detections and isolations on a weekly basis.

The percentage of influenza detections in the RLN and sentinel laboratories in Week 48 (2.5%) increased compared to Week 47 (1.4%) (Figure 4). Additional details can be found in Figures 4 and 5 and Table 1.

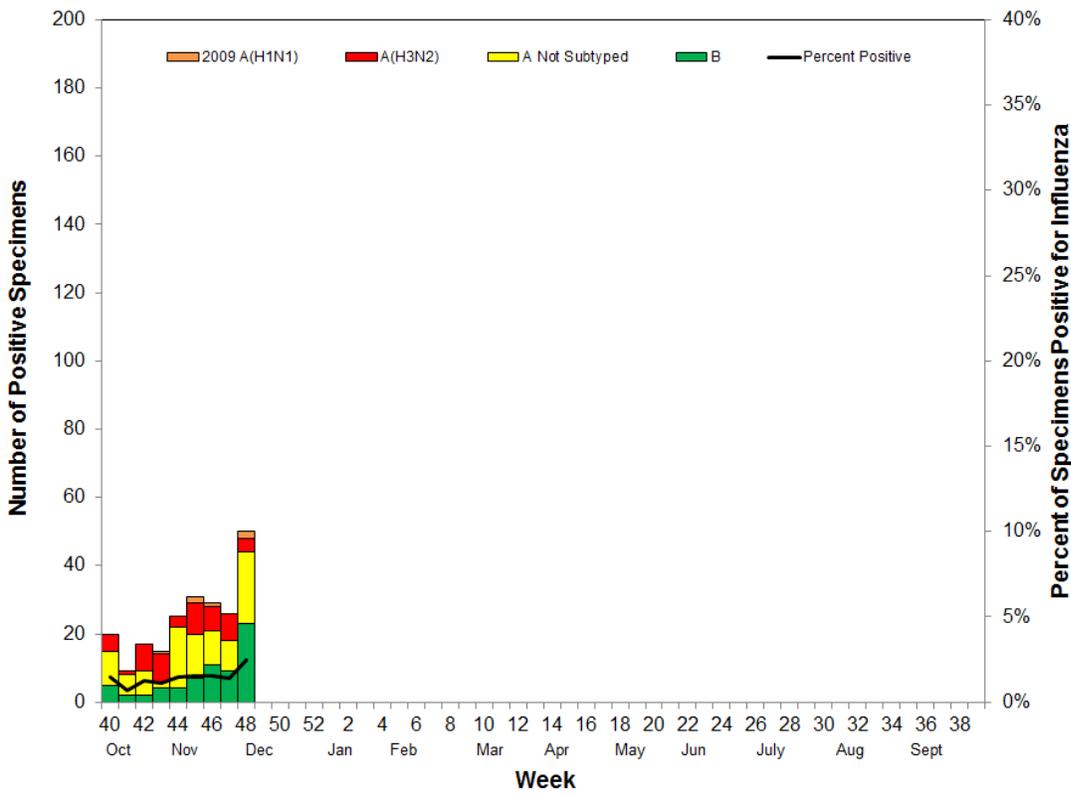
Neither the RLN nor CDPH-VRDL have identified any influenza viruses by polymerase chain reaction (PCR) typing or subtyping that are suggestive of a novel influenza virus.

**Figure 4. Percentage of Influenza Detections in Respiratory Laboratory Network and Sentinel Laboratories, 2011–2016**



Note: The 2014–15 season contains a week 53. Prior years' data have been shifted so that week 1 aligns across years.

**Figure 5. Number of Influenza Detections by Type and Subtype Detected in Respiratory Laboratory Network and Sentinel Laboratories, 2015–2016**



**Table 1. Respiratory Specimens Testing Positive for Influenza by Influenza Type and Subtype — Respiratory Laboratory Network and Sentinel Laboratories, Current Week and Season to Date**

	Week 48		Season to Date	
	Number	Percent	Number	Percent
<b>Number of Specimens Tested</b>	2,014		14,809	
<b>Number of Specimens Positive for Influenza</b>	50	2.5*	222	1.5*
<b>Influenza Type/Subtype of Positive Specimens</b>				
A	27	54.0 <sup>†</sup>	155	69.8 <sup>†</sup>
2009 A (H1)	2	7.4 <sup>‡</sup>	6	3.9 <sup>‡</sup>
A (H3)	4	14.8 <sup>‡</sup>	53	34.2 <sup>‡</sup>
A, not subtyped	21	77.8 <sup>‡</sup>	96	61.9 <sup>‡</sup>
B	23	46.0 <sup>†</sup>	67	30.2 <sup>†</sup>

\* Percent of total specimens tested for influenza

<sup>†</sup> Percent of specimens positive for influenza

<sup>‡</sup> Percent of influenza A positives

## 2. Antiviral Resistance Testing

The CDPH-VRDL has not tested any influenza specimens for antiviral resistance to date during the 2015–2016 influenza season.

## 3. Influenza Virus Strain Characterization

No California specimens have been strain-typed to date during the 2015–2016 influenza season.

## **C. Laboratory-Confirmed Severe Influenza Case Reports**

Currently, as mandated under Section 2500 of the California Code of Regulations, deaths among patients aged 0–64 years with laboratory-confirmed influenza are reportable to CDPH. The weekly influenza report includes confirmed deaths formally reported to CDPH as of November 28, 2015 (Week 47).

During Week 48, no laboratory-confirmed influenza fatalities were reported. To date there have been two reports of laboratory-confirmed influenza-associated deaths among patients <65 years of age during the 2015–2016 influenza season.

## **D. Influenza-Associated Outbreaks**

During Week 48, no laboratory-confirmed influenza outbreaks were reported. To date, four laboratory-confirmed influenza outbreaks have been reported to CDPH for the 2015–2016 season.

## **E. California Border Region Influenza Surveillance Network Data**

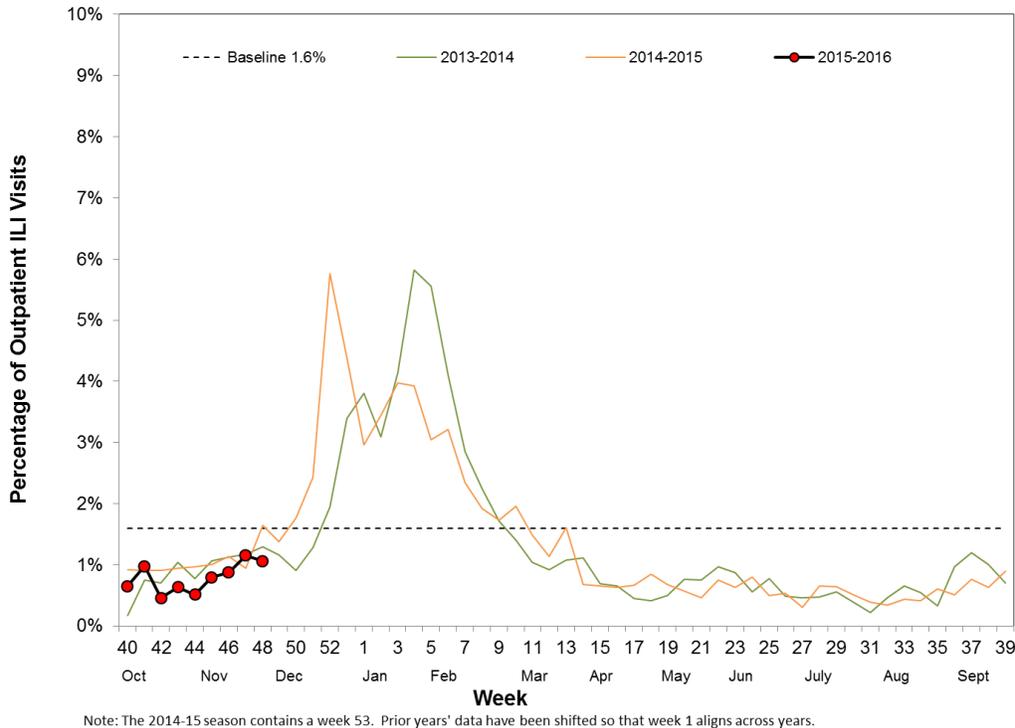
The border influenza surveillance network is comprised of outpatient provider sentinel sites whose geographical coverage extends approximately 100 kilometers (60 miles) north of the California-Baja California border and includes Imperial, San Diego Counties, and some parts of Riverside County.

### **Syndromic Surveillance Update**

A total of 6 border region sentinel providers reported data during Week 48, four fewer than Week 47 of 2015. The total number of patients screened by all sentinel sites for ILI during Week 48 was 3,583. Outpatient ILI activity decreased by 0.1% from Week 47 (1.2% ILI) to Week 48

(1.1% ILI). ILI activity for the California border region during Week 48 was lower when compared to activity for the same week during the 2013–2014 and 2014-2015 season (Figure 6). All influenza syndromic data summarized for the border region represents a subset of CDC influenza sentinel providers in California.

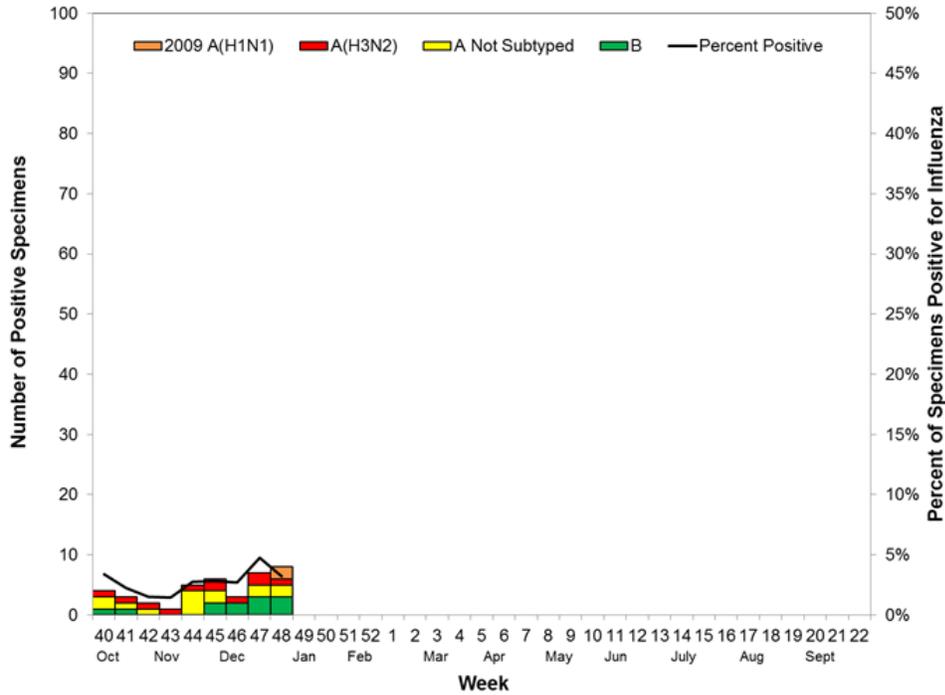
**Figure 6. Percentage of Influenza-like Illness Visits Among Patients Seen by California Border Region Sentinel Providers, 2013-2016**



### Virologic Surveillance Update

Cumulatively this season, a total of 1,354 respiratory specimens have been tested from border region clinics; of these, 39 (2.9%) tested positive for influenza. Of the 39 specimens that tested positive, 27 (69.2%) were influenza A and 12 (30.8%) were influenza B. Of the 27 specimens that tested positive for influenza A, 11 (40.7%) were subtyped as A/H3, 2 (7.4%) were subtyped as 2009 A/H1, and 14 (51.9%) had no further subtyping performed. For Week 48, a total of 247 respiratory specimens were submitted for testing; 8 (3.2%) were positive for influenza virus. Of the 8 specimens that tested positive, 5 (62.5%) were influenza A, and 3 (37.5%) were influenza B. Of the 5 specimens that tested positive for influenza A, 1 (20.0%) was subtyped as A/H3, 2 (40.0%) were subtyped as 2009 A/H1, and 2 (40.0%) had no further subtyping performed. Laboratory data summarized in Figure 7 includes data from influenza sentinel sites as well as laboratory data from other border region laboratories.

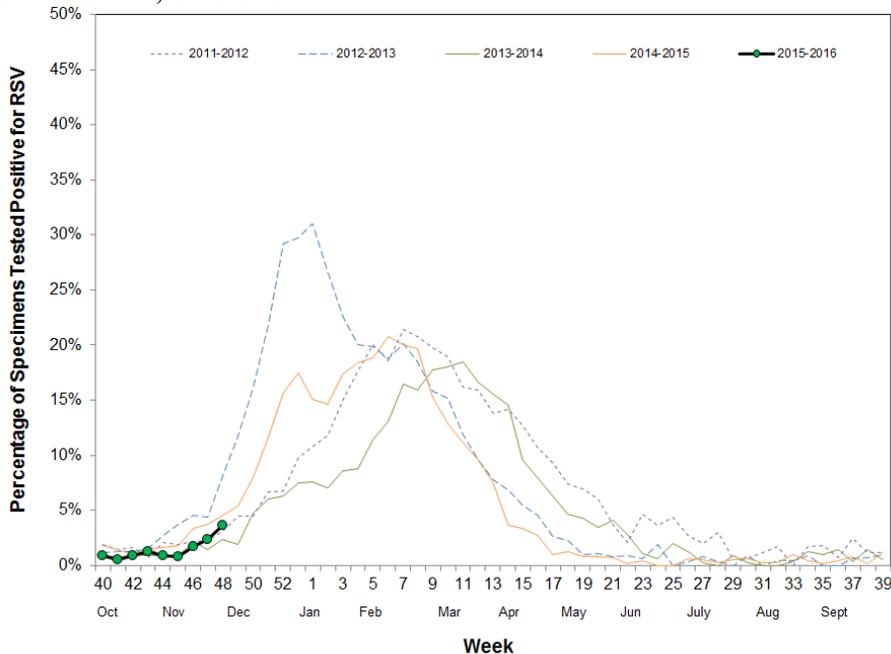
**Figure 7. Number of Influenza Detections by Type and Subtype Detected in California Border Region Respiratory Laboratory Network and Sentinel Laboratories, 2015-2016**



**F. Laboratory Update – Other Respiratory Viruses**

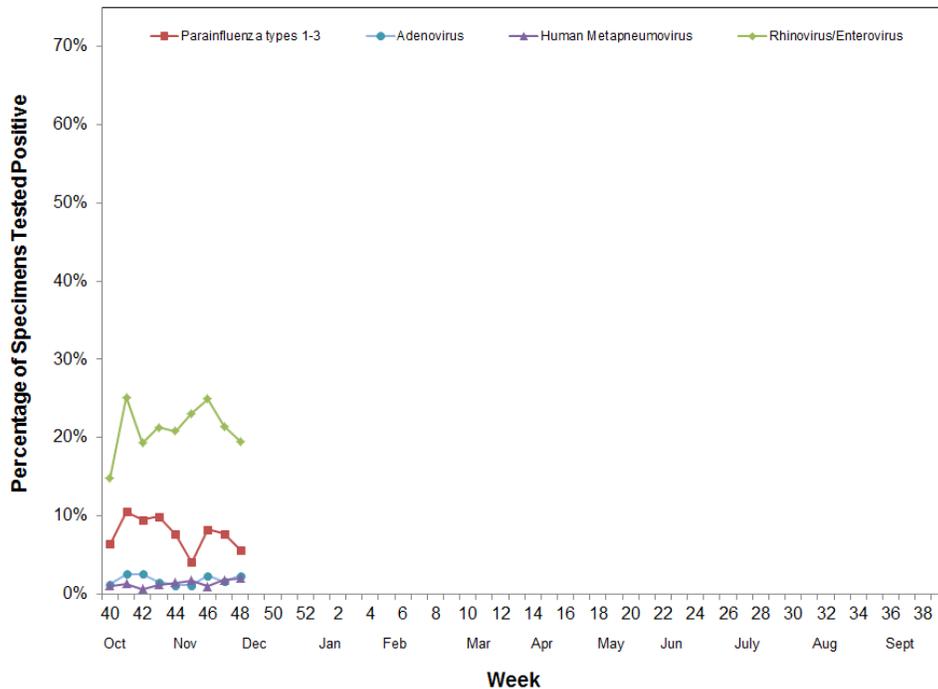
During Week 48, 1,579 specimens were tested for RSV and 57 (3.6%) were positive, which is higher compared to Week 47 (2.4%) (Figure 8). Information on other respiratory viruses can be found in Figure 9.

**Figure 8. Percentage of RSV Detections in Respiratory Laboratory Network and Sentinel Laboratories, 2011–2016**



Note: The 2014–15 season contains a week 53. Prior years' data have been shifted so that week 1 aligns across years.

**Figure 9. Percentage of Other Respiratory Pathogen Detections in Respiratory Laboratory Network and Sentinel Laboratories, 2015–2016**



For questions regarding influenza surveillance and reporting in California, please email [InfluenzaSurveillance@cdph.ca.gov](mailto:InfluenzaSurveillance@cdph.ca.gov). This account is monitored daily by several epidemiologists.

For more information regarding the different influenza surveillance data sources, please visit the CDPH Influenza Surveillance Program at <http://www.cdph.ca.gov/programs/dcdc/Pages/CaliforniaInfluenzaSurveillanceProject.aspx>.

To obtain additional information regarding influenza, please visit the CDPH influenza website at [http://www.cdph.ca.gov/HealthInfo/discond/Pages/Influenza\(Flu\).aspx](http://www.cdph.ca.gov/HealthInfo/discond/Pages/Influenza(Flu).aspx).

A copy of the case report form for reporting any laboratory-confirmed influenza case that was either admitted to the ICU or died can be downloaded from [http://www.cdph.ca.gov/HealthInfo/discond/Pages/Influenza\(Flu\).aspx](http://www.cdph.ca.gov/HealthInfo/discond/Pages/Influenza(Flu).aspx).