

## California Influenza and Other Respiratory Disease Surveillance for Week 7 (February 12-18, 2012)

Note: This report includes data from many different sources of influenza surveillance, including syndromic surveillance, laboratory surveillance, and mandatory reporting of influenza deaths for cases ages 0-64 years. The information contained in this report should be viewed as a “snapshot” of influenza activity for each surveillance week, and should not be considered as population-based data or representative of all California public health jurisdictions.

**In Week 7, the geographic distribution of influenza in California remained “widespread\*.”**

### Influenza Report Highlights

- Outpatient influenza-like illness (ILI) is down 1.3% in Week 7 (2.3%) compared to Week 6 (3.6%).
- Of 2271 specimens tested during Week 7,
  - 377 (16.6%) were positive for influenza; of these
    - 24 (6.4%) were influenza B and
    - 353 (93.6%) were influenza A.
      - 58 (16.4%) were subtyped as seasonal A (H3),
      - 48 (13.6%) were subtyped as 2009 A (H1), and
      - 247 (70.0%) were not subtyped.
- No resistance to neuraminidase inhibitors has been identified in 44 influenza isolates tested during the 2011-2012 influenza season.
- Twenty-seven specimens from California residents have been strain-typed this season; all but four influenza B strains match the 2011-12 influenza vaccine.
- One laboratory-confirmed influenza-associated death among persons less than 65 years was reported in week 7.
- No suspected or confirmed influenza A (H3N2)v [variant influenza A (H3N2), formerly called swine-origin triple reassortant A (H3N2)] have been detected in California.

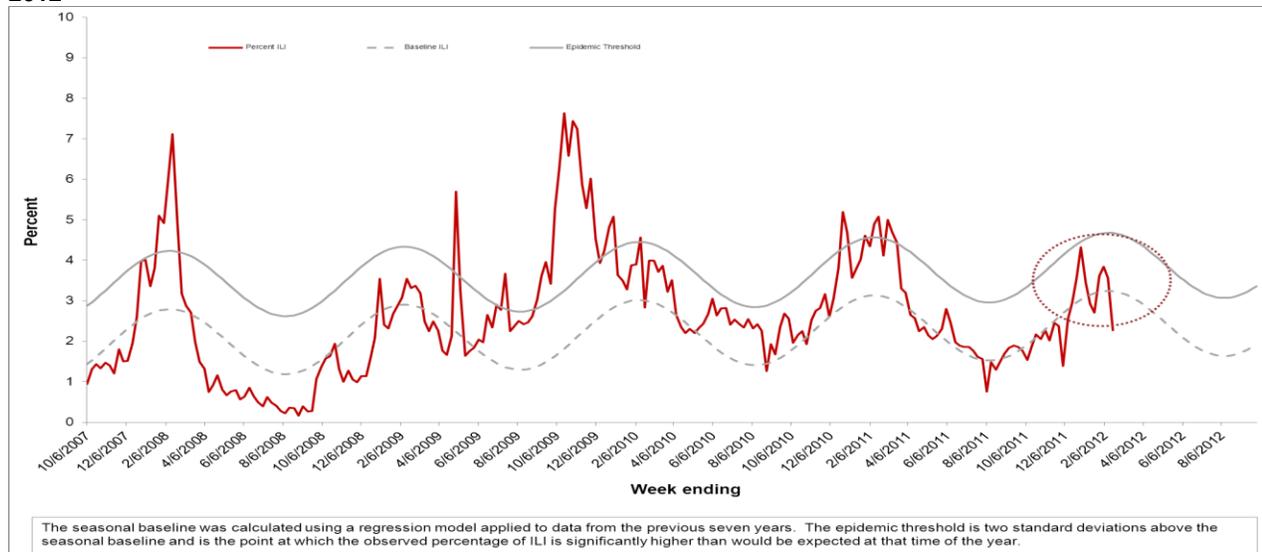
\*For the Centers for Disease Control and Prevention (CDC) definitions of influenza geographic distribution, please go to <http://www.cdc.gov/flu/weekly/overview.htm>.

### A. Syndromic Surveillance Update

#### 1. CDC Influenza Sentinel Providers

A total of 81 (40.9%) out of 198 enrolled sentinel providers have reported data for Week 7. Based on available data, the percentage of ILI visits for Week 7 (2.3%) is below baseline (Figure 1).

**Figure 1. Percentage of Influenza-like Illness Visits Among Patients Seen by California Sentinel Providers, 2007–2012**



## 2. Kaiser Permanente Hospitalization Data (“Flu Admissions”)

The percentage of Kaiser Permanente hospitalizations for pneumonia and influenza in Northern California increased in Week 7 (6.9%) compared to Week 6 (6.0%).

### B. Laboratory Update

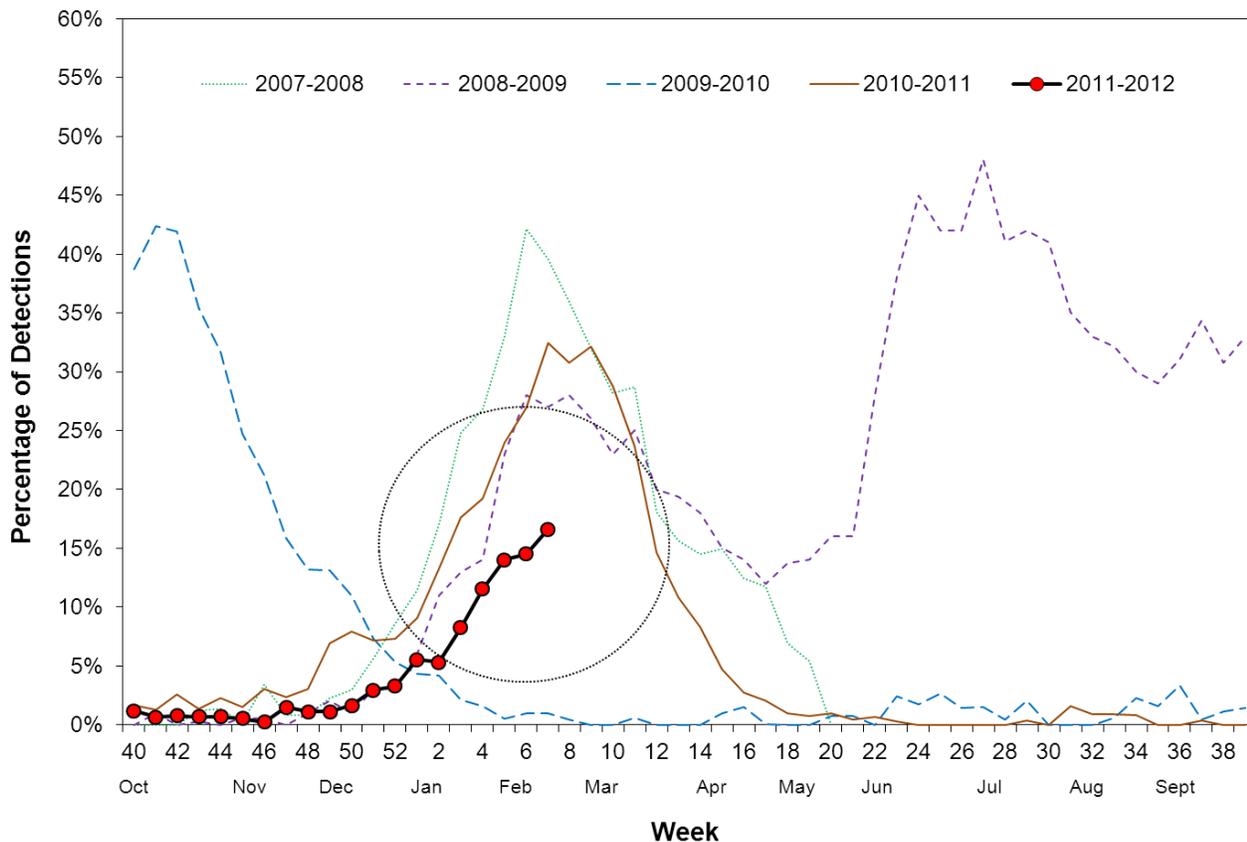
#### 1. Respiratory Laboratory Network (RLN) and Sentinel Laboratory Surveillance Results

The percentage of influenza detections in the RLN and sentinel laboratories continued an upward trend, with an increase of 2.1% in Week 7 (16.6%) compared to Week 6 (14.5%), (Figure 2). Of 2271 specimens tested by the RLN and sentinel laboratories, 24 (1.1%) were positive for influenza B and 353 (15.5%) were positive for influenza A (Figure 3). Of the 353 specimens that tested positive for influenza A, 58 (16.4%) were subtyped as seasonal A (H3), 48 (13.6%) were subtyped as 2009 A (H1), and 247 (70.0%) were not subtyped. The influenza-positive specimens were reported statewide.

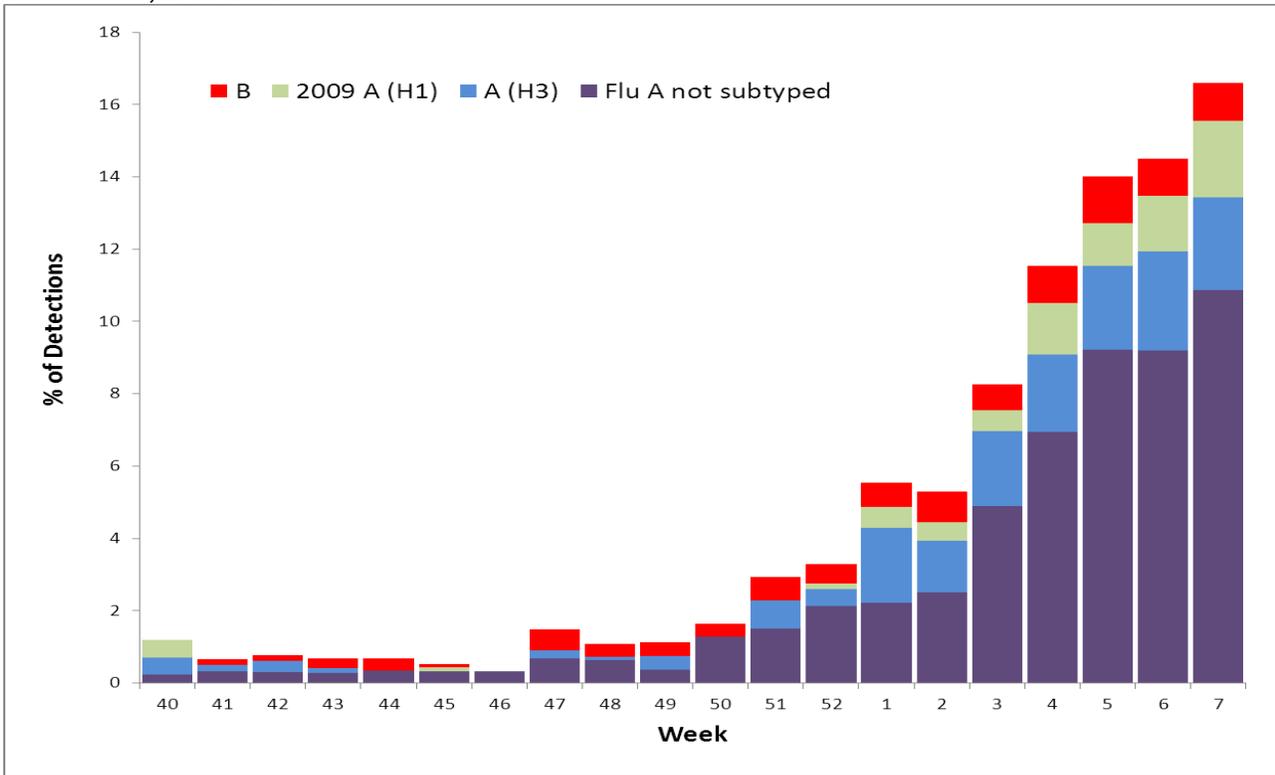
To date for the 2011-2012 season, of 25,225 specimens tested, 1696 (6.7%) were positive for influenza; of these, 169 (10.0%) were influenza B and 1527 (90.0%) were influenza A. Of the 1527 specimens that tested positive for influenza A, 324 (21.2%) were subtyped as seasonal A (H3), 167 (10.9%) were subtyped as 2009 A (H1), and 1036 (67.8%) had no further subtyping performed.

Neither the RLN nor California Department of Public Health Viral and Rickettsial Disease Laboratory (CDPH-VRDL) have identified any influenza viruses by polymerase chain reaction (PCR) typing or subtyping that are suggestive of the influenza A (H3N2)v infection.

**Figure 2. Percentage of Influenza Detections in Respiratory Laboratory Network and Sentinel Laboratories, 2007–2012**

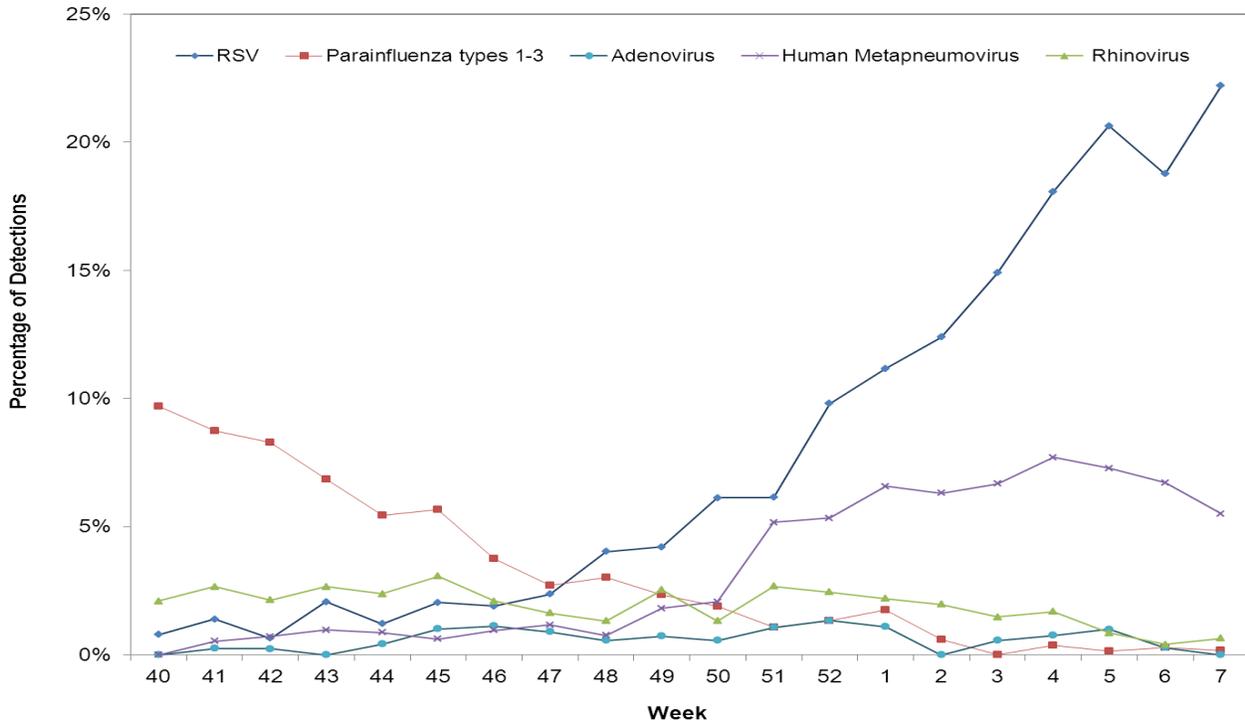


**Figure 3. Percentage of Influenza Types and Subtypes in Respiratory Laboratory Network and Sentinel Laboratories, 2011–2012**



The proportion of respiratory syncytial virus (RSV) detections increased in Week 7 (22.2%, compared to 18.8% in Week 6). The proportion of human metapneumovirus (hMPV) detections continued to decrease in Week 7 (5.5%) compared to Week 5 (6.7%), (Figure 4).

**Figure 4. Other Respiratory Pathogen Detections in Respiratory Laboratory Network and Sentinel Laboratories, Weeks 40-7 (October 2, 2011 – February 18, 2011)**



## 2. Antiviral Resistance Testing (AVR)

CDPH-VRDL has tested 44 influenza specimens to date during the 2011-2012 influenza season; all have been sensitive to neuraminidase inhibitors (Table 1).

**Table 1. Number of Specimens Tested for Antiviral Resistance**

	<b>Neuraminidase Inhibitors Resistance</b>
<b>Influenza A (2009 H1N1)</b>	0/15
<b>Influenza A (H3N2)</b>	0/29

## 3. Influenza Virus Strain Characterization

Twenty-seven California specimens have been strain-typed to date during the 2011-2012 influenza season; all but four matched with components of the 2011-2012 vaccine for the Northern Hemisphere (Table 2).

**Table 2. Influenza Virus Antigenic Characterization for the 2011-12 Season**

	<b>Total (N=27)</b>
<b>Influenza A</b>	<b>18</b>
A/Perth/16/2009-like (H3N2)*	17
A/California/07/2009-like (H1N1)*	1
<b>Influenza B</b>	<b>9</b>
B/Brisbane/60/2008-like*	5
B/Wisconsin/01/2010-like	4

\*Matches components of the 2011-12 Northern Hemisphere influenza vaccine

## C. Laboratory-confirmed Fatal Case Reports

CDPH received one report of an influenza-associated death due to influenza A (H3) in a child in the 0-4 year age-group from the northern California region in week 7. To date during the 2011-2012 influenza season, CDPH has received six reports of influenza-associated deaths among cases less than 65 years old; two were among children 0-17 years and four were among adults 18-64 years.

## D. Influenza-associated Outbreaks

CDPH received two reports of laboratory-confirmed influenza outbreaks in Week 7. One was at a correctional facility in the San Francisco bay area region and was associated with influenza A (2009 H1N1) and the other was at a school in the central region and was associated with influenza A.

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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).