



# California Department of Public Health Influenza Surveillance Program

## California Influenza and Other Respiratory Disease Surveillance for Week 12 (March 17–23, 2013)

Note: This report includes information from many different data sources, 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. Additionally, it is important to keep in mind that the data included in this report represent a sampling of various influenza indicators and are not meant to capture all influenza cases in the state. The trends of these influenza indicators, however, are useful for monitoring influenza activity. Data in previous weeks may be revised as additional information becomes available.

### Overall influenza activity in California was downgraded to “local\*” during Week 12.

During Week 12, influenza activity continued to decrease statewide. While activity has decreased overall, as of Week 11, the predominant circulating type shifted from influenza A to influenza B.

### Influenza Report Highlights

- Of 1,445 specimens tested during Week 12,
  - 176 (12.2%) were positive for influenza virus; of these
    - 118 (67.0%) were influenza B and
    - 58 (33.0%) were influenza A
      - 9 (15.5%) were subtyped as seasonal A (H3)
      - 49 (84.5%) were not subtyped
- The California Department of Public Health Viral and Rickettsial Disease Laboratory (CDPH-VRDL) has tested 91 influenza isolates for antiviral resistance to date; none have been resistant to neuraminidase inhibitors.
- Fifty-seven specimens from California residents have been strain-typed this season; of these, 55 (96.5%) match the components of the 2012–2013 influenza vaccine.
- Eight influenza-associated deaths in adults less than 65 years of age were reported during Week 12.
- No cases of novel influenza have been detected in California to date.

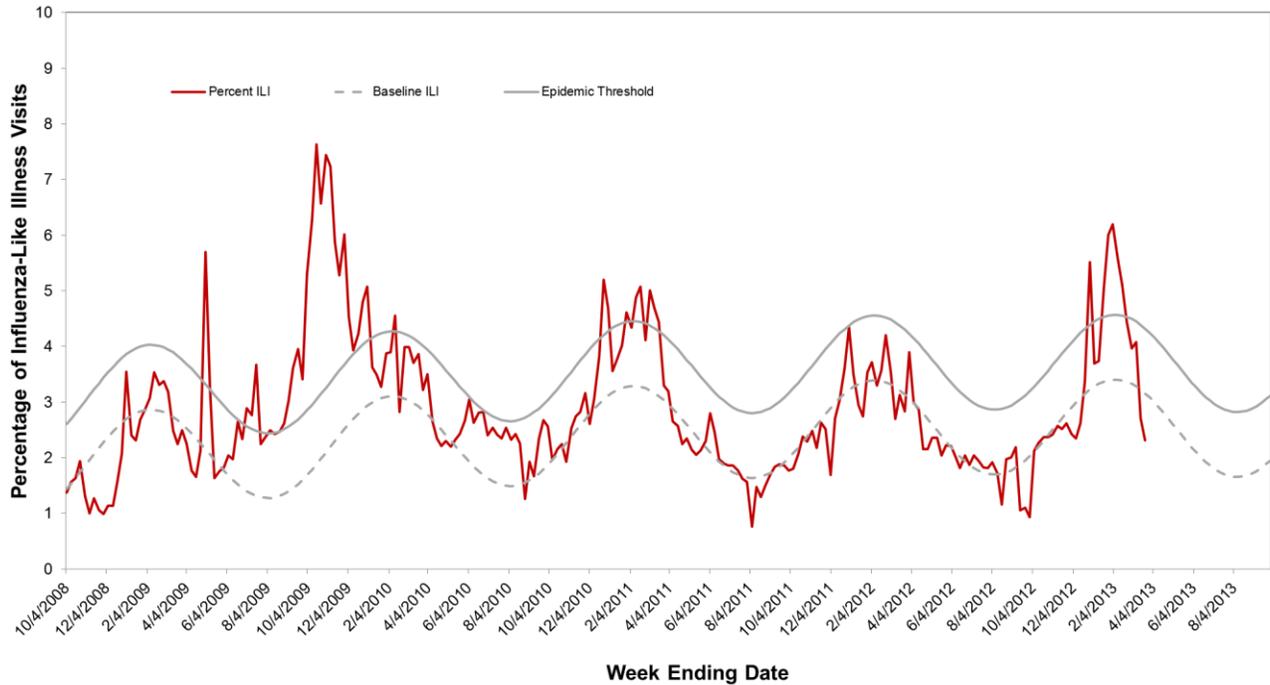
\*For the Centers for Disease Control and Prevention (CDC) definitions of influenza geographic distribution, please go to <http://www.cdc.gov/flu/weekly/overview.htm>.

## A. Syndromic Surveillance Update

### 1. CDC Influenza Sentinel Providers

A total of 59 enrolled sentinel providers have reported data for Week 12, compared to an average of 116 providers reporting for each of the previous weeks. Based on available data, the percentage of visits for ILI in Week 12 (2.3%) was below the baseline (3.2%).

**Figure 1. Percentage of Influenza-like Illness Visits Among Patients Seen by California Sentinel Providers, 2008–2013**

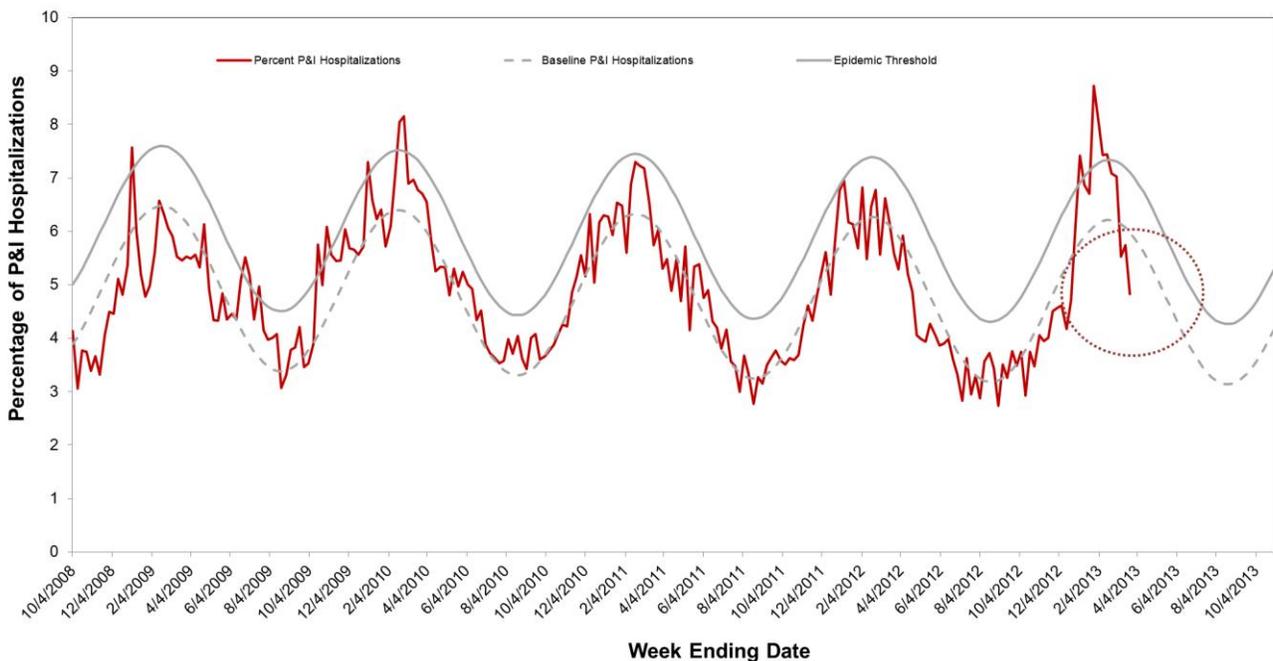


The seasonal baseline was calculated using a regression model applied to data from the previous seven years. The epidemic threshold is two standard deviations above the seasonal baseline and is the point at which the observed percentage of ILI is significantly higher than would be expected at that time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

**2. Kaiser Permanente Hospitalization Data**

The percentage of hospitalizations for pneumonia and influenza (P&I) in Kaiser Permanente facilities in northern California decreased during Week 12 (4.8%), compared to Week 11 (5.7%) (Figure 2). The percentage remained below the baseline (6.0%) during Week 12.

**Figure 2. Percentage of P&I Hospitalizations in Kaiser Permanente Northern California Hospitals, 2008–2013**



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.

## B. Hospitalization Surveillance Update

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

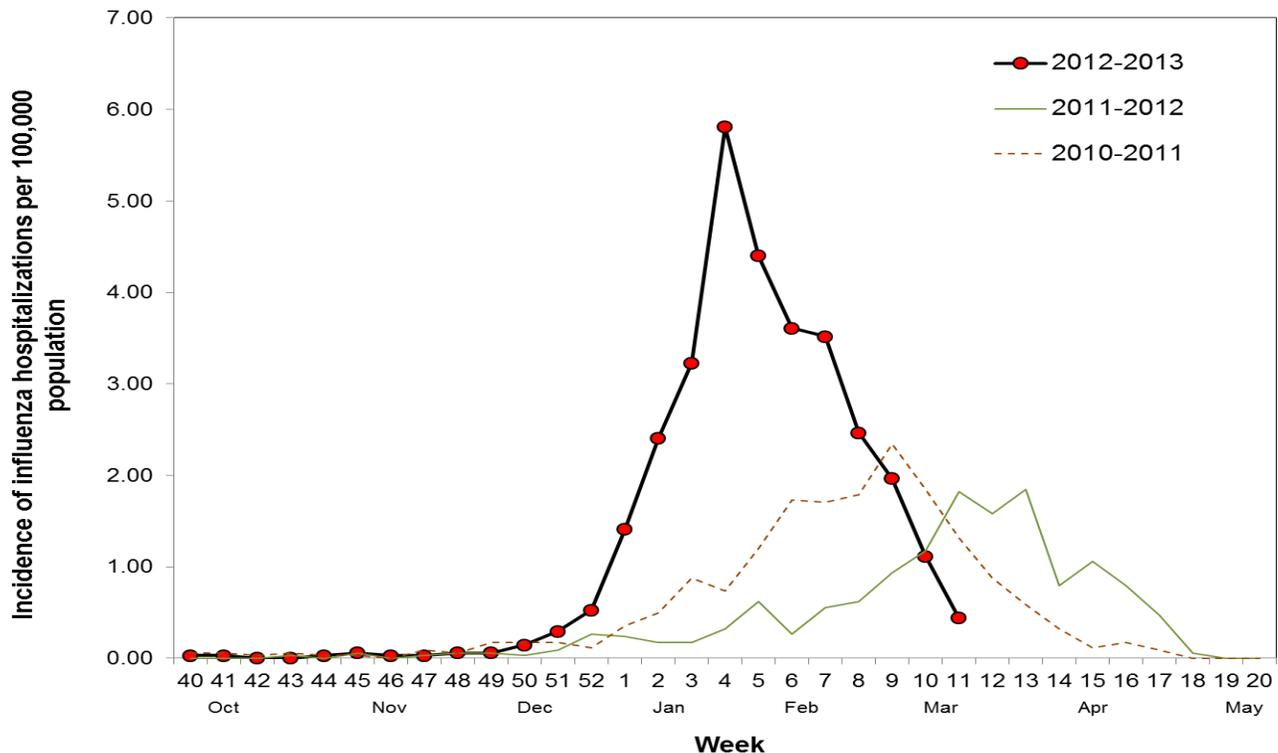
The California Emerging Infections Program (CEIP), Influenza Surveillance Network (FluSurv-NET) conducts population-based surveillance for laboratory-confirmed influenza-associated hospitalizations in all ages in Alameda, Contra Costa and San Francisco counties.

CEIP is funded by the Centers for Disease Control and Prevention (CDC). FluSurv-NET is a national network which covers over 80 counties in the 10 Emerging Infections Program (EIP) states (CA, CO, CT, GA, MD, MN, NM, NY, OR, and TN) and five additional states (IA, MI, OH, RI, and UT). The network represents approximately 9% of US population (~28 million people). Weekly updates of influenza hospitalizations in FluSurv-NET sites can be found on the CDC's website, FluView: <http://www.cdc.gov/flu/weekly>.

Hospital and reference laboratory reports of positive influenza tests are received on a weekly or biweekly basis, hospitalization status and residence is determined, then initial cases are logged into the surveillance data. Medical record abstractions are conducted to collect the following information for each case patient: demographics, laboratory data, underlying conditions, vaccination status, antiviral administration, discharge diagnoses, and outcome.

The incidence of influenza-associated hospitalizations per 100,000 population decreased in Week 11 (0.4, compared to 1.1 in Week 10; Figure 3). Data for Week 12 are not shown because results are still being collected.

**Figure 3. Incidence of Influenza Hospitalizations in CEIP Counties, 2010–2013**



## C. Laboratory Update

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

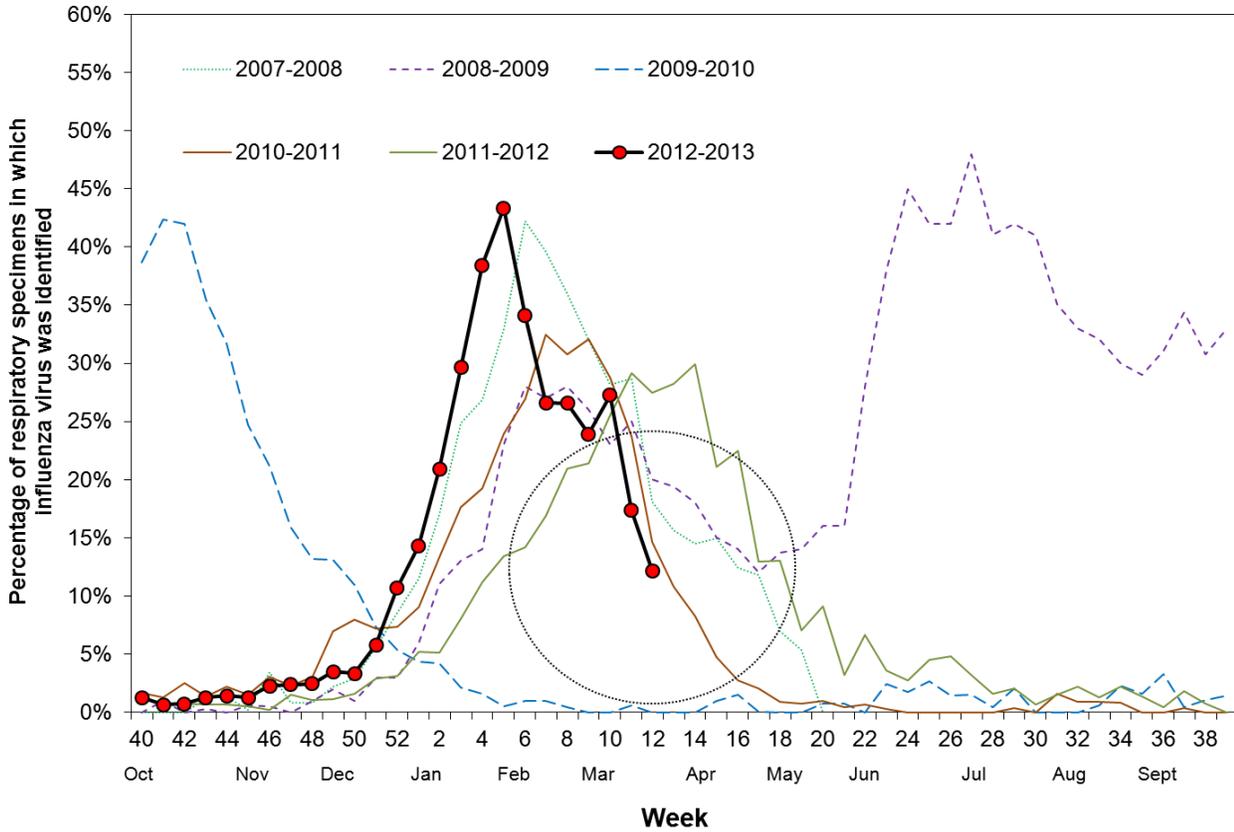
The percentage of influenza detections in the RLN and sentinel laboratories decreased in Week 12 (12.2%, compared to 17.4% in Week 11) (Figure 4). In Week 12, of 1,445 specimens tested by the RLN and sentinel laboratories, 118 (8.2%) were positive for influenza B and 58 (4.0%) were positive for influenza A. Of the 58

influenza A positive specimens, 9 (15.5%) were further subtyped; all were seasonal A (H3).

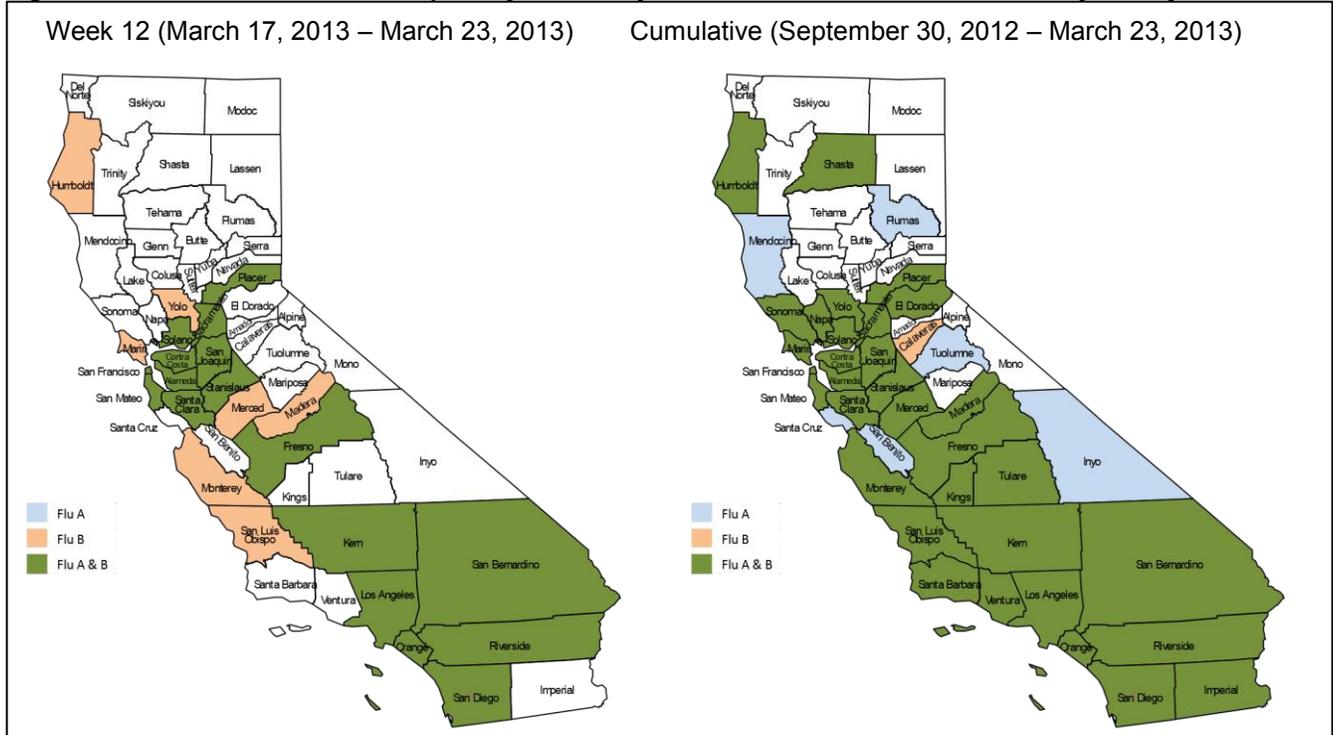
To date for the 2012–2013 season, of 51,701 specimens tested, 11,472 (22.2%) were positive for influenza; of these, 2,693 (23.5%) were influenza B and 8,779 (76.5%) were influenza A. Of the 8,779 specimens that tested positive for influenza A, 3,383 (38.5%) were further subtyped; 2,901 (85.8%) were subtyped as seasonal A (H3) and 482 (14.2%) were subtyped as 2009 A (H1). Influenza detections have been reported in multiple regions statewide (Figure 5).

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, 2007–2013**



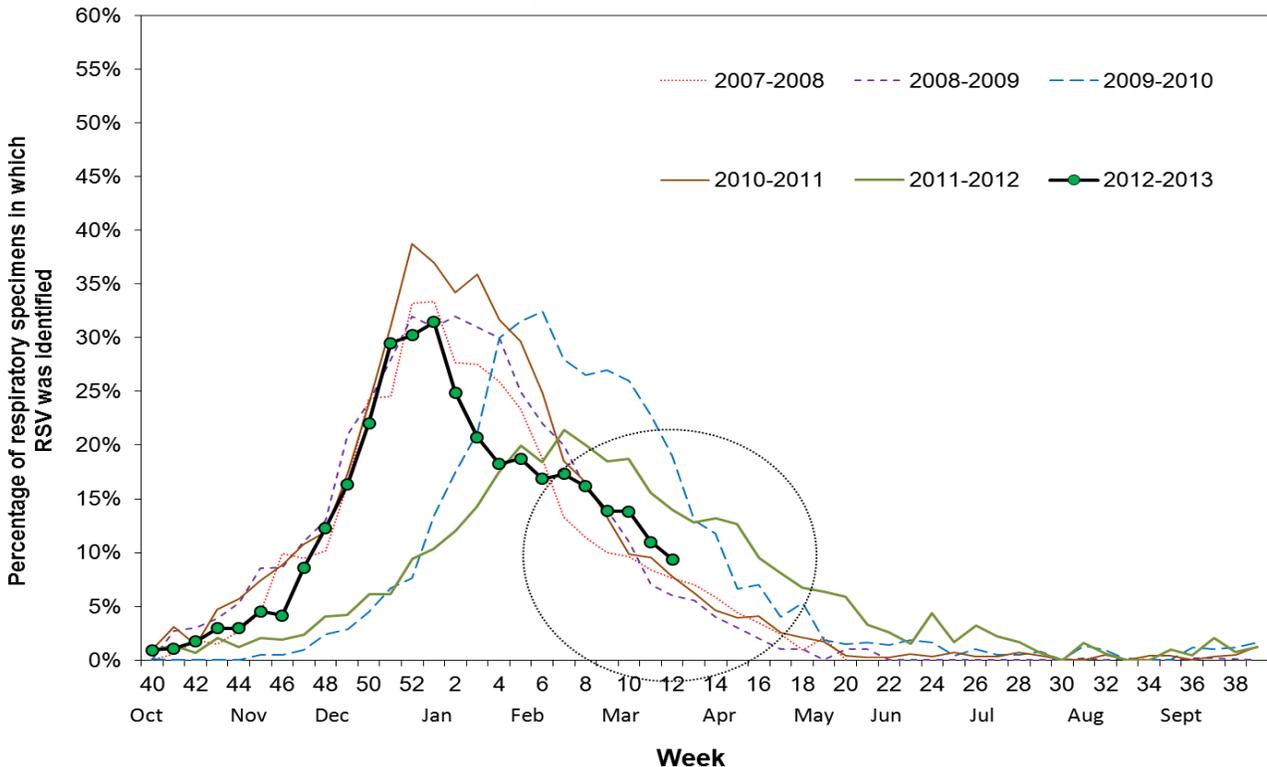
**Figure 5. Influenza Detections in Respiratory Laboratory Network and Sentinel Laboratories, by County\***



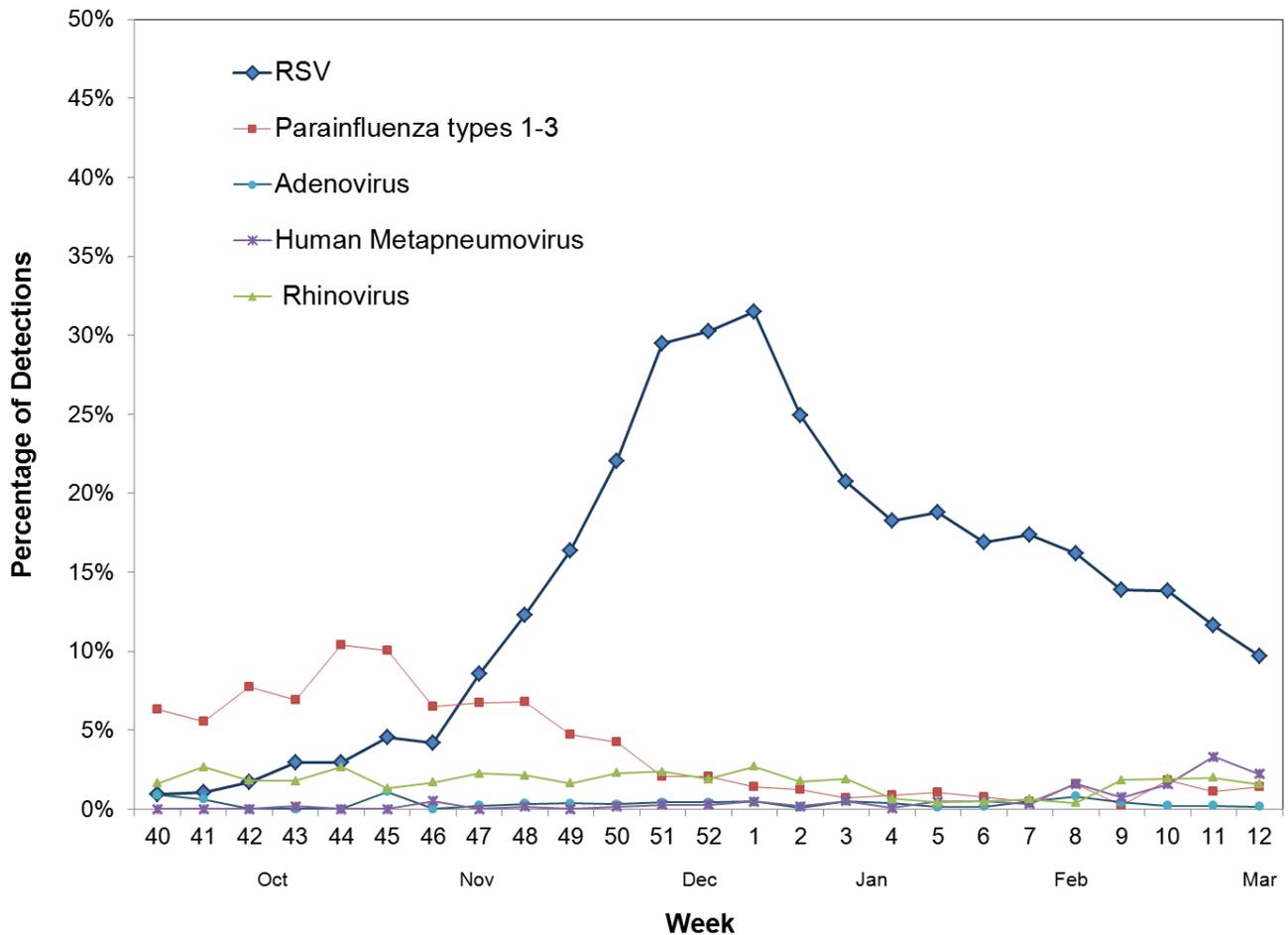
\*Laboratory detections reported by county of patient's residence or laboratory location. Influenza activity in regions without participating laboratories may be underrepresented in this figure.

Respiratory syncytial virus (RSV) detections decreased in Week 12 (9.4%, compared to 11.0% in Week 11) (Figure 6). Parainfluenza virus, human metapneumovirus, rhinovirus and adenovirus continue to be reported, but in decreasing proportion (Figure 7).

**Figure 6. Percentage of RSV Detections in Respiratory Laboratory Network and Sentinel Laboratories, 2007–2013**



**Figure 7. Other Respiratory Pathogen Detections in Respiratory Laboratory Network and Sentinel Laboratories, Weeks 40-11 (September 30, 2012–March 23, 2013)**



**2. Antiviral Resistance Testing (AVR)**

The combined AVR data is summarized below and should be considered for epidemiological purposes only.

CDPH-VRDL has tested 83 influenza A (H3) and 8 influenza 2009 A (H1) specimens to date during the 2012–2013 influenza season (Table 1), all of which have been sensitive to neuraminidase inhibitors.

**Table 1. Number of specimens tested for antiviral resistance**

	Neuraminidase Inhibitors Resistance
Influenza 2009 A (H1)	0/8
Influenza A (H3)	0/83

**3. Influenza Virus Strain Characterization**

Fifty-seven California specimens have been strain-typed to date during the 2012–2013 influenza season; 55 (96.5%) of these specimens matched with components of the 2012–2013 vaccine for the Northern Hemisphere (Table 2). Two influenza B isolates belonged to the Victoria lineage.



**Table 2. Influenza Virus Antigenic Characterization for the 2012–2013 Season**

	<b>Total (N=57)</b>
<b>Influenza A</b>	44
A/Victoria/361/2011-like (H3N2)*	27
A/California/07/2009-like (H1N1)*	17
<b>Influenza B</b>	13
B/Wisconsin/01/2010-like (Yamagata)*	11
B/Brisbane/60/2008-like (Victoria)	2

\*Matches components of the 2012-13 Northern Hemisphere influenza vaccine

#### **D. Laboratory-confirmed Fatal 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.

During Week 12, CDPH received eight reports of influenza-associated deaths in adults less than 65 years of age. The deaths were reported from the Greater Los Angeles Area, Inland Empire, the San Diego metropolitan area, and the San Francisco Bay Area with deaths occurring from January 21, 2013 to March 14, 2013.

A total of 60 influenza-associated deaths among individuals less than 65 years of age, including three pediatric deaths, have been reported to CDPH to date during the 2012–2013 influenza season. The deaths were reported from the Central Coast area (3), the Central Valley (8), the Sacramento metropolitan area (8), the Greater Los Angeles Area (17), the San Diego metropolitan area (11), Inland Empire (5), the Shasta Cascade (1), and the San Francisco Bay Area (7).

#### **E. Influenza-associated Outbreaks**

CDPH received six reports of laboratory-confirmed influenza outbreaks during Week 12. Four of the outbreaks occurred in congregate living facilities, and two occurred in schools. Of the six outbreaks, three were associated with influenza A, and three were associated with influenza B. Subtyping results are not available for the influenza A-associated outbreaks.

CDPH has received a total of 132 reports of laboratory-confirmed influenza outbreaks to date during the 2012–2013 influenza season. Of the 132 outbreaks reported, 106 (80.3%) have been associated with influenza A, 18 (13.6%) have been associated with influenza B, and 8 (6.1%) have been associated with both influenza A and influenza B. Influenza A (H3) has been the predominant subtype identified in influenza A-associated outbreaks.

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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).