Weekly Update
California Department of Public Health
Influenza Surveillance Program

California Influenza and Other Respiratory Disease Surveillance for Week 4 (January 22, 2017 to January 28, 2017)

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 "widespread*" during Week 4.

Influenza Report Highlights

- Influenza activity in California remains elevated statewide
- Outpatient influenza-like illness (ILI)
  - 3.0% of patient visits during Week 4 were for ILI, which is above expected levels for this time of year
- Hospitalization data
  - 6.5% of Kaiser patients hospitalized during Week 4 were admitted with a pneumonia or influenza (P&I) diagnosis, which is above expected levels for this time of year
- Influenza virus detections by Respiratory Laboratory Network and Sentinel Laboratories
  - 1,401 (25.7%) of 5,450 specimens tested were positive for influenza during Week 4
- Influenza-associated deaths among patients 0–64 years of age
  - Nine laboratory-confirmed influenza deaths were reported during Week 4
- Influenza-associated outbreaks
  - 19 laboratory-confirmed influenza outbreaks were reported during Week 4

***Widespread:** Outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least half the regions of the state with recent laboratory evidence of influenza in the state.

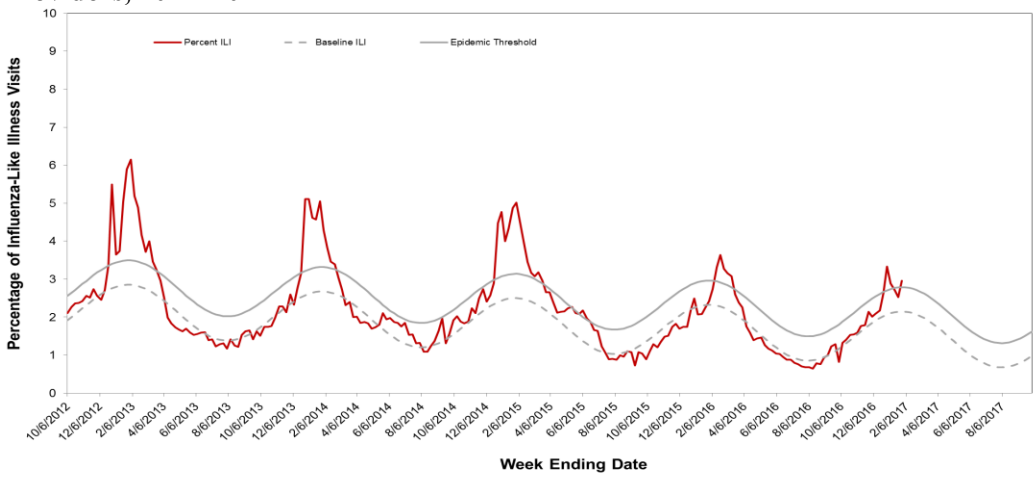
A. Outpatient and Inpatient Data

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 (≥100°F or 37.8°C) AND cough and/or sore throat (in the absence of a known cause other than influenza).

A total of 75 enrolled sentinel providers have reported data for Week 4. Based on available data, the percentage of visits for ILI during Week 4 was 3.0% compared to Week 3 (2.5%) and exceeded the epidemic threshold level for this time of year (Figure 1).

Figure 1. Percentage of Influenza-like Illness Visits Among Patients Seen by California Sentinel Providers, 2012–2017



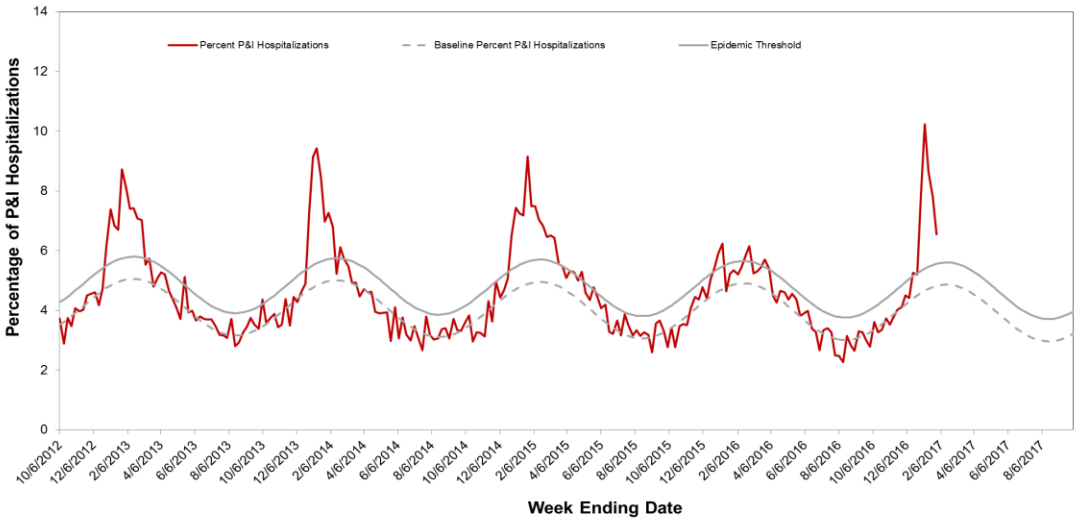
The seasonal baseline was calculated using a regression model applied to data from the previous six years. The epidemic threshold is two standard deviations above the seasonal baseline and is the point at which the observed percentage of ILI is significantly higher than would be expected at that time 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 4 was 6.5% compared to Week 3 (7.8%) and was above expected levels for this time of the year (Figure 2).

Figure 2. Percentage of P&I Hospitalizations in Kaiser Permanente Northern California Hospitals, 2012–2017



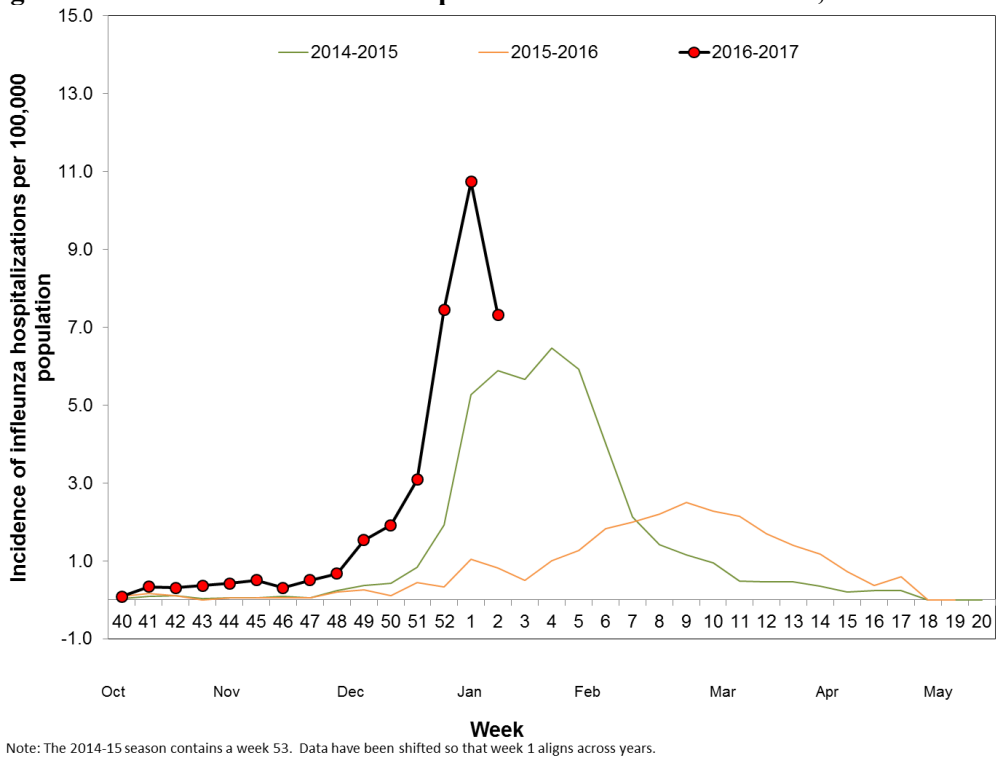
The seasonal baseline was calculated using a regression model applied to data from the previous five years. The epidemic threshold is two standard deviations above the seasonal baseline and is the point at which the observed percentage of pneumonia and influenza hospitalizations in Kaiser Permanente 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 was lower in Week 2 (7.3) compared to Week 1 (10.7) (Figure 3). Data for the most current two weeks are not presented because results are still being collected and are likely to change.

Figure 3. Incidence of Influenza Hospitalizations in CEIP Counties, 2014–2017



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

B. Laboratory Update - Influenza

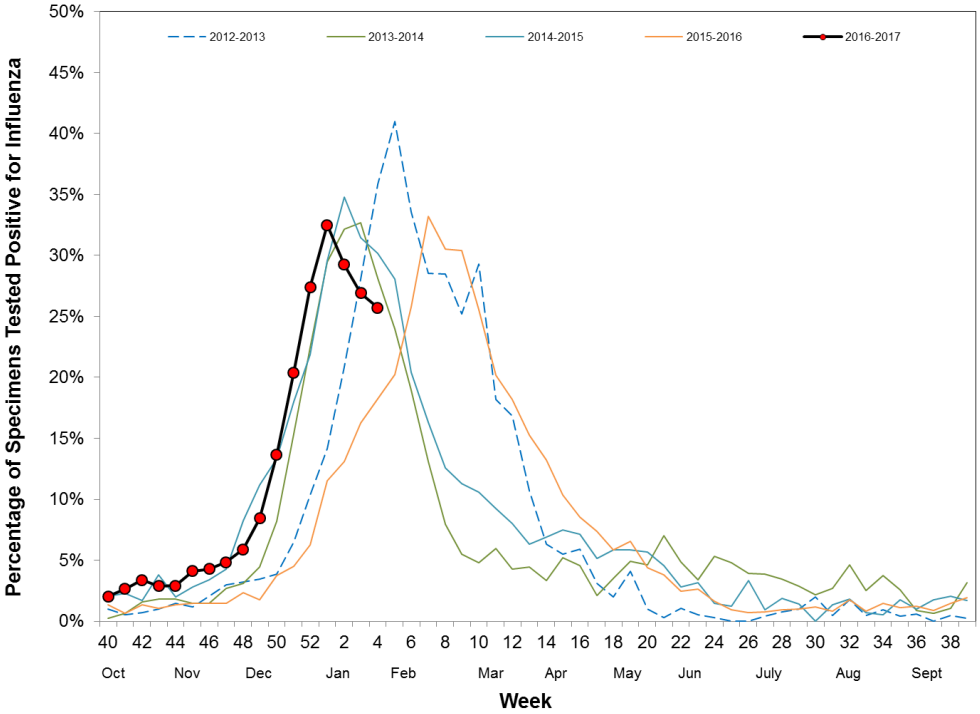
1. Respiratory Laboratory Network (RLN) and Sentinel Laboratory Surveillance Results

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 4 (25.7%) was lower than Week 3 (26.9%) (Figure 3). 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) that are suggestive of a novel influenza virus.

Figure 4. Percentage of Influenza Detections in Respiratory Laboratory Network and Sentinel Laboratories, 2012–2017



Note: The 2014–15 season contains a week 53. 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, 2016–2017

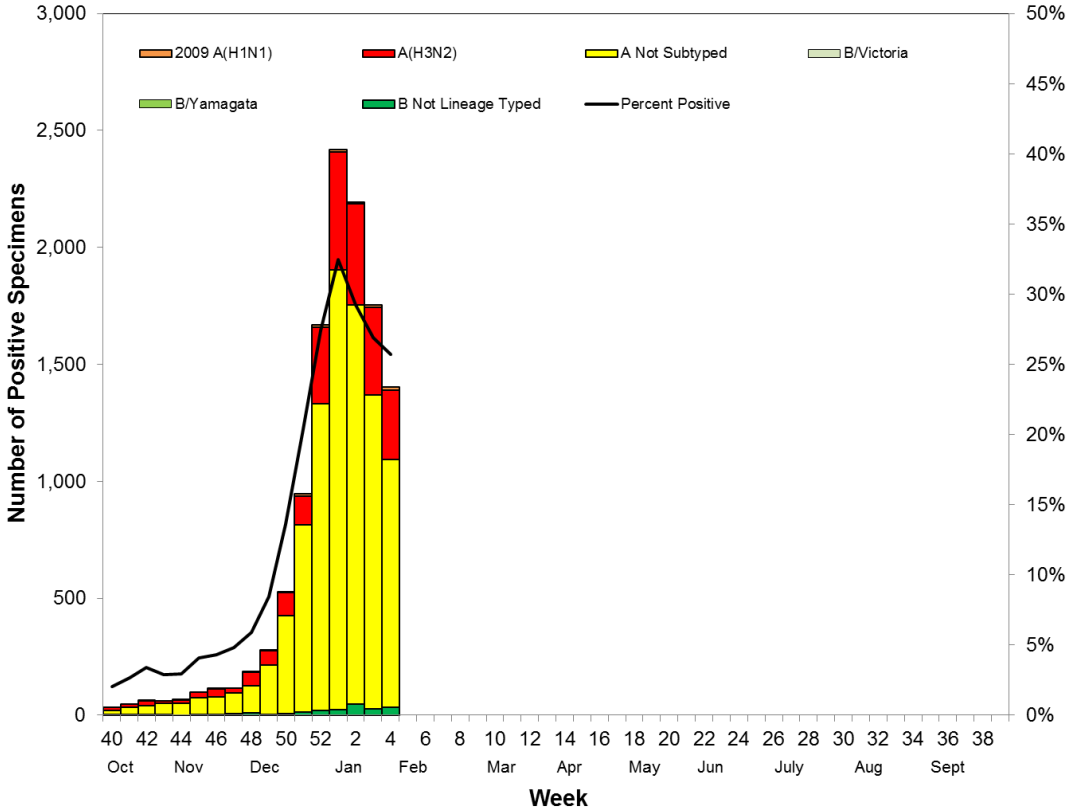


Table 1. Respiratory Specimens Testing Positive for Influenza by Influenza Type and Subtype — Respiratory Laboratory Network and Sentinel Laboratories, Current Week and Season to Date

	Week 4		Season to Date	
	Number	**Percent**	**Number**	**Percent**
Number of Specimens Tested	5,450		64,695	
Number of Specimens Positive for Influenza	1,402	25.7*	11,956	18.5*
Influenza Type/Subtype of Positive Specimens				
A	1,369	97.6†	11,744	98.2 †
2009 A (H1)	12	0.9‡	67	0.6‡
A (H3)	298	21.8‡	2,422	20.6‡
A, not subtyped	1,059	77.3‡	9,255	78.8‡
B	33	2.4†	212	1.8†

* Percent of total specimens tested for influenza
† Percent of specimens positive for influenza
‡ Percent of influenza A positives

2. Antiviral Resistance Testing

Of the influenza specimens tested by the CDPH-VRDL to date this season, none have been found to be resistant to Oseltamivir (Table 2).

Table 2. Number of specimens tested for Oseltamivir resistance, 2016–2017

	Oseltamivir Resistance
Influenza 2009A (H1)	0/11
Influenza A (H3)	0/51
Influenza B	0/6

3. Influenza Virus Strain Characterization

To date in California, all influenza 2009 A (H1) and A (H3) antigenically characterized viruses have matched the influenza 2009 A (H1) and A (H3) components included in the trivalent and quadrivalent influenza vaccines (Table 3). In addition, all influenza B antigenically characterized viruses in California have matched the influenza B Yamagata lineage virus included in the quadrivalent influenza vaccine.

Table 3. Influenza virus antigenic characterization data — California and the United States, 2016–2017

		Match Vaccine Strain	
Influenza Subtype/Lineage	**Vaccine Strain**	**California**	**United States**
Influenza A (H1)	A/California/7/2009-like (H1N1)	6/6	37/37
Influenza A (H3)	A/Hong Kong/4801/2014-like	37/37	192/201
Influenza B Victoria*	B/Brisbane/60/2008-like	1/1	29/32
Influenza B Yamagata†	B/Phuket/3073/2013-like	2/2	28/28

* The influenza B Victoria lineage virus is included in only the 2016–2017 trivalent and quadrivalent influenza vaccine
†The influenza B Yamagata lineage virus is included in both the 2016–2017 quadrivalent influenza vaccines

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 January 28, 2017 (Week 4).

During Week 4, nine laboratory-confirmed influenza fatalities were reported. To date, CDPH has received 31 reports of laboratory-confirmed influenza-associated deaths among patients <65 years of age during the 2016–2017 influenza season.

D. Influenza-Associated Outbreaks

During Week 4, 19 laboratory-confirmed influenza outbreaks were reported. To date, 127 laboratory-confirmed influenza outbreaks have been reported to CDPH for the 2016–2017 season.

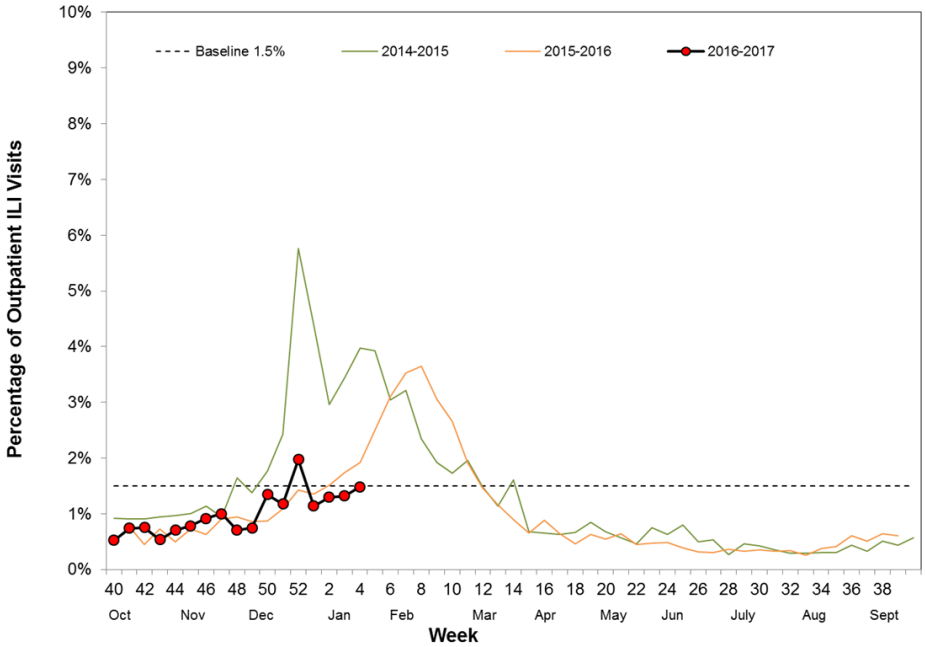
E. California Border Region Influenza Surveillance Network Data

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 and San Diego Counties, as well as some parts of Riverside County.

1. Syndromic Surveillance Update

A total of 15 border region sentinel providers reported data during Week 4; 15 also reported data during Week 3. The total number of patients screened by all sentinel sites for ILI during Week 4 was 13,230. Outpatient ILI activity was higher in Week 4 (1.5%) compared to Week 3 (1.3%). ILI activity for the California border region during Week 4 was lower when compared to activity for the same week during the 2014–2015 and 2015–2016 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, 2014–2017

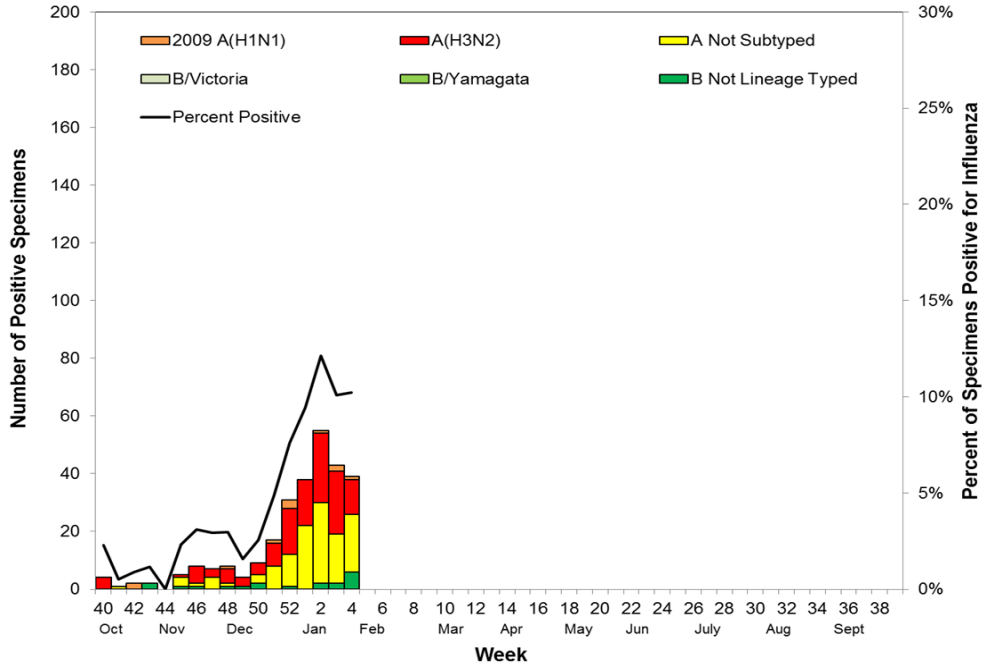


Note: The 2014-15 season contains a week 53. Prior years' data have been shifted so that week 1 aligns across years.

2. Virologic Surveillance Update

Cumulatively this season, a total of 4,985 respiratory specimens have been tested from border region clinics; of these, 273 (5.5%) tested positive for influenza. Of the 273 specimens that tested positive, 254 (93.0%) were influenza A and 19 (7.0%) were influenza B. Of the 254 specimens that tested positive for influenza A, 11 (4.3%) were subtyped as 2009 A (H1), 124 (48.8%) were subtyped as A (H3), and 119 (46.9%) had no further subtyping performed. None of the specimens that tested positive for influenza B were lineage typed. For Week 4, a total of 381 respiratory specimens were submitted for testing; 39 (10.2%) were positive for influenza. Of the 39 specimens that tested positive, 33 (84.6%) were influenza A and 6 (15.4%) were influenza B. Of the 33 specimens that tested positive for influenza A, 1 (3.0%) was subtyped as 2009 A (H1), 12 (36.4%) were subtyped as A (H3), and 20 (60.6%) had no further subtyping performed. The specimens that tested positive for influenza B were not lineage typed. 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, 2016–2017



F. Other Respiratory Viruses

1. Laboratory-Confirmed Severe Respiratory Syncytial Virus Case Reports

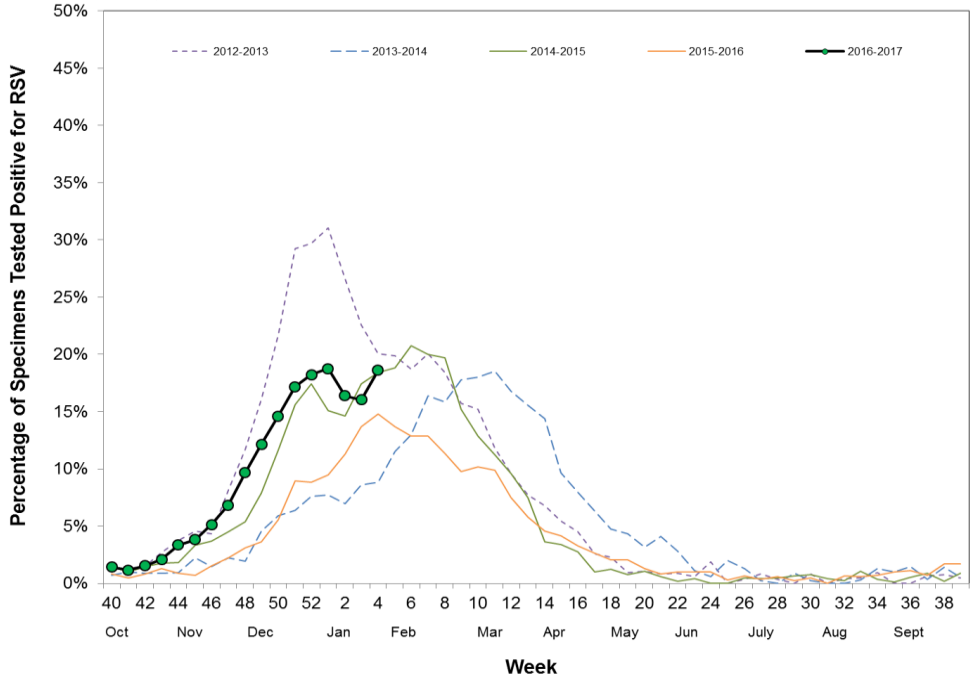
Currently, as mandated under Section 2500 of the California Code of Regulations, deaths among children aged 0–4 years with laboratory-confirmed respiratory syncytial virus (RSV) are reportable to CDPH. The weekly influenza report includes confirmed deaths formally reported to CDPH as of January 28, 2017 (Week 4).

During Week 4, no laboratory-confirmed RSV fatalities were reported. To date, CDPH has received three reports of laboratory-confirmed RSV-associated deaths among children <5 years of age during the 2016–2017 influenza season.

2. Laboratory Update

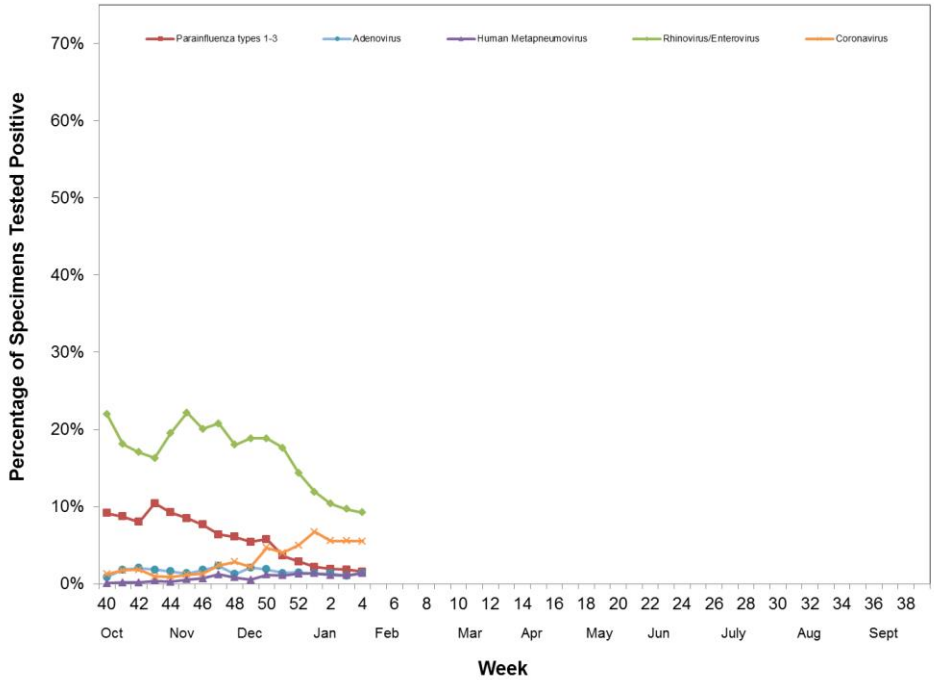
During Week 4, 4,366 specimens were tested for RSV and 812 (18.6%) were positive, which was higher than Week 3 (16.0%) (Figure 8). Information on other respiratory viruses can be found in Figure 9.

Figure 8. Percentage of RSV Detections in Respiratory Laboratory Network and Sentinel Laboratories, 2012–2017



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, 2016–2017



For questions regarding influenza surveillance and reporting in California, please email

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.

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.