

Weekly Update



## California Department of Public Health Influenza Surveillance Program

### *California Influenza and Other Respiratory Disease Surveillance for Week 5 (January 26, 2014 to February 1, 2014)*

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. The information in this report may be updated in later reports as additional data are received and should not be considered as population-based data or representative of all California public health jurisdictions.

#### **Overall influenza activity in California during Week 5 was “widespread\*.”**

California continues to see high levels of influenza activity with outpatient influenza-like illness (ILI) and pneumonia and influenza (P&I) hospitalization above expected levels. While outpatient visits for ILI remained above expected levels for this time of year, the percentage of outpatient visits for ILI during Week 5 slightly decreased compared to Week 4. P&I hospitalizations at Kaiser Permanente facilities during Week 5 were similar to Week 4. During Week 5, the percentage of influenza detections in the RLN and sentinel laboratories decreased compared to Week 4; however, greater than 20% of clinical specimens continued to test positive for influenza. While influenza activity varies from year to year and is unpredictable, California generally sees an increase in cases in late December or early January and it often peaks in February or March. During Week 5, influenza-associated deaths in person <65 remained elevated statewide. Most influenza-positive specimens identified in California during the 2013–2014 influenza season are influenza A; of the influenza A viruses subtyped, most are 2009 A (H1N1) viruses. The H1N1 strain appears to be the predominant strain so far this flu season and is one that is contained in the current flu vaccine. Of the specimens antigenically characterized this season nationwide, 99.9% match components in the 2013-2014 influenza vaccine.

#### **Influenza Report Highlights**

- Outpatient influenza-like illness (ILI) during Week 5 (4.6%) exceeded expected levels for this time of year. Statewide, the percentage of outpatient visits for ILI slightly decreased in Week 5 compared to Week 4 (5.0%).
- Hospitalizations for pneumonia and influenza (P&I) during Week 5 (7.6%) exceeded expected levels for this time of year. Statewide, the percentage of hospitalizations for P&I was similar in Week 5 compared to Week 4 (7.6%).
- Of 4,438 specimens tested during Week 5,
  - 1,211 (27.3%) were positive for influenza virus; of these
    - 184 (4.1%) were influenza B and
    - 1,027 (23.1%) were influenza A
      - 33 (3.2%) were subtyped as seasonal A (H3)
      - 509 (49.6%) were subtyped as 2009 A (H1)
      - 486 (47.3%) were not subtyped.

- Fifty-six laboratory-confirmed influenza deaths were reported during Week 5.
- Four laboratory-confirmed influenza outbreaks were reported during Week 5.
- No cases of novel influenza have been detected in California to date.

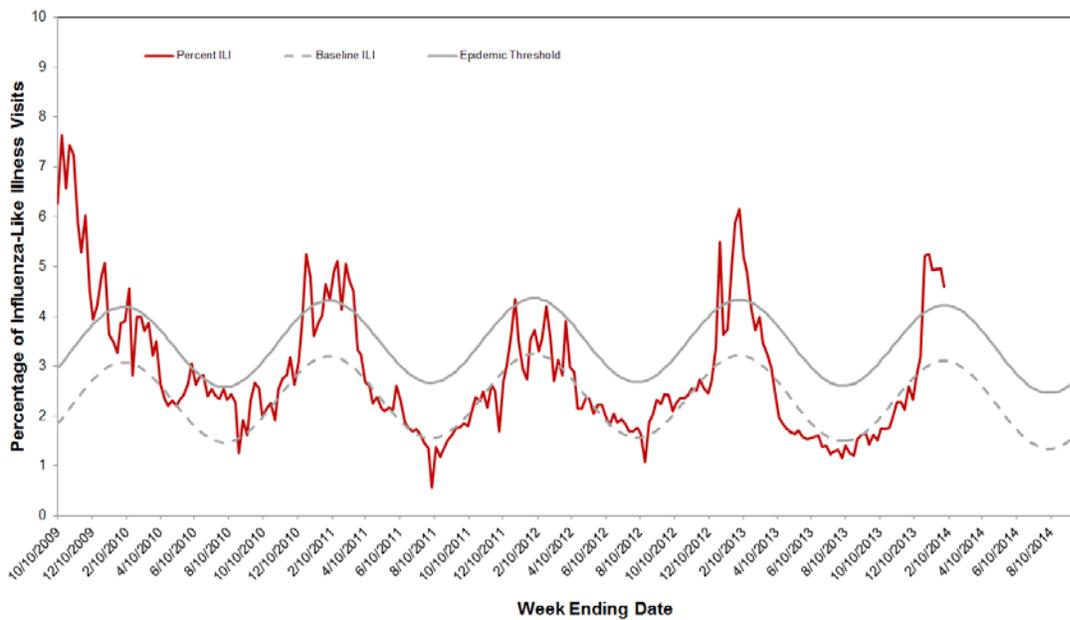
\*For the Centers for Disease Control and Prevention (CDC) definitions of influenza geographic distribution, please go to <http://www.cdc.gov/flu/weekly/overview.htm>.

## A. Syndromic Surveillance Update

### 1. CDC Influenza Sentinel Providers

A total of 80 enrolled sentinel providers have reported data for Week 5, compared to an average of 134 providers reporting for each of the previous weeks. Based on available data, the percentage of visits for ILI in Week 5 (4.6%) was above the epidemic threshold (4.2%) (Figure 1).

**Figure 1. Percentage of Influenza-like Illness Visits Among Patients Seen by California Sentinel Providers, 2009–2014**

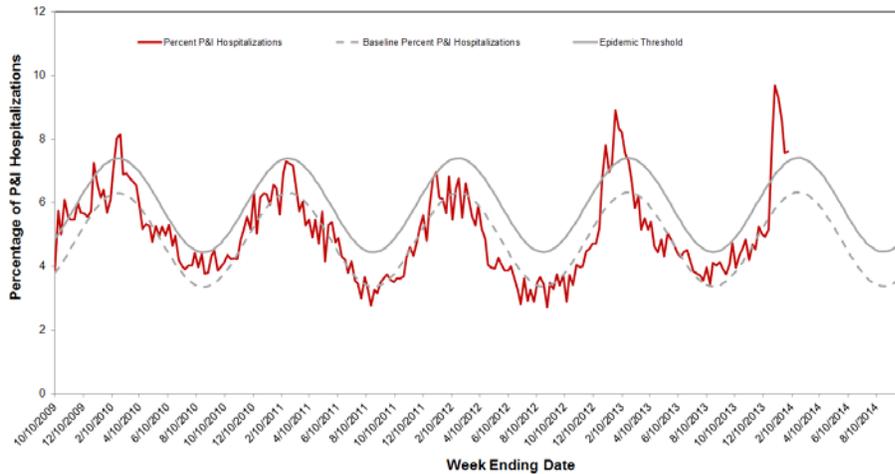


The seasonal baseline was calculated using a regression model applied to data from the previous eight years. The epidemic threshold is two standard deviations above the seasonal baseline and is the point at which the observed percentage of ILI is significantly higher than would be expected at that time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

### 2. Kaiser Permanente Hospitalization Data

The percentage of hospitalizations for pneumonia and influenza (P&I) in Kaiser Permanente facilities in northern and southern California did not change during Week 5 (7.6%) compared to Week 4 (7.6%), and remained above the epidemic threshold (7.3%) (Figure 2). Data from Southern California Kaiser Permanente facilities were not received in time for inclusion in this report; however, the percentage of P&I hospitalizations in Week 5 is not expected to change significantly once these data are received.

**Figure 2. Percentage of P&I Hospitalizations in Kaiser Permanente Northern and Southern California Hospitals, 2009–2014**



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 pneumonia and influenza hospitalizations in Kaiser Permanente hospitals in northern California is significantly higher than would be expected at that time of the year.

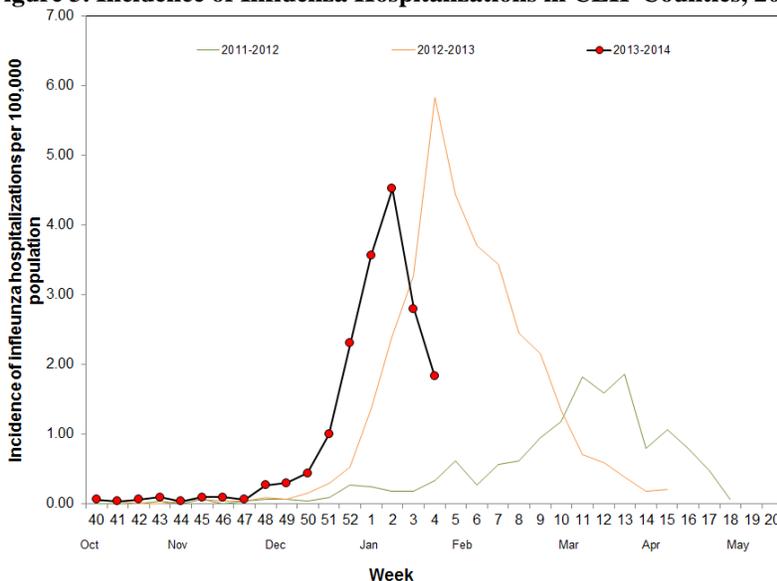
## B. Hospitalization Surveillance Update

### 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 among patients of all ages in Alameda, Contra Costa, and San Francisco counties.

The incidence of influenza-associated hospitalizations per 100,000 population decreased in Week 4 (1.8) compared to Week 3 (2.8). Data for Week 5 are not shown because results are still being collected and are likely to change.

**Figure 3. Incidence of Influenza Hospitalizations in CEIP Counties, 2011–2014**



## C. Laboratory Update

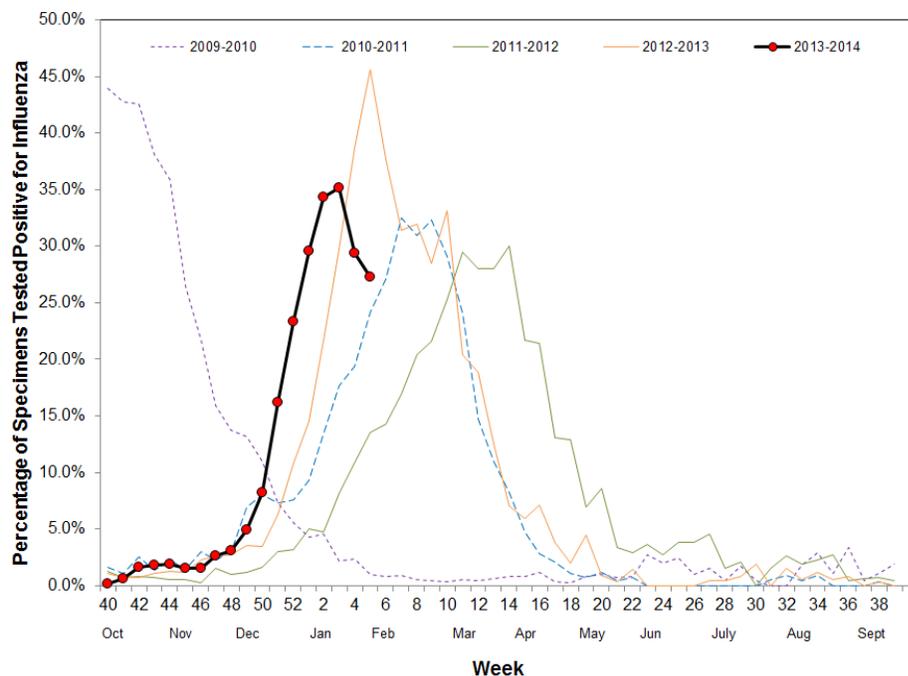
### 1. Respiratory Laboratory Network (RLN) and Sentinel Laboratory Surveillance Results

The percentage of influenza detections in the RLN and sentinel laboratories decreased in Week 5 (27.3%) compared to Week 4 (29.4%) (Figure 4). In Week 5, of 4,438 specimens tested by the RLN and sentinel laboratories, 184 (4.1%) were positive for influenza B and 1,027 (23.1%) were positive for influenza A. Of the 1,027 specimens that tested positive for influenza A, 33 (3.2%) were subtyped as seasonal A (H3), 509 (49.6%) were subtyped as 2009 A (H1), and 486 (47.3%) had no further subtyping performed.

To date for the 2013–2014 season, of 38,578 specimens tested, 8,717 (22.6%) were positive for influenza; of these, 574 (6.6%) were influenza B and 8,143 (93.4%) were influenza A. Of the 8,143 specimens that tested positive for influenza A, 145 (1.8%) were subtyped as seasonal A (H3), 3,378 (41.5%) were subtyped as 2009 A (H1), and 4,618 (56.7%) had no further subtyping performed. Positive specimens have been detected throughout the state.

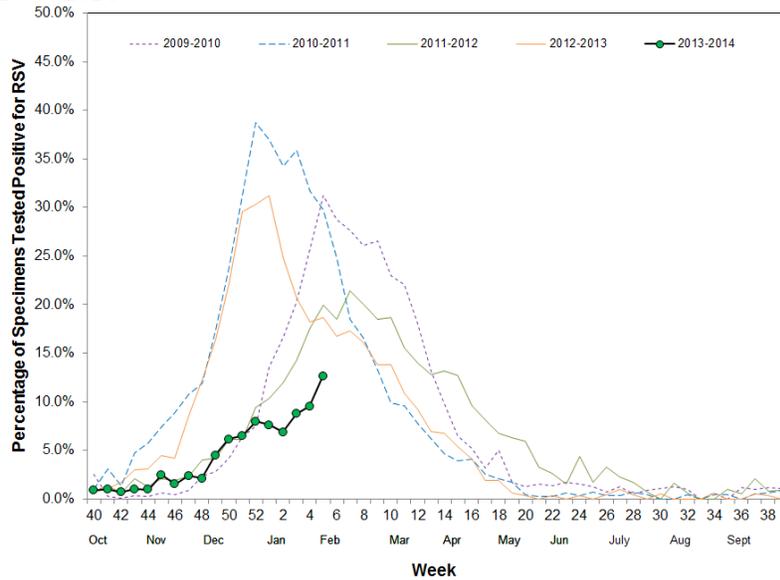
Neither the RLN nor CDPH-VRDL have identified any influenza viruses by polymerase chain reaction (PCR) typing or subtyping that are suggestive of a novel influenza virus.

**Figure 4. Percentage of Influenza Detections in Respiratory Laboratory Network and Sentinel Laboratories, 2009–2014**



During Week 5, 2,308 specimens were tested for RSV and 292 (12.7%) were positive, which represents an increase compared to Week 4 (9.5%) (Figure 5).

**Figure 5. Percentage of RSV Detections in Respiratory Laboratory Network and Sentinel Laboratories, 2009–2014**

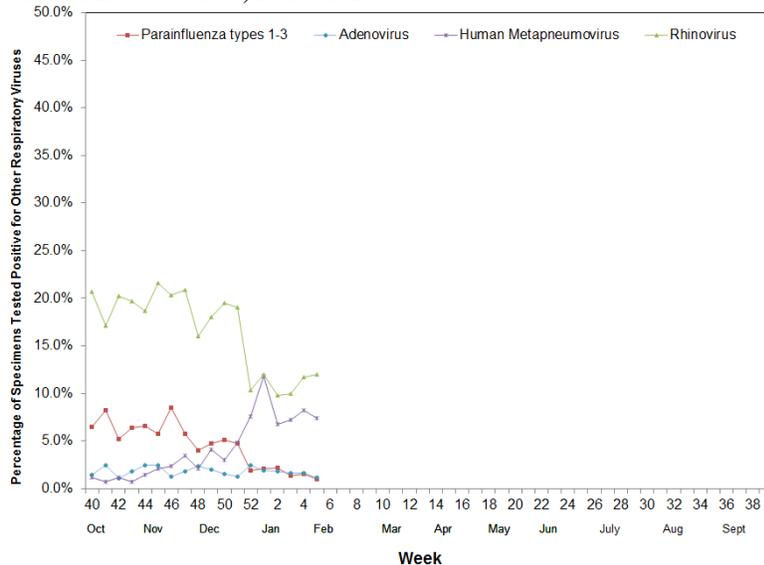


In Week 5, parainfluenza virus detections decreased (1.0%, compared to 1.5% in Week 4), adenovirus detections decreased (1.2%, compared to 1.6% in Week 4), human metapneumovirus detections decreased (7.4%, compared to 8.3% in Week 4), and rhinovirus detections increased (11.9%, compared to 11.7% in Week 4) (Table 1, Figure 5).

**Table 1. Number of specimens tested for other respiratory viruses and percentage positive in Week 5**

Other Respiratory Pathogens	No. Specimens Tested	No. Specimens Tested Positive n (%)
Parainfluenza types 1-3	507	5 (1.0%)
Adenovirus	507	6 (1.2%)
Human Metapneumovirus	473	35 (7.4%)
Rhinovirus	243	29 (11.9%)

**Figure 5. Percentage of Other Respiratory Pathogen Detections in Respiratory Laboratory Network and Sentinel Laboratories, 2013–2014**



## 2. Antiviral Resistance Testing

The CDPH-VRDL has tested 41 2009 A (H1) influenza specimens and 7 A (H3) influenza specimens for antiviral resistance to date during the 2013–2014 influenza season (Table 2). One 2009 A (H1) specimen was found to be resistant to Oseltamivir.

**Table 2. Number of specimens tested for antiviral resistance**

<b>Influenza A</b>	<b>Neuraminidase Inhibitors Resistance</b>
<b>Influenza 2009 A (H1)</b>	1/41
<b>Influenza A (H3)</b>	0/7

## 3. Influenza Virus Strain Characterization

Twenty-eight 2009 A (H1) strains have been antigenically characterized to date during the 2013–2014 influenza season. All were strain-typed as A/California/07/2009-like (H1N1), the H1N1 component included in the 2013–2014 vaccine for the Northern Hemisphere.

Six A (H3) strains have been antigenically characterized to date during the 2013–2014 influenza season. All were strain-typed as A/Texas/50/2012-like (H3N2), the H3N2 component included in the 2013–2014 vaccine for the Northern Hemisphere.

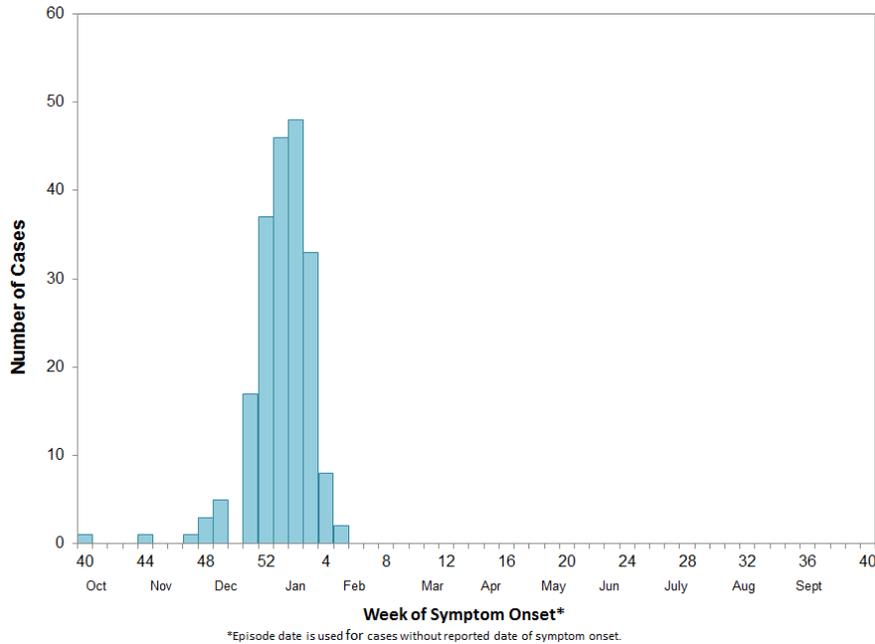
### **D. Laboratory-Confirmed Severe Influenza Case Reports**

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. During Week 5, 56 laboratory-confirmed influenza fatalities were reported.

To date for the 2013-2014 season, 202 laboratory-confirmed influenza fatalities have been reported to CDPH. Of the 202 fatalities, 194 (96.0%) were positive for influenza A, 3 (1.5%) were positive for influenza B, and 5 (2.5%) were positive for influenza but the type is not known. Of the 194 positive for influenza A, 2 (1.0%) were subtyped A (H3), 150 (77.3%) were subtyped 2009 A (H1N1), and 42 (21.6%) were not subtyped. One-hundred seventy-seven (87.6%) of the 202 fatalities had data available on underlying medical conditions. Of these, 132 (74.6%) had co-morbid conditions considered by the Advisory Committee on Immunization Practices (ACIP) to increase the risk for severe influenza, 29 (16.4%) had other underlying medical conditions, and 16 (9.0%) were previously healthy. The influenza-associated fatalities have been reported from the following counties: Alameda (5), Contra Costa (5), El Dorado (2), Fresno (15), Glenn (1), Humboldt (1), Imperial (1), Kern (8), Kings (3), Lake (1), Lassen (1), Long Beach (3), Los Angeles (26), Madera (2), Marin (2), Mendocino (2), Merced (4), Monterey (2), Nevada (1), Orange (8), Riverside (6), Sacramento (21), San Bernardino (15), San Diego (17), San Francisco (3), San Joaquin (6), San Luis Obispo (1), San Mateo (4), Santa Barbara (2), Santa Clara (10), Santa Cruz (1), Shasta (1), Siskiyou (2), Solano (1), Sonoma (4), Stanislaus (12), Tulare (1), Tuolumne (1), and Ventura (1). By Week 5 of the 2012-2013 season, CDPH had received reports on a total of 18 influenza fatalities.

The weekly influenza report includes confirmed deaths formally reported to CDPH as of February 1, 2014 (Week 5). Forty-one fatalities were reported to CDPH after this date and are currently being investigated. Deaths will be included in the report for the week they are confirmed.

**Figure 6. Number of Laboratory-Confirmed Fatal Influenza Cases in Persons <65 Years Old by Illness Onset Date\*, 2013-2014**

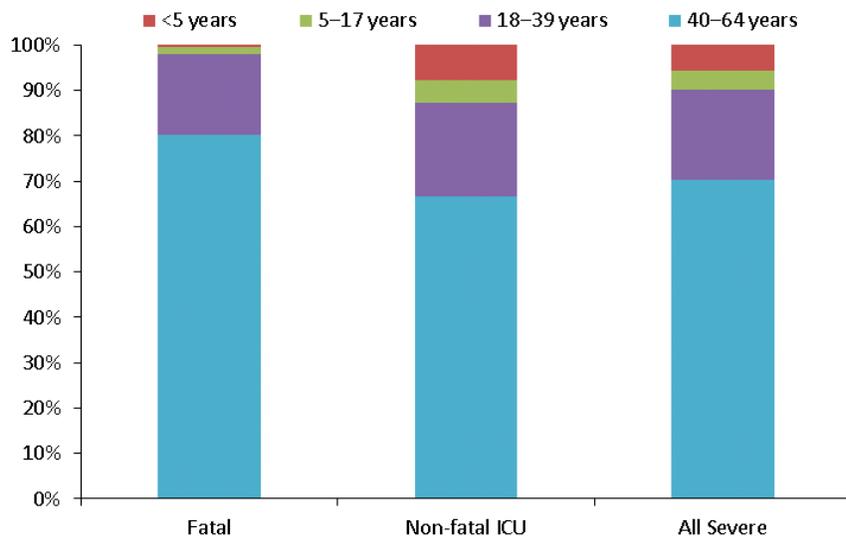


Note: These data are preliminary and may be revised upward as more cases are reported.

In addition to influenza-associated fatalities, CDPH also collects information on non-fatal intensive care unit (ICU) admissions in patients aged 0–64 years with laboratory-confirmed influenza; however, these data are voluntarily reportable, do not include all influenza-associated ICU admissions in California, and have less complete information available than the influenza-associated fatalities. To date for the 2013–2014 season, 528 laboratory-confirmed non-fatal influenza ICU admissions have been reported to CDPH.

Age was available for 202 (100%) influenza-associated fatalities and 526 (99.6%) non-fatal influenza-associated ICU admissions. For both fatal and non-fatal ICU cases, the majority of cases were adults age 40–64 (Figure 7).

**Figure 7. Percentage of Laboratory-Confirmed Severe Influenza Cases in Persons <65 Years Old by Age Group, 2013-2014**



## E. Influenza-Associated Outbreaks

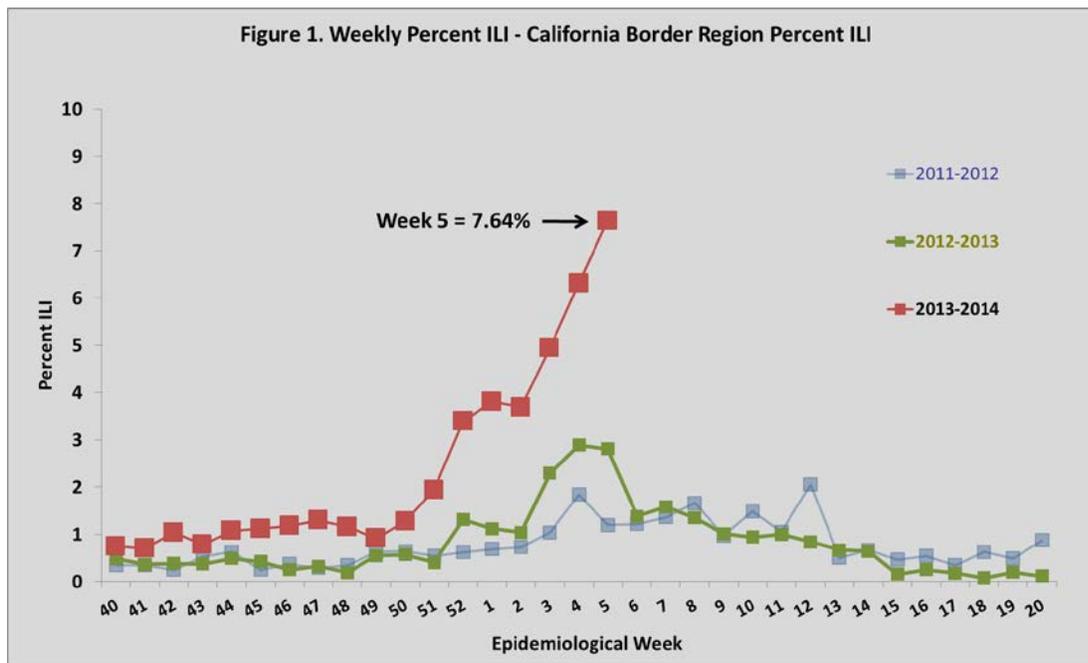
During Week 4, 4 new laboratory-confirmed influenza outbreaks were reported from the following counties: San Diego, San Luis Obispo, San Mateo, and Tulare. All were in congregate settings. All were associated with influenza A; 3 were subtyped 2009 A (H1N1), and 1 was not subtyped.

To date, 18 laboratory-confirmed influenza outbreaks have been reported to CDPH for the 2013–2014 season. All outbreaks occurred in congregate living facilities. All were associated with influenza A; 13 were subtyped 2009 A (H1N1) and 5 were not subtyped.

## F. California Border Region Influenza Surveillance Network Data

### 1. Syndromic Surveillance Update

A total of 9 border region sentinel providers reported data during Week 5 compared to 11 during Week 4 of 2014. The total number of patients screened by all sentinel sites for ILI during Week 5 was 4,935. Outpatient ILI activity increased by 1.3% from Week 4 (6.3% ILI) to Week 5 (7.6% ILI). ILI activity for the California border region was higher for Week 5 when compared to activity for the same weeks during the 2011–2012 and 2012–2013 influenza seasons (Figure 1). All influenza syndromic data summarized for the border region represents a subset of CDC influenza sentinel providers in California.



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).