



California Department of Public Health Influenza Surveillance Program

California Influenza and Other Respiratory Disease Surveillance for Week 42

(October 18, 2015 to October 24, 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 42.

Influenza Report Highlights

- Influenza activity in California continues to be low and within expected activity levels
- Outpatient influenza-like illness (ILI)
 - 0.8% of patient visits during Week 42 were for ILI, which is lower than Week 41 (1.3%)
- Hospitalization data
 - 3.9% of Kaiser patients hospitalized during Week 42 were admitted with a pneumonia and/or influenza (P&I) diagnosis, which is higher than Week 41 (3.0%); 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
 - 14 (1.9%) of 723 specimens tested were positive for influenza during Week 42, which represents an increase from Week 41 (0.5%)
- Influenza-associated deaths among patients 0–64 years of age
 - No laboratory-confirmed influenza deaths were reported during Week 42
- Influenza-associated outbreaks
 - One laboratory-confirmed influenza outbreak was reported during Week 42

***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.

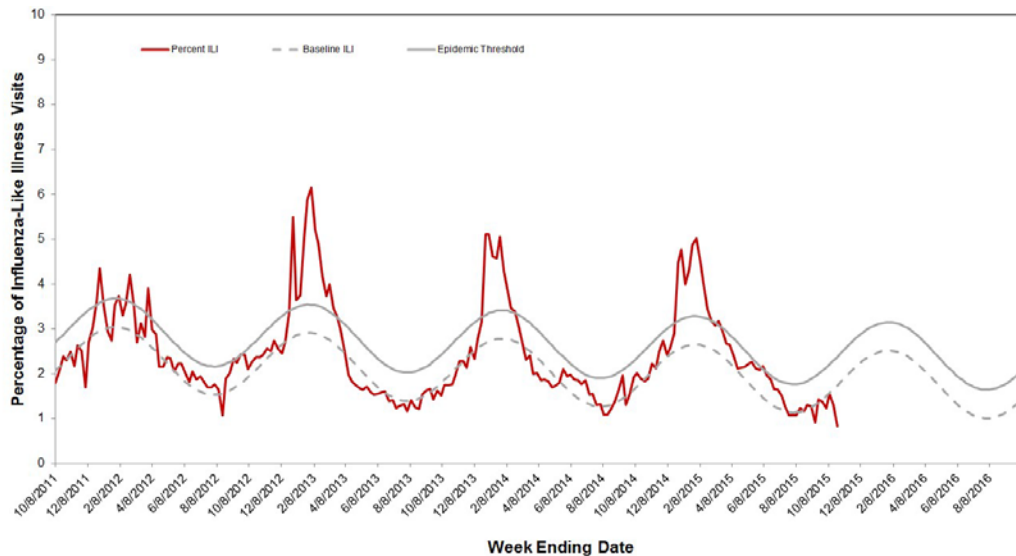
A. Outpatient and Inpatient Data

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

A total of 81 enrolled sentinel providers have reported data for Week 42. Based on available data, the percentage of visits for ILI in Week 42 (0.8%) 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



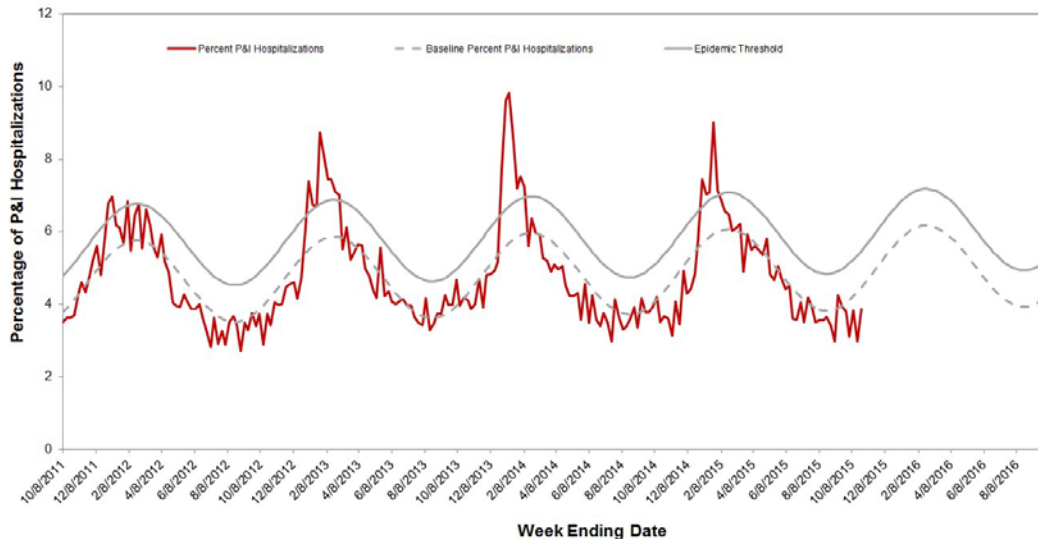
The seasonal baseline was calculated using a regression model applied to data from the previous five years. The epidemic threshold is two standard deviations above the seasonal baseline and is the point at which the observed percentage of ILI is significantly higher than would be expected at that time 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 42 was 3.9% compared to Week 41 (3.0%) 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.

CEIP has not received any reports of laboratory-confirmed influenza-associated hospitalizations to date.

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 increased in Week 42 (1.9%) compared to Week 41 (0.5%) (Figure 3). Additional details can be found in Figures 3 and 4 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 3. Percentage of Influenza Detections in Respiratory Laboratory Network and Sentinel Laboratories, 2011–2016

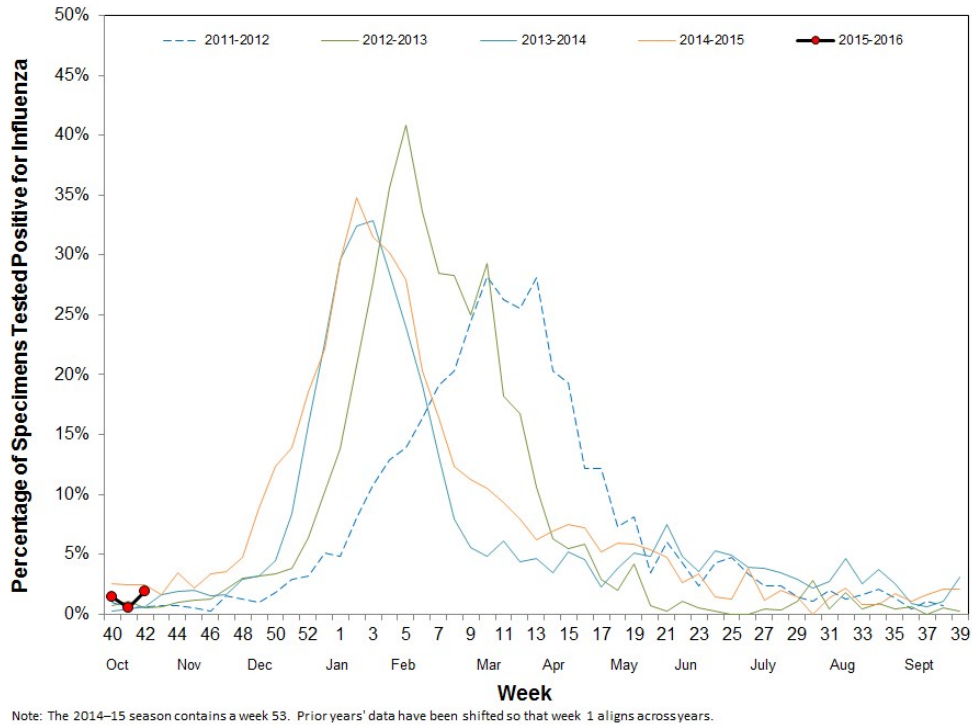


Figure 4. Number of Influenza Detections by Type and Subtype Detected in Respiratory Laboratory Network and Sentinel Laboratories, 2015–2016

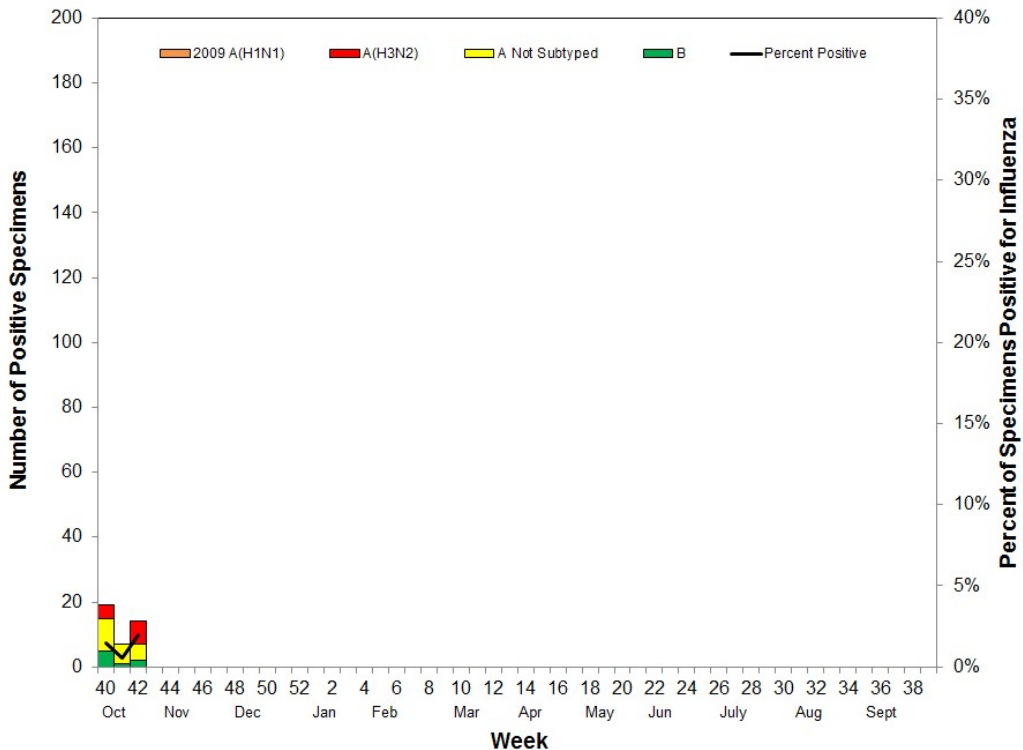


Table 1. Respiratory Specimens Testing Positive for Influenza by Influenza Type and Subtype — Respiratory Laboratory Network and Sentinel Laboratories, Current Week and Season to Date

	Week 42 (Number)	Week 42 (Percent)	Season to Date (Number)	Season to Date (Percent)
Number of Specimens Tested	723		3,361	
Number of Specimens Positive for Influenza	14	1.9*	40	1.2*
Influenza Type/Subtype of Positive Specimens				
A	12	85.7 [†]	32	80.0 [†]
2009 A (H1)	0	0.0 [‡]	0	0.0 [‡]
A (H3)	7	58.3 [‡]	11	34.4 [‡]
A, not subtyped	5	41.7 [‡]	21	65.6 [‡]
B	2	14.3 [†]	8	20.0 [†]

* Percent of total specimens tested for influenza

† Percent of specimens positive for influenza

‡ 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 October 24, 2015 (Week 42).

During Week 42, no laboratory-confirmed influenza fatalities were reported. To date CDPH has received no reports of laboratory-confirmed influenza-associated deaths among patients <65 years of age during the 2015–2016 influenza season.

D. Influenza-Associated Outbreaks

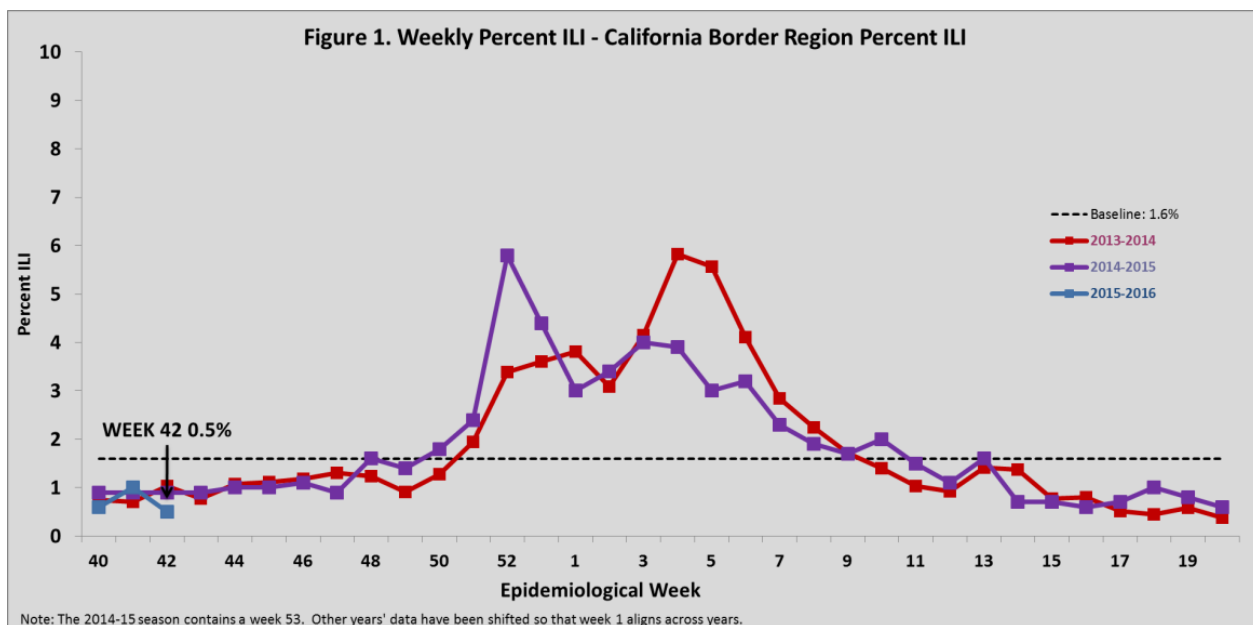
During Week 42, one laboratory-confirmed influenza outbreak was reported. The outbreak was in a congregate care setting. To date, one laboratory-confirmed influenza outbreaks have been reported to CDPH for the 2015–2016 season.

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

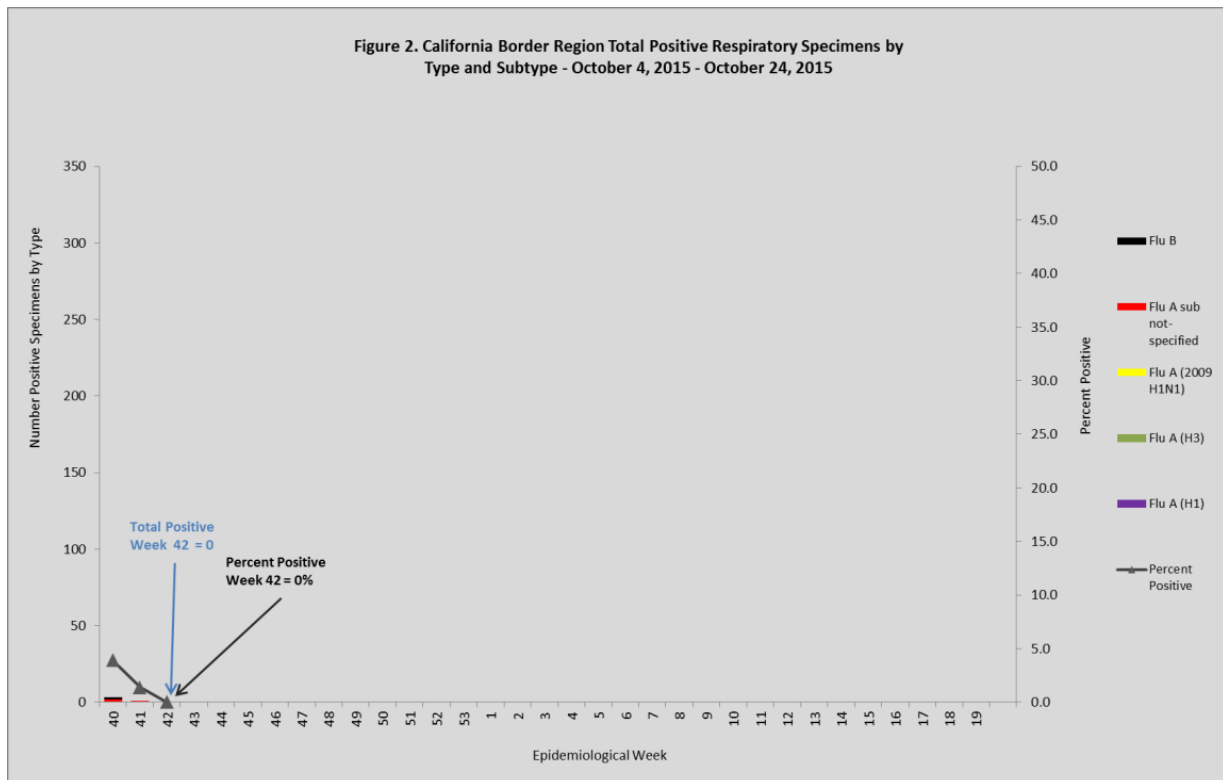
Syndromic Surveillance Update

A total of 7 border region sentinel providers reported data during Week 42 compared to 9 during Week 41 of 2015. The total number of patients screened by all sentinel sites for ILI during Week 42 was 4,198. Outpatient ILI activity decreased by 0.5% from Week 41 (1.0% ILI) to Week 42 (0.5% ILI). ILI activity for the California border region during Week 42 was lower when compared to activity for the same weeks during the 2013–2014 and 2014–2015 influenza seasons (Figure 1). All influenza syndromic data summarized for the border region represents a subset of CDC influenza sentinel providers in California.



Virologic Surveillance Update

Cumulatively this season, a total of 218 respiratory specimens have been tested from border region clinics; of these, 4 (1.8%) tested positive for influenza. Of the 4 specimens that have tested positive, 3 (75.0%) were influenza A and 1 (25.0%) was influenza B. Of the 3 specimens that tested positive for influenza A, all 3 (100%) had no further subtyping performed. For Week 42, a total of 66 respiratory specimens were submitted for testing; 0 (0%) were positive for influenza virus. Laboratory data summarized in Figure 2 includes data from influenza sentinel sites as well as laboratory data from other border region laboratories.



F. Laboratory Update – Other Respiratory Viruses

During Week 42, 521 specimens were tested for RSV and 6 (1.2%) were positive, which is higher than Week 41 (0.5%) (Figure 5). Information on other respiratory viruses can be found in Figure 6.

Figure 5. Percentage of RSV Detections in Respiratory Laboratory Network and Sentinel Laboratories, 2011–2016

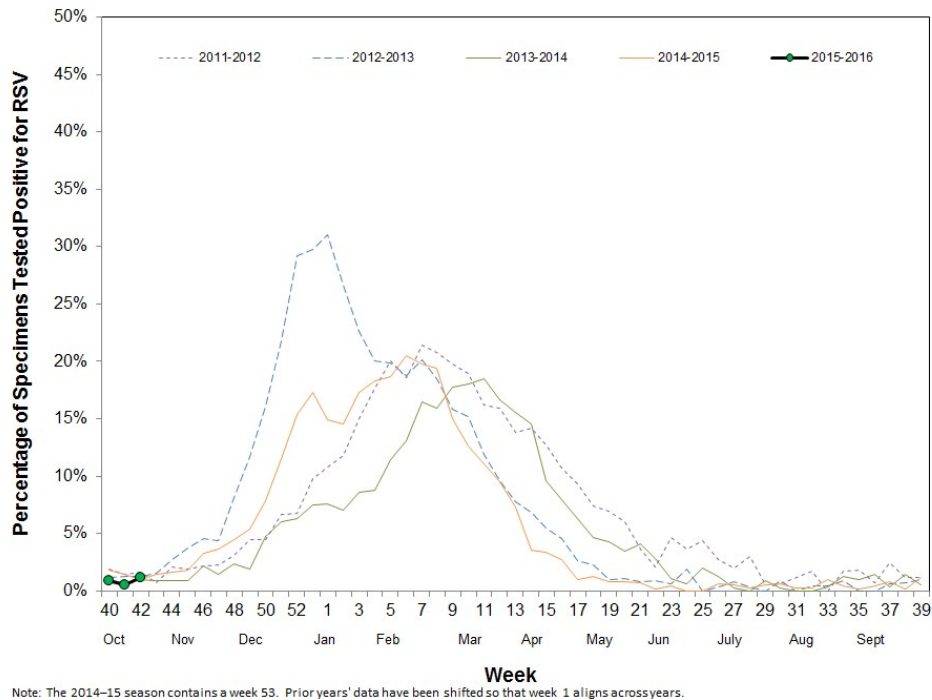
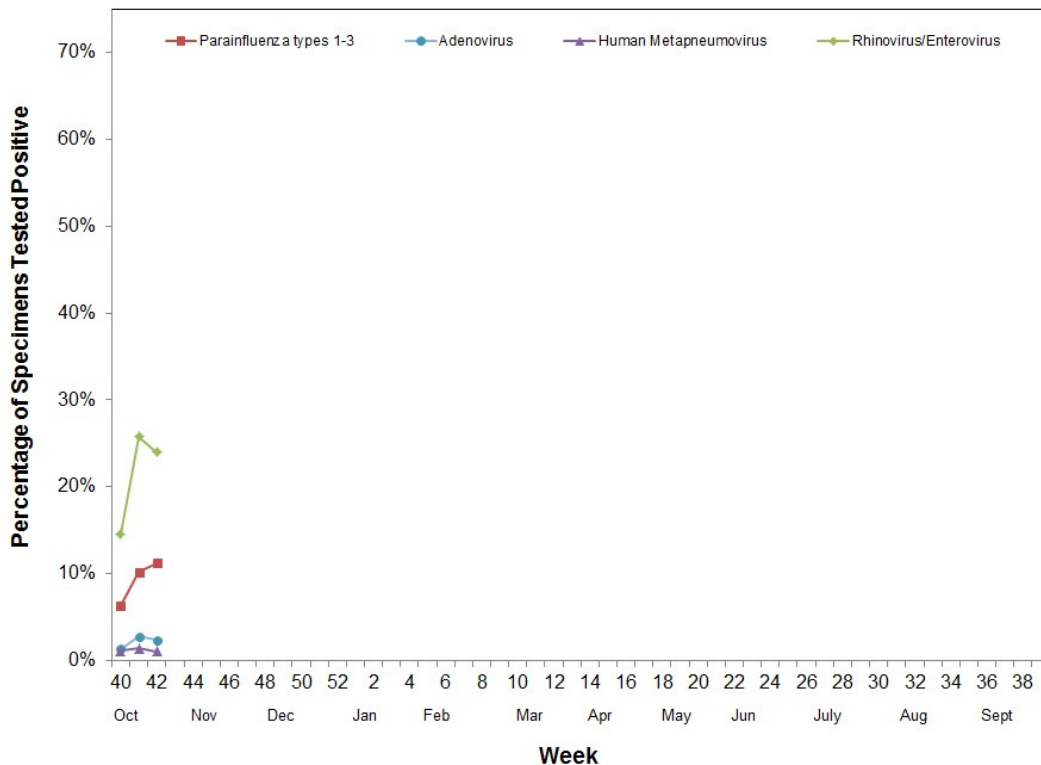


Figure 6. Percentage of Other Respiratory Pathogen Detections in Respiratory Laboratory Network and Sentinel Laboratories, 2015–2016



For questions regarding influenza surveillance and reporting in California, please email InfluenzaSurveillance@cdph.ca.gov. 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](#).

To obtain additional information regarding influenza, please visit the [CDPH Influenza Website](#).

Download a copy of the [case report form](#) for reporting any laboratory-confirmed influenza case that was either admitted to the ICU or died.