

California Influenza Surveillance Project

California Department of Public Health

2008-2009

Influenza Update

Influenza Surveillance for September 24 – September 30, 2009

As the current H1N1 pandemic unfolds, CDPH continues to perform surveillance and provide PCR testing for influenza, confirmatory testing for pandemic (H1N1) 2009, and guidance and assistance to our local public health partners. Effective July 15, 2009, local health departments were asked to no longer report outpatient cases. Effective August 12, 2009, local health departments were asked to report hospitalized cases of pandemic (H1N1) 2009 as weekly aggregate numbers. Intensive care unit (ICU) cases and fatal cases continue to be reported with individual case report forms.

This week, overall influenza activity in California remained “widespread” [defined by CDC as outbreaks of influenza or increases in influenza-like illness (ILI) cases and recent laboratory confirmed influenza in at least half of the regions in the state]. Laboratory detections, hospital admissions, and reports of ILI from sentinel providers decreased slightly from last week but still remain high.

1. Pandemic (H1N1) 2009 Epi- Surveillance Update (Updated September 30, 2009)

Highlights:

- Effective August 12, 2009, local health departments began reporting hospitalized pandemic (H1N1) 2009 cases as weekly aggregate numbers. From September 20 – September 26, 2009, 252 hospitalized/fatal cases were reported; there have been 2,510 hospitalizations and/or fatalities, with 617 cases requiring intensive care, reported to date.
- The statewide incidence of reported pandemic (H1N1) 2009 hospitalizations and fatalities is 6.49 per 100,000 population.
- CDPH received 14 reports of fatal pandemic (H1N1) 2009 cases this week as of September 26, 2009; a total of 188 pandemic (H1N1) 2009 deaths have been reported to CDPH to date.
- In recent weeks, almost all influenza A-positive specimens tested by PCR at VRDL and by the Respiratory Laboratory Network have been subsequently confirmed as pandemic (H1N1) 2009, reflecting that the predominant circulating influenza strain in California remains pandemic (H1N1) 2009.
- Surveillance for the detection of antiviral resistance in pandemic (H1N1) 2009 influenza is ongoing. To date, of 536 specimens tested at VRDL, all but one have tested negative for the resistance mutation. VRDL detected one specimen with the H275Y resistance mutation (associated with oseltamivir resistance); the result was confirmed by the CDC. VRDL and CDC are continuing prospective antiviral resistance testing from a sampling of pandemic (H1N1) 2009 influenza viruses through the summer and the 2009-10 influenza season.

- At this time, the data indicate that the prevalence of oseltamivir-resistant pandemic (H1N1) 2009 is quite limited. On September 22, 2009, the CDC released updated interim recommendations for the use of antiviral medications in the treatment and prevention of influenza. These recommendations are available at: <http://www.cdc.gov/h1n1flu/recommendations.htm>.
- Eight (8) new cases meeting the case definition for severe pediatric influenza were reported this week, including two fatalities. All eight cases are confirmed/probable pandemic (H1N1).
- More H1N1 information is available at: <http://www.cdph.ca.gov/data/statistics/Pages/H1N1FluData.aspx>

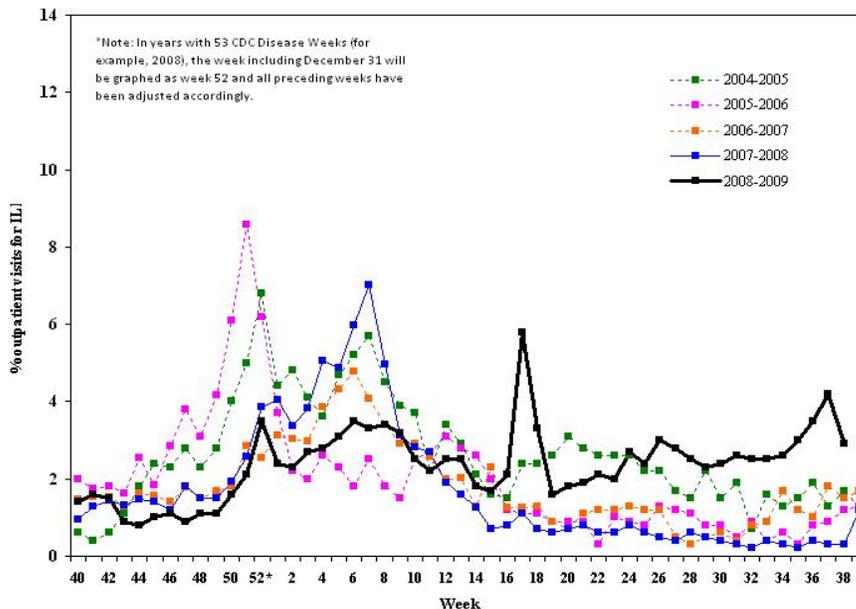
The case report form used to report ICU and fatal cases of pandemic (H1N1) 2009 is available at: <http://www.cdph.ca.gov/pubsforms/forms/Documents/PandemicH1N1HospFatalCaseReportForm.doc>

A template for reporting aggregate hospitalized cases is available at: <http://www.cdph.ca.gov/pubsforms/forms/Documents/H1N1LHJAggHospitalizedCaseReportTemplate.xls>

2. **CDC Influenza Sentinel Providers**

Sentinel providers report the number of outpatient visits for influenza-like illness (ILI) and the total number of visits per week. These data are reported weekly as a percentage of total visits. Figure 1 shows a peak in Weeks 17-18 (April 26 – May 9, 2009) when pandemic (H1N1) 2009 was first identified. ILI decreased in week 38. A total of 27 sentinel providers reported during Week 38 (September 20 – 26, 2009).

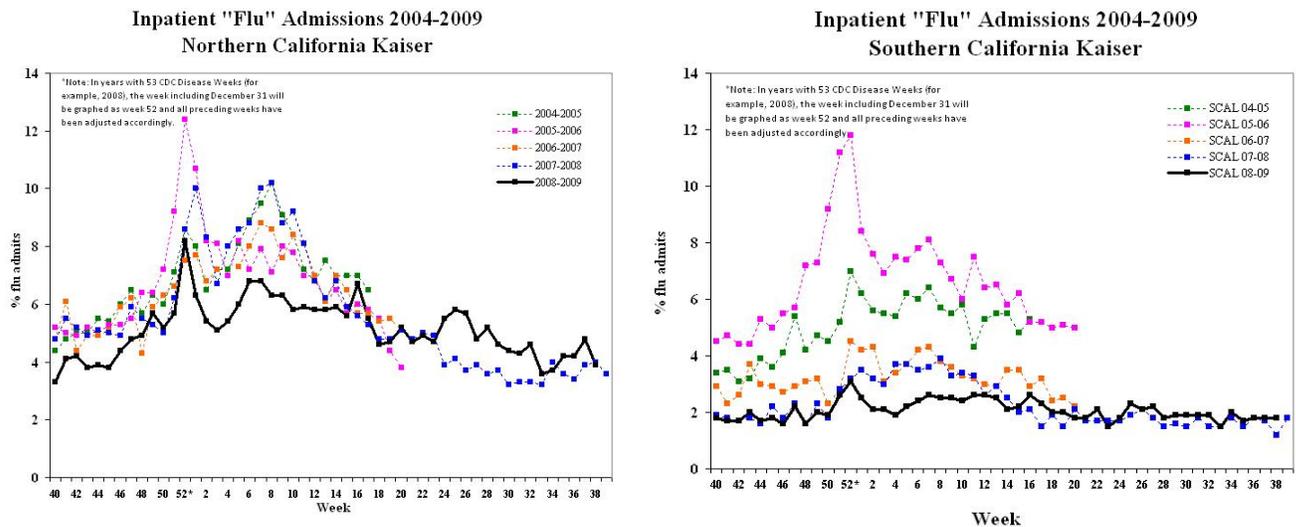
Figure 1. California Sentinel Providers – Influenza-Like Visits, 2004-2009.



3. Kaiser Permanente Hospitalization Data ("Flu Admits")

The admission diagnoses of flu, pneumonia, and influenza ("Flu Admits") serve as surrogate markers for the more accurate discharge diagnoses. Influenza activity is tracked by dividing the number of Flu Admits by the total number of hospital admissions for the same day to obtain a percentage of influenza and pneumonia admissions. Figures 2 and 3 show that in both Northern and Southern California, the percentage of Kaiser hospitalizations for pneumonia and influenza (P&I) peaked during Week 17 (April 26 – May 2, 2009), with a smaller peak occurring in Week 24 (June 14 – June 20, 2009).

Figures 2- 3. Inpatient "Flu" Admissions at Kaiser Facilities, 2004-2009.



4. Laboratory Surveillance Update

VRDL Influenza PCR Results (Updated September 30, 2009)

- VRDL performs PCR testing for influenza A, influenza A subtypes H1 and H3, and pandemic (H1N1) 2009. Some specimens are screened at local public health or reference laboratories before being submitted to VRDL for additional or confirmatory testing.
- VRDL has received 5,626 specimens for pandemic (H1N1) 2009 testing, including specimens submitted by sentinel providers.
- Of 5,141 specimens tested at VRDL for influenza A, 3,498 (68%) have been positive.
- A total of 1,045 influenza A-positive specimens have been subtyped at VRDL.
- Of 2,403 unsubtypeable specimens tested at VRDL for pandemic (H1N1) 2009, 2,157 (90%) have been positive.

Respiratory Laboratory Network (RLN) Influenza PCR Surveillance Results (Updated September 30, 2009)

As noted in the Table 1 below, during Week 38 (September 20 – 26, 2009), 33% of specimens received by the Respiratory Laboratory Network were positive for influenza A. this is a decrease from 42% in the previous week. Due to a change in testing policy, some labs within the RLN are no longer subtyping Flu A specimens. Of the RLN labs that performed

subtyping during week 38, all specimens were unsubtypeable. Pandemic (H1N1) 2009 continues to be the predominant strain circulating in California at this time.

Table 1. Respiratory Laboratory Network (RLN) Influenza PCR Surveillance Results, Week 38 (September 20 – 26, 2009)

	Total Flu A tested	Flu A (% of total)	H1 (% of Flu A)	H3 (% of Flu A)	Unsubtypeable (% of Flu A)	Total Flu B tested	Flu B (% of total)
All RLN*	554	182 (33%)	0 (0%)	0 (0%)	164 (90%)	546	0 (0%)
Northern	313	101 (32%)	0 (0%)	0 (0%)	83 (82%)	313	0 (0%)
Central	200	70 (35%)	0 (0%)	0 (0%)	70 (100%)	200	0 (0%)
Southern	41	11 (27%)	0 (0%)	0 (0%)	11 (100%)	33	0 (0%)

* 12 RLN laboratories reporting, including:

Northern CA: Contra Costa, Sacramento, San Francisco, San Mateo, Santa Clara, Shasta, Sonoma

Central CA: San Joaquin, Tulare

Southern CA: Long Beach, Santa Barbara, Ventura

Laboratory Positive Results Data (Updated September 30, 2009)

The table below shows positive influenza and other virus results from sentinel laboratories, local public health laboratories and VRDL.

Table 2. Influenza and other respiratory virus detections, September 20 – 26, 2009.

		Sentinel Laboratories/Respiratory Laboratory Network [†]	Sentinel Providers
Week 38	Number of Sites Reporting	19	1267 specimens submitted (591 positive by PCR)
	Influenza A	715 ^a Total tested week 38: 2333	0 Total tested week 38: 0
	Influenza B	2 ^b Total tested week 38: 2325	0 Total tested week 38: 0
	RSV	2 ^c Total tested week 38: 1452	N/A
	Other Respiratory Viruses	1 ^d Total tested week 38: 40	N/A

[†]Sentinel laboratories are hospital, academic, private, and public health laboratories located throughout California that provide data on the number of laboratory-confirmed influenza and other respiratory virus detections and isolations. The Respiratory Laboratory Network (RLN) is a network of 23 local public health laboratories that offer enhanced diagnostic testing with the “R-mix” shell vial assay, which detects several respiratory pathogens, including influenza A and B viruses, respiratory syncytial virus, parainfluenza virus, and adenovirus. Some RLN labs also offer PCR testing for influenza A and B.

^a Alameda (67); Contra Costa (41); Fresno (52); Kern (5); Kings (1); Long Beach (6); Los Angeles (5); Madera (7); Marin (1); Merced (1); Orange (4); Placer (36); Sacramento (140); San Bernardino (1); San Diego (12); San Francisco (9); San Joaquin (30); San Mateo (11); Santa Barbara (2); Santa Clara (72); Shasta (7); Solano (13); Sonoma (91); Stanislaus (23); Tulare (66); Ventura (6); Yolo (6)

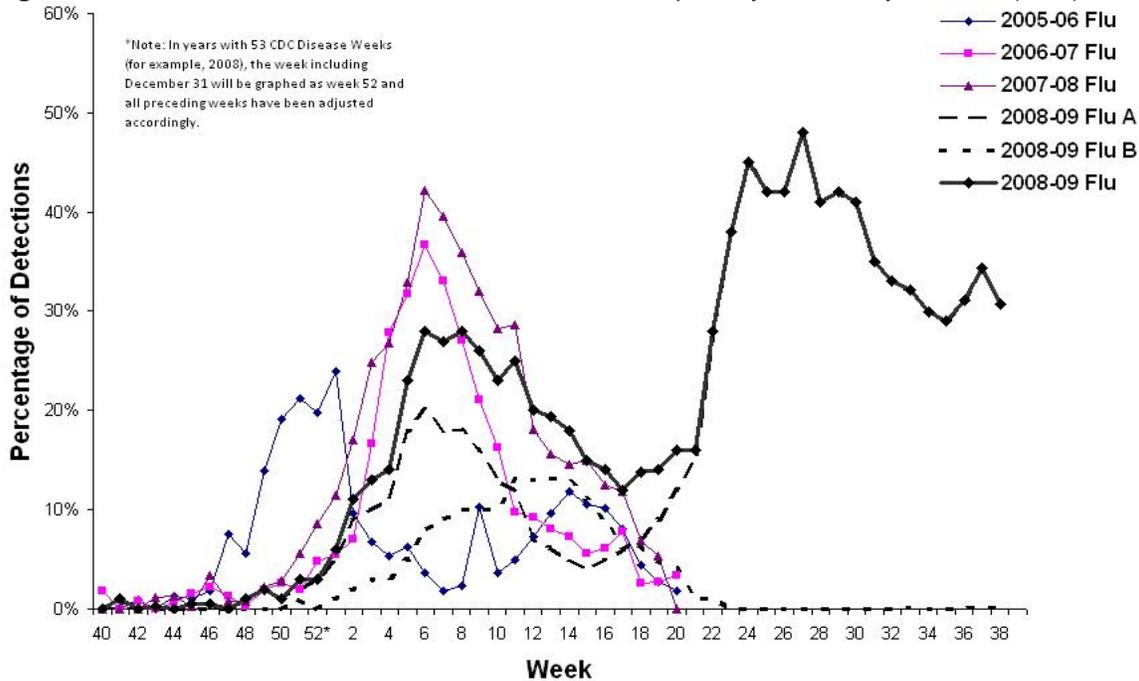
^b Fresno (2)

^c Marin (1); Solano (1)

^d parainfluenza type 1 (1)

Figure 4 shows that laboratory detections peaked in week 27.

Figure 4. Influenza detections at sentinel laboratories/Respiratory Laboratory Network (RLN), 2005-2009.



Antiviral Resistance for Pandemic (H1N1) 2009

At VRDL, antiviral resistance testing is being performed on a subset of specimens tested to monitor for changing resistance patterns. During Week 33 (August 16 – 22, 2009), VRDL detected a specimen with the H275Y resistance mutation (associated with oseltamivir resistance); this result was confirmed by the CDC. This is the first case of this mutation detected by VRDL.

Table 3. Antiviral resistance testing at VRDL, 2009*.

Pandemic (H1N1)	Oseltamivir Resistant	Adamantanes Resistant
VRDL testing	1/536	102/102

* One additional oseltamivir-resistant virus was identified by an outside laboratory in a San Francisco resident who traveled to Hong Kong.