



INFLUENZA WATCH

The purpose of the weekly *Influenza Watch* is to summarize current influenza surveillance in San Diego County. **Please note that reported weekly data are preliminary and may change due to delayed submissions and additional laboratory results.**

Report Contents

- Page 1: Overview & Indicators
- Page 2: Virus Characteristics
- Pages 3-7: Trend graphs
- Page 7: Reporting Information

Current
Week

Current Week 1 (ending 1/6/2018)

- 2,992 new influenza detections reported: *Elevated level*
- 11% influenza-like-illness (ILI) among emergency department visits: *Elevated level*
- 47 new influenza-related deaths reported this week
- 50 new ICU cases reported this week
- 9% of deaths registered with pneumonia and/or influenza: *Expected level*

Current
Season Summary

10,324

Total Cases

148

ICU Cases

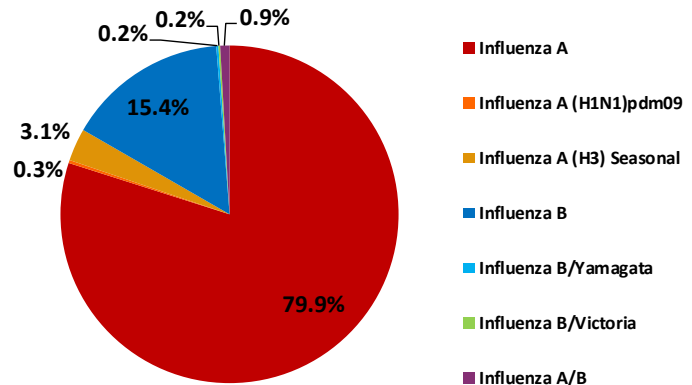
91

Deaths

85

Outbreaks*

Virus Characteristics



* At least one case of laboratory-confirmed influenza in a setting experiencing ≥2 cases of influenza like illness (ILI) within a 72-hour period.

Table 1. Influenza Surveillance Indicators

Indicator	FY 2017-18*			FY 2016-17		Prior 3-Year Average**	
	Week 1	Week 52	FYTD#	Week 1	FYTD#	Week 1	FYTD#
	All influenza detections reported (rapid or PCR)	2,992	3,354	10,324	476	1,352	402
Percent of emergency department visits for ILI	11%	13%		4%		5%	
Percent of deaths registered with pneumonia and/or influenza	9%	9%		8%		7%	
Number of influenza-related deaths reported^	47	44	91	3	8	2	5

FYTD=Fiscal Year To Date (FY is July 1- June 30, Weeks 27-26). Total deaths reported in prior years: 87 in 2016-17, 68 in 2015-16, and 97 in 2014-15.

* Previous weeks case counts or percentages may change due to delayed processing or reporting.

** Includes FYs 2014-15, 2015-16, and 2016-17.

^ Current FY deaths are shown by week of report; by week of death for prior FYs.

Influenza Activity in San Diego County Remains High

A high number of influenza cases continue to be reported in San Diego County each week. The County of San Diego Health and Human Services Agency is closely monitoring the impact of influenza on local healthcare capacity and utilization. Local hospitals and healthcare systems are currently effectively managing the increased workload. This includes the successful use of telephone triage by healthcare providers and the increased evaluation of influenza in non-urgent settings. Presumptive diagnosis and treatment without testing for influenza are increasingly being utilized in the community. This may be contributing to the decrease in the absolute number of reported lab-confirmed cases in Week 1 (2018) compared to Week 52 (2017).

Three ongoing and critical actions to reduce the local impact of influenza are:

1) [Vaccinate](#) everyone over six months of age who has not yet received the annual influenza shot. **It's not too late to be vaccinated!** Media reports of a low (10%) vaccine effectiveness (VE) in Australia of one component of this season's vaccine are inappropriately dissuading some people from getting vaccinated. Initial VE estimates for this season's vaccine in the US will be available in February. According to the [Centers for Disease Control and Prevention](#) (CDC), overall VE against all circulating flu viruses in the US is likely to be similar to last year (39%).

2) Practice everyday preventive steps to stop the spread of influenza. Avoid close contact with anyone who is ill and remain at home when sick for at least 24 hours after fever is gone. See [everyday preventive actions](#) and [non-pharmaceutical interventions](#) for more information about actions individuals and communities can take to stop the spread of influenza.

3) Use antiviral medications to treat influenza based on [CDC guidelines](#). Generic oseltamivir is reported to be in short supply nationwide; however the brand version (Tamiflu®) is available according to the manufacturer. Individual pharmacies may not have specific influenza antiviral medications due to increased demand, so patient may need to check with several pharmacies to fill a prescription to treat influenza. Patients are encouraged to call pharmacies ahead of time and to have a family member or friend pick up prescriptions to minimize exposure to others. Providers who have supply issues should inform the County Epidemiology Program during normal working hours at 619-692-8499.

Table 2. Influenza Detections Reported, FY 2017-18*

Positive Test Type/Subtype	Week 1	Total FY-To-Date
Influenza A†	2,453	8,251
Influenza A(H1N1) Pandemic 2009	8	30
Influenza A (H3) Seasonal	26	321
Influenza B†	473	1,591
Influenza B/Victoria	1	17
Influenza B/Yamagata	1	22
Influenza A/B†	30	92
Total	2,992	10,324

* FY is July 1- June 30.

† No further characterization performed, or results were not yet available at time of publication.

Note: Totals may change due to further laboratory findings.

Influenza Watch

Figure 1. Percent of Emergency Department Visits for Influenza-like Illness by Week and FY

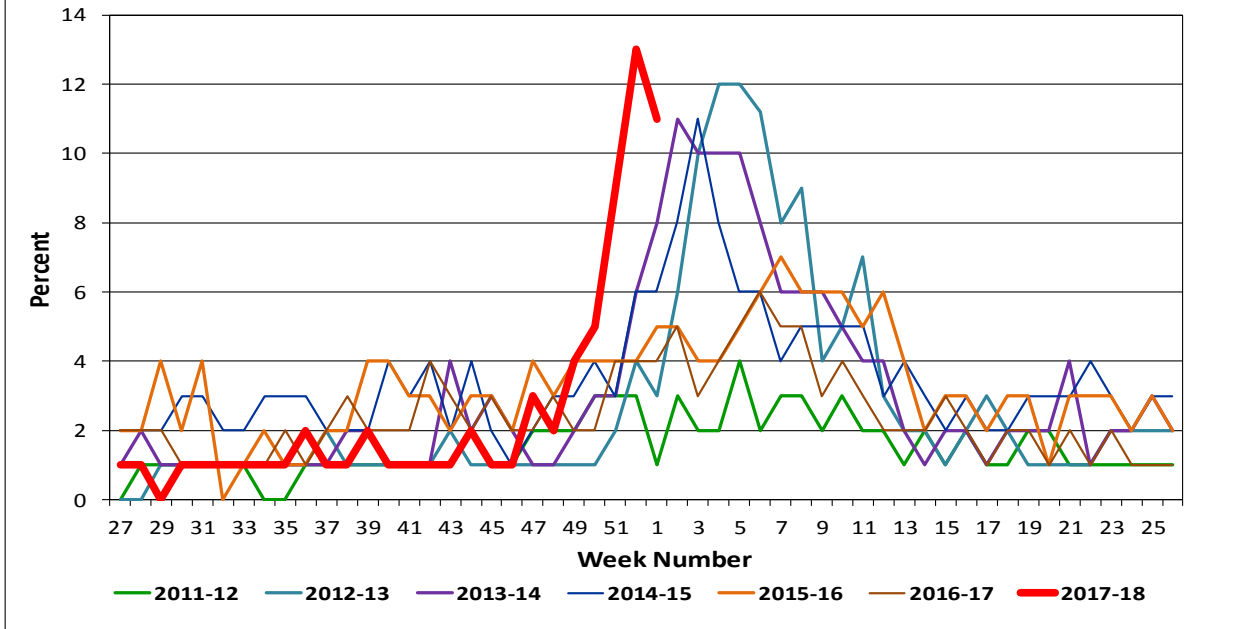
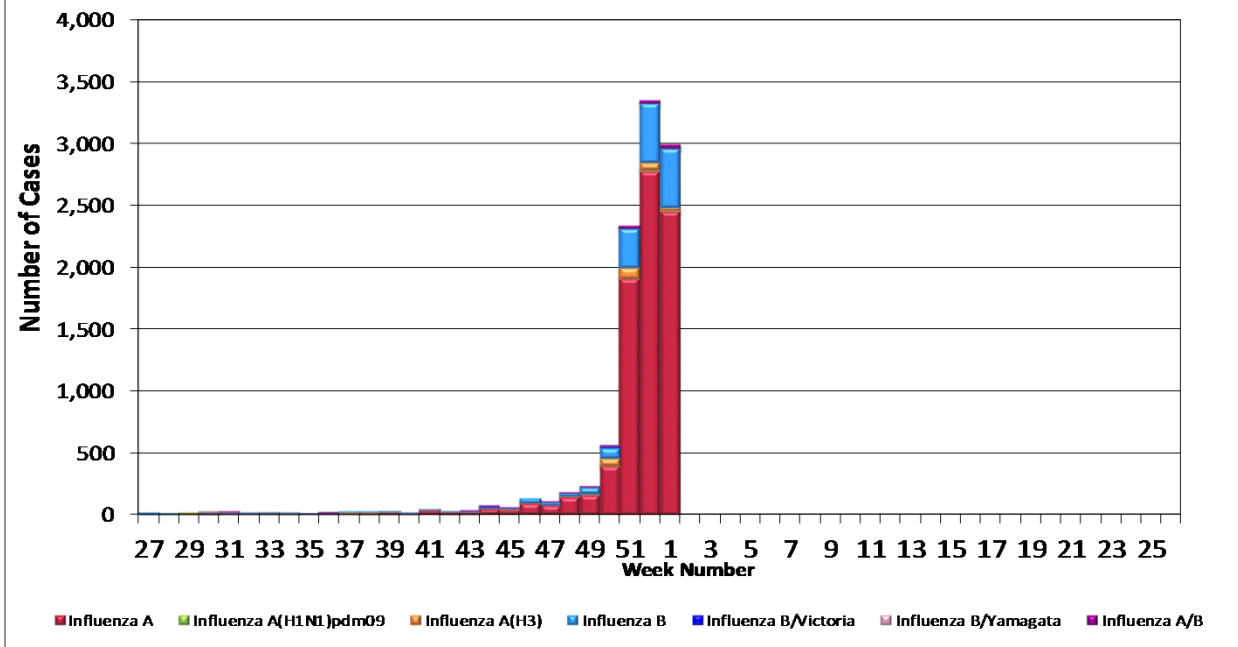


Figure 2. San Diego County Influenza Detections by Type and Week of Report, 2017-18 FYTD (N=10,324)



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Figure 3. Percent of Reported Influenza Cases by Age Group and Season, 2011-12 to 2017-18 FYTD

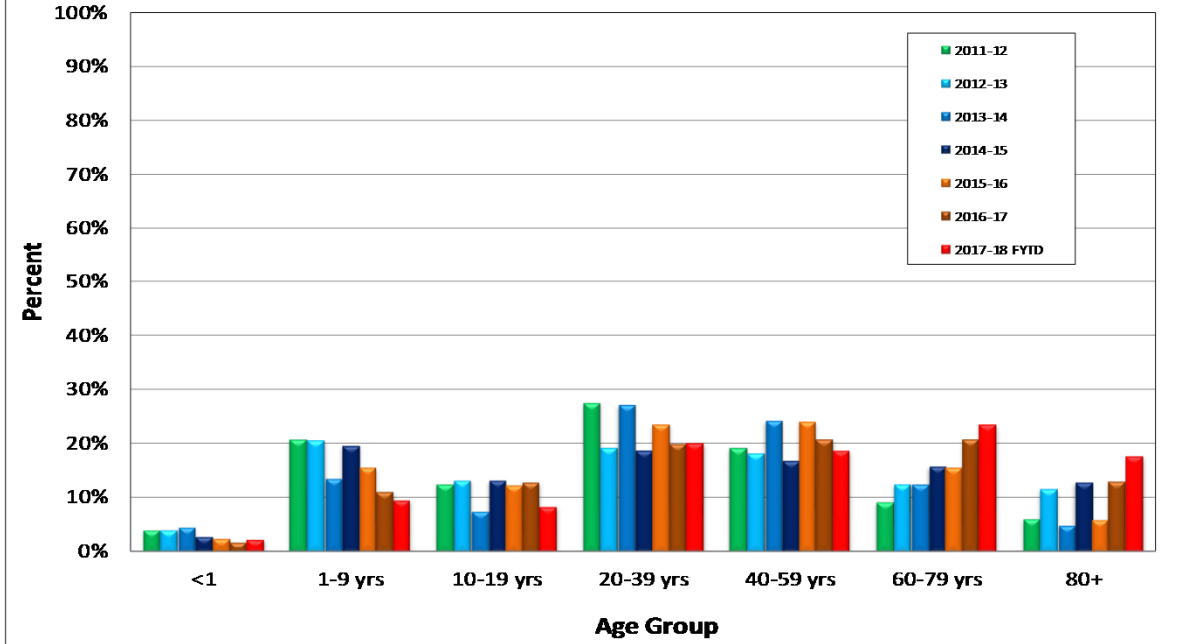
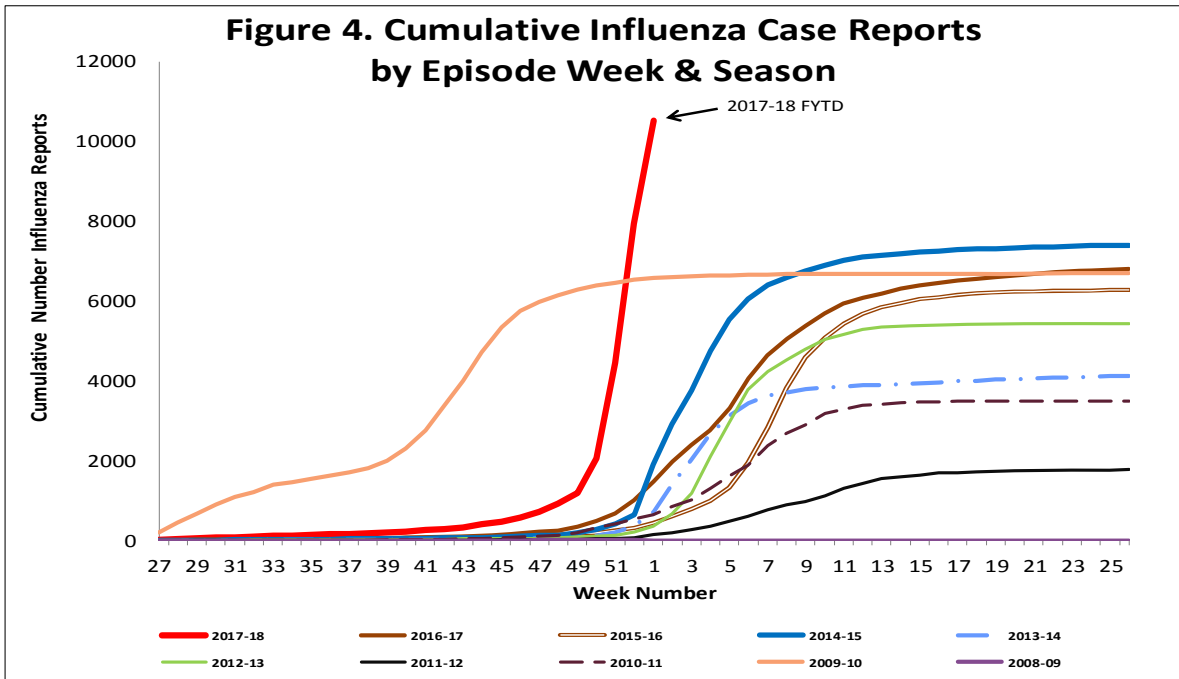


Figure 4. Cumulative Influenza Case Reports by Episode Week & Season



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Figure 5. Percent of San Diego County Emergency Department Visits for Influenza-like Illness by Week and FY Compared to 5-Year Baseline & Upper 95% Threshold Values (Serfling Method)

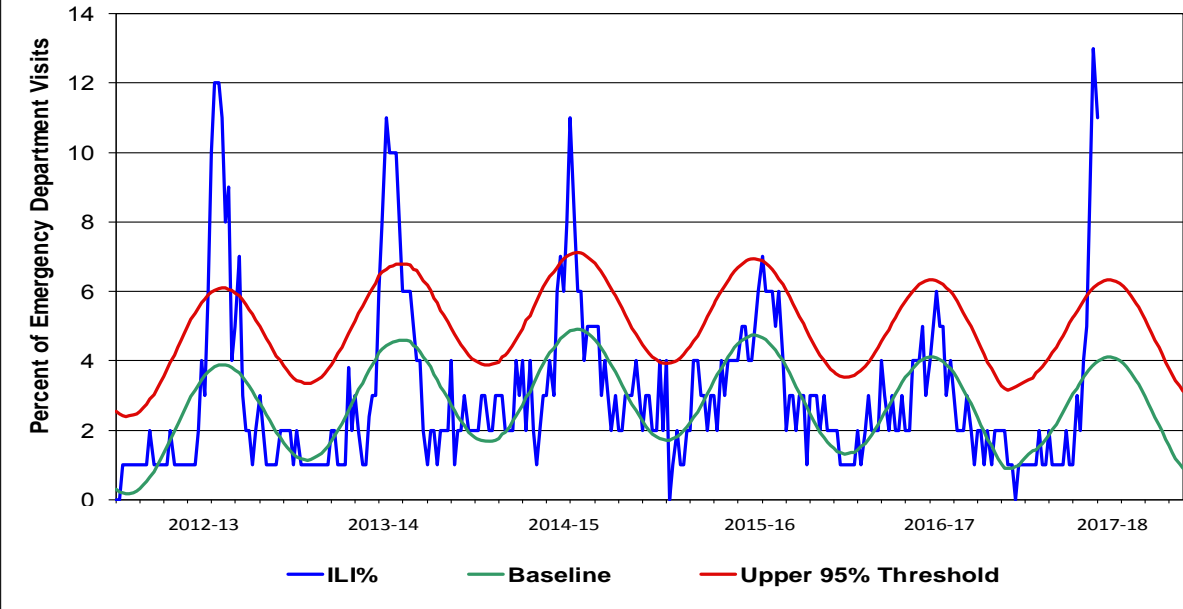
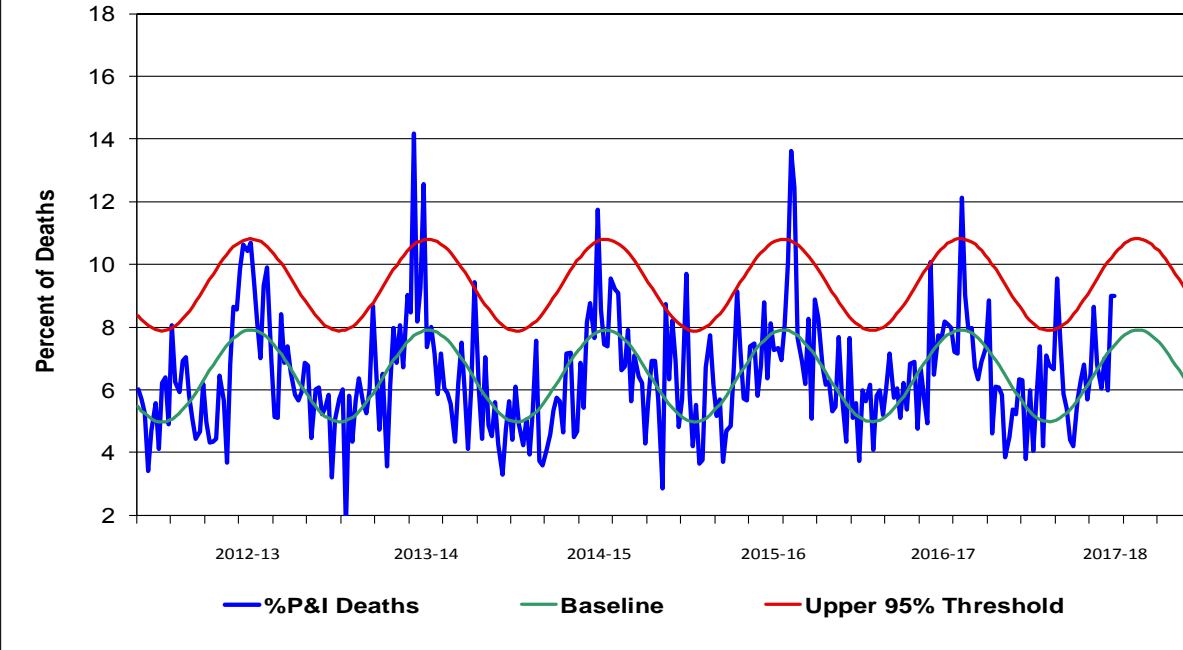


Figure 6. Percent of San Diego County Deaths Registered with Pneumonia and/or Influenza by Week and FY Compared to Prior 5-Year Baseline & Upper 95% Threshold Values (Serfling Method)



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Figure 7. Influenza Deaths by Type and Season

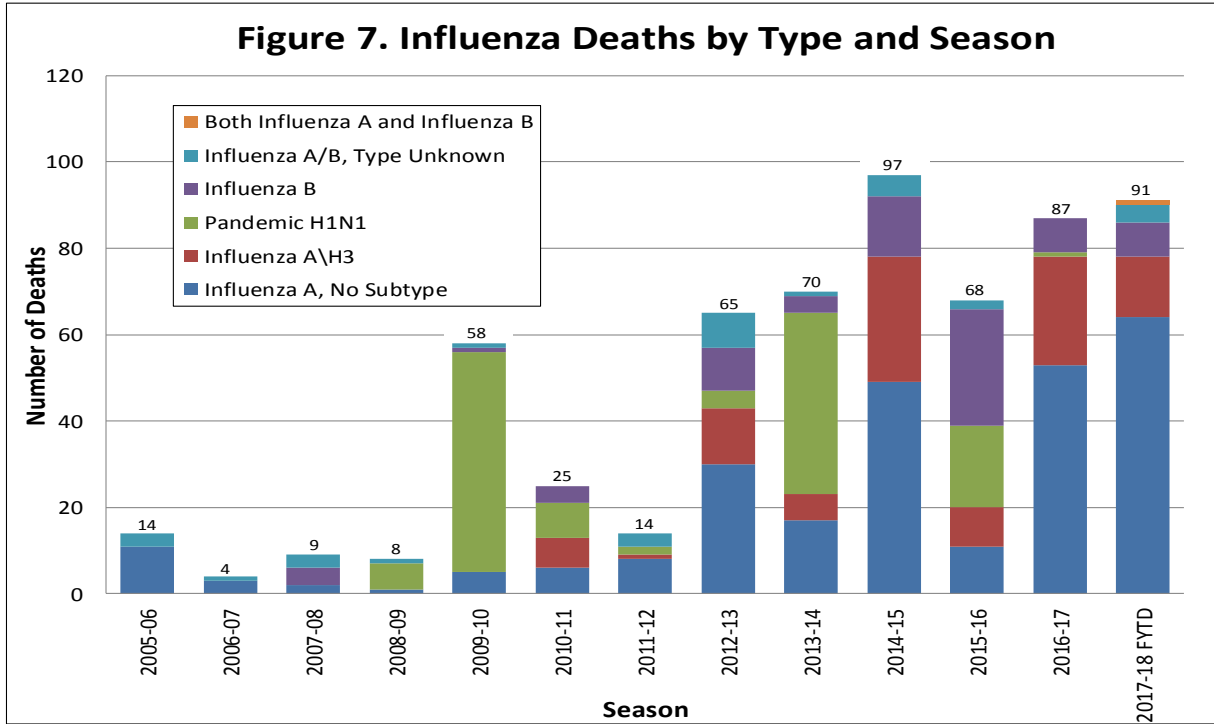


Figure 8. Influenza Deaths by Age and Season

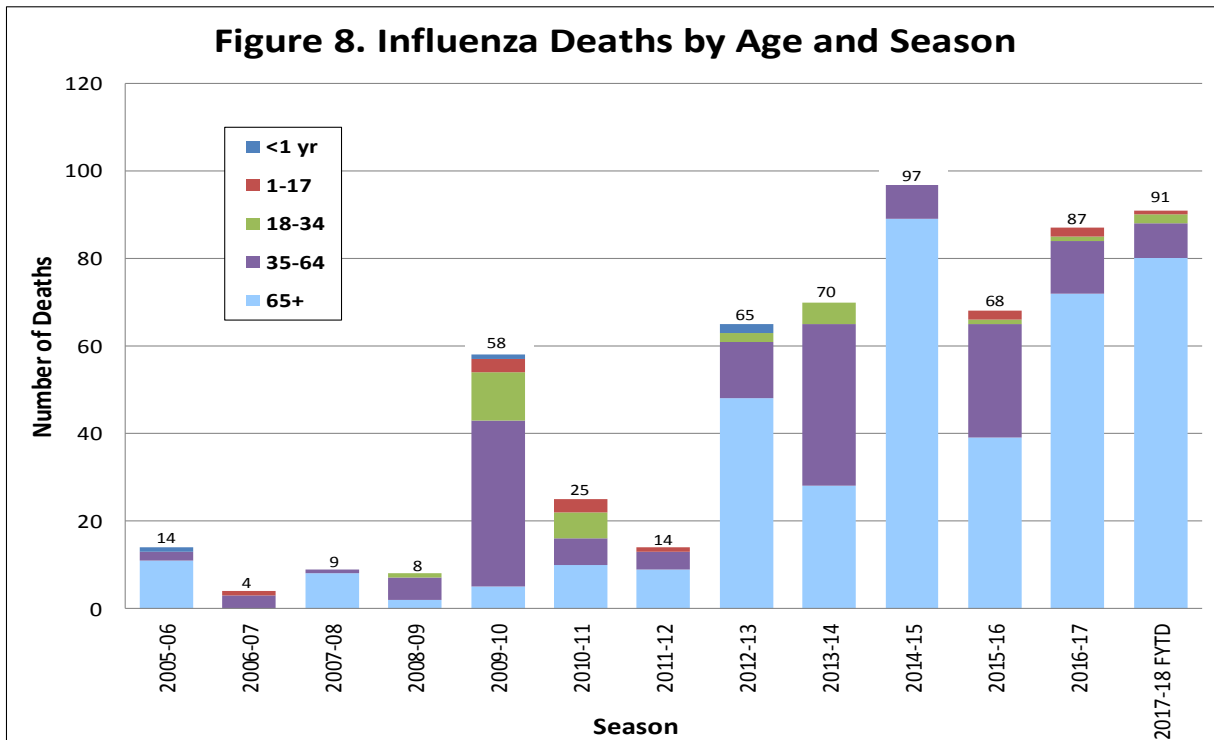
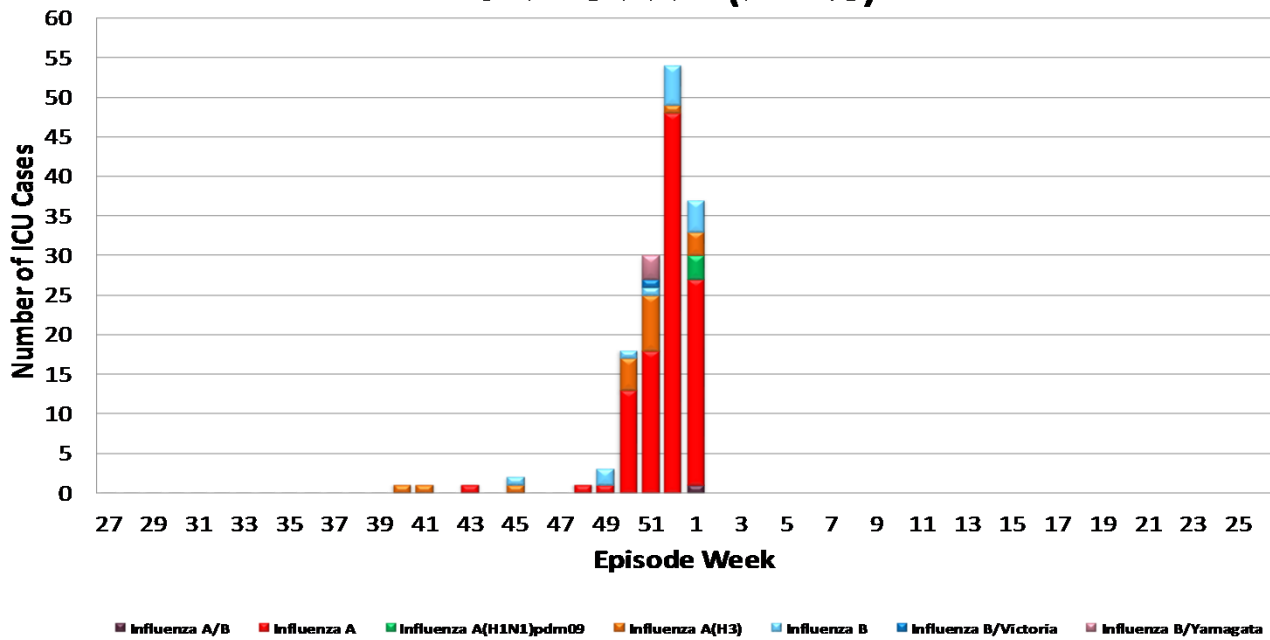


Figure 9. Number of Influenza Cases Requiring ICU Care by Episode Week and Type of Influenza, 2017-18 FYTD (N=148)



Episode week is the week of symptom onset, or earliest available date in which the case is identified.

Influenza Reporting in San Diego County

Local providers are encouraged to report laboratory positive influenza detections to the County Epidemiology Program by **FAX (858) 715-6458**. Please fax a [Case Report](#) Form and/or a printed laboratory result, and indicate if the patient was admitted to ICU or died, and/or is a resident of a congregate living facility.

For questions regarding sending specimens to Public Health Laboratory (PHL), call (619) 692-8500. Click here for the updated PHL [PCR Test Request Form](#). Contact the Epidemiology Program with any questions at **(619) 692-8499** or by email to: EpiDiv.HHSA@sdcounty.ca.gov.

Resources

- San Diego County Influenza Surveillance Weekly [Slide Deck](#) - presentation version of this report
- County of San Diego Immunization Program www.sdiz.org
- California Department of Public Health [Influenza](#)
- Centers for Disease Control and Prevention Influenza Surveillance [Weekly Report](#)