

INFLUENZA WATCH

Week 7 Ending 2/17/2018

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.*

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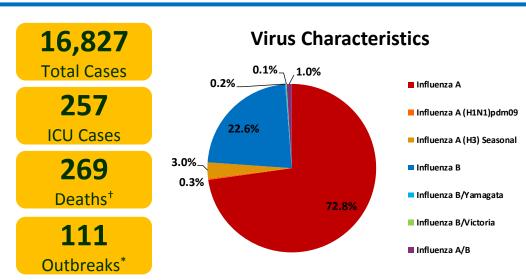
Page 7: Reporting Information

Current Week

Current Week 7 (ending 2/17/2018)

- 721 new influenza detections reported: Elevated level
- 5% influenza-like-illness (ILI) among emergency department visits: Expected level
- 18 new influenza-related deaths reported this week
- 14 new ICU cases reported this week
- 10% of deaths registered with pneumonia and/or influenza: Expected level

Current
Season Summary



[†] Including 34 deaths less than 65 years of age, reportable to CDPH.

Table 1. Influenza Surveillance Indicators

						Prior 3-Year	
	FY 2017-18*			FY 2016-17		Average**	
	Week	Week		Week		Week	
Indicator	7	6	FYTD [#]	7	FYTD#	7	FYTD#
All influenza detections reported (rapid or PCR)	721	973	16,827	418	3,786	541	4,087
Percent of emergency department visits for ILI	5%	5%		5%		5%	
Percent of deaths registered with pneumonia and/or influenza	10%	11%		7%		7%	
Number of influenza-related deaths reported^	18	20	269	5	49	6	41

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.

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





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

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

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

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Influenza Vaccine Effectiveness in the United States

Last week, the Centers for Disease Control and Prevention (CDC) <u>published</u> midseason estimates of influenza vaccine effectiveness (VE) to prevent influenza-associated, medically attended, acute respiratory illness in the United States. The report used data from 4,562 children and adults enrolled in the U.S. Influenza Vaccine Effectiveness Network from November 2, 2017 to February 3, 2018. During this period, overall vaccine effectiveness (VE) was 36% (95% confidence interval [CI] = 27% to 44%).

Influenza A(H3N2) viruses were responsible for most (69%) of the influenza infections reported in this study, and VE against these viruses was 25% (CI = 13% to 36%). VE was estimated to be 67% (CI = 54% to 76%) against illness caused by influenza A (H1N1)pdm09 viruses and 42% (CI = 25% to 56%) against influenza B viruses. Of note, the overall VE was much higher among children aged 6 months to 8 years (59%, CI = 44% to 69%).

These interim VE estimates indicate that influenza vaccination reduced the overall risk for outpatient medical visits by about one third in the U.S. Because influenza activity remains elevated locally and across the country, annual influenza vaccination efforts should continue as long as influenza viruses are circulating. Persons aged ≥6 months who have not yet been vaccinated this season should be vaccinated as soon as possible.

Antiviral medications as an adjunct to vaccination have increased public health benefit in the context of low influenza VE. Antiviral treatment should be started for any patient with suspected or confirmed influenza who is hospitalized, has severe or progressive illness, or is at high risk for complications from influenza, regardless of vaccination status or results of rapid, point-of-care influenza diagnostic tests.

For more information about the midseason VE, go to: <u>Interim Estimates of 2017-18 Seasonal Influenza Vaccine</u> <u>Effectiveness — United States, February 2017.</u>

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

		Total		
Positive Test Type/Subtype	Week 7	FY-To-Date		
Influenza A†	304	12,245		
Influenza A(H1N1) Pandemic 2009	3	52		
Influenza A (H3) Seasonal	3	509		
Influenza B†	400	3,807		
Influenza B/Victoria	1	18		
Influenza B/Yamagata	0	33		
Influenza A/B†	10	163		
Total	721	16,827		

^{*} FY is July 1- June 30.

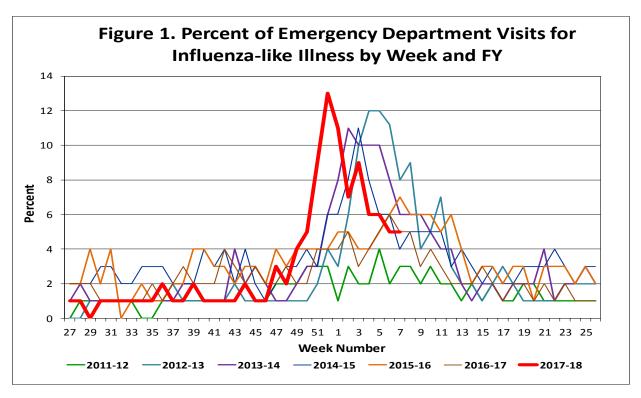
Note: Totals may change due to further laboratory findings.

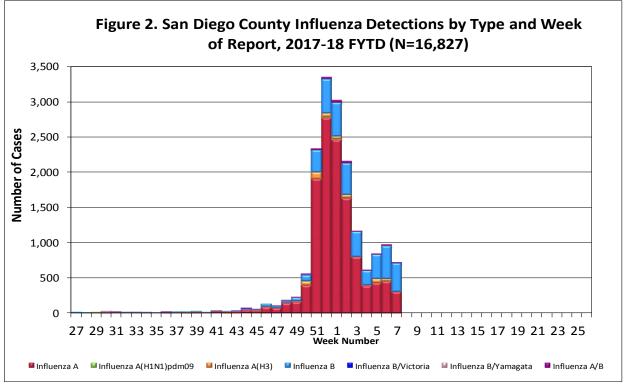




[†] No further characterization performed, or results were not yet available at time of publication.

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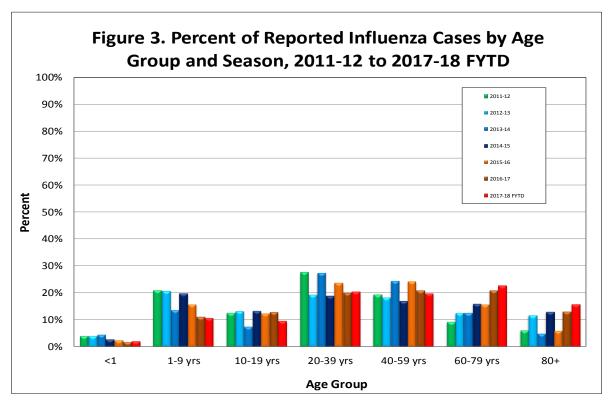


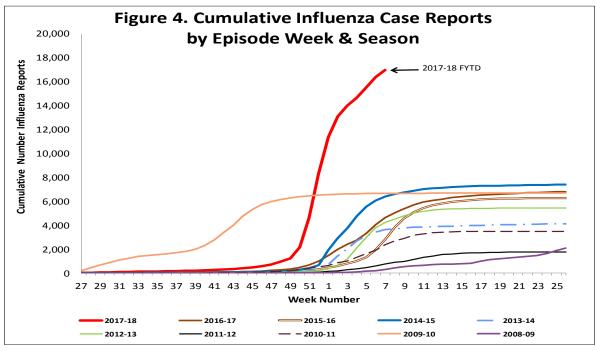






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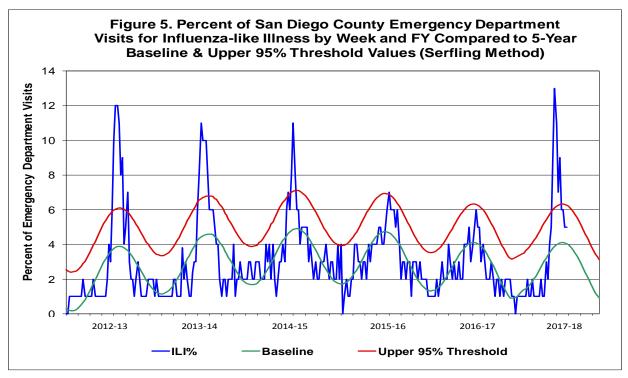


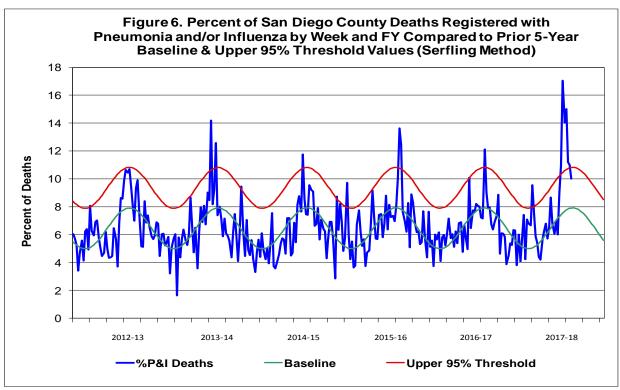




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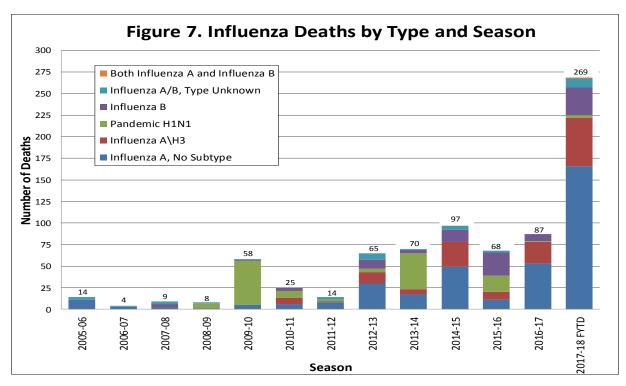


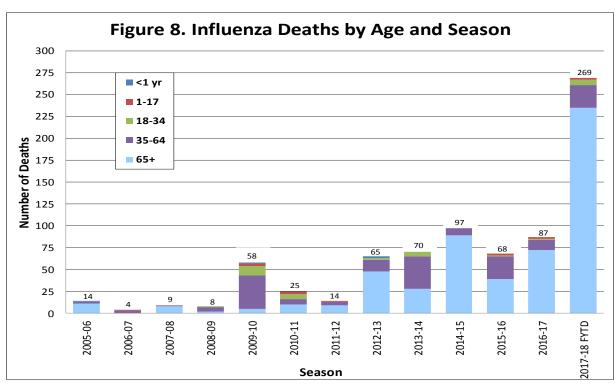






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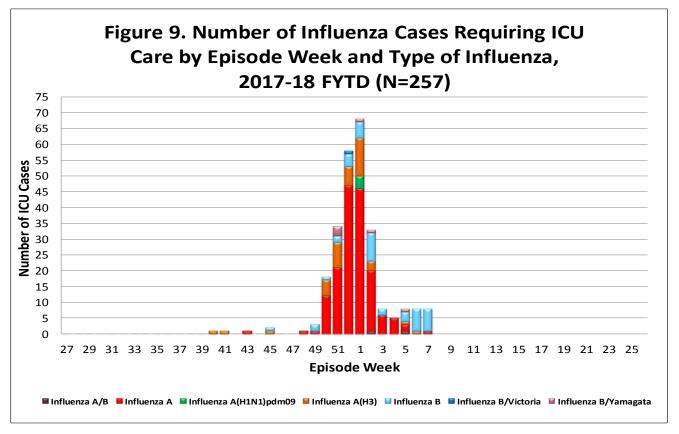






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Episode week is the week of symptom onset, or earliest available date in which the case is identified.

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 <u>Case Report</u> 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 <u>Slide Deck</u> - presentation version of this report County of San Diego Immunization Program <u>www.sdiz.org</u>
California Department of Public Health <u>Influenza</u>

Centers for Disease Control and Prevention Influenza Surveillance Weekly Report



