



INFLUENZA WATCH

Week 4
Ending 1/27/2018

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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Current Week**Current Week 4 (ending 1/27/2018)**

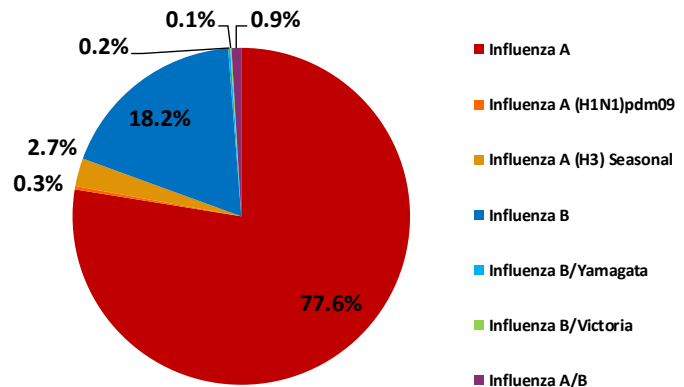
- 601 new influenza detections reported: *Elevated level*
- 6% influenza-like-illness (ILI) among emergency department visits: *Expected level*
- 32 new influenza-related deaths reported this week
- 8 new ICU cases reported this week
- 15% of deaths registered with pneumonia and/or influenza: *Elevated level*

Current Season Summary**14,289**

Total Cases

231

ICU Cases

206Deaths[†]**106**Outbreaks^{*}**Virus Characteristics**

[†] Including 26 deaths less than 65 years of age, reportable to CDPH.

^{*} 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 4	Week 3	FYTD [#]	Week 4	FYTD [#]	Week 4	FYTD [#]
All influenza detections reported (rapid or PCR)	601	1,168	14,289	288	2,398	445	2,450
Percent of emergency department visits for ILI	6%	9%		4%		5%	
Percent of deaths registered with pneumonia and/or influenza	15%	14%		8%		9%	
Number of influenza-related deaths reported [^]	32	32	206	12	33	8	22

[#] 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 Linked to Myocardial Infarction

Evidence of an association between influenza and acute myocardial infarction (AMI) was reinforced in a [new study](#) published last week in the *New England Journal of Medicine* (NEJM). Canadian researchers compared databases of respiratory virus tests with those of hospital admissions in Ontario and found that the risk of AMI increases six-fold during the first seven days after a lab-confirmed flu diagnosis in adults 35 and older.

The researchers noted that the AMI risk may be higher for older adults, those sick with influenza B, and people experiencing their first AMI. The team indicated that there is stronger evidence that flu can trigger cardiac events. These findings may drive more efforts to elevate vaccine coverage in people who are at risk for AMI. This supports a [study](#) published last year that estimated the efficacy of influenza vaccine, in preventing AMI, ranges from 15% to 45%. This is a similar range of efficacy compared with the accepted routine coronary prevention measures, such as smoking cessation (32–43%), statins (19–30%) and antihypertensive therapy (17–25%).

Influenza vaccine should be considered an integral part of cardiovascular disease management and prevention.

The NEJM study can be found here: [Acute Myocardial Infarction after Laboratory-Confirmed Influenza Infection](#).

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

Positive Test Type/Subtype	Week 4	Total FY-To-Date
Influenza A†	378	11,082
Influenza A(H1N1) Pandemic 2009	1	46
Influenza A (H3) Seasonal	11	385
Influenza B†	201	2,597
Influenza B/Victoria	1	17
Influenza B/Yamagata	1	30
Influenza A/B†	8	132
Total	601	14,289

* 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.

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

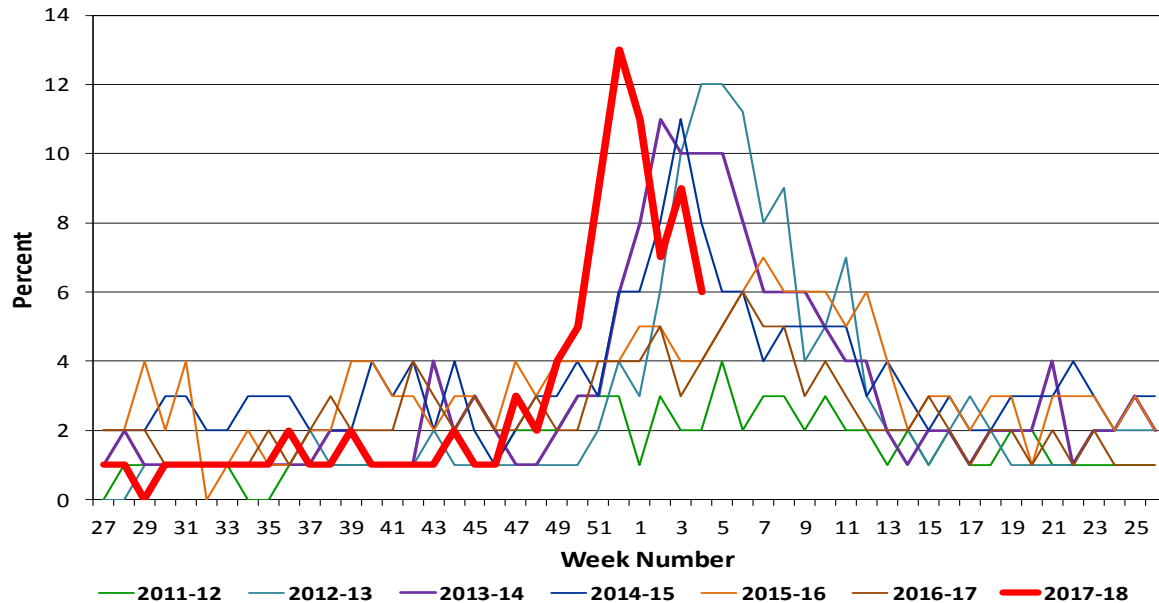


Figure 2. San Diego County Influenza Detections by Type and Week of Report, 2017-18 FYTD (N=14,289)

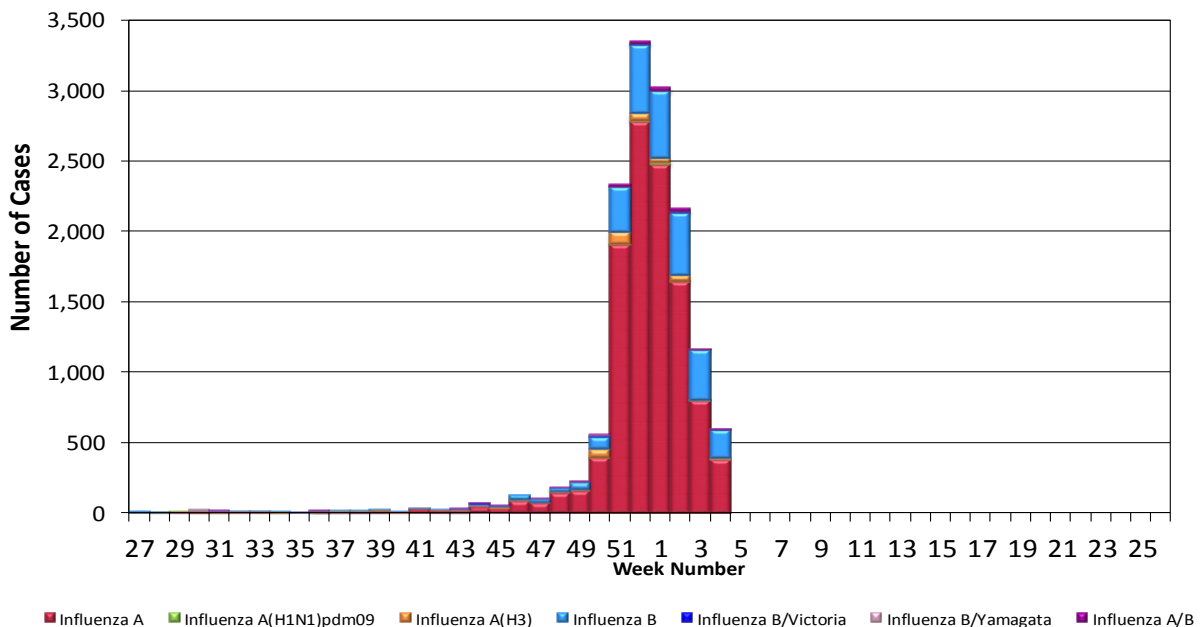


Figure 3. Percent of Reported Influenza Cases by Age Group and Season, 2011-12 to 2017-18 FYTD

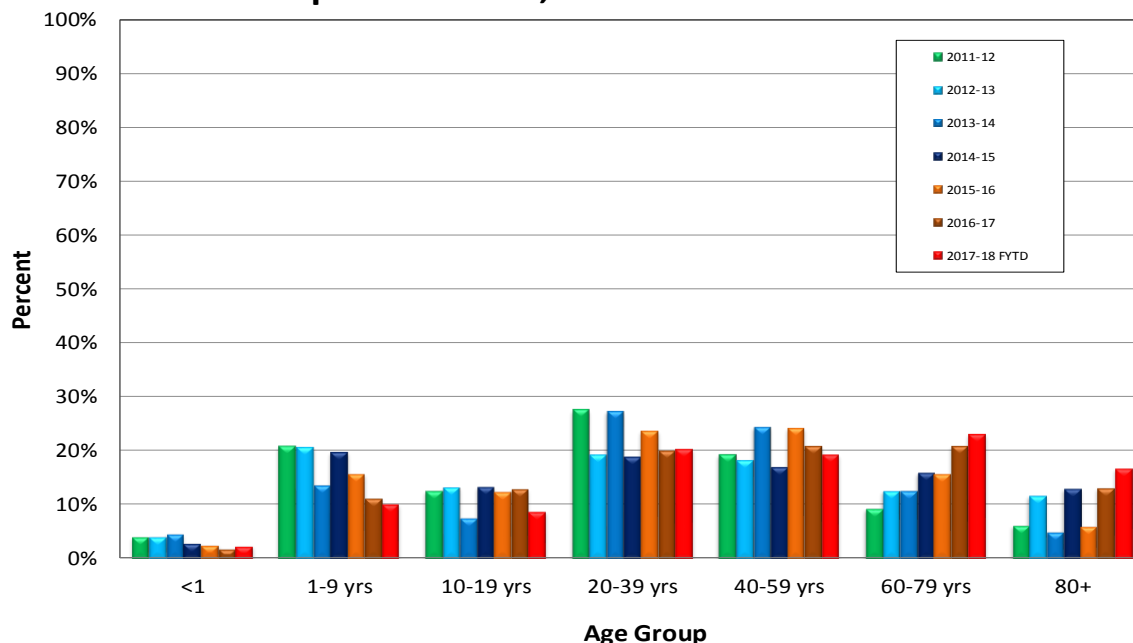


Figure 4. Cumulative Influenza Case Reports by Episode Week & Season

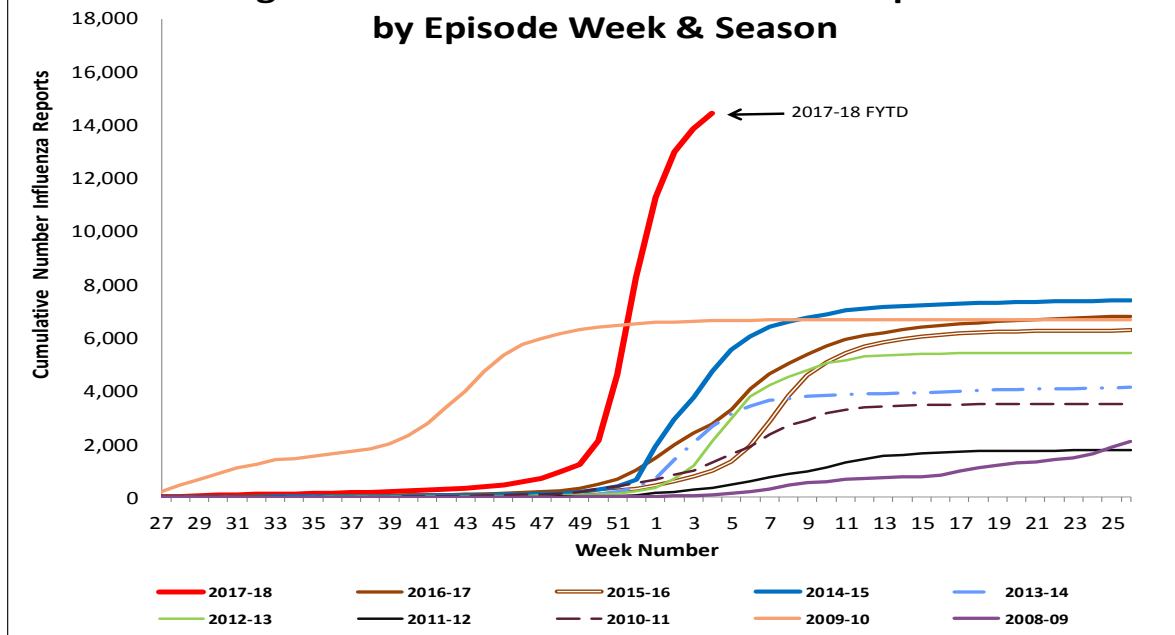


Figure 5. Percent of San Diego County Emergency Department Visits for Influenza-like Illness by Week and FY Compared to 5-Year Baseline & Upper 95% Threshold Values (Serfling Method)

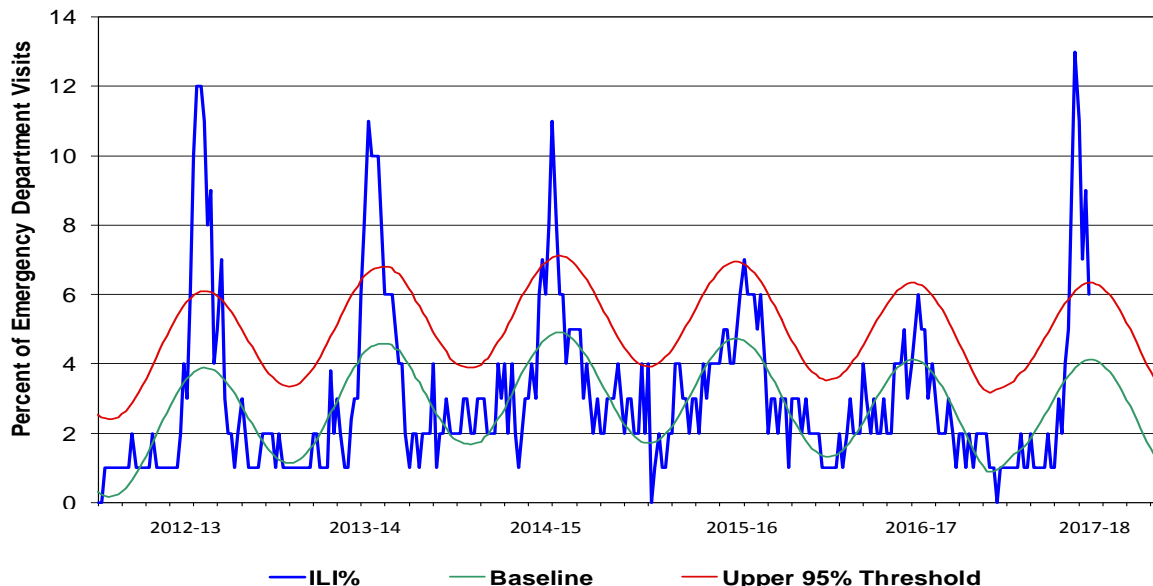


Figure 6. Percent of San Diego County Deaths Registered with Pneumonia and/or Influenza by Week and FY Compared to Prior 5-Year Baseline & Upper 95% Threshold Values (Serfling Method)

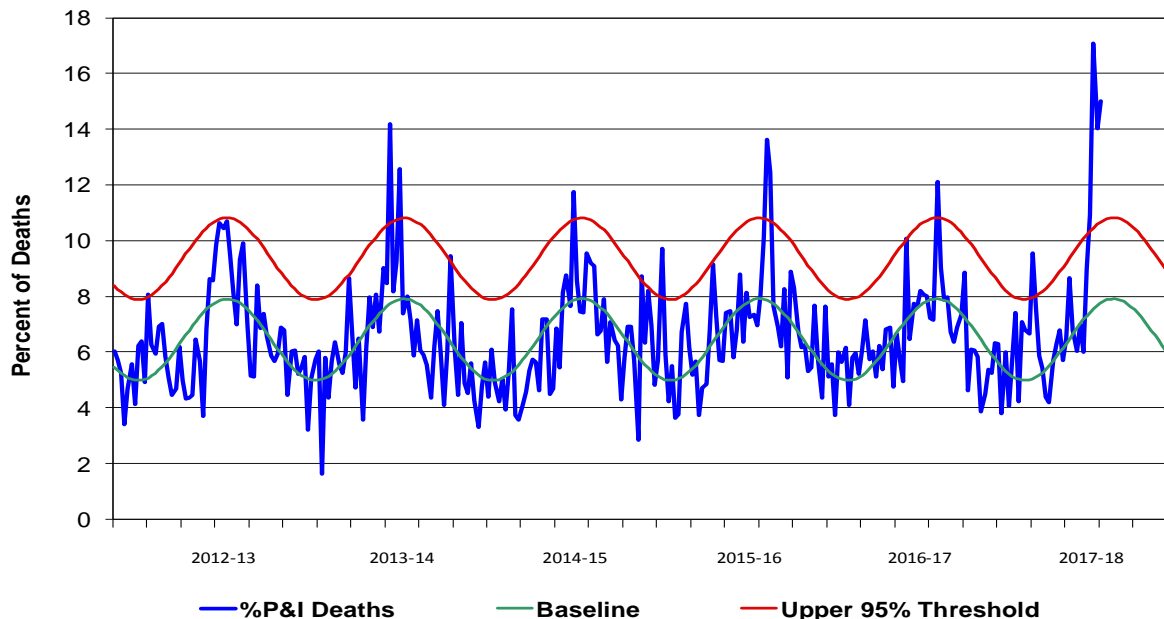


Figure 7. Influenza Deaths by Type and Season

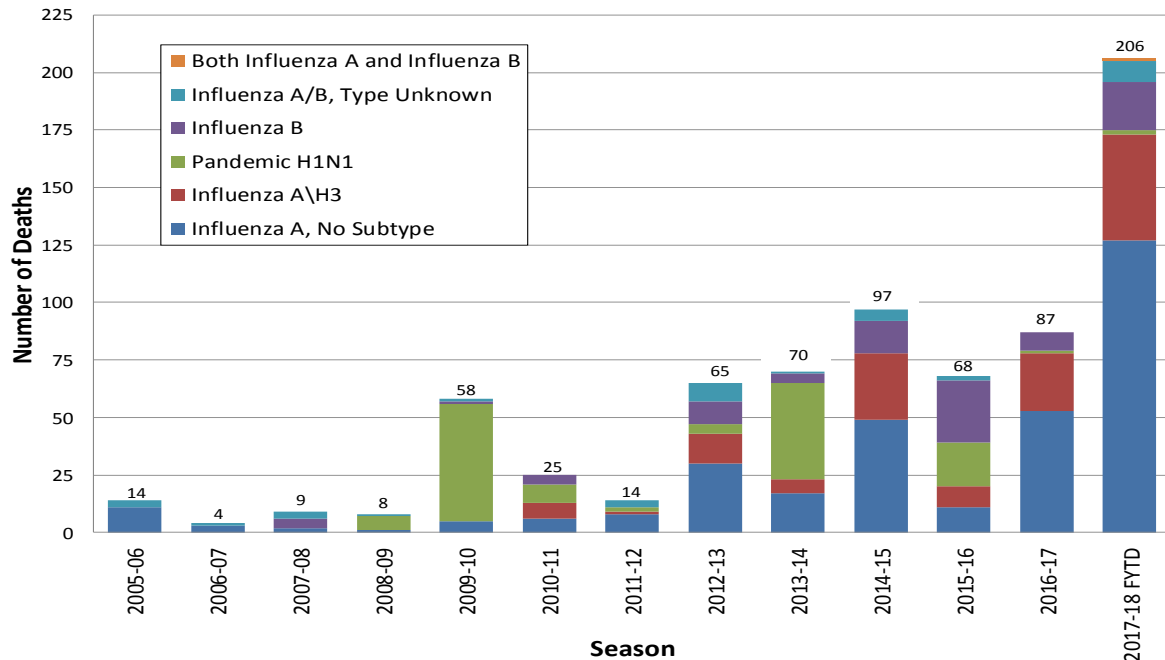


Figure 8. Influenza Deaths by Age and Season

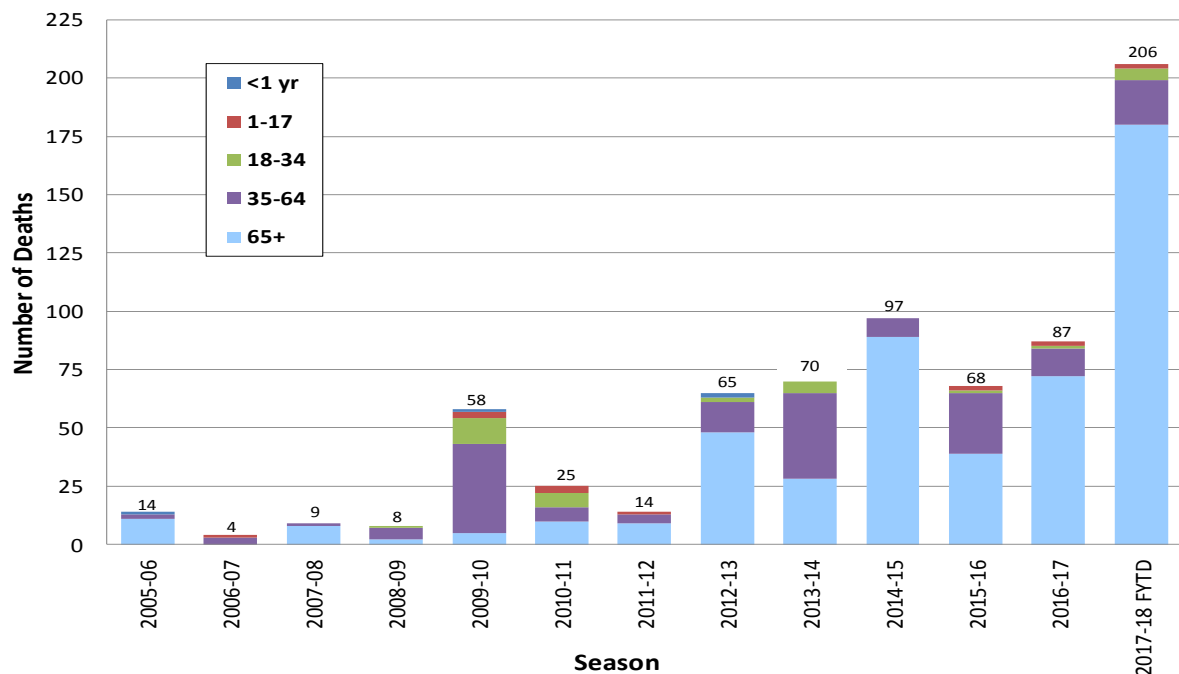
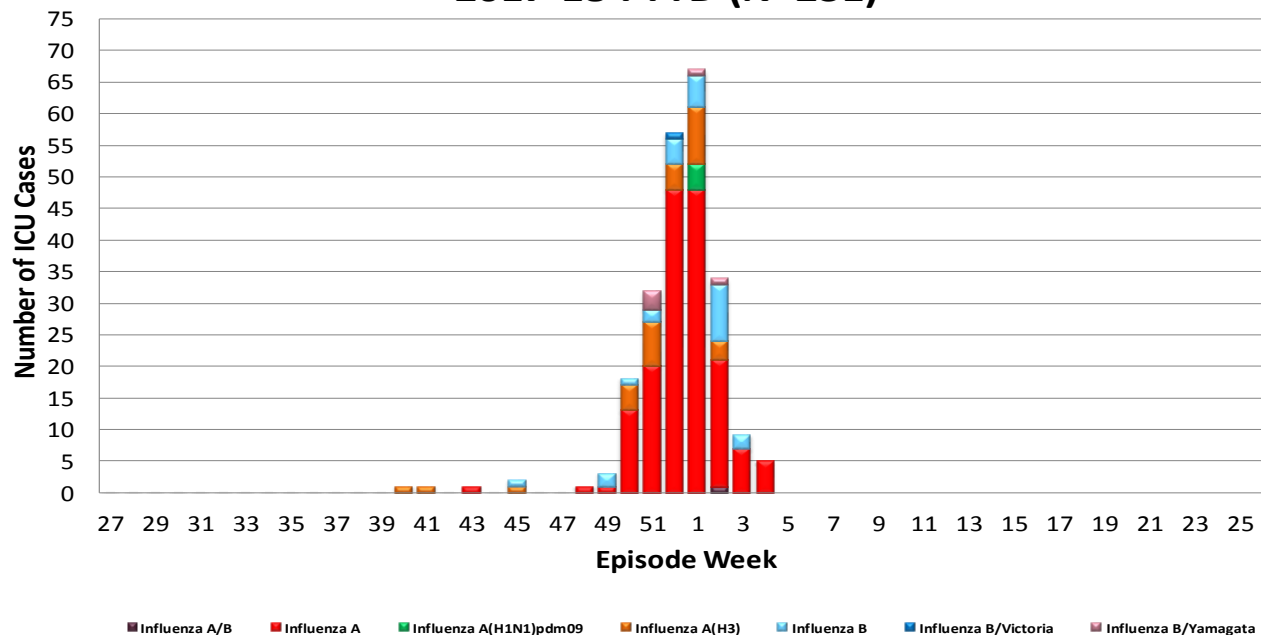


Figure 9. Number of Influenza Cases Requiring ICU Care by Episode Week and Type of Influenza, 2017-18 FYTD (N=231)



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](#)