

Seasonal Influenza Report 2018–2019

Santa Clara County Public Health Department
 CDC Disease Week 19 (May 5 – May 11, 2019)
 Updated May 13, 2019

Key findings for the 2018–2019 flu season

Current Week (Week 19)

May 5 – May 11, 2019

ICU cases under 65 years: **0**

Deaths

Children under 18 years*: **0**

Adults under 65 years: **0**

Outbreaks: **1**

Current Season Summary

September 30, 2018 – May 11, 2019

ICU cases under 65 years: **27**

Deaths

Children under 18 years*: **0**

Adults under 65 years: **8[§]**

Outbreaks: **26**

* Influenza-associated deaths among children under 18 years of age are reportable to CDPH

§ Includes five influenza-associated deaths previously reported as an ICU case

HOW INFLUENZA ACTIVITY IS TRACKED

Data are collected through local, state, and nationwide influenza surveillance systems.

In Santa Clara County, we use a variety of data sources to monitor trends in influenza activity and compare them with previous seasons. We track emergency department visits for influenza-like illness, laboratory tests performed by the county Public Health Laboratory, severe cases of influenza reported by hospitals, and influenza-associated deaths reported by hospitals or identified through death certificates. In the 2018–2019 season, only influenza-associated pediatric deaths are reportable in California, but in Santa Clara County, **we continue to track severe and fatal influenza among all patients under 65 years**, including laboratory-confirmed influenza deaths and those requiring ICU care.

Reporting requirements

- Outbreaks of laboratory-confirmed influenza in facilities such as nursing homes or hospitals.
- Laboratory-confirmed influenza deaths in patients aged <65 years (voluntary for 18–64 years).
- Novel influenza strains or patients suspected of having novel influenza virus infection.
- Severe influenza cases requiring ICU care in patients aged <65 years (voluntary).
- Aside from these, individual influenza cases, hospitalizations, and deaths are not reportable.



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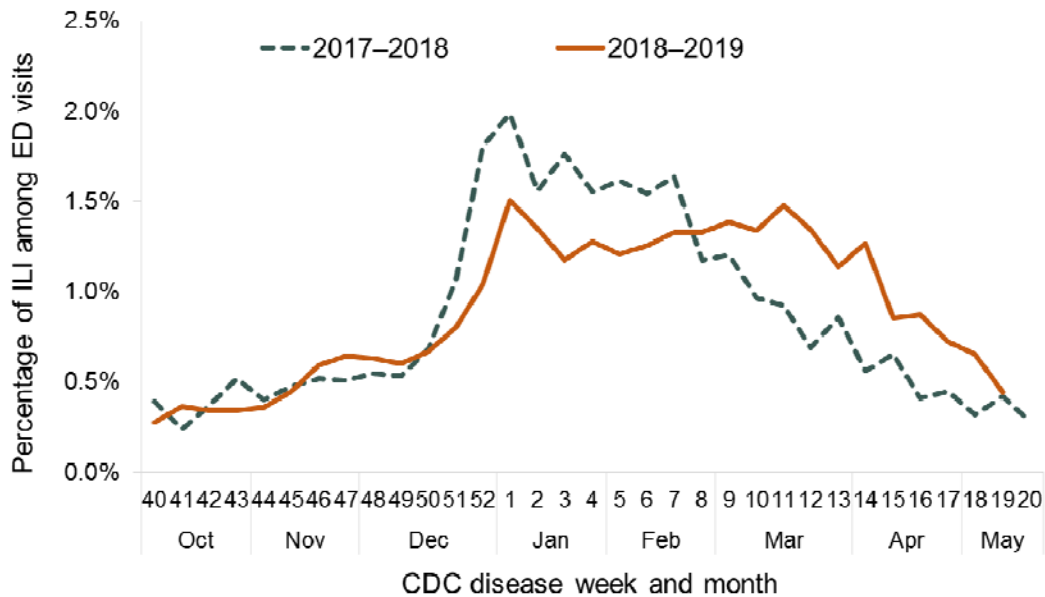
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Hospital emergency department visits for influenza-like illness (ILI)

Influenza-like Illness (ILI) is defined as 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). ESSENCE (Electronic Surveillance System for the Early Notification of Community-Based Epidemics) is a real time, automated syndromic surveillance system that collects chief complaint data from emergency department visits at 8 Santa Clara County hospitals. Chief complaint data are sorted by syndrome and statistical algorithms are used to calculate unexpected rises in selected syndromes.

The proportion of weekly emergency department visits for ILI continued to decline and was 0.45% in week 19 (May 5 – May 11, 2019), lower than 0.65% in week 18 (April 28 – May 4, 2019) (Figure 1).

Figure 1. Weekly percentage of emergency department visits for ILI through week 19, October 1, 2017 – May 11, 2019



CDC Disease Week: a standardized weekly calendar provided by CDC, allowing data to be compared over multiple years
Source: Santa Clara County Public Health Department, ESSESS, data are provisional as of May 11, 2019 and subject to change

Influenza-coded deaths among persons of all ages

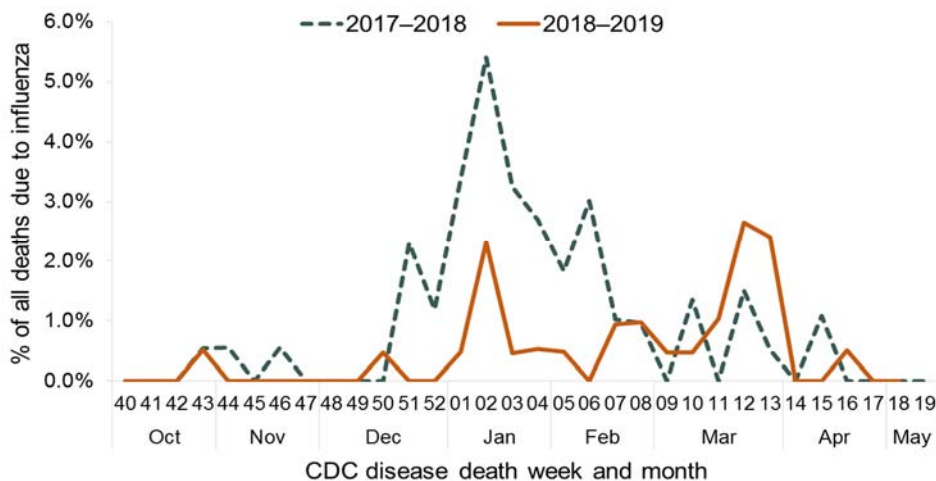
Influenza-coded deaths are defined as people who had influenza noted in any cause of death field on their death certificate. They are not necessarily laboratory-confirmed and are an underestimate of all influenza-associated deaths. Due to the time needed to code deaths, these data will always lag behind the data included in the rest of this report and are subject to change, particularly for the most recent weeks.

During week 18 (April 28 – May 4, 2019), no influenza-coded deaths among Santa Clara County residents were identified by the California Department of Public Health Influenza Surveillance Program (Figure 2). Surveillance data for deaths as of week 19 (May 5 – May 11, 2019) are not yet available.

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Figure 2. Weekly percentage of influenza-coded deaths among persons of all ages through week 18, October 1, 2017 – May 4, 2019



Source: California Department of Public Health, Influenza Surveillance Program, data as of May 4, 2019

Note: Coding of deaths can be delayed by several weeks and may result in data discrepancies based on available California Department of Public Health and local county health data. Influenza-coded deaths will be included once enough information is available.

Laboratory-confirmed influenza ICU cases and deaths in persons ages 0–64 years

Although only laboratory-confirmed influenza-associated pediatric deaths are reportable in California, in Santa Clara County, we also track deaths in county residents aged 18–64 years. Reporting of non-fatal cases of laboratory-confirmed influenza requiring ICU level care is recommended for persons aged 0–64 in Santa Clara County, but not required in California, so severe influenza cases are likely under-reported.

During week 19, May 5 – May 11, 2019, no laboratory-confirmed influenza cases requiring ICU level care and no influenza-associated deaths among persons under age 65 years were reported (Table 1, Figure 3). A total of twenty-seven ICU cases and eight deaths among persons under 65 years have been reported for the 2018 – 2019 influenza season (Table 1). Cases aged 65 years and older are not reportable.

Table 1. Laboratory-confirmed influenza ICU cases and deaths in persons aged 0–64 years reported through week 18, September 30, 2018 – May 11, 2019

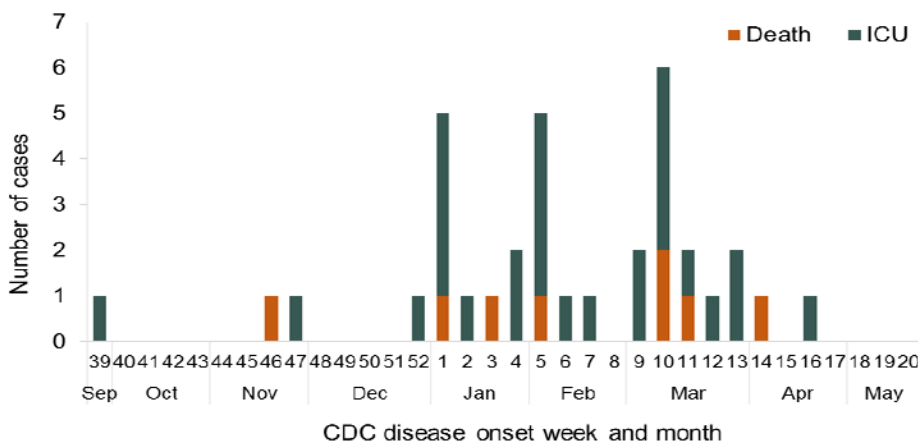
Age (years)	ICU	Deaths	Total severe cases
<5	2	0	2
5–17	1	0	1
18–39	4	1	5
40–64	20	7	27
Total	27	8	35

Source: California Reportable Disease Information Exchange (CalREDIE), 2019

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Figure 3. Laboratory-confirmed influenza ICU cases and deaths in persons aged 0–64 years through week 19, by week of onset, September 30, 2018 – May 11, 2019



Laboratory-confirmed influenza outbreaks

One laboratory-confirmed influenza outbreaks were reported in week 19 (May 4 – May 11, 2019). A total of twenty-six laboratory-confirmed influenza outbreaks have been reported in Santa Clara County for the 2018 – 2019 influenza season.

Influenza Virologic Surveillance

The Santa Clara County Public Health Laboratory (PHL) performs PCR testing to detect influenza A and influenza B viruses including subtypes of influenza A such as H3 and H1N1.

During week 19 (May 4 – May 11, 2019), no specimens were sent to PHL for influenza testing (Table 2).

As only a small fraction of providers and laboratories send specimens to PHL for testing, these data may not accurately reflect influenza activity in the county. Specimens tested at PHL include both outpatients and inpatients hospitalized without ICU level care and may include residents from outside Santa Clara County. Therefore, not all the patients who tested positive at PHL were reportable to Santa Clara County.

Table 2. Influenza specimens tested by the Santa Clara County Public Health Laboratory

Flu season	Report date	Number of specimens tested	Total positive for influenza A by subtype				Total positive for influenza B (%)	Total positive for influenza A or influenza B
			A/H3 (%)	2009 A/H1N1 (%)	Influenza A (+), negative for A/H3 and 2009 A/H1N1 (%)	Inconclusive for 2009 A/H1 (%)		
2018–2019	May 5 - May 11, 2019	0	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0
	Sep 30, 2018 - May 11, 2019	220	17(8)	182 (87)	4 (2)	7 (3)	0 (0)	210
2017–2018	Oct 1, 2017 – May 12, 2018	393	293 (80)	58 (16)	1 (<1)	0 (0)	13 (4)	364†

* Denominator of the percentage is the total positive for influenza A or influenza B. Percentages may not sum to 100% due to rounding.

† One specimen tested positive for both influenza A/H3 and influenza B and was only counted once.



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State and national data

As of CDC disease week 18 (April 28 – May 4, 2019), influenza activity in California decreased to sporadic activity statewide. Influenza A (H3N2) viruses are the predominant circulating influenza virus in California. During week 18 (April 28 – May 4, 2019), 12 new influenza-coded deaths were identified. No laboratory-confirmed influenza-associated pediatric deaths were reported to CDPH. As of week 18, a total of eight pediatric deaths have been identified during the 2018–2019 influenza season. Additional information about influenza activity statewide can be obtained from the California Department of Public Health’s weekly flu surveillance report. www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Influenza.aspx

Nationwide, influenza activity continues to decrease in week 18 (April 28 – May 4, 2019). Influenza A(H1N1)pdm09, influenza A(H3N2), and influenza B viruses continue to co-circulate. Since week 9 (February 24 – March 2, 2019), influenza A(H3N2) viruses have been more frequently reported than influenza A(H1N1)pdm09 viruses. The vast majority of influenza viruses tested (>99%) show susceptibility to oseltamivir and peramivir. All influenza viruses tested showed susceptibility to zanamivir. Five influenza-associated pediatric deaths were reported to CDC in week 18. A total of 106 pediatric deaths have been reported for the 2018 – 2019 season. For more information about influenza activity in the United States, please visit the CDC Influenza Surveillance website: www.cdc.gov/flu/weekly/

Vaccination

- *Annual* vaccination is recommended for all persons aged 6 months and older. It is particularly important for individuals aged 65 years and older, those with certain chronic medical conditions (such as asthma, diabetes, or heart disease), pregnant women, and children younger than 5 years of age, as they are at greater risk for developing flu-related complications.
- Flu vaccines are available through your healthcare provider and at most drug stores.
- Adults who are 18 years of age and older can obtain flu shots at the County of Santa Clara’s flu fairs and pharmacies (www.sccphd.org/flu).
- In Santa Clara County, healthcare workers must be vaccinated or wear a mask during flu season.
- Flu vaccines protect against either three (trivalent) or four (quadrivalent) flu strains. This year the trivalent vaccine provides protections against: A/Michigan/45/2015 (H1N1)pdm09–like virus, A/Singapore/INFIMH-16-0019/2016 (H3N2)–like virus, and B/Colorado/06/2017–like virus (Victoria lineage). This year’s quadrivalent vaccine also protects against B/Phuket/3073/2013-like viruses (Yamagata lineage).
- For the 2018–2019 flu season, CDC does not preferentially recommend one influenza vaccine product over another for persons for whom more than one licensed, recommended, and appropriate product is available.
- Visit <http://vaccinefinder.org> to find a location in your area that offers flu shots.