

The Santa Clara County Public Health Department (SCCPHD) produces this report to summarize current influenza surveillance data in our county throughout influenza season (October through the following May). **Weekly surveillance data are preliminary and subject to change.**

Week 18 (April 26 – May 2, 2020)

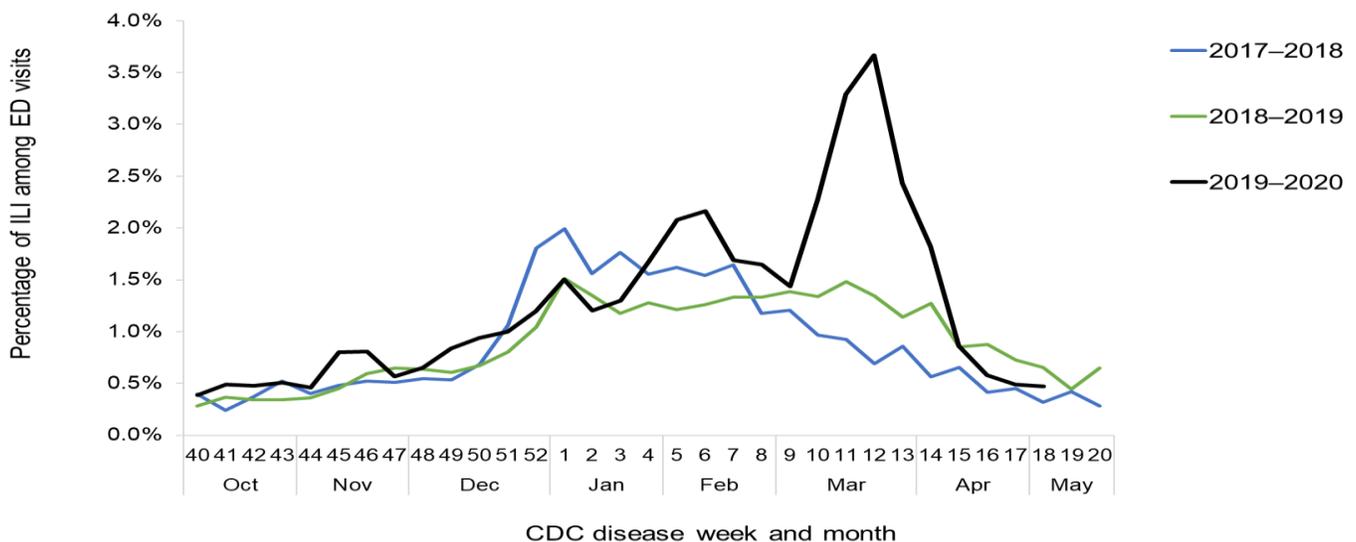
Key Points

- Flu activity is decreasing in California.
- Flu A (H1)pdm09 viruses are predominating in California.
- Prevent the spread of influenza by getting the annual vaccine, washing your hands often with soap and water, covering your mouth and nose when coughing or sneezing, and staying home when you are sick. Visit the [Santa Clara County Flu webpage](#) for more information.

Summary of Influenza Activity as of Week 18

		Week 18	Season-To-Date
Public Health Laboratory	Total specimen tested:	0	503
	% positive for Flu A:	0%	72%
	% positive for Flu B:	0%	16%
ICU cases	Children under 18 years:	0	20
	Adult under 65 years:	0	35
Deaths	Children under 18 years:	0	0
	Adult under 65 years:	0	8
Outbreaks	Healthcare setting:	0	10
	Community setting:	0	1

Figure 1. Weekly percentage of emergency department visits for influenza-like illness (ILI) in Santa Clara County, 2017-18 to 2019-20 flu season

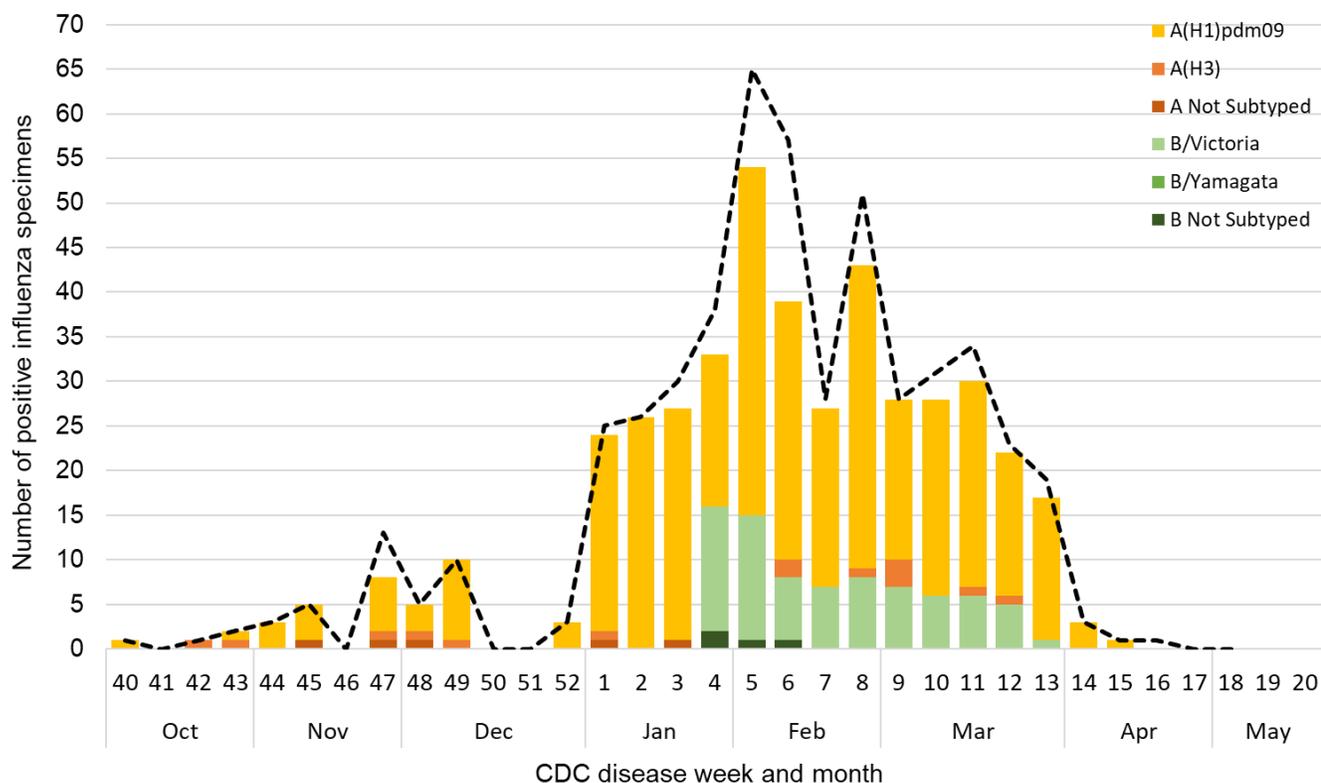


Influenza Virologic Surveillance

The Santa Clara County Public Health Laboratory (PHL) performs testing on clinical specimens to identify influenza Type A and Type B viruses. Only a small fraction of providers send specimens to the PHL for testing thus these data may not accurately reflect influenza activity in the county.

During Week 18 (April 26 – May 2, 2020), No specimens were sent to PHL for influenza testing. As of May 2, 2020, a total of 503 specimens have been tested for influenza resulting in 68% positive for A(H1N1)pdm09, and 16% for influenza B.

Figure 2. Respiratory specimens testing positive for influenza at Santa Clara County Public Health Laboratory by week, September 29, 2019 – May 2, 2020



Laboratory-Confirmed Influenza ICU Cases and Deaths

During Week 18 (April 26 – May 2, 2020), no laboratory-confirmed influenza case requiring ICU level care and no laboratory-confirmed influenza-associated death among persons under 65 years old were reported (Figure 3, Figure 4). Cases aged 65 years and older are not reportable. As of May 2, 2020, there have been a total of fifty-five laboratory-confirmed ICU cases and eight influenza-associated deaths among Santa Clara County residents for the 2019-2020 influenza season.

Figure 3. Laboratory-confirmed influenza ICU cases and deaths by age group, September 29, 2019 – May 2, 2020

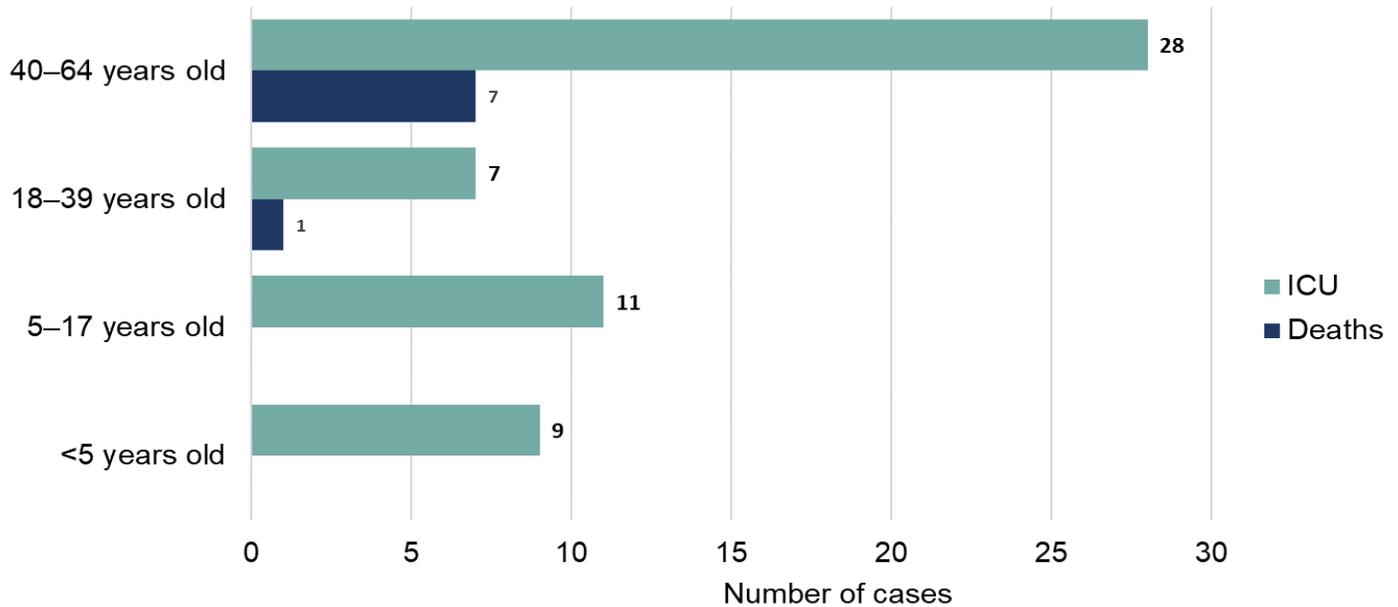
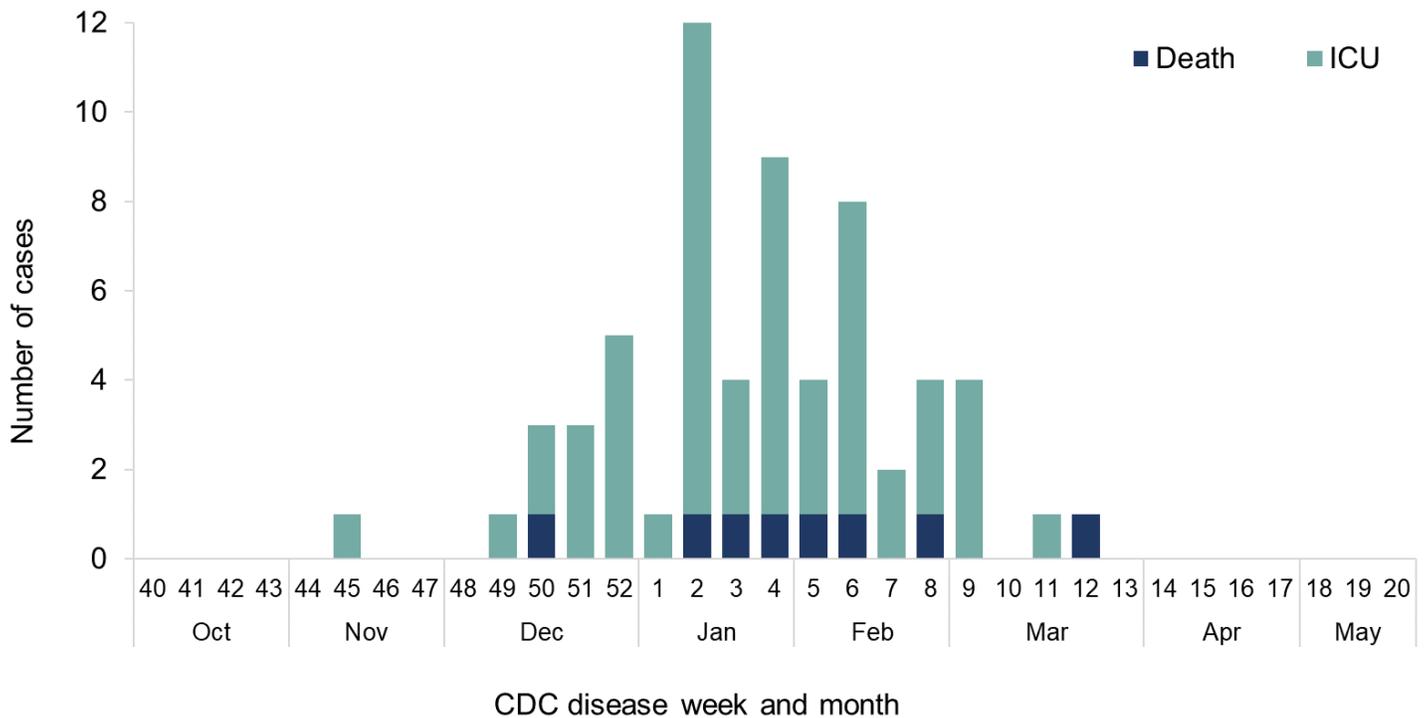


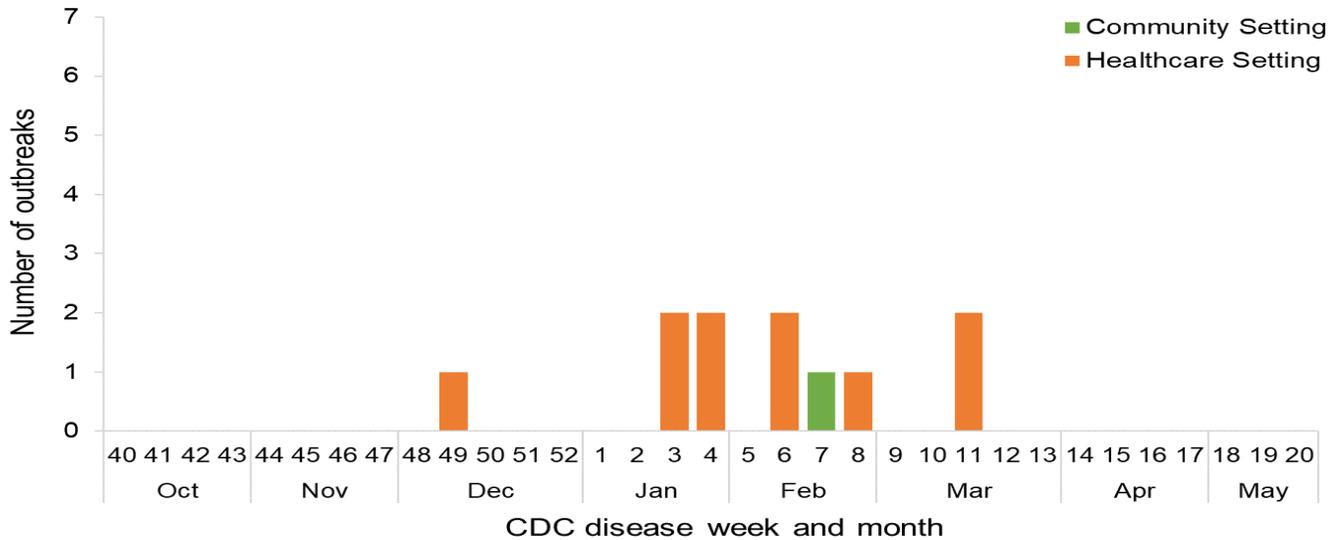
Figure 4. Laboratory-confirmed influenza ICU cases and deaths among individuals aged 0-64 years by week of onset, September 29, 2019 – May 2, 2020



Laboratory-Confirmed Influenza Outbreaks

No outbreaks were reported during Week 18. As of May 2, 2020, there has been a total of ten laboratory-confirmed healthcare setting influenza outbreaks and one laboratory-confirmed community outbreak reported in Santa Clara County for the 2019 – 2020 influenza season.

Figure 5. Laboratory-confirmed healthcare and community outbreaks by outbreak onset week, September 29, 2019 – May 2, 2020



California Influenza Surveillance

As of March 21, 2020, the California Department of Public Health (CDPH) is no longer providing weekly influenza surveillance reports. As of March 21, 2020, influenza activity in California is decreasing, though several more weeks of influenza activity are expected. During Week 12, 48 new influenza-coded deaths were identified and two laboratory-confirmed influenza-associated pediatric death were reported to the CDPH. As of week 12 (March 15 – March 21, 2020), a total of 706 influenza-coded deaths have been identified and 18 influenza-associated pediatric deaths have been reported in California. For more information visit the [CDPH Influenza Webpage](#).

United States Influenza Surveillance

As of April 25, 2020, laboratory confirmed flu activity as reported by clinical laboratories remains low. Influenza-like illness activity continues to decrease and is below the national baseline. The percent of deaths due to pneumonia or influenza (P&I) is high but the increase is due primarily to COVID-19, not influenza. Nationally, influenza A (H1N1)pdm09 viruses are the most commonly reported influenza viruses. There was one new influenza-associated pediatric deaths reported to CDC in week 17 (April 19 – April 25, 2020). A total of 170 pediatric deaths have been reported to CDC for the 2019 – 2020 season. For more information visit the [CDC Influenza Surveillance Webpage](#).

About Our Surveillance Systems

In Santa Clara County, we use a broad range of surveillance methods to monitor trends in influenza activity during flu season. We closely monitor emergency department ILI data, laboratory data provided by the Public Health Laboratory, and severe/fatal influenza cases reported to SCCPHD.

Reporting Requirements

Required by CDPH	Voluntarily Reported in Santa Clara County
<ul style="list-style-type: none"> Laboratory-confirmed pediatric fatalities (0-17 years) Outbreaks of laboratory-confirmed influenza Novel influenza strains or cases thereof 	<ul style="list-style-type: none"> Laboratory-confirmed fatalities <65 years old Laboratory-confirmed ICU cases <65 years old

Emergency Department Visits for ILI

Emergency department visits for influenza-like illness (ILI) are tracked through ESSENCE (Electronic Surveillance System for the Early Notification of Community-Based Epidemics). ESSENCE is a real time, automated syndromic surveillance system that collects chief complaint data from emergency department visits at eight Santa Clara County hospitals and categorizes these symptoms into different syndromes. The syndrome of ILI includes fever, congestion, sneezing, sore throat, runny nose, and cough. The proportion of ILI emergency department (ED) visits for all ages is analyzed weekly for seasonal trends.

Public Health Laboratory Surveillance

The Public Health Laboratory (PHL) uses real-time reverse-transcription polymerase chain reaction (rRT-PCR) for influenza specimen testing and provide weekly reports on testing activities. Specimens tested at PHL include both outpatients and inpatients hospitalized without ICU level care. Only a small fraction of providers and laboratories send specimens to PHL for testing and some specimens may be from non-Santa Clara County residence, therefore these data do not provide a comprehensive assessment of influenza activity in the county.

Influenza ICU Cases

Laboratory-confirmed influenza cases requiring ICU level care are reported to SCCPHD and tracked in California Reportable Disease Information

Exchange (CaREDIE). However, while reporting of non-fatal cases of laboratory-confirmed influenza requiring ICU level care is recommended for persons aged 0–64 in Santa Clara County, it is not required in California.

Influenza Deaths

Laboratory-confirmed influenza deaths are reported to SCCPHD and tracked in California Reportable Disease Information Exchange (CaREDIE). 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. The reports are supported by vital records surveillance data to validate reported influenza fatalities and identify non-reported cases of influenza-related deaths that have influenza listed as the underlying or contributing cause of death on the death certificate.

Outbreak Surveillance

Outbreaks of any kind are reportable to SCCPHD. All outbreaks of influenza-like illness (ILI) are investigated by SCCPHD Communicable Disease Public Health Nurses within one business day of the report. Outbreaks are defined as at least one case of laboratory-confirmed influenza in the setting of a cluster (≥ 2 cases) of ILI within a 72-hour period.