

Influenza Surveillance Report 2021-2022

Week 9 (February 27, 2022 – March 5, 2022)

Santa Clara County Public Health Department
Infectious Disease and Response Branch

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

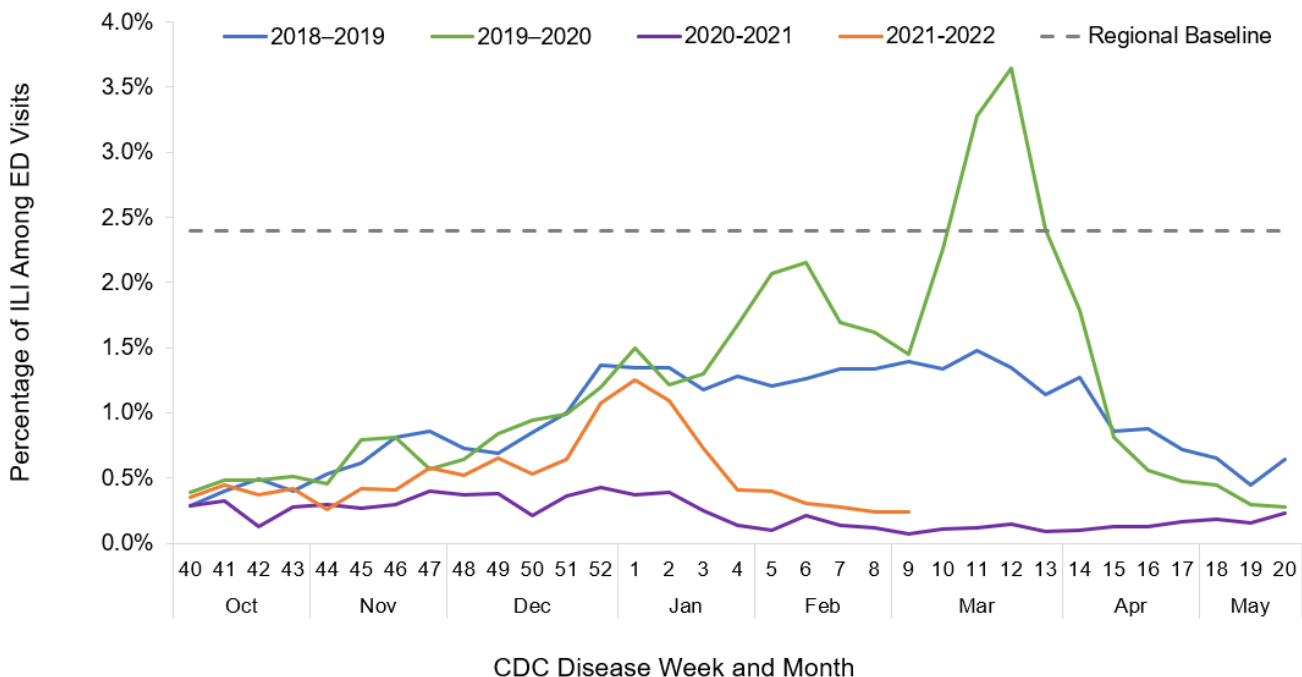
Key Points

- In Santa Clara County, the number of influenza cases decreased.
- Sporadic influenza activity continues statewide and nationwide.
- For information on the prevention of influenza spread, see the [Santa Clara County Flu Webpage](#).

Table 1. Summary of influenza activity during the 2021-22 influenza season¹

		Week 9	Season-To-Date
Laboratory	Total specimens tested:	2460	34956
	# (%) positive for Flu A/B:	5 (0.20%)	177 (0.51%)
ICU cases	Children under 18 years:	0	0
	Adult under 65 years:	0	0
Deaths	Children under 18 years:	0	0
	Adult under 65 years:	0	0
Outbreaks	Healthcare setting:	0	0
	Community setting:	0	0

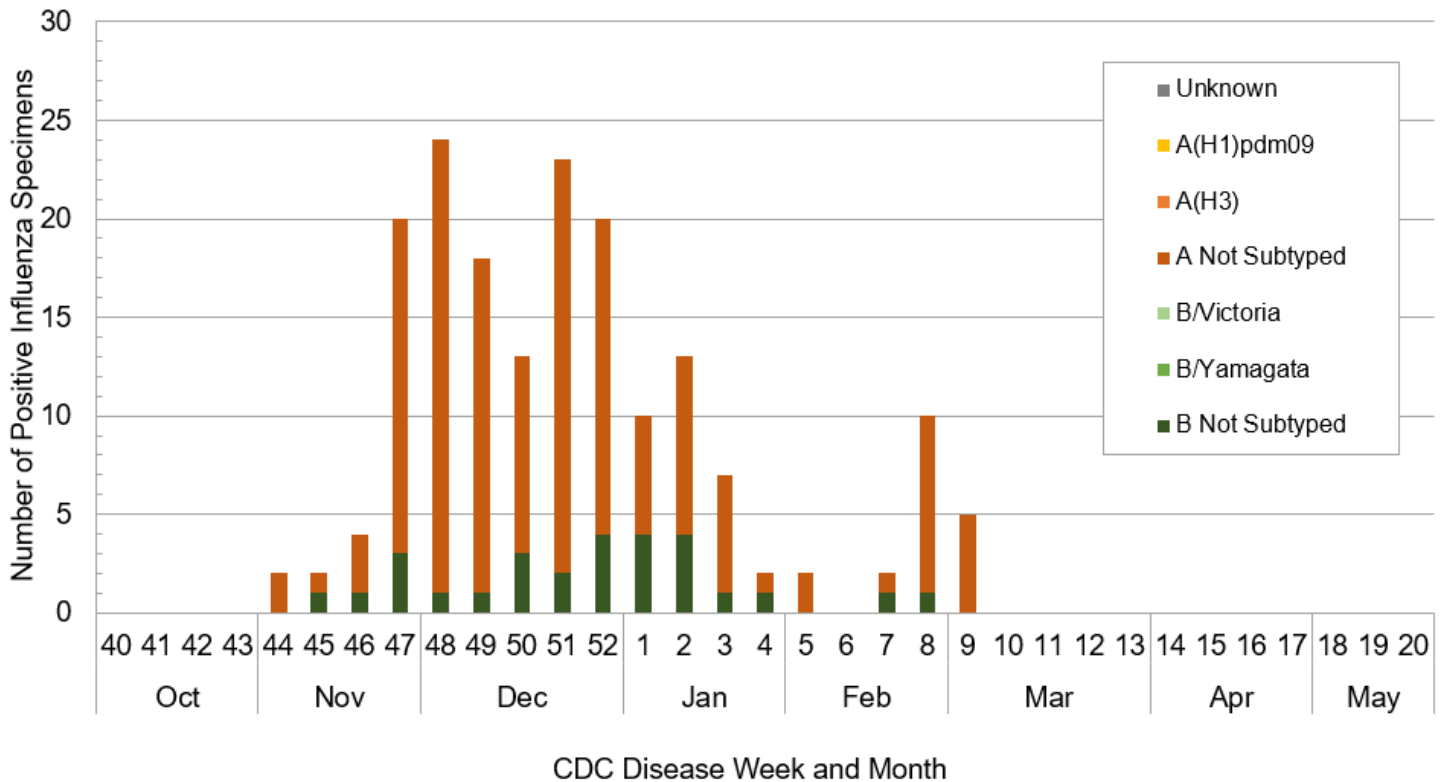
Figure 1. Weekly percentage of emergency department visits for influenza-like illness (ILI) in Santa Clara County, 2018-19 to 2021-22 flu seasons



¹ Laboratory sources include PCR, rapid, and point-of-care tests from Santa Clara County Public Health Laboratory, Palo Alto Medical Foundation, and Stanford Health Care
Updated: March 7, 2022

Influenza Virologic Surveillance

Figure 2². Respiratory specimens testing positive for influenza in Santa Clara County by week, October 3, 2021 – March 5, 2022



² Laboratory sources include PCR, rapid, and point-of-care tests from Santa Clara County Public Health Laboratory, Palo Alto Medical Foundation, and Stanford Health Care. Limitations of Figure 2 data include presence of out-of-jurisdiction cases, inability to subtype influenza by certain laboratories, and potential missed influenza cases tested by alternate laboratories in the county.

Laboratory-Confirmed Influenza ICU Cases, Deaths, and Outbreaks

As of March 5, 2022, no laboratory-confirmed influenza cases requiring ICU level care or influenza-associated deaths among persons under 65 years old were reported in Santa Clara County for the current flu season (Figure 3, Figure 4). Cases aged 65 years and older are not reportable. Additionally, no laboratory-confirmed influenza outbreaks have been reported in a healthcare or community setting for the 2021 – 2022 influenza season (Figure 5).

Figure 3³. Laboratory-confirmed influenza ICU cases and deaths among individuals aged 0-64 years by week of onset in Santa Clara County, October 3, 2021 – March 5, 2022

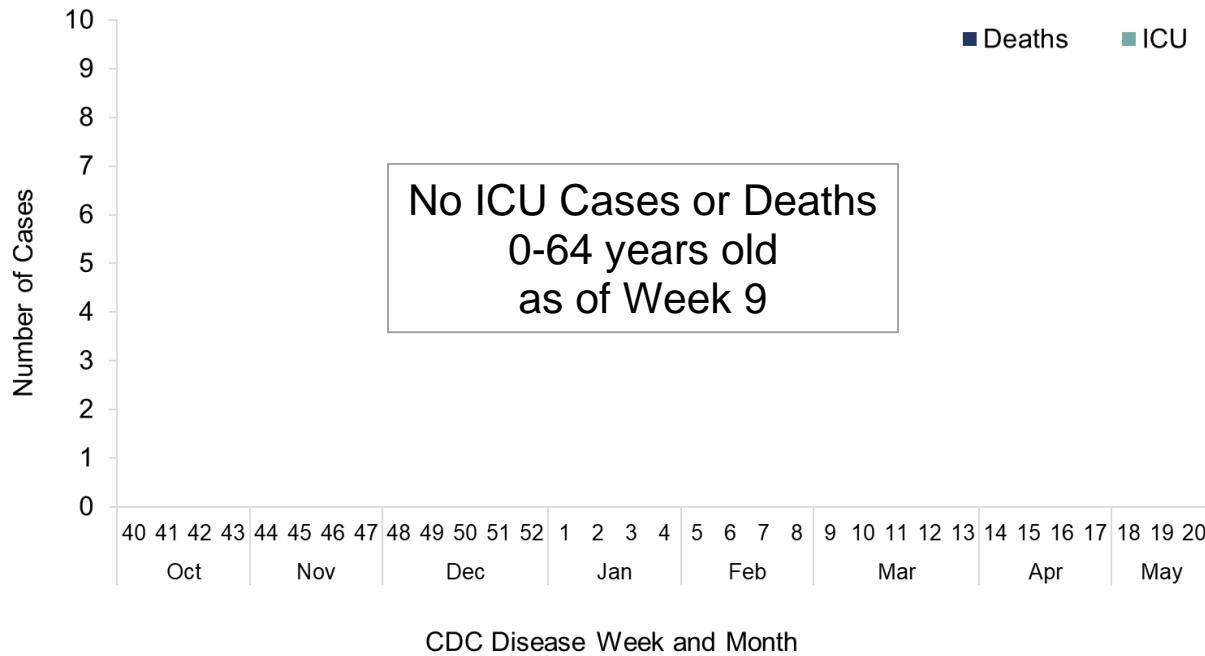


Figure 4³. Laboratory-confirmed influenza ICU cases and deaths by age group in Santa Clara County, October 3, 2021 – March 5, 2022

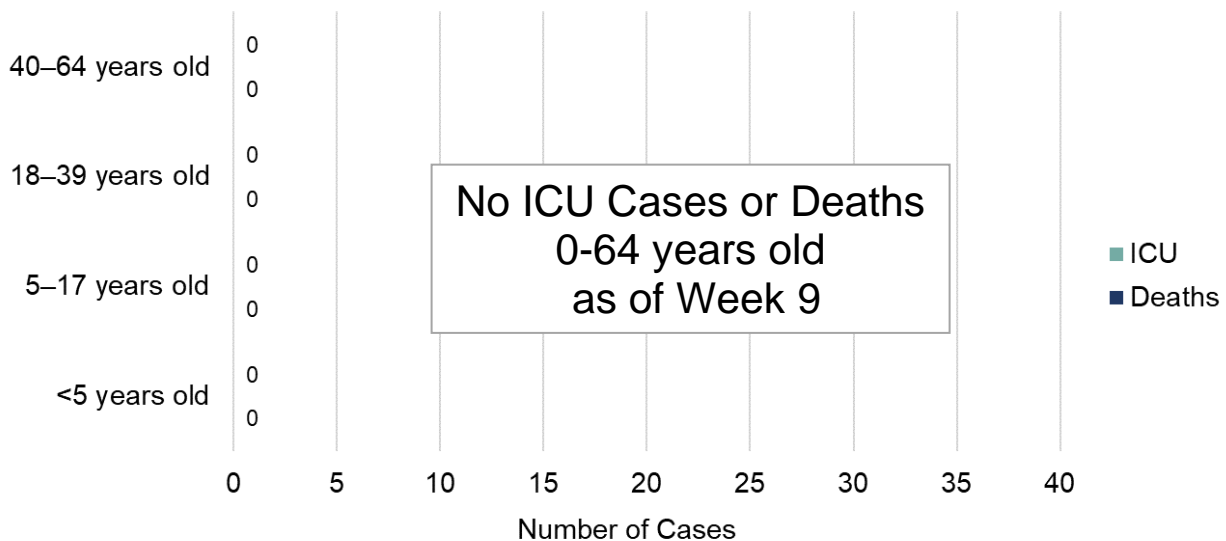
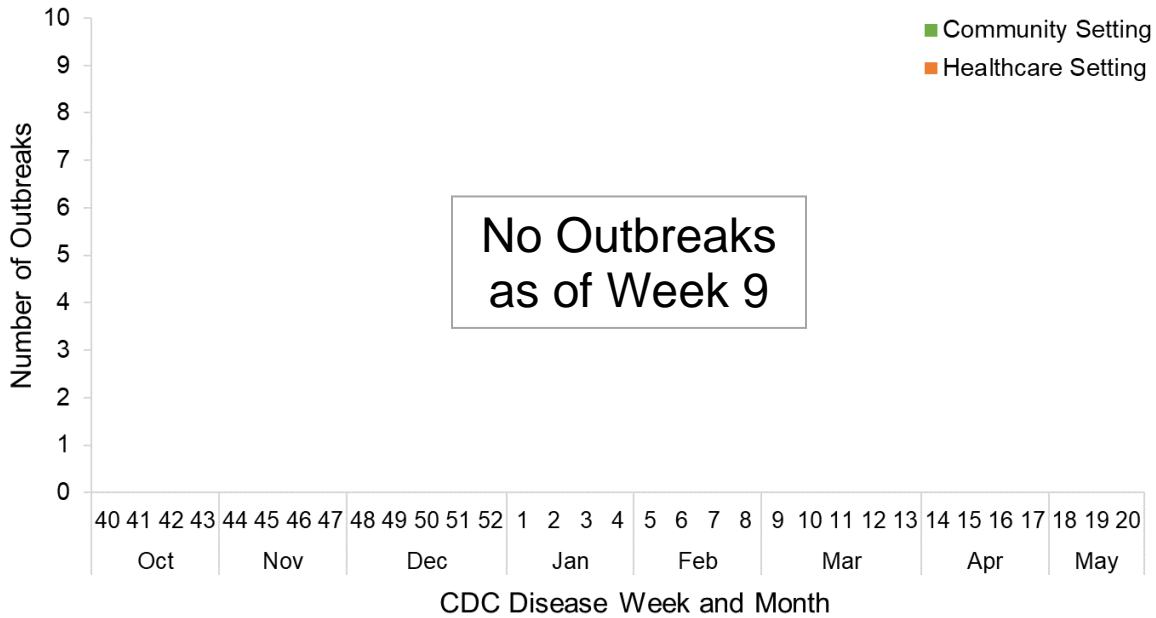


Figure 5³. Laboratory-confirmed healthcare and community outbreaks by outbreak onset week in Santa Clara County, October 3, 2021 – March 5, 2022



Statewide and Nationwide Influenza Surveillance

	CALIFORNIA		UNITED STATES	
	Week 8	Season-To-Date	Week 8	Season-To-Date
Season influenza activity	Sporadic influenza activity continues across California and the rest of the country.			
Predominant Virus Circulating	Flu A	Flu A	Flu A	Flu A
# Of Flu-Coded Deaths	0	32	12	1081
# Of Flu-Associated Pediatric Deaths	0	0	0	8

Note: In week 8, two influenza-associated pediatric deaths were reported to CDC. These deaths occurred in week 47 and week 7.

For more information, visit the [CDPH Influenza Webpage](#) and the [CDC U.S. Influenza Surveillance Webpage](#).

³ The source for Figures 3, 4, and 5 is the California Reportable Diseases Information Exchange (CalREDIE) system. Data are provisional as of 3/7/2022.

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 clinical laboratories, and severe/fatal influenza cases reported to SCCPHD⁴.

Reporting Requirements

Required by CDPH	Voluntarily Reported in Santa Clara County
<ul style="list-style-type: none"> Laboratory-confirmed fatalities <18 years old 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 ILI are tracked through ESSENCE (Electronic Surveillance System for the Early Notification of Community-Based Epidemics). This real-time, automated syndromic surveillance system collects and categorizes chief complaint data from emergency department visits into different syndromes, including ILI (fever, congestion, sneezing, sore throat, runny nose, and cough).

Public Health Laboratory Surveillance

The PHL uses real-time reverse-transcription polymerase chain reaction (rRT-PCR) for influenza specimen testing of both outpatients and inpatients hospitalized without ICU level. These data do not provide a comprehensive assessment of influenza activity in the county as not all specimens are sent to the PHL.

Influenza ICU Cases

Laboratory-confirmed influenza cases requiring ICU level care are reported (not required) to SCCPHD and tracked in California Reportable Disease Information Exchange (CaREDIE).

Influenza Deaths

Laboratory-confirmed influenza deaths are reported to SCCPHD and tracked in 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 old. The reports are supported by vital records surveillance data.

Outbreak Surveillance

All outbreaks, 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, are investigated by SCCPHD.

⁴ Clinical laboratory sources include PCR, rapid, and point-of-care tests from Palo Alto Medical Foundation and Stanford Health Care.