

Seasonal Influenza Report 2017–2018

Santa Clara County Public Health Department
CDC Disease Week 19 (May 6 – May 12, 2018)
Updated May 14, 2018

Key findings for the 2017–2018 flu season

- As of 2018 week 18 (April 29 – May 5, 2018), the statewide influenza activity continued to decrease.
- Nationwide, influenza activity continued to decrease. During week 18 (April 29 – May 5, 2018), two influenza-associated pediatric deaths were reported to CDC. A total of 165 confirmed influenza-associated pediatric deaths have been reported for the 2017–2018 season.
- Since the last update, no laboratory-confirmed non-fatal influenza cases requiring ICU level care and no influenza-associated deaths among persons under age 65 years were reported to the Santa Clara County Public Health Department. No laboratory-confirmed influenza-associated outbreaks were reported in this week.
- Since the beginning of the 2017–2018 influenza season, thirty-seven laboratory-confirmed non-fatal influenza cases requiring ICU level care, eleven confirmed influenza-associated deaths among people under age 65 years, and forty-seven confirmed influenza-associated outbreaks have been reported to the Santa Clara County Public Health Department.

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 track trends in influenza activity, and to compare these to influenza trends in previous influenza seasons. We track emergency department visits for influenza-like illness, laboratory tests performed by the county Public Health Laboratory, and severe cases of influenza reported by hospitals.

Reporting requirements

- Outbreaks of influenza in schools, daycares, or facilities such as nursing homes or hospitals.
- Laboratory-confirmed influenza deaths in patients aged <65 years.
- Novel influenza strains or patients suspected of having novel influenza virus infection.
- Providers may voluntarily report severe influenza cases requiring ICU care in patients aged <65 years.
- Aside from these, individual influenza cases, hospitalizations, and deaths are not reportable.

National data are available at the Centers for Disease Control and Prevention website:

www.cdc.gov/flu/weekly.



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Public health laboratory flu PCR test data

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 H1, H3, and 2009 H1N1.

During week 19 (May 6 – May 12, 2018), no specimens were sent to Santa Clara County Public Health Laboratory for testing. Since the beginning of the current influenza season, 293 specimens have tested positive for influenza A/H3, 58 for 2009 A/H1N1, and 13 for influenza B (Table 1).

As only a small fraction of providers and laboratories send specimens to PHL for testing, the 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 outside Santa Clara County. Therefore, not all the patients who tested positive at PHL were reportable to Santa Clara County.

Table 1. Flu specimens tested by 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
			Influenza A (+), negative for A/H3 and 2009 A/H1N1 (%*)	A/H3 (%*)	2009 A/H1N1 (%*)		
2017–18	May 6 – 12, 2018	0	0 (0)	0 (0)	0 (0)	0 (0)	0
	Oct 1, 2017 – May 12, 2018	393	1 (<1)	293 (80)	58 (16)	13 (4)	364†
2016–17	Oct 2, 2016 – Apr 29, 2017	235	0 (0)	219 (95)	12 (5)	0 (0)	231

* Denominator of the percentage is the total positive for influenza A or influenza B. Percentages may not sum to 100% due to rounding and one specimen tested positive for both influenza A/H3 and influenza B. † One specimen tested positive for both influenza A/H3 and influenza B and was only counted once.

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

Only deaths due to laboratory-confirmed influenza among individuals aged 0–64 years are reportable in California, so we do not provide the number of influenza-associated deaths in individuals aged 65 years and older. Although reporting of non-fatal cases of laboratory-confirmed influenza requiring ICU level care is recommended for persons aged 0–64, it is not required in California, so severe influenza cases are likely under-reported.

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Between May 6 and May 12, no laboratory-confirmed non-fatal influenza cases requiring ICU level care and no influenza-associated deaths among persons under age 65 years were reported. Cases aged 65 years and older are not reportable.

Table 2. Reports of laboratory-confirmed influenza ICU cases and deaths in persons aged 0-64 years, Santa Clara County, October 1, 2017 – May 12, 2018

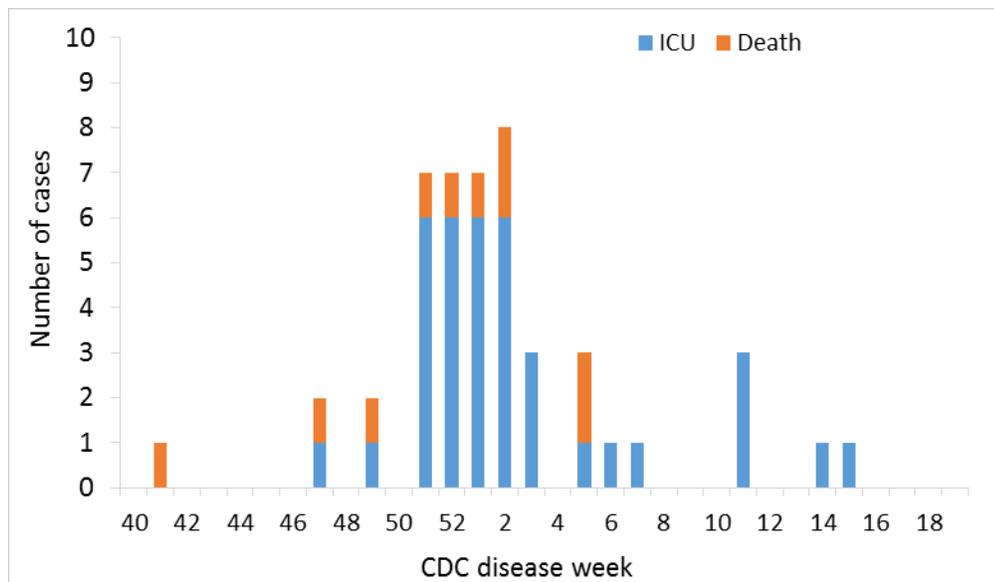
Age group	ICU	Deaths	Total severe cases	Co-morbidities* among total severe cases					
				Any co-morbidities	Asthma	Chronic lung disease	Diabetes	Obesity	Other**
Ages <5	1	0	1	0	0	0	0	0	0
Ages 5–17	1	1	2	2	0	1	0	0	2
Ages 18–39	13	0	13	11	3	1	3	1	8
Ages 40–64	22	10	32	25	2	7	9	3	18
Total	37	11	48	38	5	9	12	4	28

*Co-morbid conditions considered by the Advisory Committee on Immunization Practices (ACIP) to increase the risk for severe influenza.¹

** Includes heart disease, immunosuppression, pregnancy, neurologic, blood, and metabolic disorders, and liver and kidney dysfunction

Source: California Reportable Disease Information Exchange (CalREDIE), 2017-2018

Figure 1. Lab-confirmed influenza ICU cases and deaths in persons aged 0-64 years by week of onset, Santa Clara County, October 1, 2017 – May 12, 2018



CDC Disease Week: a standardized weekly calendar provided by CDC, allowing data to be compared over multiple years



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Respiratory outbreaks

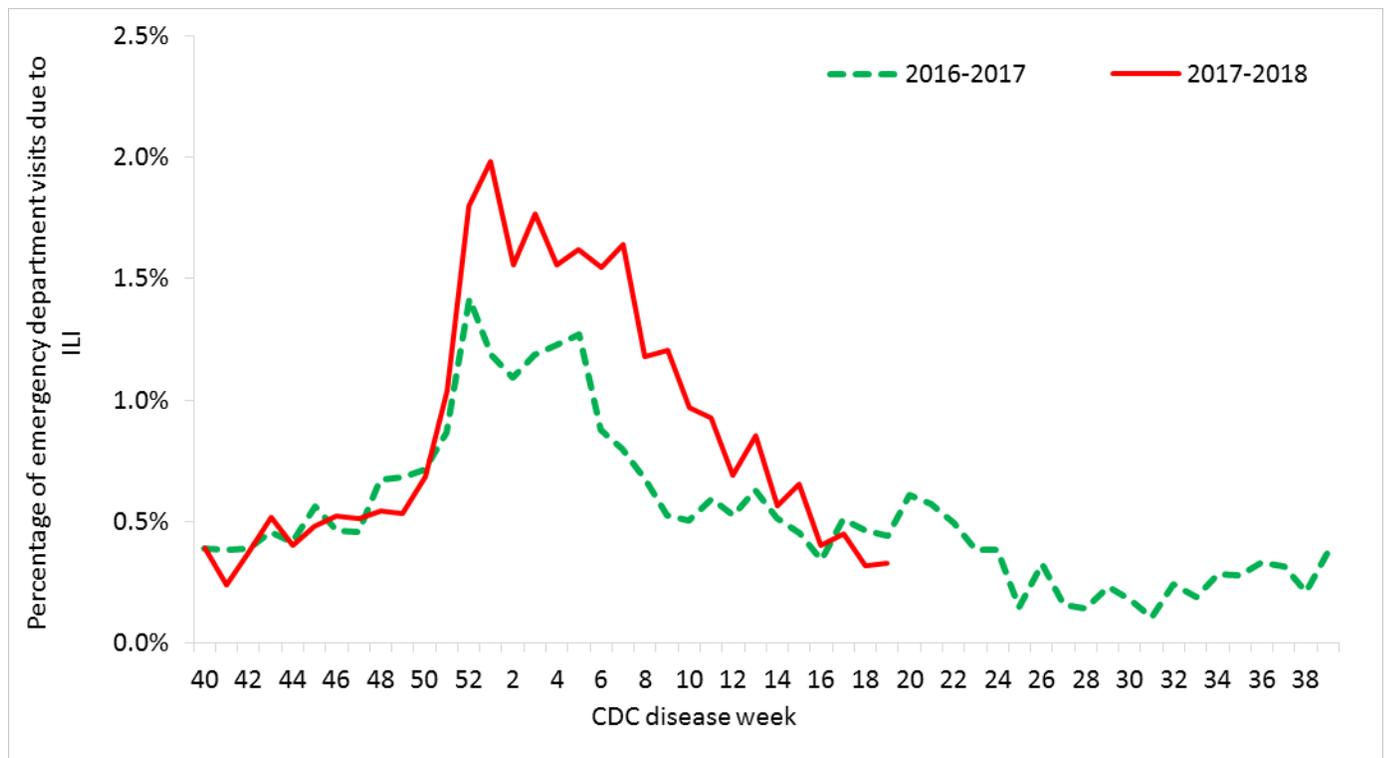
Since the last update, no laboratory-confirmed influenza outbreaks were reported in Santa Clara County. A total of 47 confirmed influenza-associated outbreaks have been reported in Santa Clara County for 2017–18 flu season.

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

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 remained low in week 18 at 0.33% (Figure 2).

Figure 2. Weekly percentage of emergency department visits for ILI, October 14, 2016 – May 12, 2018



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Source: Santa Clara County Public Health Department, ESSENCE 2016-2018, data are provisional as of May 12, 2018 and subject to change, particularly for the most recent weeks.

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State and national data

As of CDC disease week 18 (April 29 – May 5, 2018), overall influenza activity in California downgraded to “sporadic”. A total of 292 laboratory-confirmed influenza-associated deaths among persons under 65 years of age have been reported to the state for the 2017–2018 influenza season. Additional information about influenza activity statewide can be obtained from the California Department of Public Health, Influenza Surveillance Project. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Influenza.aspx>

Nationwide, influenza activity decreased in week 18 (April 29 – May 5, 2018). Overall, influenza A(H3) viruses have predominated this season. Since early March, influenza B viruses have been more frequently reported than influenza A viruses. The majority of recently circulating influenza viruses are susceptible to the neuraminidase inhibitor antiviral medications, oseltamivir, zanamivir, and peramivir. A total of 165 influenza-associated pediatric deaths for the 2017–18 season have been reported to CDC. For more information about influenza activity in the United States, please visit the CDC Influenza Surveillance website: www.cdc.gov/flu/weekly

Vaccination

- 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 to be vaccinated, as they are at greater risk for developing flu-related complications.
- Flu vaccines are available through your healthcare provider and at most drug stores.
- Individuals who are aged 18 years and older and uninsured or underinsured can obtain a flu shot through the Santa Clara County Public Health Department Immunization Clinic (<https://www.sccgov.org/sites/phd/services/IzClinic/Pages/flu.aspx>) and Santa Clara County Better Health Pharmacy (<https://www.sccgov.org/sites/phd/services/php/Pages/bhp-flu-schedule.aspx>)
- 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/Hong Kong/4801/2014 (H3N2)-like virus, and B/Brisbane/60/2008-like virus (Victoria lineage). This year’s quadrivalent vaccine also protects against B/Phuket/3073/2013-like viruses (Yamagata lineage).
- CDC recommends use of injectable influenza vaccines (including inactivated influenza vaccines and recombinant influenza vaccines) during 2017–2018. The nasal spray flu vaccine (live attenuated influenza vaccine or LAIV) should not be used during 2017–2018.
- Visit <http://vaccinefinder.org> to find a location in your area that offers flu shots.

Reference

1. CDC. *People at High Risk of Developing Flu–Related Complications*. [cited 2016 August 25]; Available from: www.cdc.gov/flu/about/disease/high_risk.htm.