

Seasonal Influenza Report 2015-16

San Mateo County Health System, Public Health Policy and Planning Weeks 40 & 41 (Oct. 4 to 17, 2015)

www.smchealth.org/flu · Provider Reporting: 650.573.2346 · 650.573.2919 (fax) Volume 8, Issue 1

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Current Influenza Activity

San Mateo County

- The 2015-16 influenza season officially began in week 40 (starting 10/4/15). Minimal
 influenza activity has been observed since the start of this year's influenza season.
- In week 41 (ending 10/17/15), San Mateo County continued to report minimal flu
 activity. Week 41 of the current season had a similar number of influenza detections
 as week 41 of the previous season (Figures 1 and 2).
- Within the County, based on lab reports from reporting county and hospital laboratories*, a total of 89 specimens have been tested for influenza since the beginning of flu season, none of which were positive for influenza A or B. A total of 28 specimens have been tested for RSV since the beginning of the flu season, of which none were positive (Figures 1, 3, and 4).
- Influenza-like-illness (ILI) surveillance of chief complaint data from San Mateo Medical Center ED is low and similar to activity for the same period last season (Figure 5).

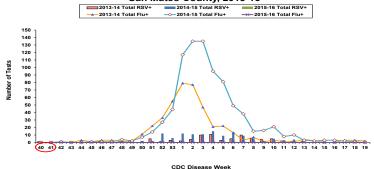
California

- Overall influenza activity in California remained "sporadic" during weeks 40 & 41.
- Of 1,131 specimens tested in week 41, 6 (0.5%) tested positive for influenza. Of these positive specimens, 5 (83.3%) tested positive for influenza A, none of which were subtyped. The 1 (16.7%) remaining positive specimen tested positive for influenza B.
- Outpatient visits for ILI were 1.5% of patient visits during week 41, similar to Week 40 (1.6%).
- No laboratory-confirmed influenza deaths or outbreaks were reported during week
 41.
- Hospital visits for ILI were within expected baseline levels for this time period.

United States

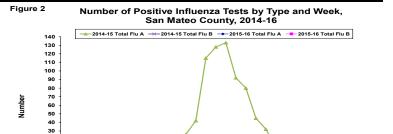
- During week 41, influenza activity remained low in the United States.
- Of the 7,998 specimens tested by clinical laboratories, 138 (1.7%) were positive for influenza, of which 101 (73.2%) were influenza A and 37 (26.8%) were influenza B.[†]
- Of the 444 specimens tested by public health laboratories, 19 (4.3%) were positive for influenza. Of the positive specimens, 18 (94.7%) were influenza A, of which 1 (5.3%) was 2009 H1N1, 14 (77.8%) were H3, and 3 (16.7%) were not subtyped. Of the remaining positive specimens, 1 (5.3%) was influenza B, which was of Victoria lineage.
- During week 41, 5.7% of all deaths reported through the 122 Cities Mortality Reporting System were due to Pneumonia and Influenza (P&I), below the epidemic threshold of 6.0% for week 41.
- No influenza-associated pediatric deaths were reported during week 41.
- During week 41, 1.4% of patient visits reported through the U.S. Outpatient Influenzalike Illness Surveillance Network (ILINet) were due to ILI. This is below the national baseline of 2.1%.
- ILI activity in all 50 states was reported to be "minimal" during week 41.





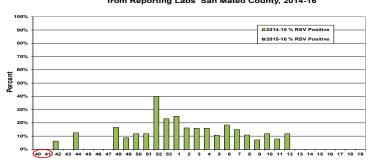
*Our reported numbers do not represent all cases of influenza within SMC, but are intended to demonstrate trends in influenza activity. This issue does not represent data from Kaiser.

Sources: 'SMC' San Mateo Medical Center, Sequoia Hospital, Mills-Peninsula Hospital, San Mateo County Public Health Lab; CA: California Influenza Surveillance Project: http://www.cdph.ca.gov/programs/vrdl/Pages/



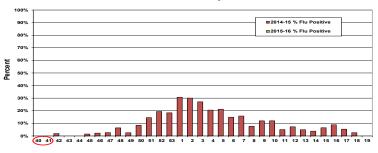
CDC Disease Week

Figure 3 Percentage of Positive Respiratory Syncytial Virus (RSV) Specimens from Reporting Labs San Mateo County, 2014-16

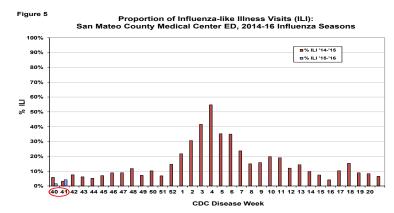


CDC Disease Week

Figure 4 Percentage of Positive Influenza Specimens from Reporting Labs San Mateo County, 2014-16



CDC Disease Week



†Subtyping data is no longer available for reporting clinical laboratories



Seasonal Influenza Report 2014-15

San Mateo County Health System, Public Health Policy and Planning Week 40-41 (Oct. 4 to 17, 2015)

FLU REPORT HEADLINES

- Flu Vaccination Clinics
- Influenza Vaccine Composition for the 2015-2016
 Season
- Available Flu Vaccines
- Reporting to Communicable Disease Control
- ACIP Vaccination Recommendations 2015-16

FLU VACCINATION CLINICS

San Mateo County Health System is sponsoring several flu clinics throughout the county. No appointments or identification are necessary. Some clinics may request a suggested donation. Flu vaccine clinic schedules are published in the Health System flu website.

INFLUENZA VACCINE COMPOSITION FOR THE 2015-2016 SEASON

For 2015–16, trivalent influenza vaccines will contain:

- An A/California/7/2009 (H1N1)-like virus
- An A/Switzerland/9715293/2013 (H3N2)-like virus
- A B/Phuket/3073/2013-like (Yamagata lineage) virus

Quadrivalent vaccines containing two influenza B viruses contain the above three viruses and a B/Brisbane/60/2008-like (Victoria lineage) virus.

AVAILABLE VACCINE PRODUCTS

Various influenza vaccine products are anticipated to be available during the 2015–16 season, with vaccine types listed below:

- Trivalent inactivated influenza vaccine (Standard dose)
- Quadrivalent inactivated influenza vaccine (Standard dose)
- Cell culture-based inactivated influenza vaccine (Standard dose)
- High dose inactivated influenza vaccine
- Recombinant influenza vaccine (Standard dose)
- Live attenuated influenza vaccine (Quadrivalent)

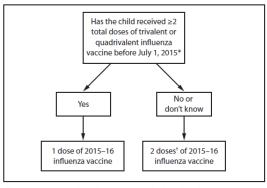
A table describing each type of flu vaccine, age indications and thimerosal content is available here.

PLEASE REPORT TO COMMUNICABLE DISEASE CONTROL

- Report ALL cases with severe febrile respiratory illness and suspected seasonal influenza which are (1) hospitalized in the ICU or (2) deceased by calling (650) 573-2346 or by submitting a Confidential Morbidity Report (CMR) and faxing it to (650) 573-2919.
- Immediately report any respiratory outbreaks in your facility to Communicable Disease Control by calling (650) 573-2346.

ACIP Flu Vaccination Recommendations 2015-16

- Routine annual vaccination of all persons aged ≥6 months continues to be recommended.
- Children aged 6 months through 8 years who have previously received ≥2 total doses of trivalent or quadrivalent influenza vaccine before July 1, 2015, require only 1 dose for 2015–16. The two previous doses need not have been given during the same season or consecutive seasons. Children in this age group who have not previously received a total of ≥2 doses of trivalent or quadrivalent influenza vaccine before July 1, 2015 require 2 doses for 2015–16. The interval between the 2 doses should be at least 4 weeks . See algorithm below for more details.



- *The two doses need not have been received during the same season or
- [†] Doses should be administered ≥4 weeks apart.
- ACIP recommends that persons with a history of egg allergy who have experienced only hives after exposure to egg should receive influenza vaccine. See algorithm below for details.

