



Seasonal Influenza Report 2016-17

San Mateo County Health System, Public Health Policy and Planning
Weeks 40 & 41 (Oct. 2 to 15, 2016)

www.smchealth.org/flu · Provider Reporting: 650.573.2346 · 650.573.2919 (fax)

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Current Influenza Activity

San Mateo County

- The 2016-17 influenza season officially began in week 40 (starting 10/2/16). During week 41 (ending 10/15/16), San Mateo County reported minimal influenza 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 laboratory reports from reporting county and hospital laboratories*, a total of 130 specimens have been tested for influenza since the beginning of influenza season, with two (1.5%) testing positive for influenza. A total of 31 specimens have been tested for RSV since the beginning of the influenza season, of which none were positive (Figures 1, 3, and 4).
- San Mateo County Public Health Laboratory (SMC PHL) has the ability to further subtype positive influenza specimens; the one subtyped influenza A specimen was H3 during week 40. No specimens were subtyped during week 41.
- Influenza-like illness (ILI) surveillance of chief complaint data from San Mateo Medical Center ED shows low activity thus far, similar to activity for the same period last season (Figure 5).

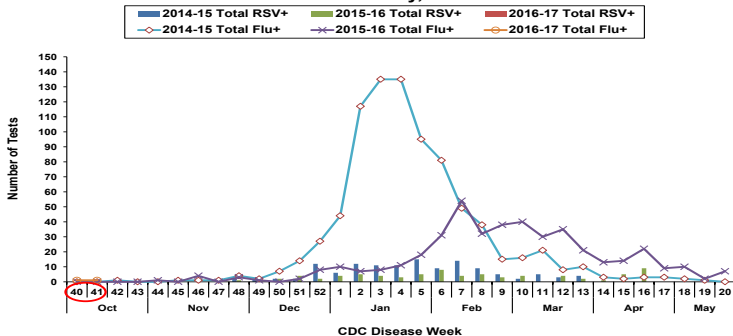
California

- Influenza activity in California was "sporadic" during week 41.
- Of 1,242 specimens tested in week 41, 34 (2.7%) tested positive for influenza. Of these positive specimens, 31 (91.2%) tested positive for influenza A, of which one (3.2%) was H3 and 30 (96.8%) were not subtyped. The three (8.8%) remaining specimens tested positive for influenza B.
- Outpatient visits for ILI accounted for 0.7% of patient visits during week 41, which is within expected levels for this time of year.
- There was one laboratory-confirmed outbreak during week 40. There were no influenza deaths or outbreaks during week 41.
- Hospital visits for Pneumonia and Influenza (P&I) for week 41 were lower (3.3%) than week 40 (3.6%) and within expected levels for this time of year.†

United States

- During week 41, influenza activity remained low in the United States.
- Of the 9,677 specimens tested by clinical laboratories, 128 (1.3%) were positive for influenza, of which 77 (60.2%) were influenza A and 51 (39.8%) were influenza B.†
- Of the 404 specimens tested by public health laboratories, 23 (5.7%) were positive for influenza. Of the positive specimens, 20 (87.0%) were influenza A, of which 4 (20.0%) were 2009 H1N1, 10 (50.0%) were H3, and 6 (30.0%) were not subtyped. Of the remaining positive specimens, 3 (13.0%) were influenza B, which did not have lineage performed.
- During week 39, 5.4% of all deaths reported through the Center for Health Statistics Mortality Surveillance System were due to Pneumonia and Influenza (P&I)‡, below the epidemic threshold of 6.4% for week 39. Due to a backlog of records, this was the most recent data to date of publication.
- No influenza-associated pediatric deaths were reported during week 41.
- During week 41, 1.2% of patient visits reported through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) were due to ILI. This is below the national baseline of 2.2%.
- ILI activity in all 50 states was reported to be "minimal" during week 41.

Figure 1 Number of Positive Influenza & RSV Tests by Week San Mateo County, 2014-2017



*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 Laboratory; CA: California Influenza Surveillance Project: <http://www.cdph.ca.gov/PROGRAMS/DCDC/Pages/CaliforniaInfluenzaSurveillanceProject.aspx>; US: CDC Influenza Activity and Surveillance: <http://www.cdc.gov/flu/weekly/fluactivitysurv.htm>

Figure 2 Number of Positive Influenza Tests by Type and Week, San Mateo County, 2015-17

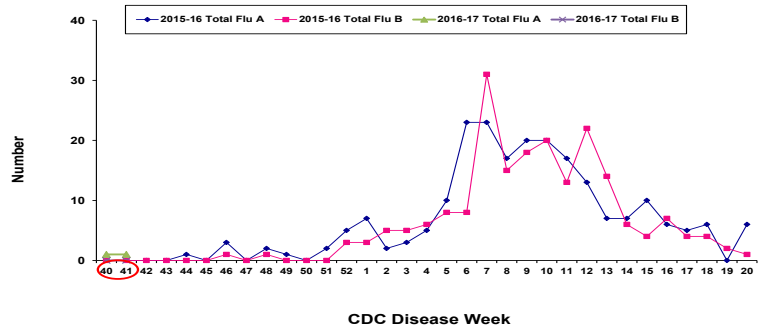


Figure 3 Percentage of Positive Respiratory Syncytial Virus (RSV) Specimens from Reporting Labs San Mateo County, 2015-17

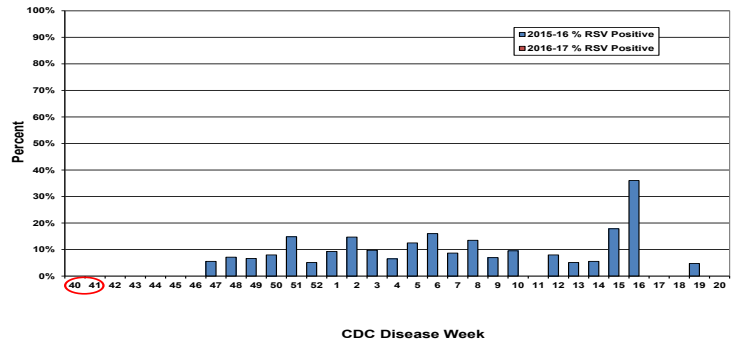


Figure 4 Percentage of Positive Influenza Specimens from Reporting Labs San Mateo County, 2015-17

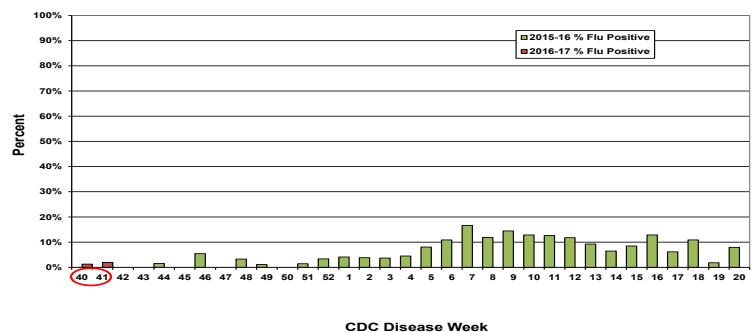
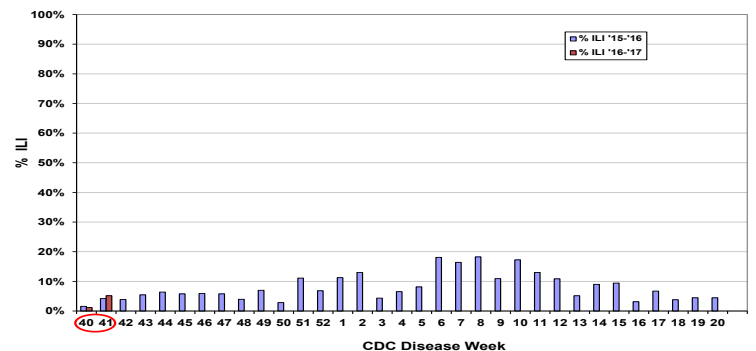


Figure 5 Proportion of Influenza-like Illness Visits (ILI): San Mateo County Medical Center ED, 2015-17 Influenza Seasons



†This data reflects Kaiser hospitalizations only.

‡The CDC notes: "P&I percentages for recent weeks may be artificially low due to a backlog of records requiring manual processing. Percentages will likely increase to levels more similar to the baseline as more data becomes available."



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FLU REPORT HEADLINES

- **Flu Vaccination Clinics**
- **Influenza Vaccine Composition for the 2016-2017 Season**
- **Available Flu Vaccine Products**
- **Reporting to Communicable Disease Control**
- **ACIP Flu Vaccination Recommendations 2016-17**

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 on the Health System [flu website](#).

INFLUENZA VACCINE COMPOSITION FOR THE 2016-2017 SEASON

For 2016–17, trivalent influenza vaccines will contain:

- An A/California/7/2009 (H1N1)-like virus
- An A/Hong Kong/4801/2014 (H3N2)-like virus
- A B/Brisbane/60/2008-like (Victoria lineage) virus

Quadrivalent vaccines containing two influenza B antigens include the above three viruses and a B/Phuket/3073/2013-like (Yamagata lineage) virus.

AVAILABLE VACCINE PRODUCTS

Various influenza vaccine products are anticipated to be available during the 2016–17 season:

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

A table describing each type of influenza vaccine, age indications and thimerosal content is available [here](#).

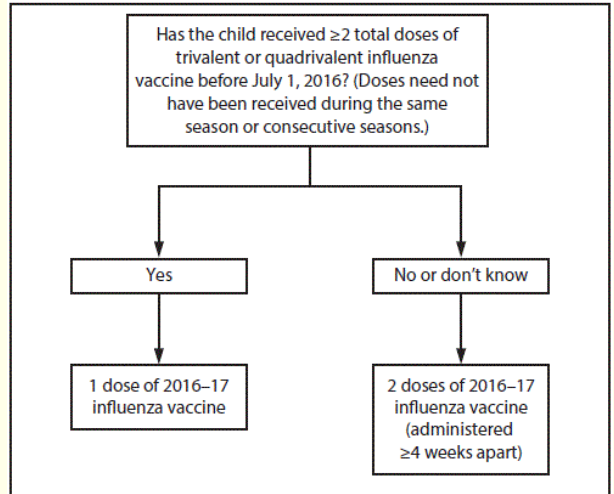
Please note that in light of low effectiveness against Influenza A(H1N1)-like in the United States during the 2013-2014 and 2015-2016 seasons, ACIP is recommending not to use LAIV4 (live attenuated quadrivalent influenza vaccine) this influenza season.

PLEASE REPORT TO COMMUNICABLE DISEASE CONTROL

- **Report ALL cases ages 0-64 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 2016-17

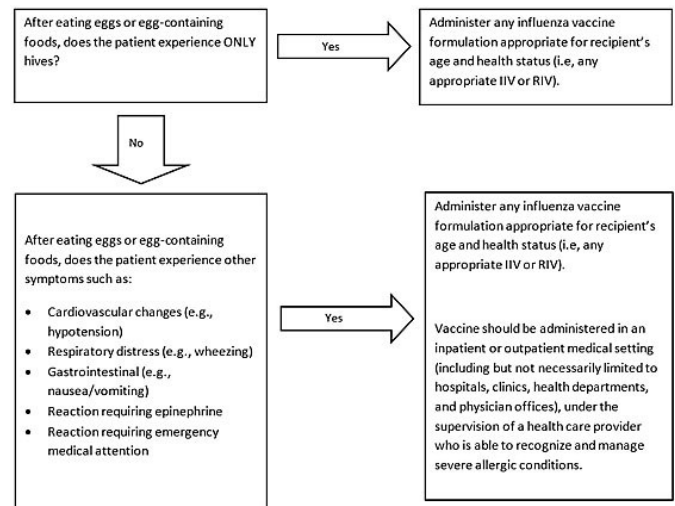
- All persons aged ≥ 6 months without contraindications should be vaccinated annually.
- For 2016–17, ACIP recommends that children aged 6 months through 8 years who have previously received ≥ 2 total doses of trivalent or quadrivalent influenza vaccine before July 1, 2016 require only 1 dose for 2016–17. 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, 2016 require 2 doses for the 2016–17 season. The interval between the 2 doses should be at least 4 weeks (Figure). **See [algorithm](#) below for details.**



- Recommendations regarding influenza vaccination of persons who report allergy to eggs. **See [algorithm](#) below for details.**

Recommendations regarding influenza vaccination of persons who report allergy to eggs: Advisory Committee on Immunization Practices, United States, 2016-17 Influenza season.

NOTE: Regardless of a recipient's allergy history, all vaccination providers should be familiar with the office emergency plan and be currently certified in cardiopulmonary resuscitation. Epinephrine and equipment for maintaining an airway should be available for immediate use. (CDC. General recommendations on immunization—recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR Recomm Rep 2011;60(No. RR-2)



IIV=Inactivated Influenza Vaccine; RIV=Recombinant Influenza Vaccine.