

Seasonal Influenza Report 2015-16

San Mateo County Health System, Public Health Policy and Planning Weeks 4 & 5 (Jan 24 to Feb 6, 2016)

www.smchealth.org/flu · Provider Reporting: 650.573.2348 · 650.573.2919 (fax) Volume 8. Issue 9

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Current Influenza Activity

San Mateo County

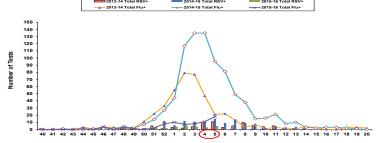
- During week 5 (ending 2/6/16), San Mateo County reported slightly higher influenza activity than previous weeks.
- Week 5 of the current season has a lower number of influenza detections than week 5 of the previous season (Figures 1 and 2).
- Within the County, based on reports from reporting county and hospital laboratories*, a total of 2259 specimens have been tested for influenza since the beginning of influenza season, and 18 (0.8%) tested positive for influenza during week 5. A total of 464 specimens have been tested for RSV since the beginning of the influenza season with five (1.1%) testing positive during week 5 (Figures 1, 3, and 4).
- San Mateo County Public Health Laboratory (SMC PHL) has the ability to further subtype positive influenza A specimens. During week 5, one specimen in the SMC PHL tested positive for influenza A but no subtyping was performed.
- Influenza-like illness (ILI) surveillance of chief complaint data from San Mateo Medical Center ED is lower than the same period last season (Figure 5).

- Influenza activity in California was reported as "widespread" during week 5.
- Of 4,189 specimens tested, 864 (20.6%) were positive for influenza. Of the positive specimens, 442 (51.2%) were influenza A, of which 38 (8.6%) were H1, 12 (2.7%) were H3, and 392 (88.7%) were not subtyped. The remaining 422 (48.8%) tested positive for influenza B.
- Outpatient visits for ILI in week 5 were 2.3% which was lower than 2.6% in week 4.
- There were four influenza-associated deaths in those less than 65 years of age reported during week 5
- Hospital visits for Pneumonia and Influenza (P&I) for week 5 were lower (5.0%) than week 4 (5.4%) and are within expected levels for this time of year. †
- To date in California, the trivalent and quadrivalent vaccines are good antigenic matches to the circulating influenza 2009 A (H1) and A (H3) viruses, as well as the influenza B Victoria lineage and Yamagata lineage viruses.

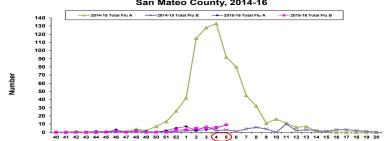
United States

- During week 5, influenza activity saw an increase in the United States.
- Of the 17,175 specimens tested by clinical laboratories, 1,563 (9.1%) were positive for influenza, of which 1,135 (72.6%) were influenza A and 428 (27.4%) were influenza B.
- Of the 1,233 specimens tested by public health laboratories, 443 (35.9%) were positive for of the positive specimens (25.5%) were influenza A, of which 255 (78.5%) were H1 and 42 (12.9%) were H3, with 28 (8.6%) having no subtyping performed. The 118 (26.6%) remaining specimens were influenza B, of which 44 (37.3%) were of Yamagata lineage, 18 (15.3%) were of Victoria lineage, and 56 (47.5%) had no lineage performed.
- Two influenza-associated pediatric deaths were reported during week 5.
- During week 5, 6.2% of all deaths reported through the 122-Cities Mortality Reporting System were due to P&I. This percentage was below the epidemic threshold of 7.3% for week 5.
- One state (AZ) experienced high ILI activity; two states (AK, CT) experienced moderate activity; eight states (FL, IL, MA, NM, OK, OR, TX, UT) low ILI activity; data were insufficient to calculate an ILI activity level for one state (CO); the remaining 38 states experienced minimal ILI activity

Number of Positive Influenza & RSV Tests by Week Figure 1 San Mateo County, 2013-16



CDC Disease Week Figure 2 Number of Positive Influenza Tests by Type and Week San Mateo County, 2014-16



CDC Disease Week



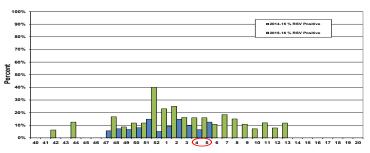
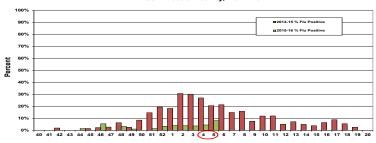
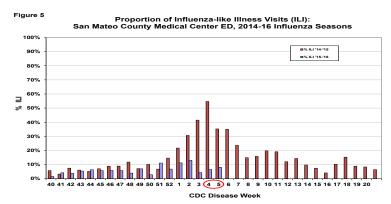


Figure 4 Percentage of Positive Influenza Specimens from Reporting Labs San Mateo County, 2014-16



CDC Disease Week



TEST OR TREAT?

Flu activity in San Mateo County is increasing. Eighteen specimens during week 5 tested

- Test outpatients with suspected flu and high risk of complications, who are being considered for antiviral treatment. Consider empiric treatment in high-risk outpatients and those with progressive disease. Consider testing children <2 years of age to rule out RSV vs. influenza.
- Test hospitalized patients with suspected flu. Consider empiric treatment, especially in high-risk patients and those with progressive disease.
- Antivirals used for treatment: Oseltamivir or Zanamivir.

"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/DCDC/Pages/

http://www.cdpn.ca.gov/PROGRAMS/DCDC/Pages/ bx; US: CDC Flu Activity and Surveillance: http://www.cdc.gov/flu/we

†This data reflects Kaiser hospitalizations only. SPlease refer to Table 3 in the following document for more details: https://www.cdph.ca.gov/HealthInfo/discond/Documents/