San Mateo County

- Both influenza and RSV activity have increased slightly in week 6.
- Based on lab reports from reporting county and hospital laboratories*, there were four influenza positives and five RSV positives within week 6. Of the influenza positives, three were influenza type A and one was influenza type B (Figures 1 and 3).
- To date, a total of 741 specimens have been tested for influenza, of which 36 (4.9%) are positive. A total of 246 specimens have been tested for RSV, of which 43 (16.8%) are positive.
- During week 6, no specimens were tested for influenza by RT-PCR at San Mateo County Public Health Lab.
- Influenza-like-illness (ILI) surveillance data from San Mateo Medical Center ED showed that ILI activity was higher in week 6 (0.72%) compared to week 5 (0.35%). However, ILI continues to remain much low (Figure 4). Average ILI visits made up 0.35% of total ED visits, far below the 2010-11 seasonal average of 0.82% (dashed line on graph).
- No influenza associated deaths have been reported to date (Table 1).

California:

- In week 6 (ending 2/11/12), the geographic distribution of influenza in California remained “widespread”.
- No influenza-associated deaths were reported in week 6. To date, five influenza-associated deaths have been reported, including one child in the 10-14 year age group.
- The Respiratory Lab Network (RLN) tested 2075 specimens for influenza during week 6 (February 5-11, 2012), of which 292 (14.1%) were positive for influenza A; of which 58 (19.9%) were subtyped as influenza A (H3) and 37 (12.7%) were subtyped as A (2009 H1N1). Twenty four (1.2%) were subtyped as influenza B.
- No laboratory-confirmed influenza outbreaks were reported in Week 6.
- The percent of specimens positive for RSV has decreased in Week 6 (18.9% compared to 20.7% in Week 5).
- No influenza-associated deaths were reported in week 6. To date, five influenza-associated deaths have been reported, including one child in the 10-14 year age group.
- Nationwide, 1.9% of patient visits were reported for influenza-like-illness (ILI), which was lower than the national baseline of 2.4%.
- Missouri reported high ILI activity. Six states experienced low ILI activity and 43 out of 49 states reported minimal activity.

United States

- During week 6 (ending 2/11/12), influenza activity in the United States continued to increase.
- Of the 3,230 specimens tested for influenza, 500 (15.5%) specimens were positive for influenza, with 475 (95%) being flu A positive, of which 237 (49.9%) were A (H3), and 62 (13.1%) were 2009 H1N1. Twenty five (5%) of total flu positives were influenza B.
- One influenza-associated pediatric death was reported during Week 6 and was associated with influenza B virus. To date, three pediatric deaths have been reported.
- Nationwide, 1.9% of patient visits were reported for influenza-like-illness (ILI), which was lower than the national baseline of 2.4%.
- Missouri reported high ILI activity. Six states experienced low ILI activity and 43 states reported minimal activity.

**Table 1: San Mateo County Current Case Activity**

<table>
<thead>
<tr>
<th>Influenza Cases</th>
<th>Week 6*</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Pediatric</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Fatalities</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Pediatric</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Outbreaks</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Our reported numbers do not represent all cases of influenza within SMC, but are intended to demonstrate trends in influenza activity. Source: SAC, Kaiser, San Mateo Medical Center, Sequoia Hospital, Peninsula Hospital, San Mateo County Public Health Lab. CA: California Influenza Surveillance Project: http://www.cdph.ca.gov/programs/ivs/Pages/
Seasonal Influenza Report 2011-12
San Mateo County Health System, Public Health
Week 6 (February 5-11, 2012)

**FLU REPORT HEADLINES**
- **Test or Treat?**
- **U.S. Seeing Latest Flu Season in Three Decades**
- **CDC Recommendations for Antiviral Medications Unchanged**

**TEST OR TREAT?**
Both Flu and RSV activity in San Mateo County are on the rise. A total of 36 and 43 specimens have tested positive for influenza and RSV, respectively, since the beginning of flu season. Increased testing is being requested due to limited circulation of S-OtrH3N2 virus in other parts of the United States.

- Increase flu testing for pediatric outpatients < 18 years of age with suspected flu. Empiric treatment in outpatients with ILI is not indicated at this time. Consider testing children < 2 years of age to rule out RSV vs. influenza.
- Test all hospitalized patients with suspected flu. Consider empiric treatment in severely ill hospitalized (ICU) cases with suspected influenza or in patient with progressive illness.
- Antivirals used for treatment: Oseltamivir or Zanamivir.

**U.S. SEEING LATEST FLU SEASON IN THREE DECADES**
Flu is off to a late start this season. The percentage of respiratory specimens testing positive for influenza within the U.S. rose to 10.5 percent from 7.6 percent during the first week of February 2012. This is the first time this season that the percent of respiratory specimens testing positive for influenza has surpassed 10 percent, which is generally a marker to indicate that flu season is beginning. In the past 29 years, the percent of respiratory samples testing positive for flu has remained below the 10 percent mark until February only once before (1987-1988). Influenza-like-Illness (ILI) remains below baseline nationally, which is again late for this time of year. However, California is the first to report widespread geographic influenza activity this season.

**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**

**Stay informed and be prepared!**
- Sign up for California Health Alert Network (CAHAN): This system provides rapid notification to our partners. To sign up, contact Theresa Smith at (650)573-3782 or email THSmith@smcgov.org.
- Sign up to receive the Seasonal Influenza Report and the Communicable Diseases Quarterly Report. To sign up, contact Epidemiology@smcgov.org.

**CDC Recommendations for Antiviral Medications Unchanged**
A recent review of randomized clinical trial data for the influenza neuraminidase inhibitor antiviral medications published by the Cochrane Collaboration, and two related commentaries (“Rethinking credible evidence synthesis” and “Questions Remain over safety and effectiveness of oseltamivir”) published in the British Medical Journal, raised questions about the value of antiviral medications for the prevention and treatment of influenza. After careful consideration of all available evidence, **CDC guidance on the use of antiviral medications remains unchanged.** The Centers for Disease Control and Prevention (CDC) continues to recommend the use of the neuraminidase inhibitor antiviral drugs (oral oseltamivir and inhaled zanamivir) as an important adjunct in the prevention and treatment of influenza.

The Cochrane review assessed unpublished and published data from randomized controlled trials (RCTs) of oral oseltamivir or inhaled zanamivir versus placebo for early treatment (within 48 hours after illness onset) or chemoprophylaxis of uncomplicated seasonal influenza in otherwise healthy adults and children. The review concluded that in adults and children with influenza-like illness, early oseltamivir treatment shortens the duration of symptoms by approximately 21 hours compared to placebo. The Cochrane review was unable to reach conclusions about the efficacy of oral oseltamivir or inhaled zanamivir treatment to reduce health complications, including those which might result in hospitalization. The review authors reported that they did not have full access to all unpublished data for oseltamivir RCTs as requested from the manufacturer.

The Advisory Committee on Immunization Practices (ACIP) and CDC consider all of the published evidence available from RCTs and observational studies, including safety data, when issuing recommendations on antiviral treatment of influenza.

**CDC Treatment Guidance**
The CDC guidance emphasizes early antiviral treatment as soon as possible for patients who are severely ill and for those who are at greatest risk for complications from influenza. This includes:
- hospitalized patients with suspected or confirmed influenza,
- People with severe or progressive illness,
- Outpatients who are at high risk for influenza complications (for example, young children, people 65 and older, pregnant women, and persons with certain underlying chronic medical conditions).

In addition, because consistent clinical benefit of early oseltamivir treatment has been found in reducing the risk of lower respiratory tract complications such as those requiring antibiotics, persons with uncomplicated influenza who are not in a high risk group and who present within 48 hours of illness onset can be treated with antiviral medications based upon clinical judgment.

Full CDC guidelines are available here.