



INFLUENZA WATCH

Overview

Influenza activity remains very low to date this season in San Diego County. This may in part be due to the social distancing, hand washing, and mask wearing interventions instituted to reduce the transmission of SARS-CoV2, the virus that causes COVID-19. Seasonal influenza vaccinations are being recorded in the San Diego Immunization Registry at a higher rate than at this same point in any previous season, with 884,607 San Diegans immunized through week 45.

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Key Points

Current Week 45 (ending 11/7/2020)

- 9 new influenza detections reported
- No influenza-related deaths reported
- 2% influenza-like illness (ILI) among emergency department visits
- 6% of death certificates registered with pneumonia and/or influenza

2020-21 FYTD Season Summary

27

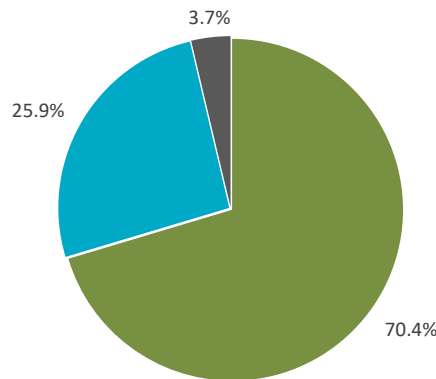
Total Cases

0

Deaths[†]

0

Outbreaks*



Virus Characteristics

- Influenza A, subtype unknown
- Influenza A (H1N1)pdm09
- Influenza A (H3)
- Influenza B, subtype unknown
- Influenza B/Victoria
- Influenza B/Yamagata
- Influenza, type unknown

[†] Flu deaths less than 18 years of age are reportable to CDPH.

* In a congregate living setting, outbreaks are defined as at least one laboratory-confirmed influenza case in the setting of a cluster (≥2 cases) of influenza-like illness (ILI) within a 72-hour period.

Table 1. Influenza Surveillance Indicators.

Indicator	2020-21 Season			2019-20 Season			Prior 3-Year Average*		
	Week 45	Week 44	Total to Date	Week 45	Total To Date	Season Total	Week 45	Total To Date	Season Total
All influenza detections reported (rapid or PCR)	9	6	27	75	475	20,711	55	369	17,073
Percent of emergency department visits for ILI	2%	2%		4%			4%		
Percent of deaths registered with pneumonia and/or influenza	6%	6%		3%			5%		
Number of influenza-related outbreaks [∞]	0	0	0	1	2	25	0	1	69
Number of influenza-related deaths reported [^]	0	0	0	0	3	108	0	2	176

Influenza season is July 1 – June 30, Weeks 27-26. Previous weeks case counts or percentages may change due to delayed processing or reporting.

*Includes FYs 2017-18, 2018-19, and 2019-20.

[∞]At least one case of laboratory-confirmed influenza in a setting experiencing two or more cases of influenza like illness (ILI) within a 72-hour period.

Total confirmed influenza outbreaks in prior seasons: 119 in 2017-18, 25 in 2018-19, and 62 in 2019-20.

[^]Current FY deaths are shown by week of report; by week of death for prior FYs. Total deaths reported in prior seasons: 343 in 2017-18, 77 in 2018-19, and 108 in 2019-20.

People at High Risk for Influenza Complications

Although **everyone six months and older should get an annual influenza vaccine**, some people are more likely to get [influenza complications](#) that can result in hospitalization and sometimes death. Influenza can also make chronic health problems worse. The groups of people who are more likely to get serious flu-related complications if they get sick with influenza are listed below.

- [Children younger than 5, but especially children younger than 2 years old](#)
- [Adults 65 years of age and older](#)
- [Pregnant women](#) (and women up to two weeks postpartum)
- Residents of nursing homes and other [long-term care facilities](#)
- [American Indians and Alaskan Natives](#) seem to be at higher risk of flu complications
- [Asthma](#)
- [Children](#) and adults with neurological and neurodevelopmental conditions [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability (mental retardation), moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].
- Chronic lung disease (such as chronic obstructive pulmonary disease [COPD] and cystic fibrosis)
- [Heart disease](#) (such as congenital heart disease, congestive heart failure and coronary artery disease)
- Blood disorders (such as sickle cell disease)
- Endocrine disorders (such as [diabetes](#))
- Kidney disorders
- Liver disorders
- Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
- Weakened immune system due to disease or medication (such as people with [HIV or AIDS](#), or [cancer](#), or those on chronic steroids)
- People younger than 19 years of age who are receiving long-term aspirin therapy
- People with extreme obesity (body mass index [BMI] of 40 or more)

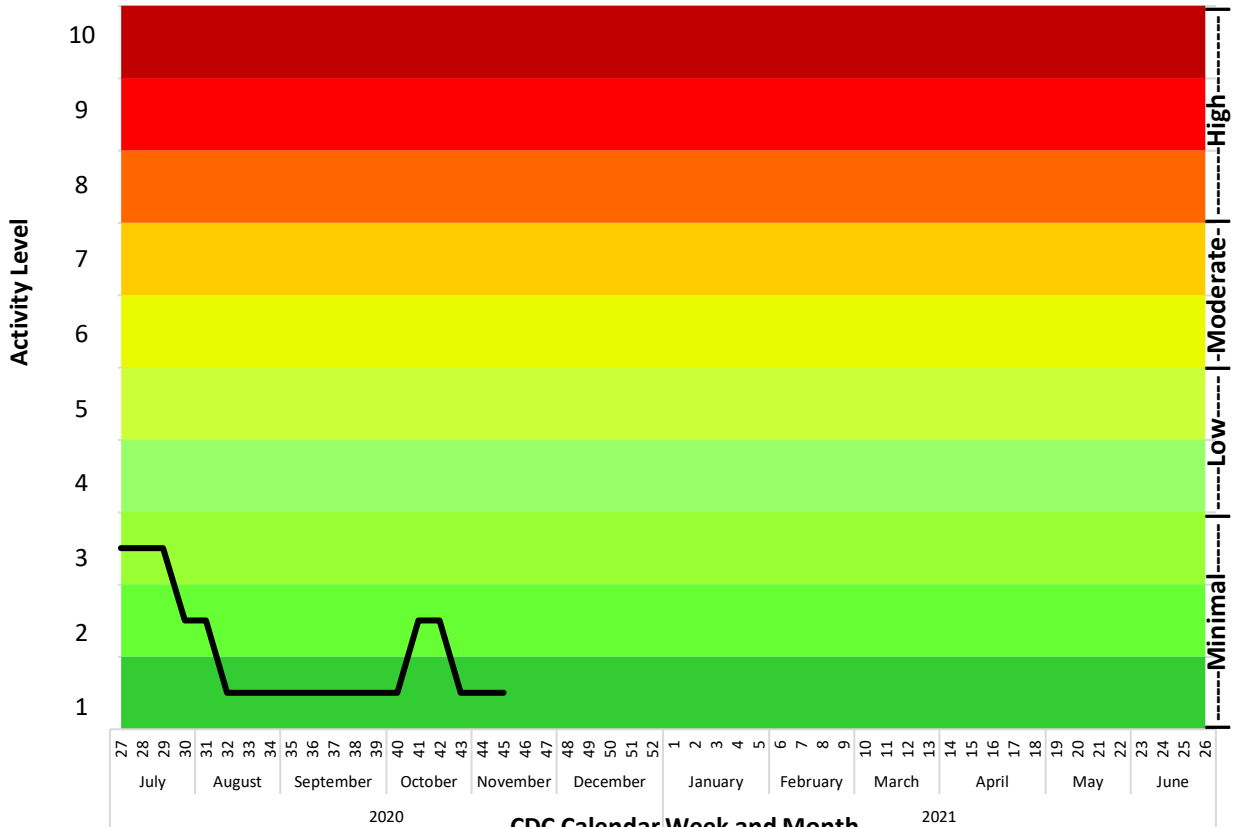
Each year, most influenza deaths occur among people who had no evidence of having received an annual influenza vaccine. Providers should make extra efforts to ensure that everyone at risk for influenza gets the annual influenza vaccine. More information is available at the [CDC influenza website](#).

Table 2. Influenza Cases Reported, 2020-2021 Season*

Positive Test Type/Subtype	Week 45	Week 44	Total to Date	Percent to Date
Influenza A, subtype unknown	5	5	19	70.4%
Influenza A (H1N1)pdm09	0	0	0	0.0%
Influenza A (H3)	0	0	0	0.0%
Influenza B, subtype unknown	3	1	7	25.9%
Influenza B/Victoria	0	0	0	0.0%
Influenza B/Yamagata	0	0	0	0.0%
Influenza, type unknown	1	0	1	3.7%
Total	9	6	27	100.0%

*Season is July 1- June 30, Weeks 27-26.

Figure 1. Activity Level of Emergency Department Influenza-Like Illness (ILI), 2020-21 Season to Date.



Legend	Minimal			Low			Moderate		High	
	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	LEVEL 6	LEVEL 7	LEVEL 8	LEVEL 9	LEVEL 10
	< mean	≥ mean and <1 standard deviation above mean	≥1 and <2 standard deviations above mean	≥2 and <3 standard deviations above mean	≥3 and <4 standard deviations above mean	≥4 and <5 standard deviations above mean	≥5 and <6 standard deviations above mean	≥6 and <7 standard deviations above mean	≥7 and <8 standard deviations above mean	≥8 standard deviations above mean

Influenza Activity Indicator:

The activity level compares the current week’s ED ILI% (emergency department influenza-like illness, percent of all visits) to the mean and number of standard deviations above of the mean of the ED ILI% in non-influenza season weeks (CDC disease weeks 27-39) from the current and prior four seasons.

There are 10 activity levels, classified as: Minimal (levels 1-3), Low (levels 4-5), Moderate (levels 6-7), and High (levels 8-10). An activity level of 1 corresponds to when the ED ILI% is below the mean; level 2 corresponds to when the ED ILI% is less than 1 standard deviation above the mean; level 3 corresponds to when the ED ILI% is more than 1 but less than 2 standard deviations above the mean, and so on, with an activity level of 10 corresponding to when the ED ILI% is at 8 or more standard deviations above the mean.

Figure 2. San Diego County Influenza Detections by Type and Week of Report, 2020-21 Season to Date (N=27).

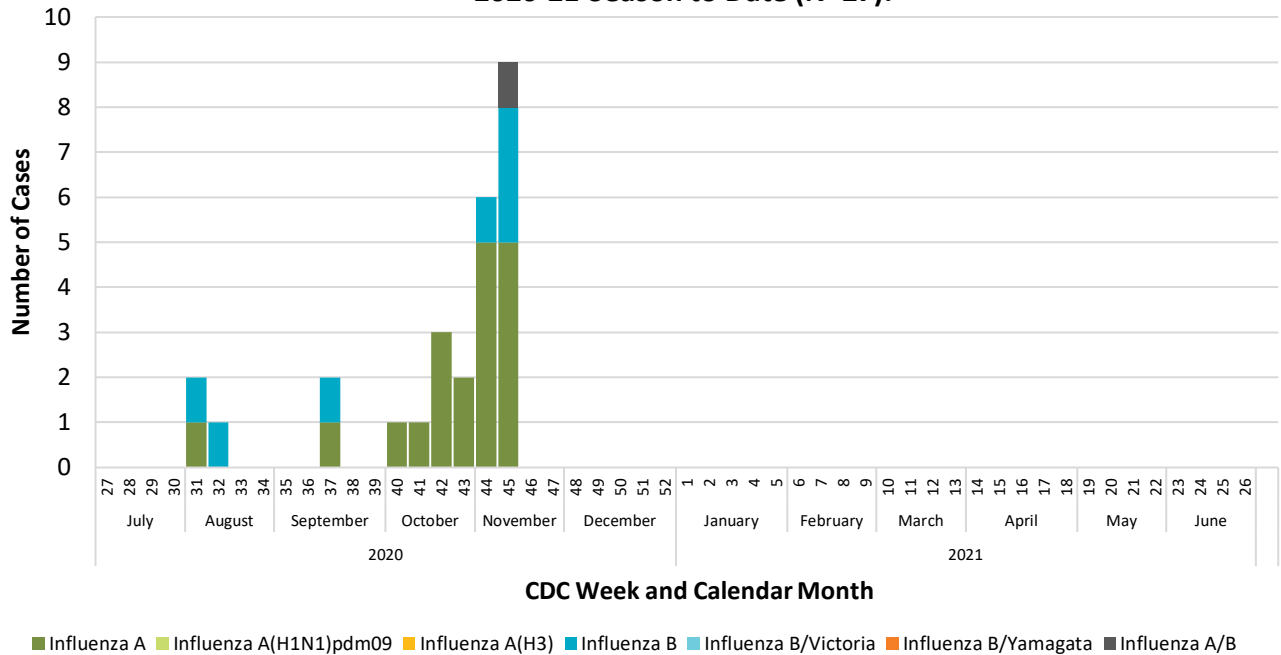


Figure 3. Cumulative Influenza Cases Reported by CDC Week and Season.

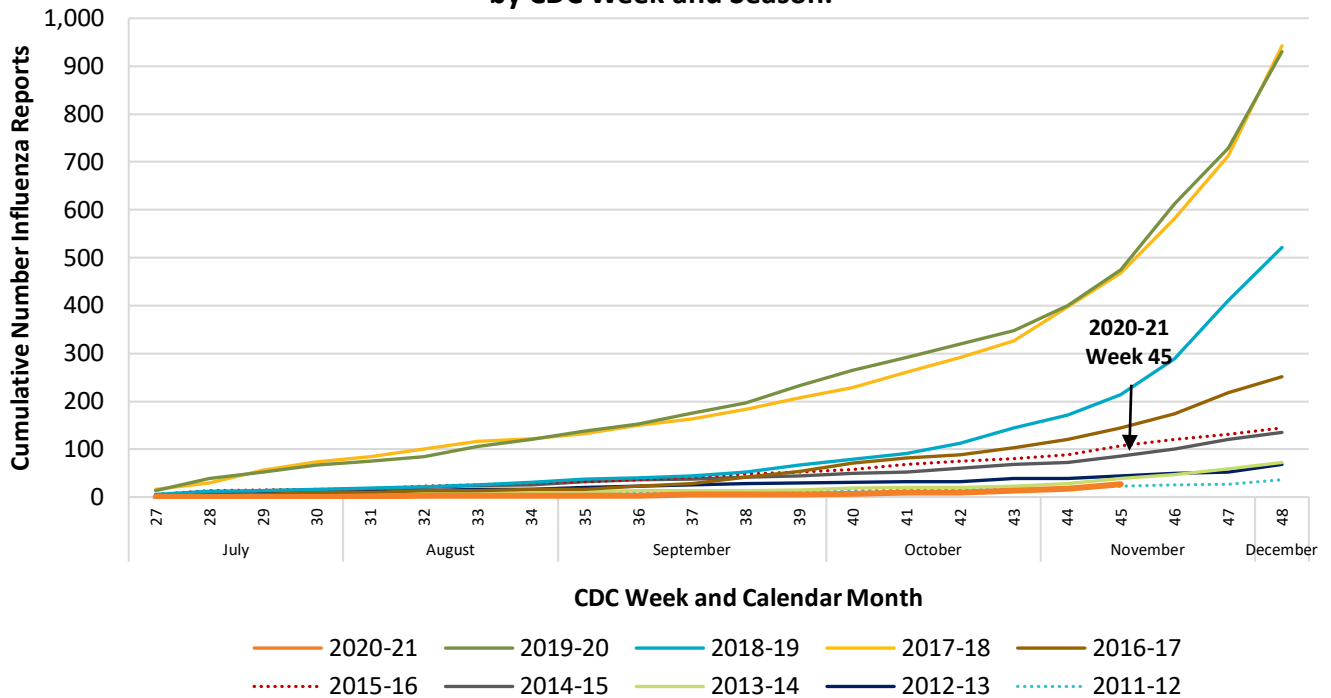


Figure 4. Proportion of Influenza Cases by Age Group and Season.

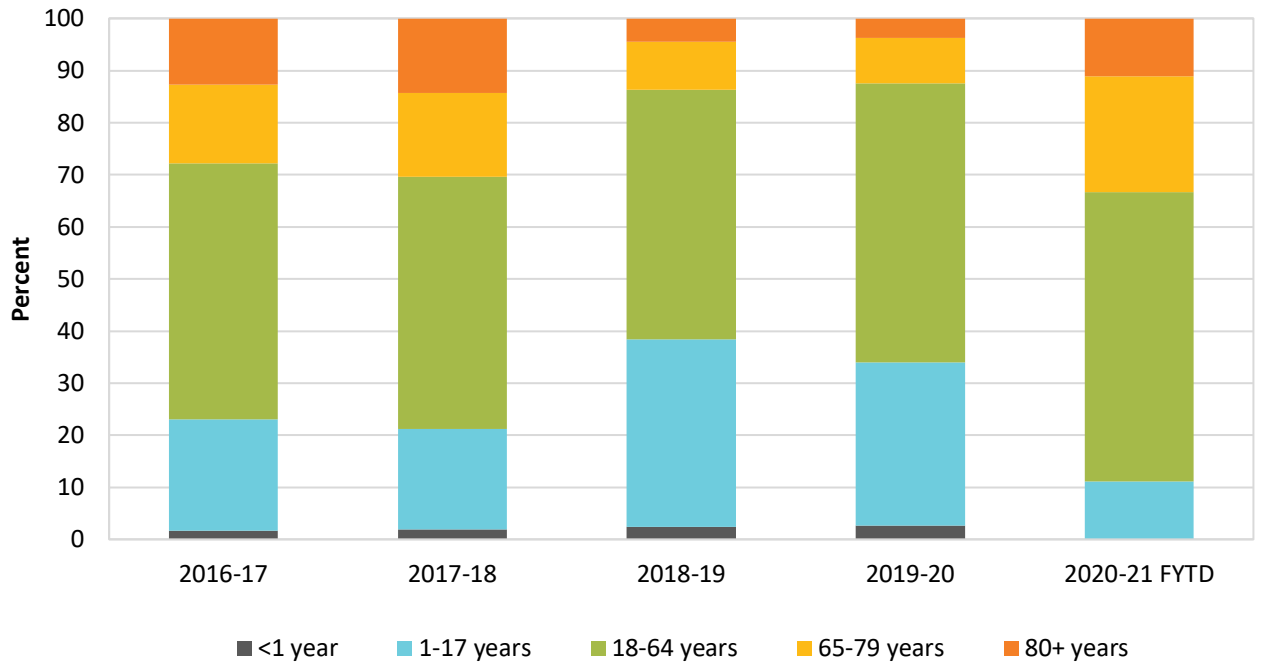
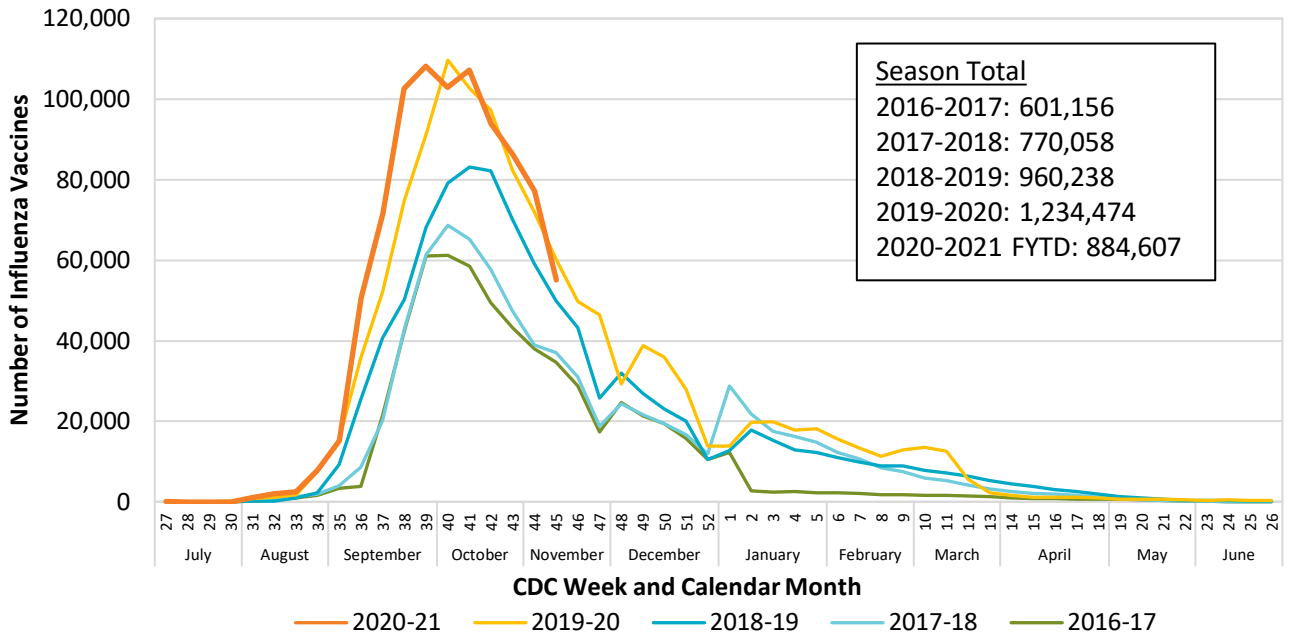


Figure 5. Number of Influenza Vaccinations Administered* by CDC Week and Season.



* Influenza vaccinations administered and entered into the San Diego Immunization Registry ([SDIR](#))

Figure 6. Percent of Emergency Department Visits for ILI Chief Complaint by CDC Week and Season.

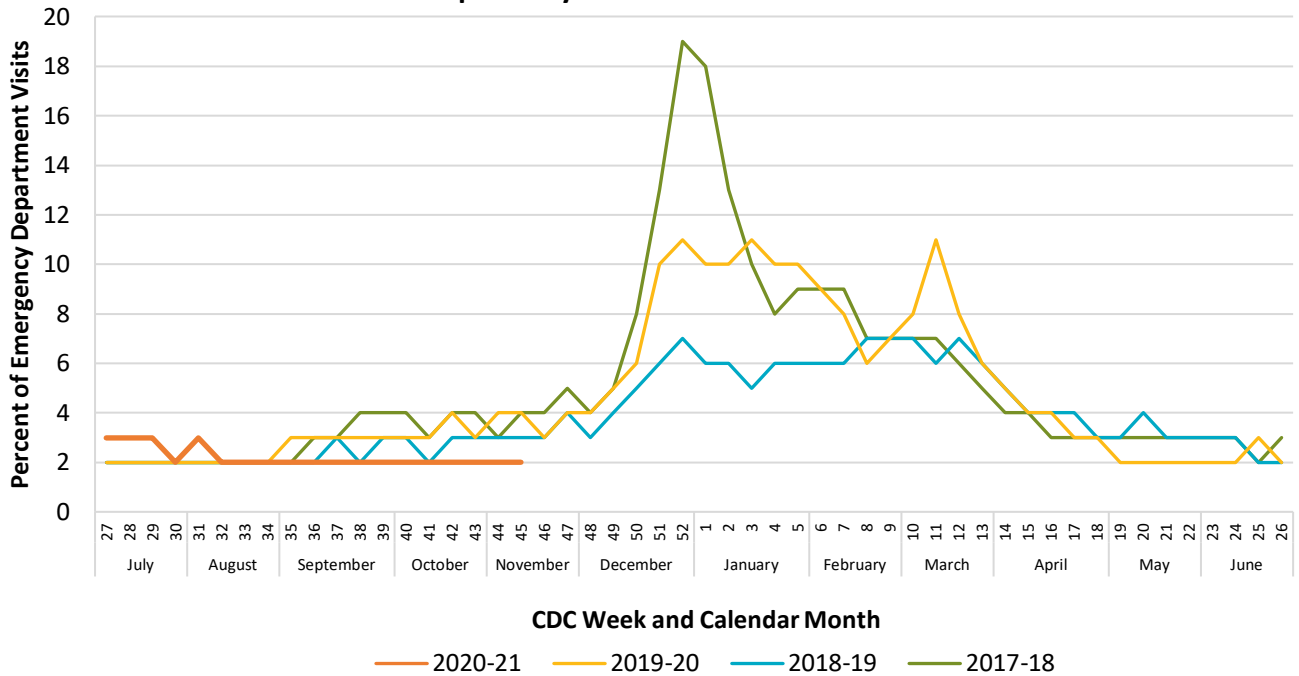
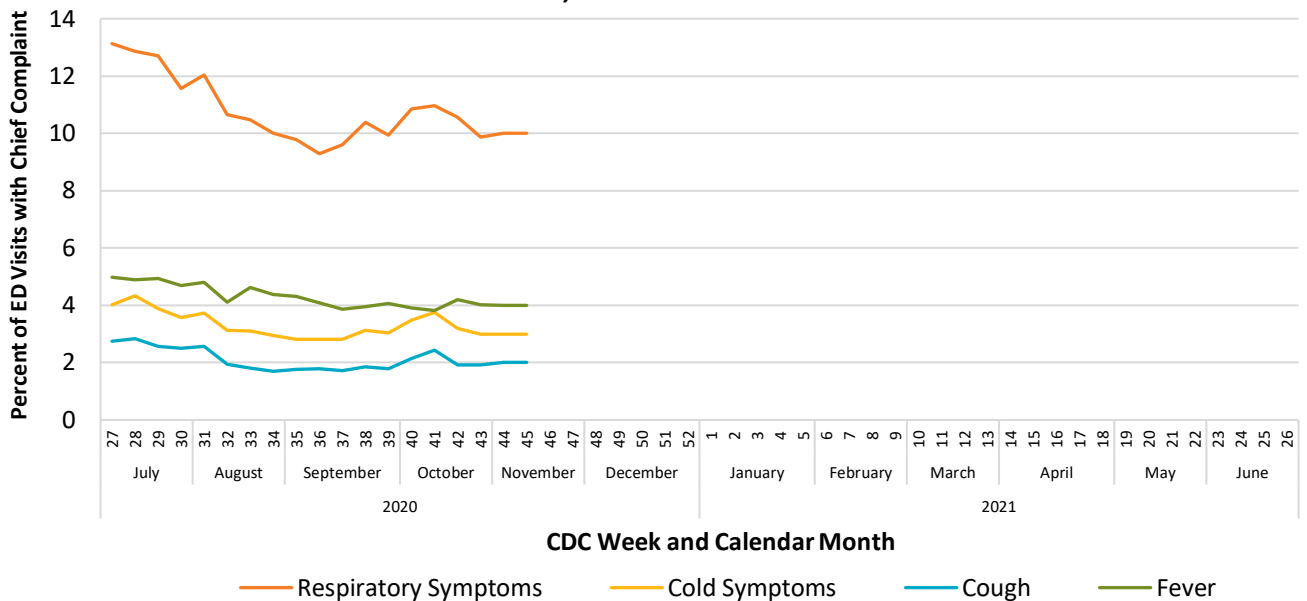


Figure 7. Percent of Emergency Department Visit Chief Complaints for Cough, Cold, Fever, or Respiratory Symptoms* by CDC Week, 2020-21 Season to Date.



* Respiratory category includes cough, cold symptoms, influenza-like illness, and other respiratory symptoms.

INFLUENZA WATCH

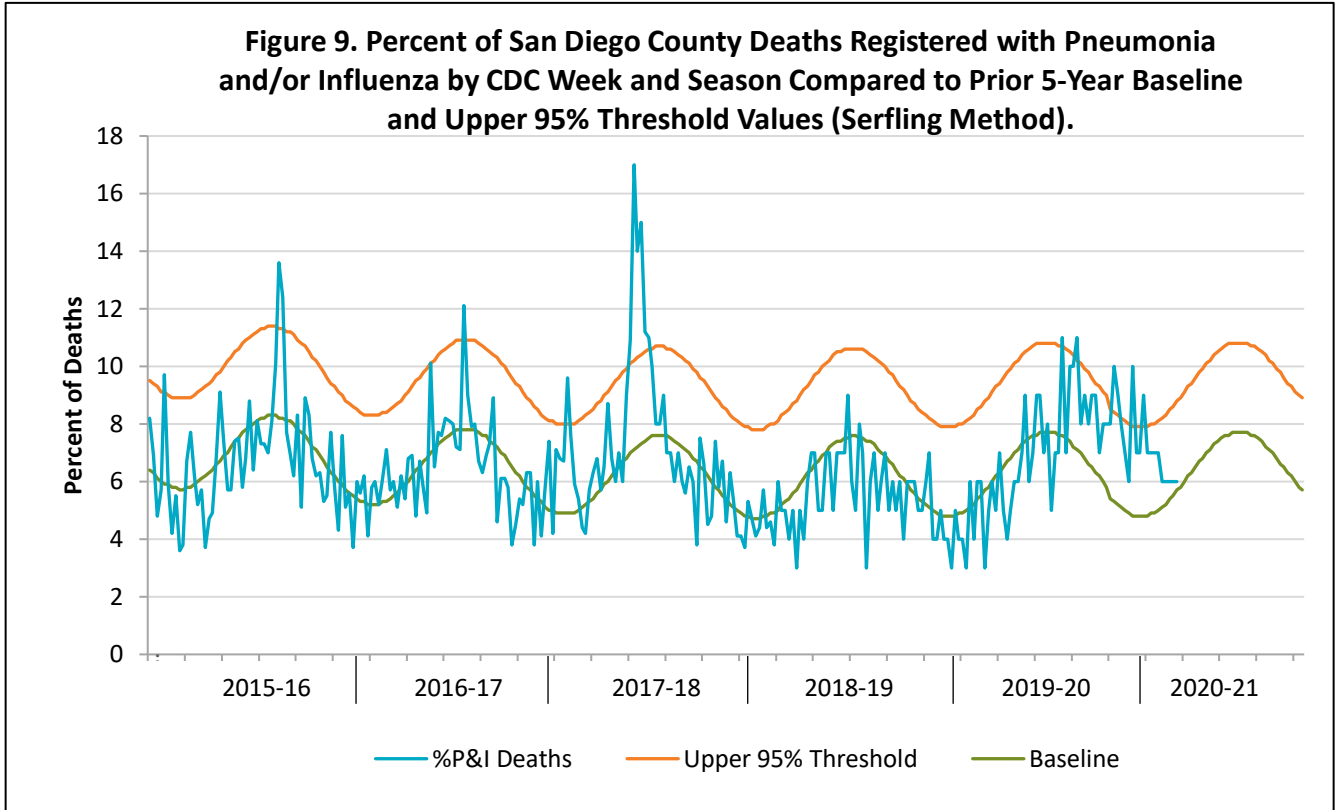
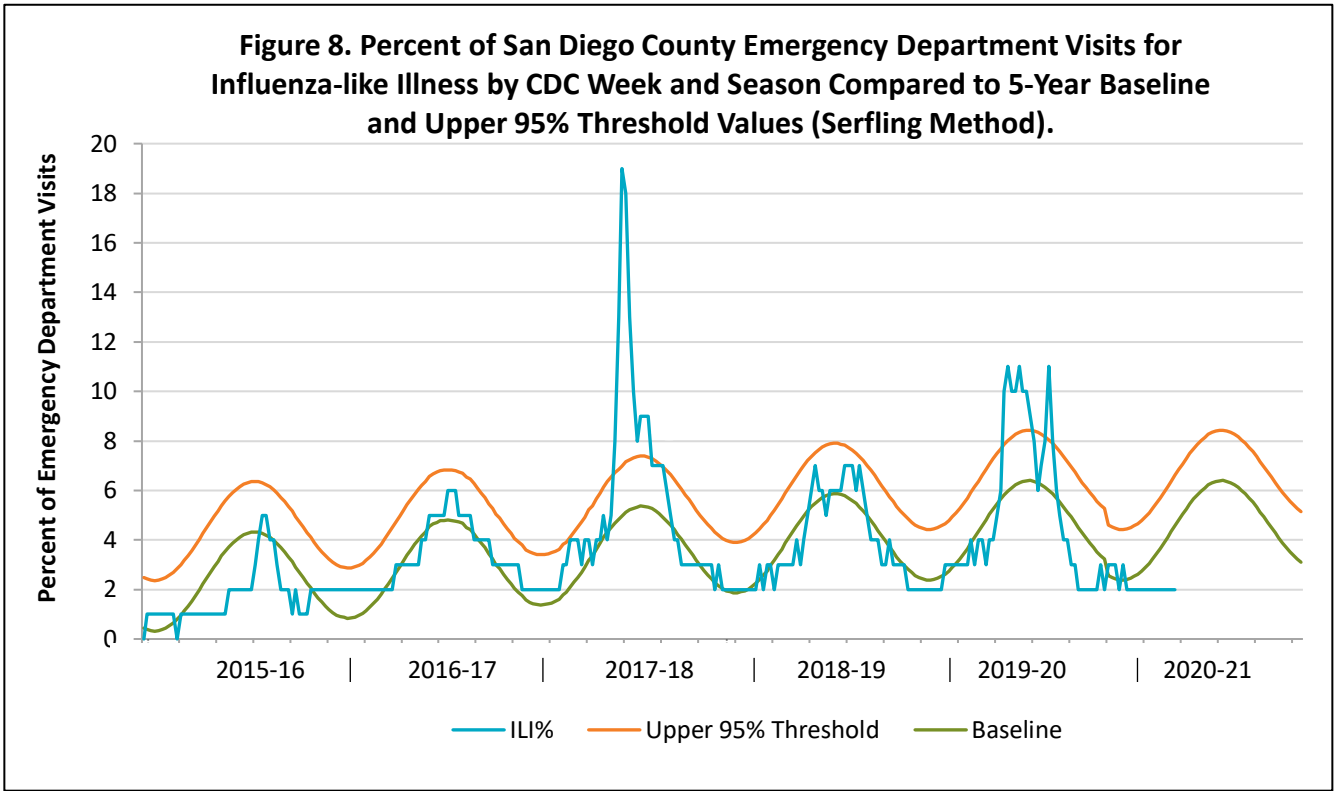


Figure 10. Influenza Deaths by Type and Season.

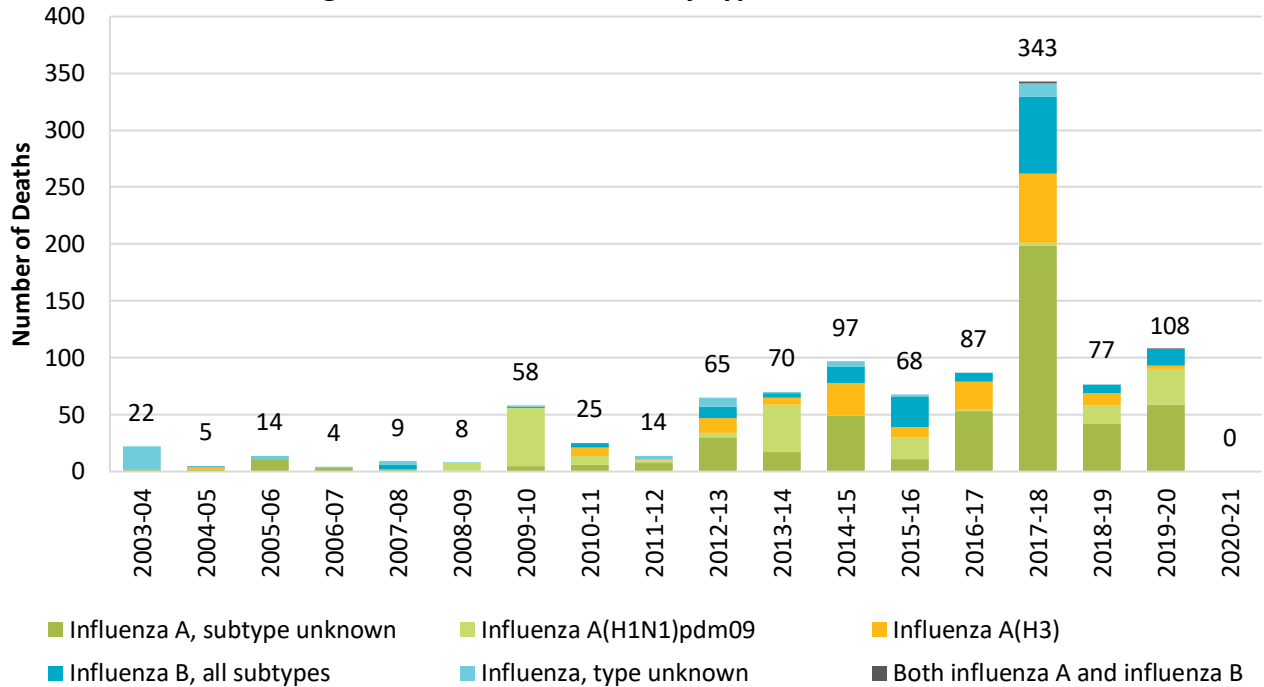
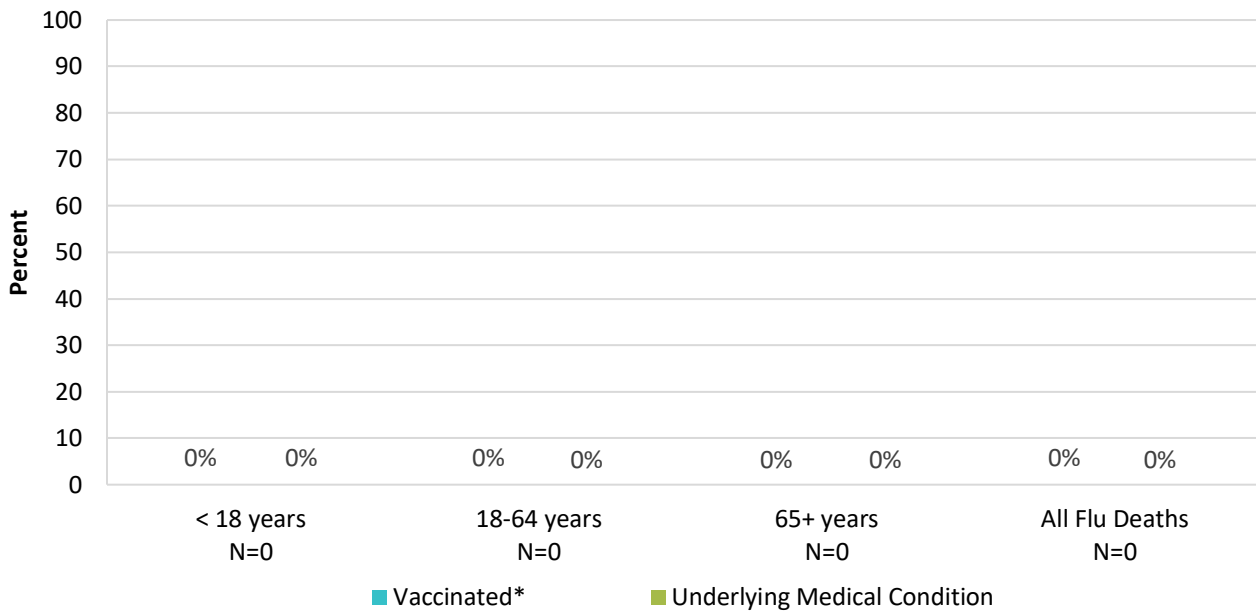


Figure 11. Percent of Influenza Deaths by Age Group, Vaccination Status, and Underlying Medical Condition, 2020-21 Season.



* known to be vaccinated

Influenza Reporting in San Diego County

Individual influenza cases are now reportable to Public Health as of October 1, 2019. Please report laboratory-positive influenza results to the County Epidemiology Program by **FAX (858) 715-6458** using a [Confidential Morbidity Report Form](#), or an [Influenza Case Report Form](#), and/or a copy of the laboratory results. Also, please indicate if the patient died and/or is a resident of a congregate living facility (if known).

Influenza specimens may be sent to [Public Health Laboratory](#) (PHL) for confirmation and subtyping. Please contact PHL at **(619) 692-8500 before submitting** or for questions and use the current PHL Test Request Form found at https://www.sandiegocounty.gov/hhsa/programs/phs/phs_laboratory/. Contact the Epidemiology Program by telephone **(619) 692-8499** or email (EpiDiv.HHSA@sdcounty.ca.gov) with questions about influenza data. Influenza outbreaks should be reported by telephone to **(619) 692-8499**.

Resource Links

- County of San Diego Epidemiology Program www.sdepi.org
- County of San Diego [2019-20 Influenza Season Summary](#)
- *Influenza Watch* [Slide Deck](#) – A slide version of this report for presentations
- County of San Diego Immunization Program (SDIZ) www.sdiz.org
- San Diego Regional Immunization Registry (SDIR) <http://www.sdiz.org/CAIR-SDIR/index.html>
- California Department of Public Health (CDPH) [Influenza Update](#)
- Centers for Disease Control and Prevention (CDC) [Influenza Surveillance](#)

Influenza Watch Data Sources

The following sources of data are used to produce this report:

- **Influenza case reports:** Medical providers and laboratories report individual cases of confirmed influenza via fax or electronic laboratory reporting (ELR) to Public Health Services Epidemiology Program (Epidemiology).
- **Influenza deaths:** Hospital infection control professionals report influenza-related deaths. Pediatric flu deaths (under 18 years of age) are legally reportable in California; however, San Diego County requests that all influenza-related deaths be reported for surveillance purposes. Influenza-related deaths are also identified through death certificate registration. The County Office of Vital Records notifies Epidemiology when a new death is registered with influenza listed as a cause of death or underlying condition. In addition, influenza case reports are compared to death data for San Diego County, and matches are evaluated to determine if their influenza infection was related to the cause of death.
- **Percent pneumonia and influenza deaths:** The percentage of all deaths registered that had either pneumonia and/or influenza listed as a cause of death is obtained directly from the Vital Records VRIS data system on a weekly basis.
- **Influenza-like illness (ILI):** Electronic emergency department (ED) visit data is submitted to Epidemiology daily for 16 hospitals in San Diego County. The percent of ED visits for ILI or flu (based on chief complaints or diagnosis) is calculated for each week. Note: ILI is defined as fever (>100°F or 37.8°C) and cough and/or sore throat, in the absence of a known cause.
- **Influenza outbreaks:** In a congregate living setting, outbreaks are defined as at least one laboratory-confirmed influenza in the setting of a cluster (≥2 cases) of influenza-like illness (ILI) within a 72-hour period. Influenza outbreaks are reportable in California. Epidemiology identifies outbreaks when facilities call to report. Other potential outbreaks are identified when multiple cases share an address or have a residential address that matches a skilled nursing or long-term care facility.
- **Number of vaccines:** The San Diego Immunization Registry (SDIR) provides weekly updates on the number of flu vaccinations given based on the number of flu vaccinations registered by participating providers.

The purpose of the weekly *Influenza Watch* is to summarize current influenza surveillance in San Diego County.

Please note that reported weekly data are preliminary and may change due to delayed submissions and additional laboratory results.