



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 983,531 San Diegans immunized through week 47.

Key Points

Current Week 47 (ending 11/21/2020)

- 2 new influenza detections reported
- No influenza-related deaths reported
- 3% influenza-like illness (ILI) among emergency department visits
- 8% of death certificates registered with pneumonia and/or influenza

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2020-21 FYTD Season Summary

34

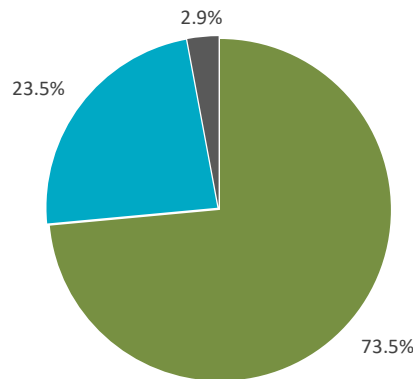
Total Cases

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 47	Week 46	Total to Date	Week 47	Total To Date	Season Total	Week 47	Total To Date	Season Total
All influenza detections reported (rapid or PCR)	2	5	34	116	728	20,711	108	585	17,073
Percent of emergency department visits for ILI	3%	2%		3%			4%		
Percent of deaths registered with pneumonia and/or influenza	8%	7%		6%			7%		
Number of influenza-related outbreaks [∞]	0	0	0	0	4	62	1	2	69
Number of influenza-related deaths reported [^]	0	0	0	2	5	108	1	4	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.

Asymptomatic and Paucisymptomatic Influenza

Influenza virus infections are associated with a wide spectrum of disease. Few studies have investigated in detail the epidemiological and virological characteristics of asymptomatic and mild illness with influenza virus infections.

A 2017 community-based [study](#) in Hong Kong among household members of confirmed influenza cases found that asymptomatic and paucisymptomatic (one symptom) cases comprised a quarter of all documented secondary transmissions. The researchers found the duration of viral RNA shedding was shorter and declined more rapidly in paucisymptomatic and asymptomatic than in symptomatic cases.

A recently [published](#) multicenter prospective cohort study of healthcare workers (HCW) in French university hospitals during a single influenza season found that the majority of influenza infections were asymptomatic or paucisymptomatic. The researchers found that 62 of 289 HCWs followed throughout the season had documented influenza infections, and of the infected HCWs, 46.8% were asymptomatic, 41.9% were paucisymptomatic, and 11.3% were symptomatic. The cumulative influenza incidence in these hospital HCW was estimated to be 22.3% (95% confidence interval [CI]: 17.4%–27.2%). Cumulative incidence of asymptomatic influenza was 5.8% (95% CI: 3.3%–9.2%), 13.7% (95% CI: 9.9%–18.2%) for paucisymptomatic influenza, and 2.9% (95% CI: 1.3%–5.5%) for symptomatic influenza.

The frequency of asymptomatic and paucisymptomatic influenza among HCW highlights the importance of systematic infection control measures among HCW regardless of respiratory symptoms to prevent nosocomial transmission of influenza. HCW vaccination is a key tool to control nosocomial transmission, and has been [mandated](#) (with a mask option) in San Diego County since 2014.

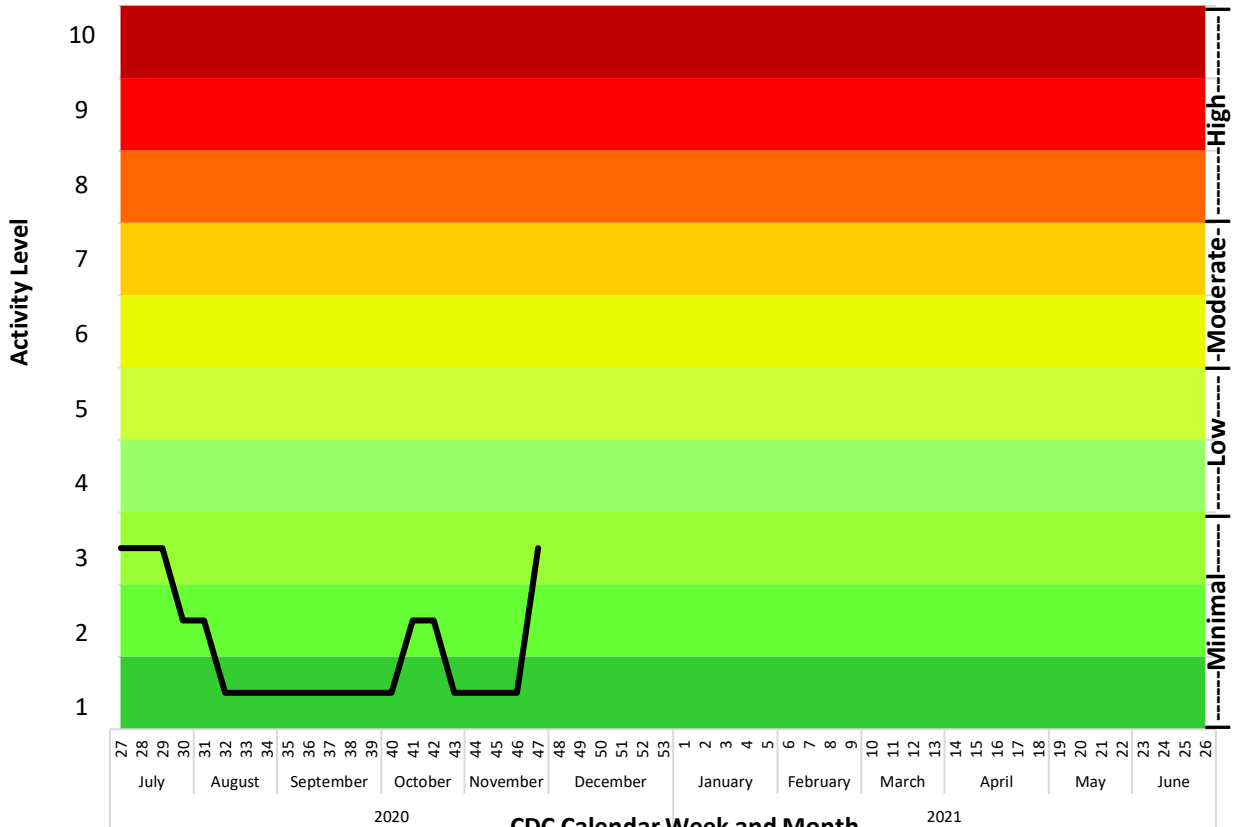
For more information on the recent French study, go to: [Incidence of Asymptomatic and Symptomatic Influenza Among Healthcare Workers: A Multicenter Prospective Cohort Study](#)

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

Positive Test Type/Subtype	Week 47	Week 46	Total to Date	Percent to Date
Influenza A, subtype unknown	2	4	25	73.5%
Influenza A (H1N1)pdm09	0	0	0	0.0%
Influenza A (H3)	0	0	0	0.0%
Influenza B, subtype unknown	0	1	8	23.5%
Influenza B/Victoria	0	0	0	0.0%
Influenza B/Yamagata	0	0	0	0.00%
Influenza, type unknown	0	0	1	2.9%
Total	2	5	34	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=34).

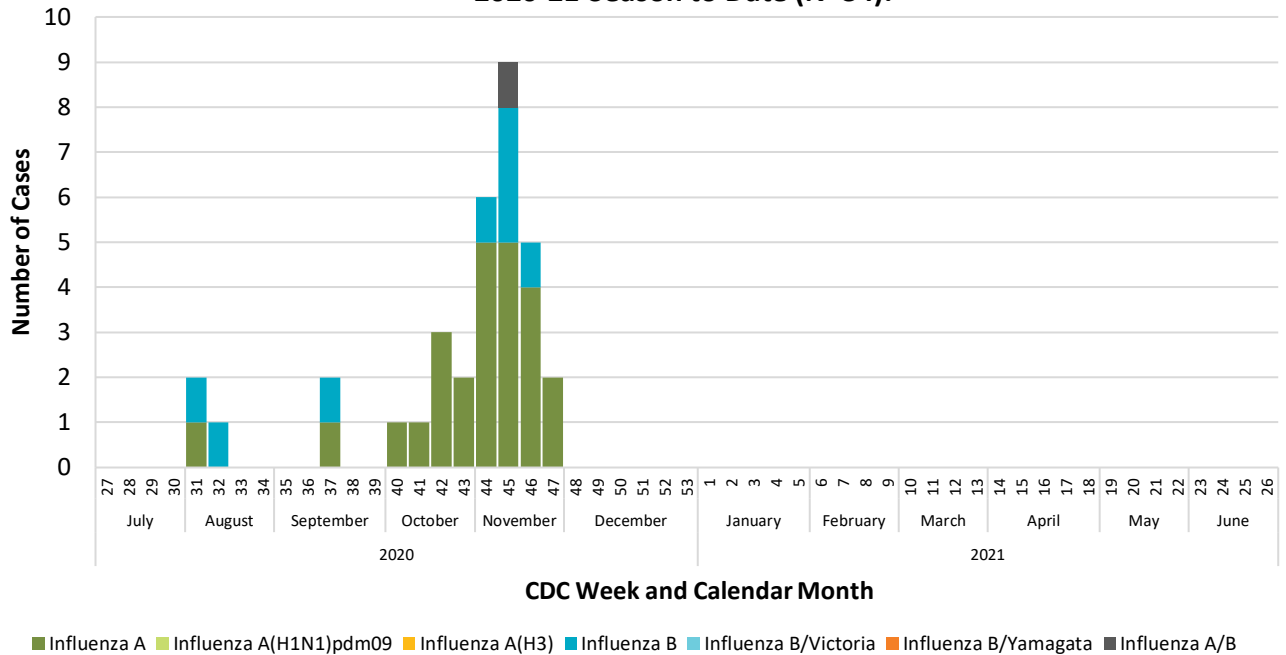


Figure 3. Cumulative Influenza Cases Reported by CDC Week and Season.

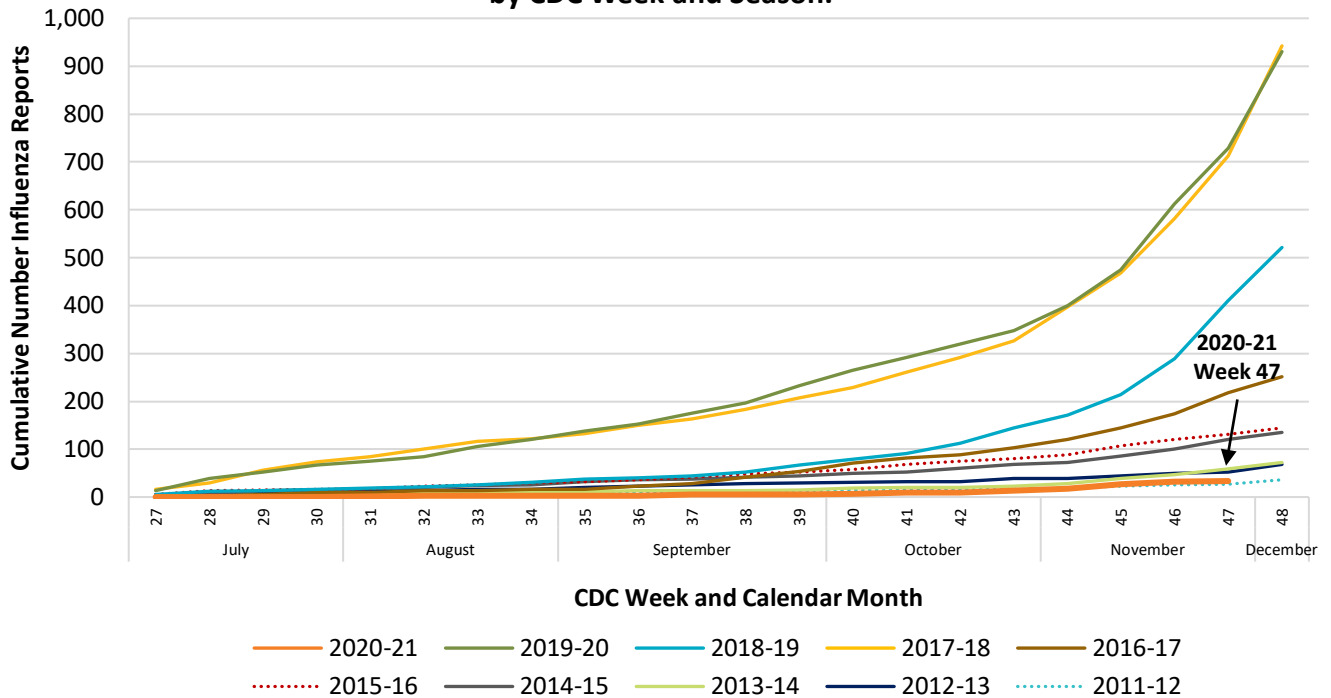


Figure 4. Proportion of Influenza Cases by Age Group and Season.

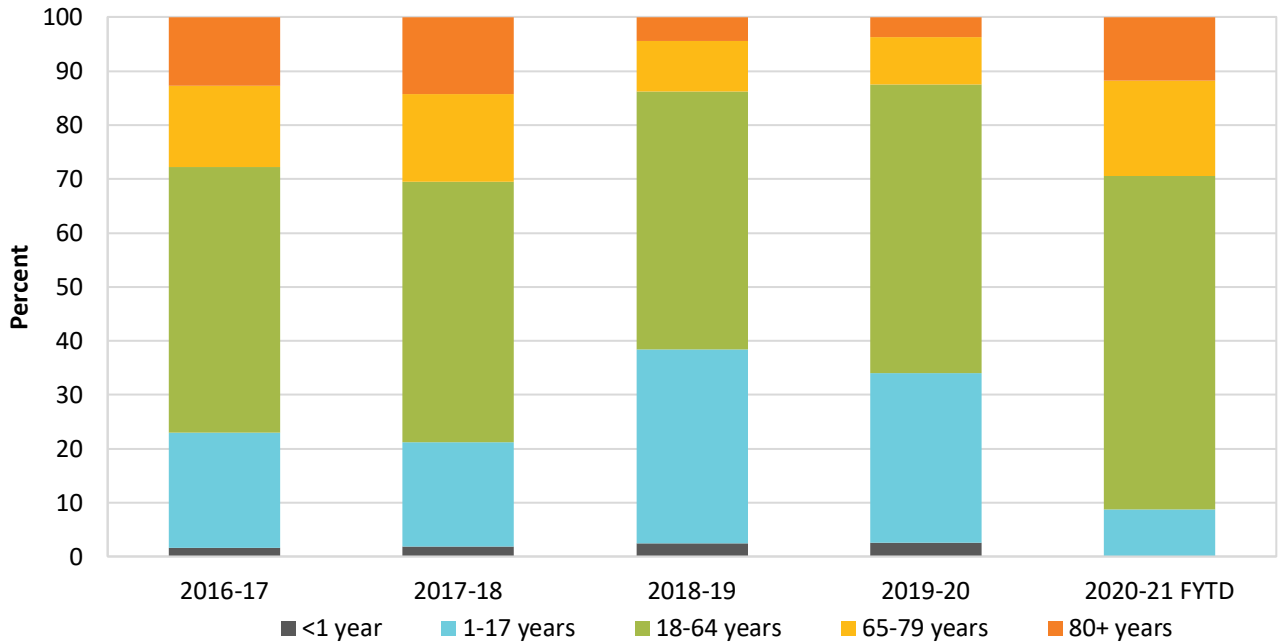
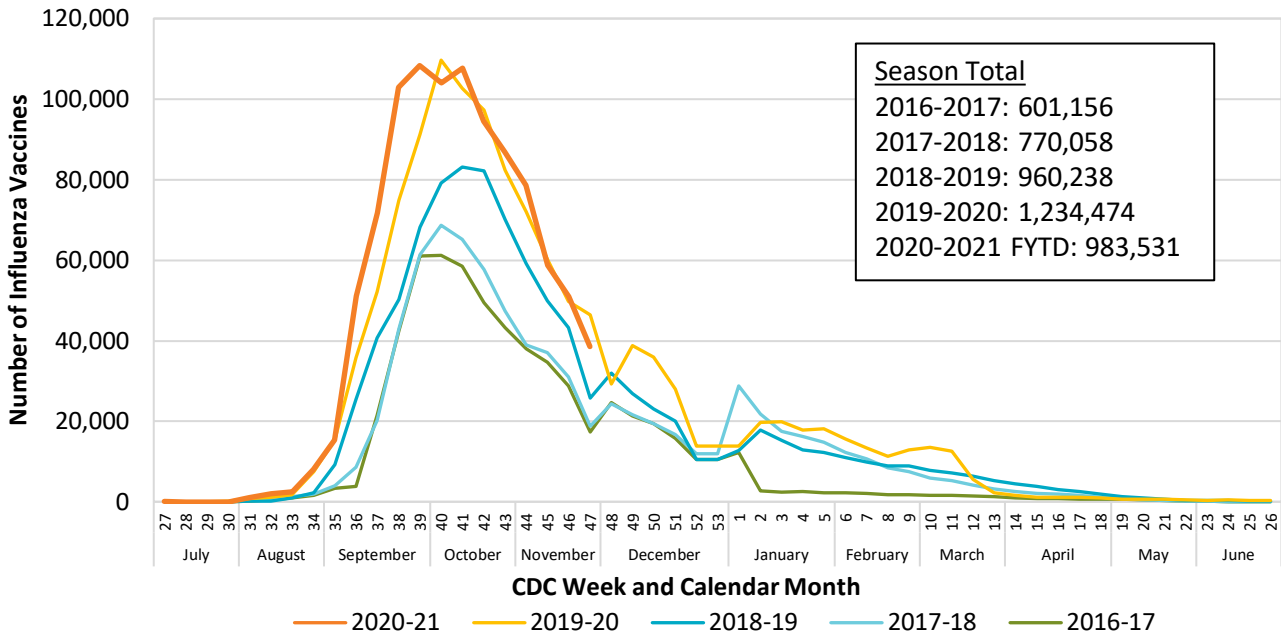
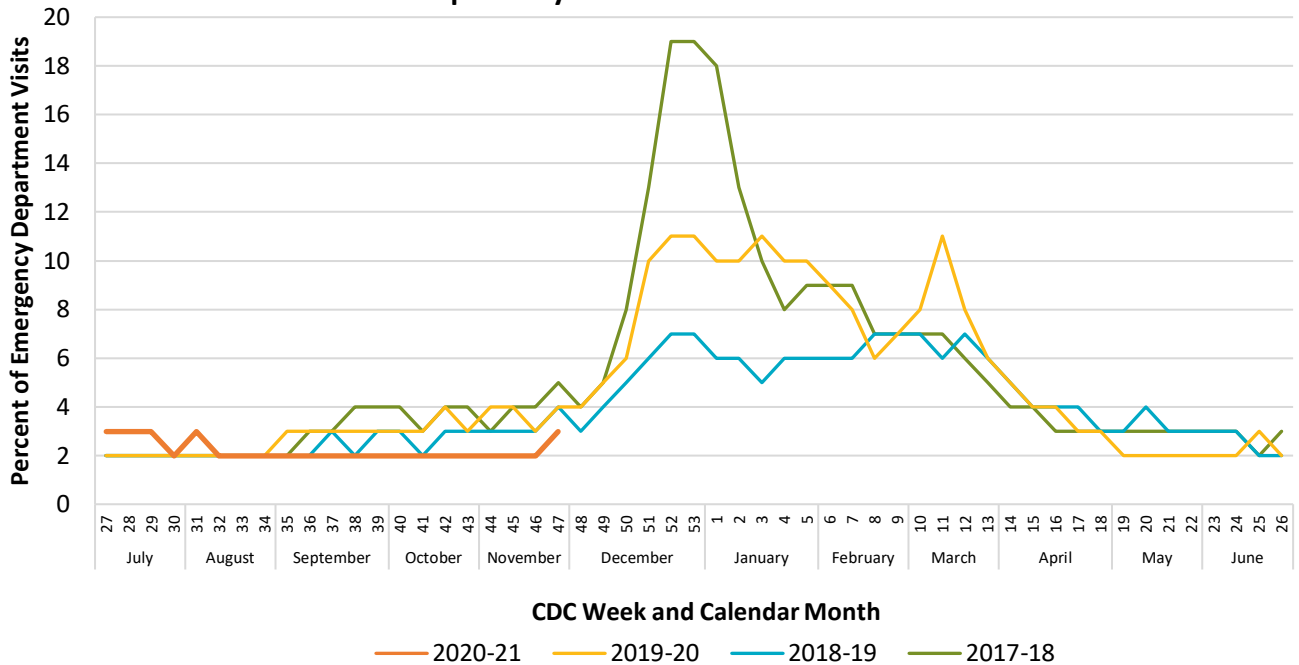


Figure 5. Number of Influenza Vaccinations Administered* by CDC Week and Season.



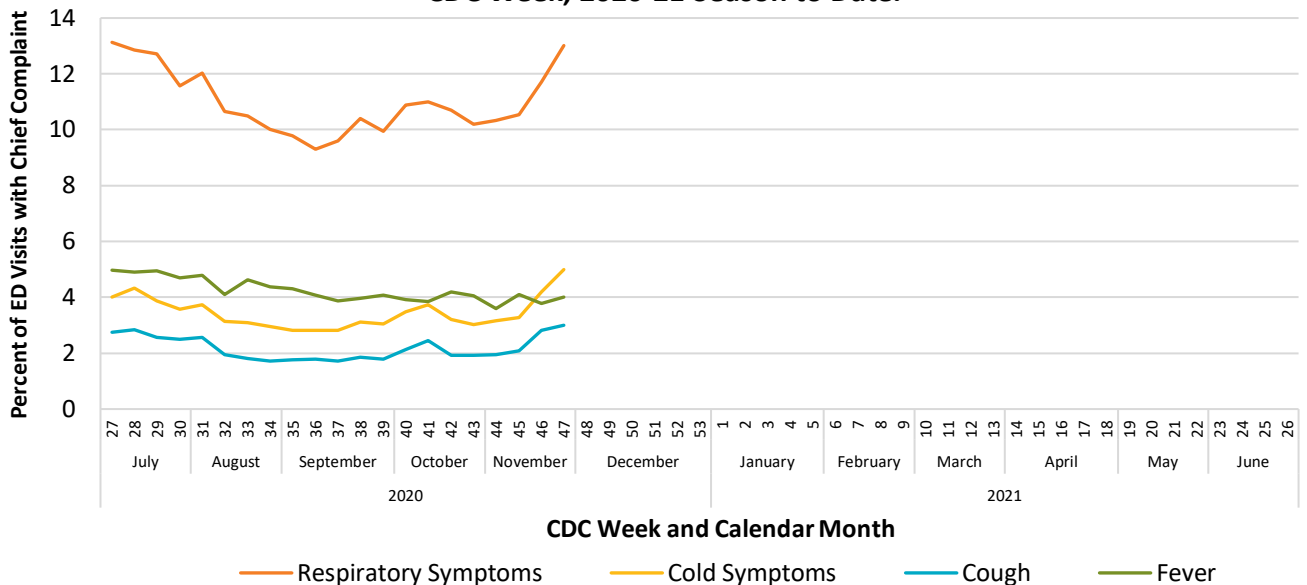
* Influenza vaccinations administered and entered into the San Diego Immunization Registry (SDIR). Week 52 data is repeated for week 53 for seasons that do not include week 53.

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



* Week 52 data is repeated for week 53 for seasons that do not include week 53.

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

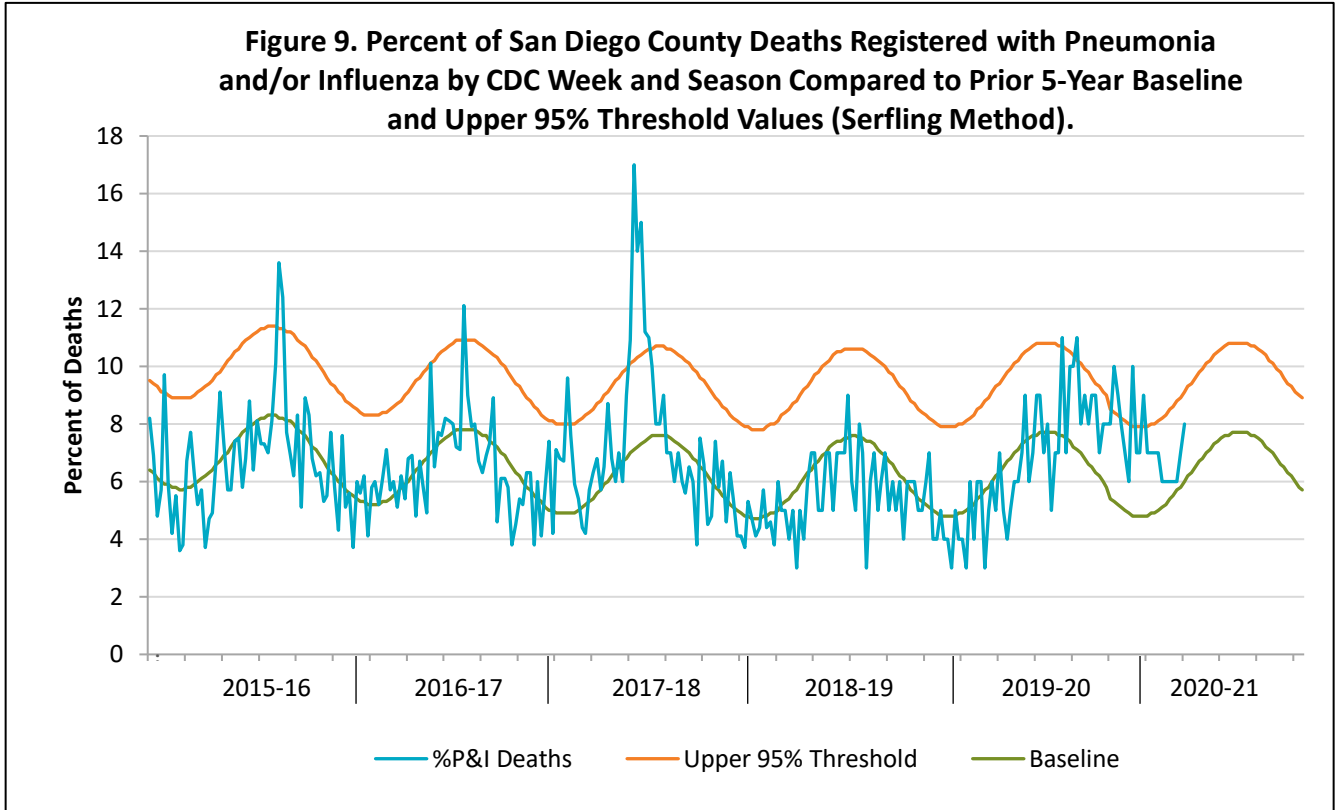
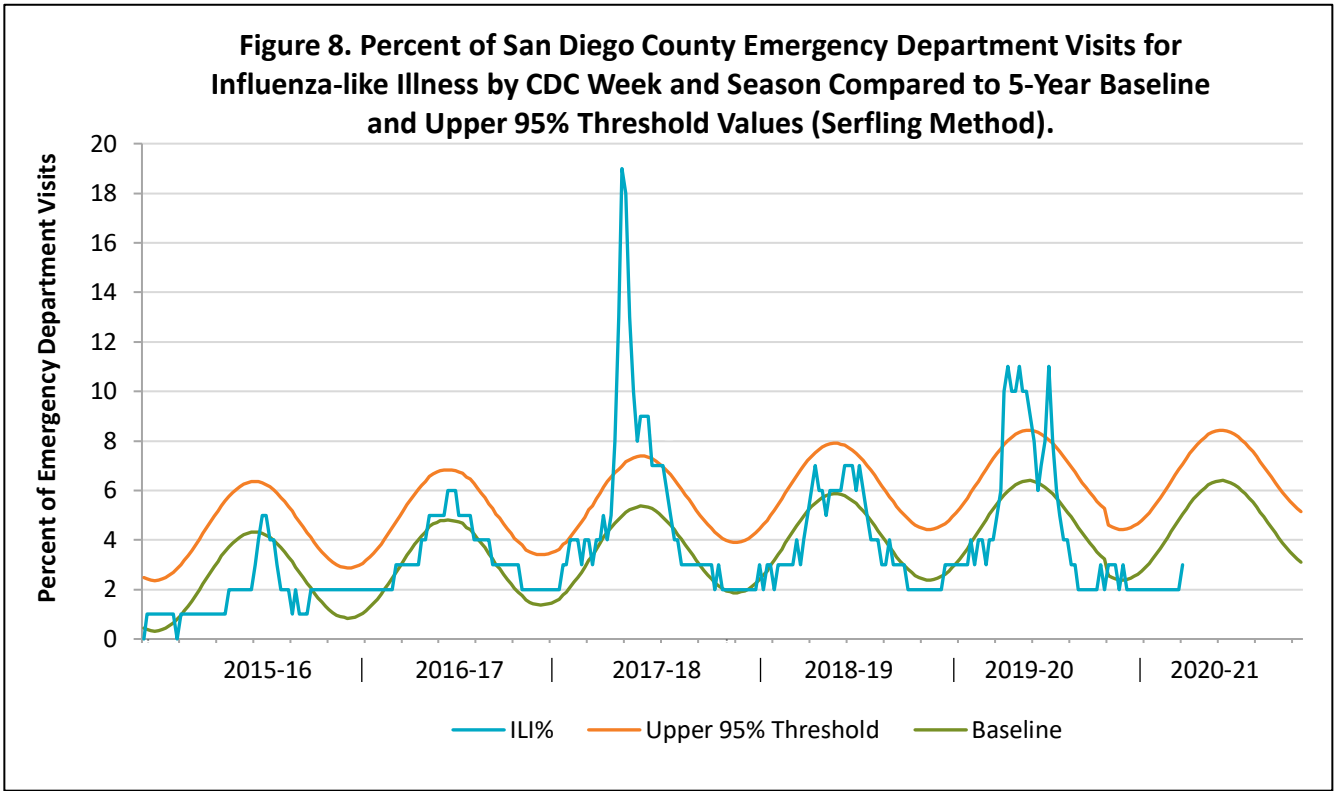


Figure 10. Influenza Deaths by Type and Season.

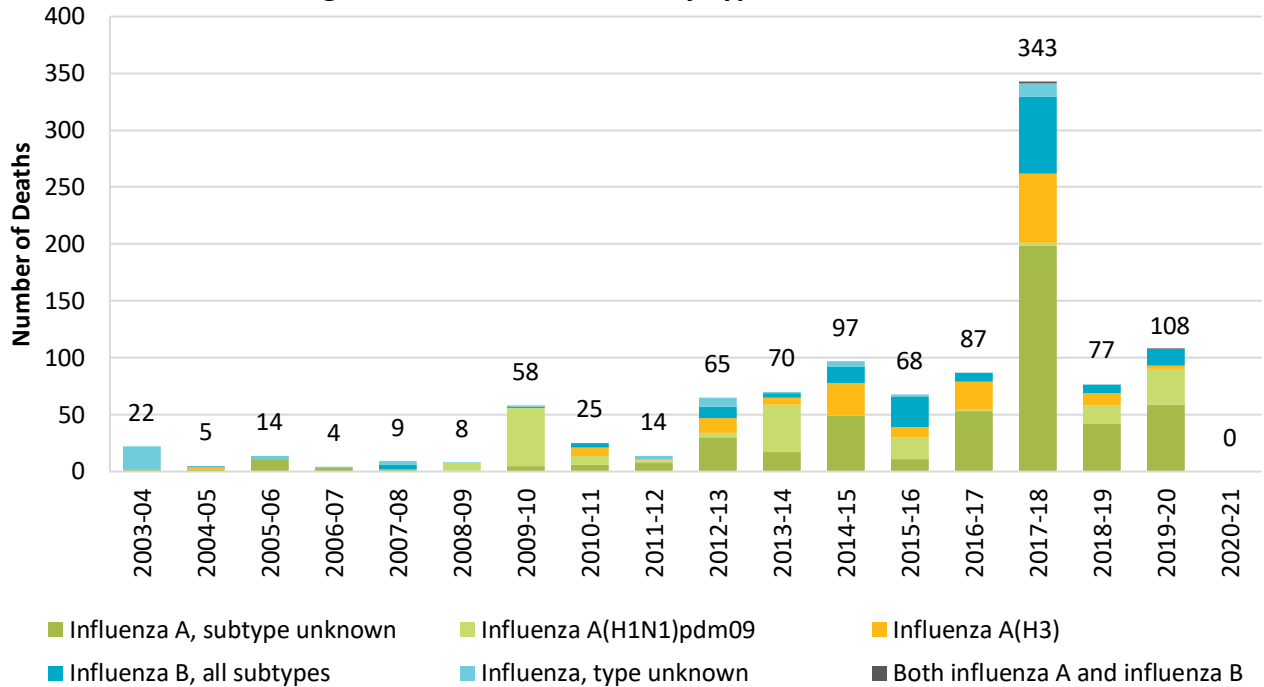
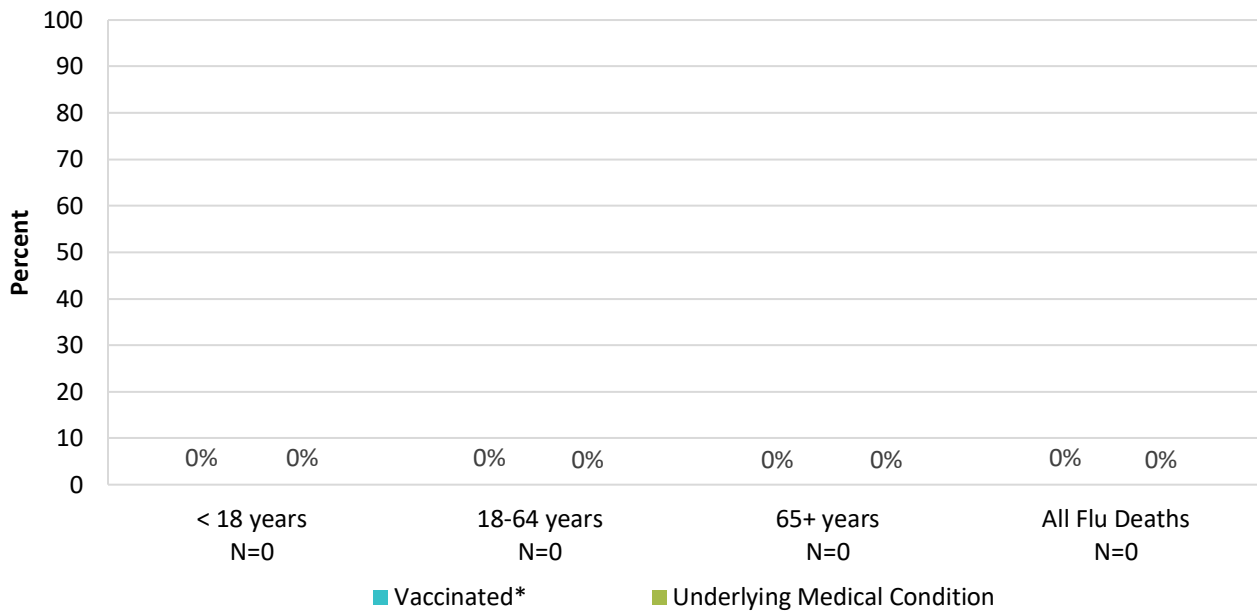


Figure 11. Percent of Influenza Deaths by Age Group, Vaccination Status, and Underlying Medical Condition, 2020-21 Season.



* 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.