



San Diego County Respiratory Virus Surveillance Report

Prepared by Epidemiology and Immunization Services Branch

www.sdepi.org

October 27, 2022

COVID-19

Cases
88,207

Deaths
131

Outbreaks*
132

7/3/2022 – 10/22/2022

Influenza

Cases
2,528

Deaths
1

Outbreaks*
0

7/3/2022 – 10/22/2022

*In residential congregate settings

Report Content Links

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- Page 3: [COVID-19 and Influenza Cases by Episode Week, Fiscal Year-to-Date](#)
- Page 4: [COVID-19 and Influenza Case Trends Over Time](#)
- Page 5: [Emergency Department Data: Covid-like Illness and Influenza-like Illness](#)
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Please visit the COVID-19 data dashboards on the County of San Diego COVID-19 [website](#). Additional COVID-19 data are available there in a more interactive format.

Most data in this report are presented by fiscal year, which runs July 1–June 30. Because data are also presented by CDC disease week, which runs Sunday–Saturday, we start the data for 2022-23 on July 3, 2022.

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Data through 10/22/2022



COVID-19 and Influenza Fiscal Year-to-Date Overview

Figure 1.1. San Diego County COVID-19* Cases by Episode Month

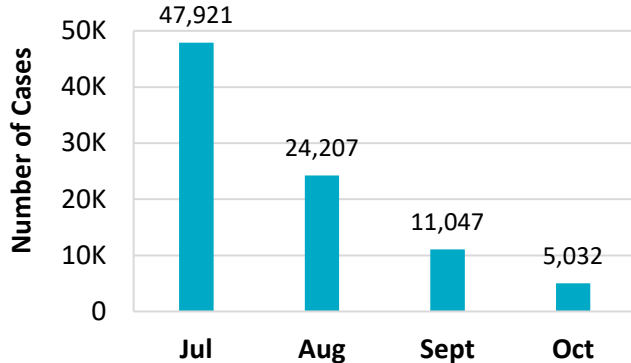


Figure 1.2. San Diego County Influenza Cases by Episode Month

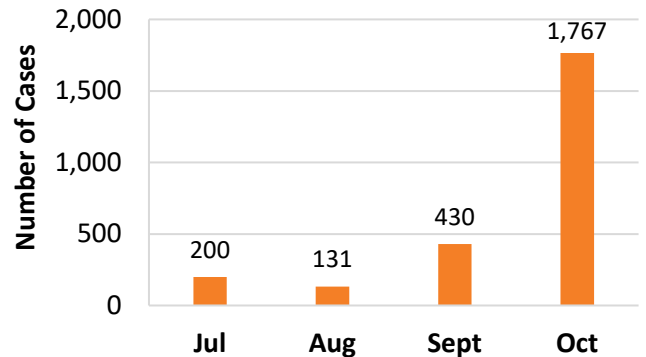


Table 1. Respiratory Surveillance Indicators

Indicator	2022-23 Fiscal Year			2021-22 Fiscal Year			Prior 5-Year Average [†]		
	Week 42	Week 41	Total To Date	Week 42	Total To Date	FY Total	Week 42	Total To Date	FY Total
% P&I deaths [‡]	4%	4%		8%			7%		
COVID-19									
Cases [*]	1,489	1,576	88,207	3,461	85,406	556,946			
Outbreaks [§]	0	4	132	8	121	608			
Deaths [¶]	10	9	131	35	480	1,596			
% ED CLI ^{**}	3%	3%		4%					
INFLUENZA									
Cases	856	591	2,528	15	232	4,192	19	196	11,253
Outbreaks [§]	0	0	0	0	0	1	0	1	40
Deaths [¶]	1	0	1	0	0	8	0	1	108
% ED ILI ^{††}	6%	5%		3%			2%		

FY 2022-23 is 7/3/2022- 7/1/2023, Weeks 27-26. Previous weeks' case counts or percentages may change due to delayed processing or reporting.

*Confirmed COVID-19 cases only.

[†] Includes FYs 2017-18, 2018-19, 2019-20, 2020-21, and 2021-22.

[‡] The percentage of deaths registered with pneumonia or influenza listed as a cause of death.

[§] See page 14 for outbreak definitions. Includes only outbreaks occurring in skilled nursing facilities and other residential congregate settings.

[¶] Current FY deaths are shown by week of report; prior FY deaths are shown by week of death.

**COVID-like Illness (CLI) includes fever and cough, shortness of breath, or difficulty breathing OR coronavirus diagnostic codes.

†† influenza-like illness (ILI) includes fever plus cough and/or sore throat.

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COVID-19 and Influenza Cases by Episode Week, Fiscal Year-to-Date

Figure 2.1. San Diego County COVID-19 Confirmed and Probable Cases by CDC Episode Week*, 2022-23 Fiscal Year-to-Date (N=98,163)

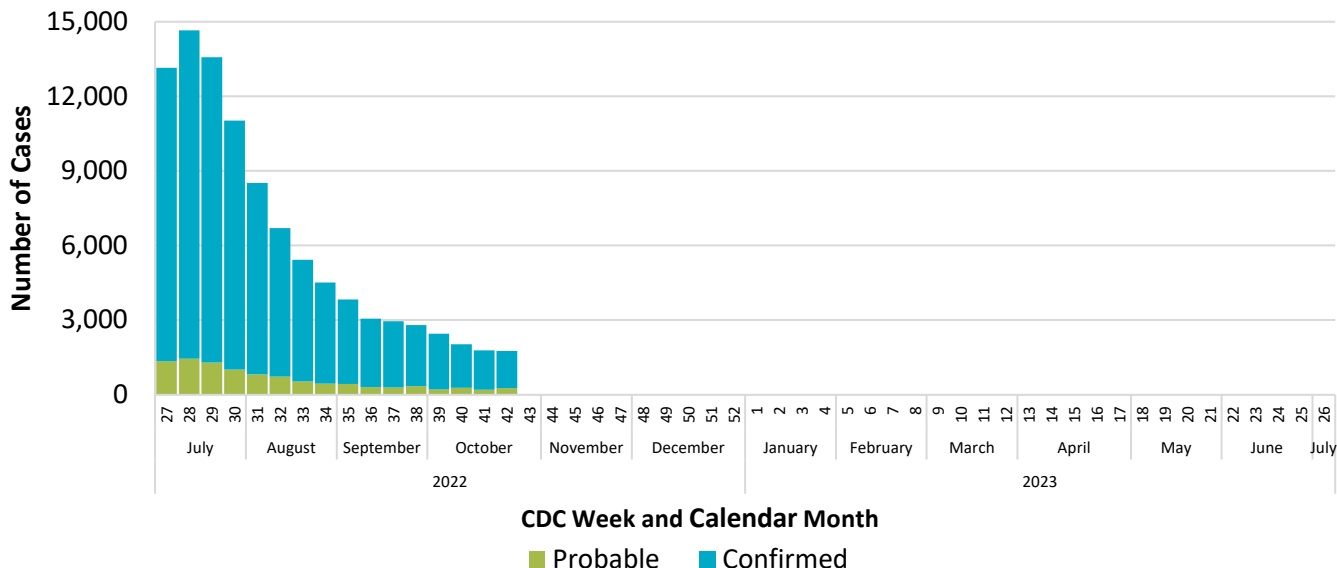
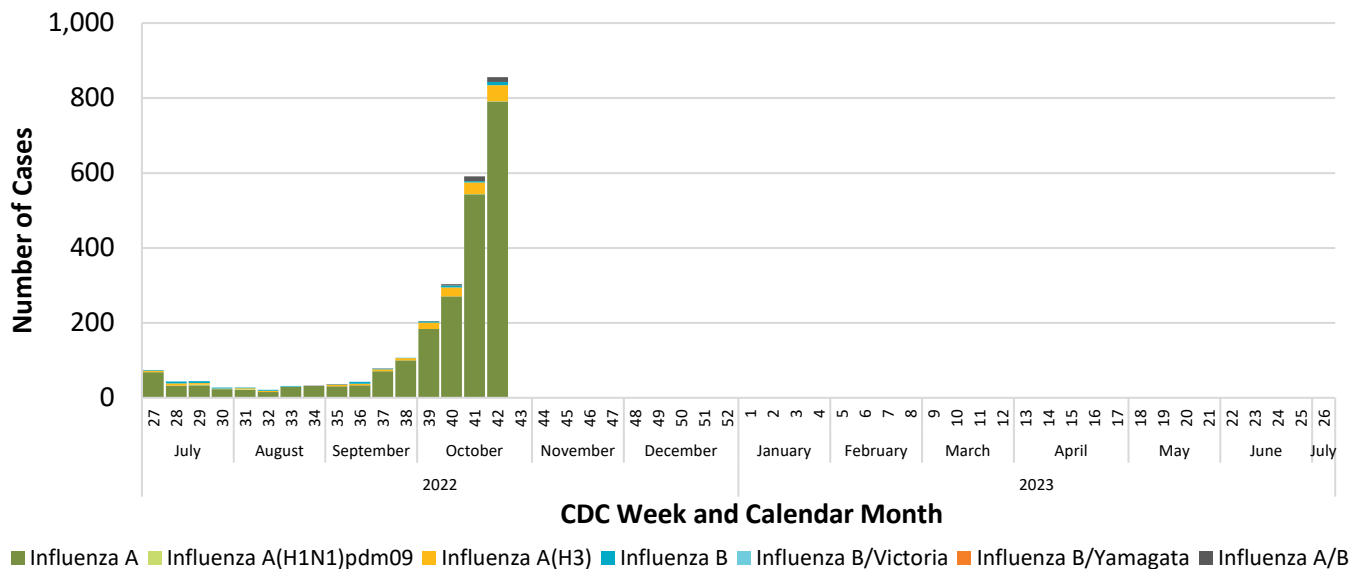


Figure 2.2. San Diego County Influenza Cases by Type and CDC Episode Week*, 2022-23 Fiscal Year-to-Date (N=2,528)



*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported.

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Cumulative COVID-19 and Influenza Cases

Figure 3.1. Cumulative COVID-19 Confirmed and Probable Cases by CDC Episode Week* and Fiscal Year

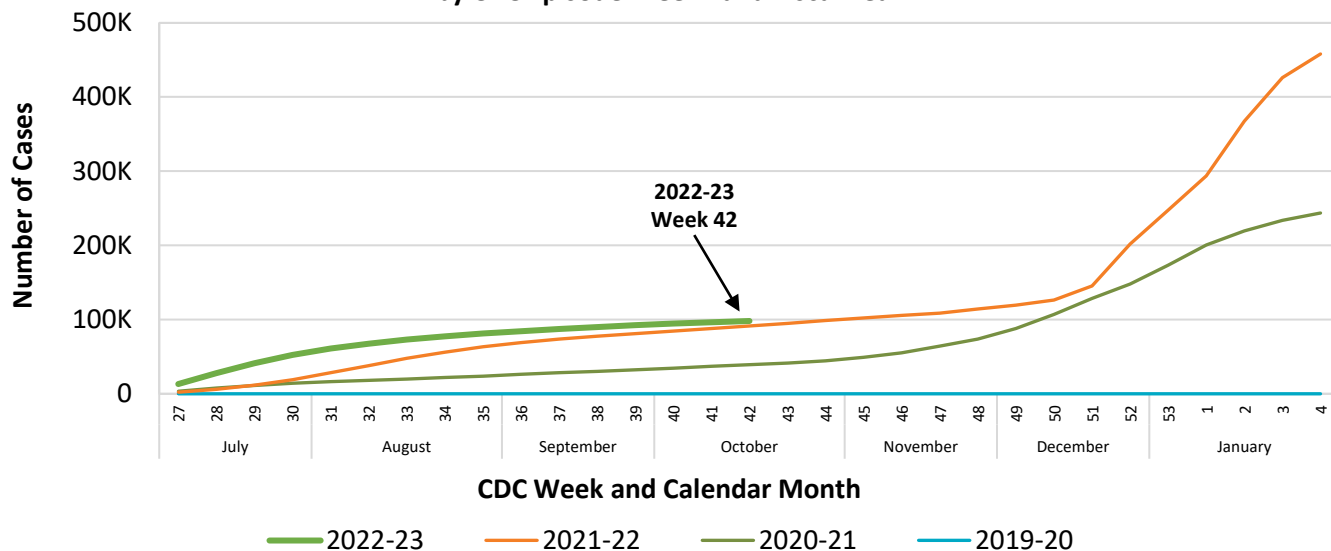
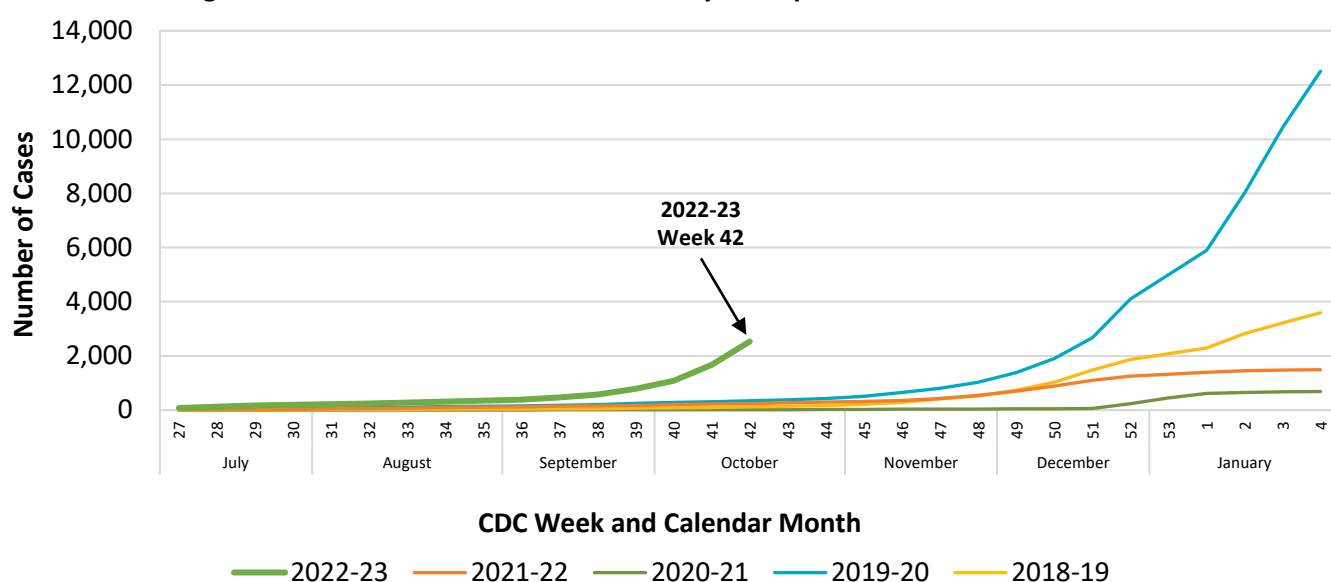


Figure 3.2. Cumulative Influenza Cases by CDC Episode Week* and Fiscal Year



*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported.

* Probable COVID-19 cases are antigen positive tests received since August 1, 2020.

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COVID-19 and Influenza Case Trends Over Time

Figure 4.1. COVID-19 Confirmed and Probable Cases by CDC Episode Week*, San Diego County Residents, N=1,002,032

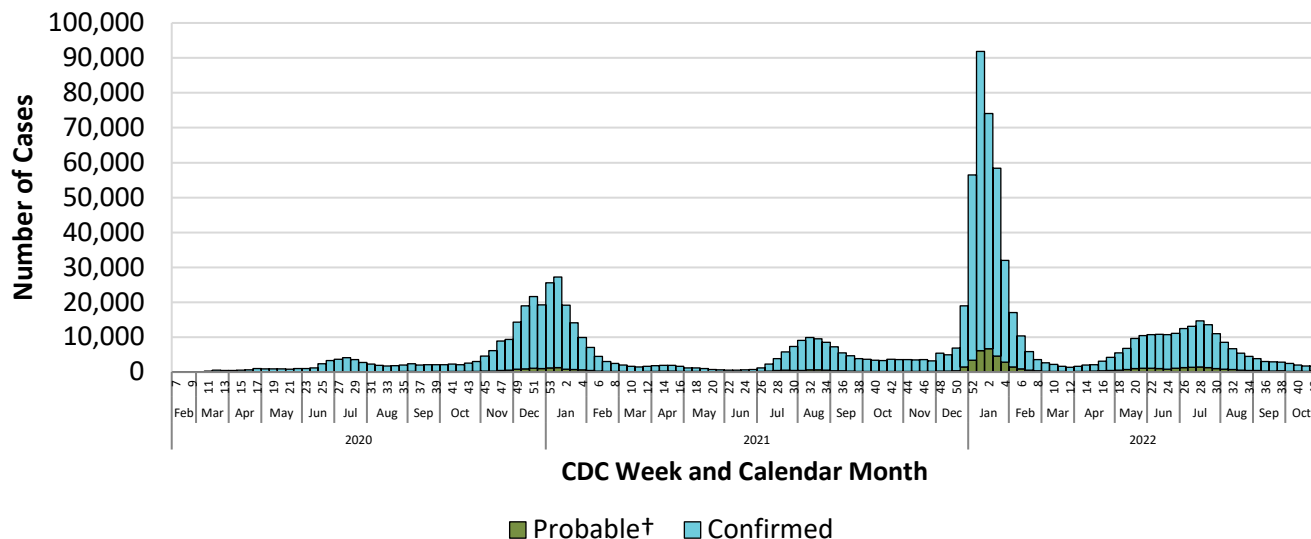
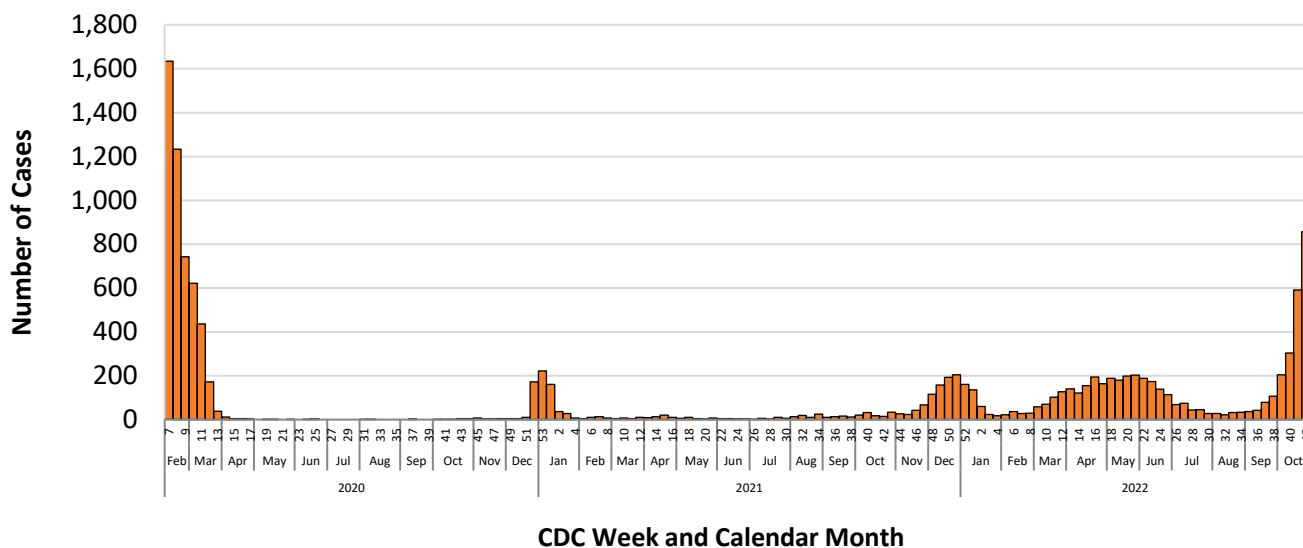


Figure 4.2. Influenza Confirmed Cases by CDC Episode Week*, San Diego County Residents, N=12,479



*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported.

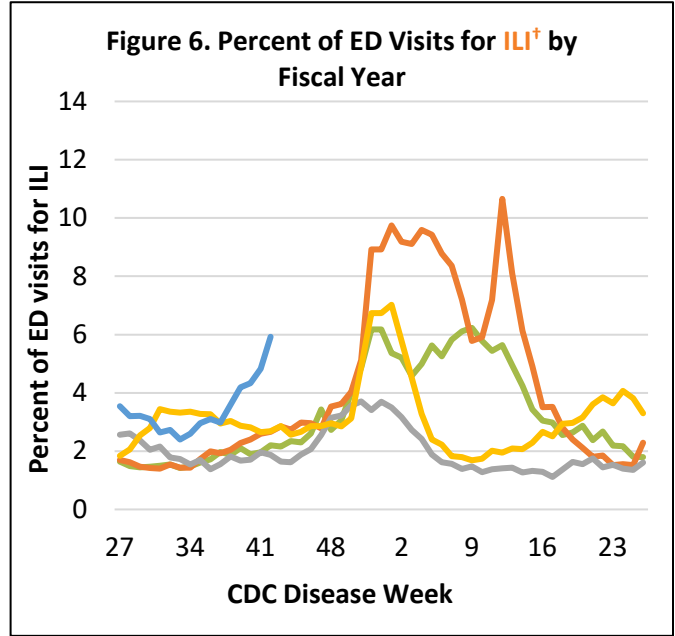
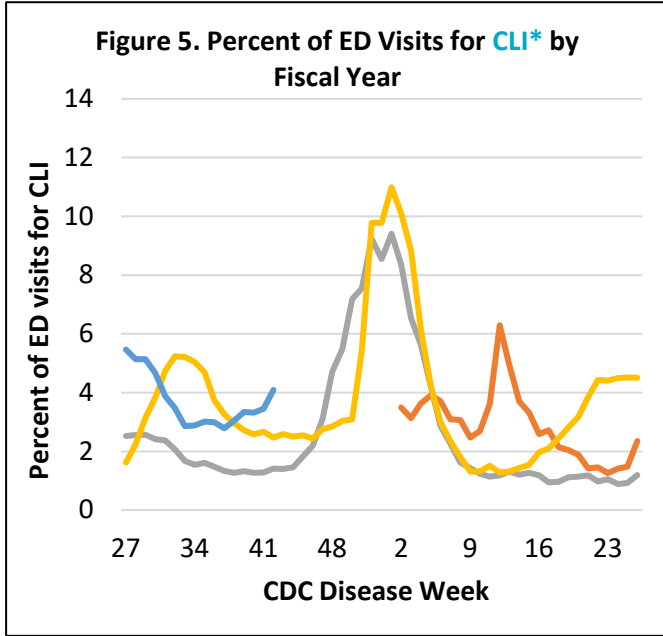
† Probable COVID-19 cases are antigen positive tests received since August 1, 2020.

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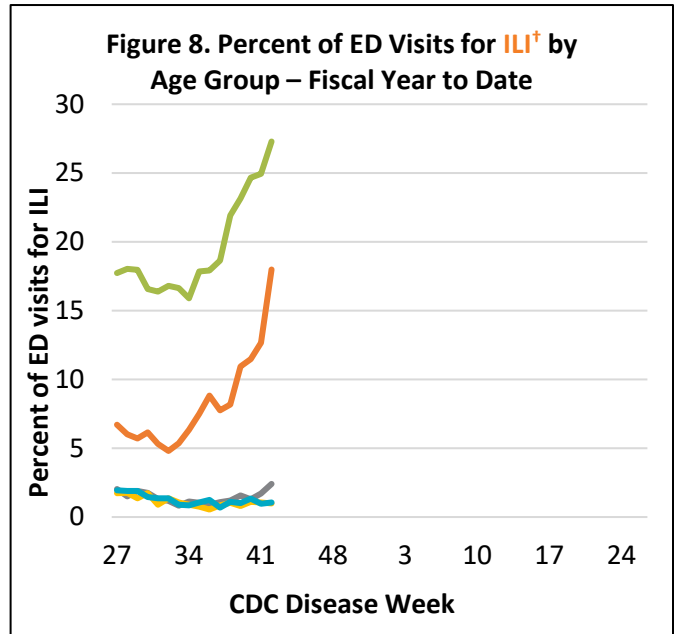
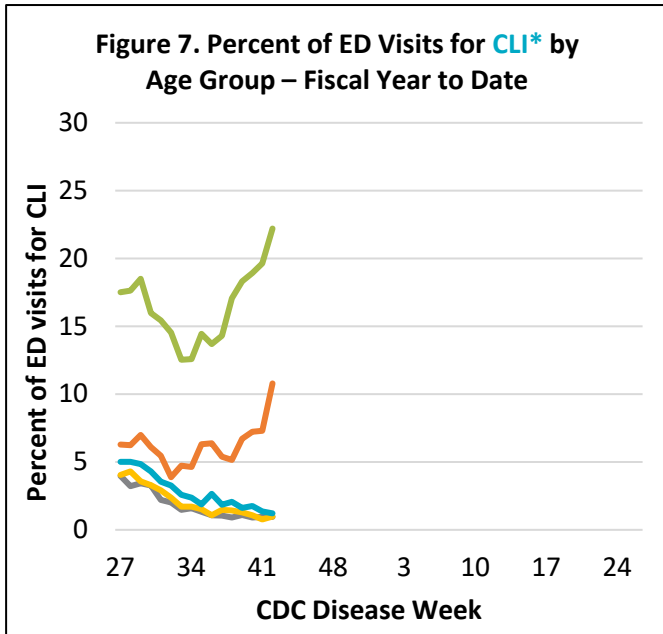


Emergency Department Data: COVID-like Illness and Influenza-like Illness

Fiscal Year — 2018-2019 — 2019-2020 — 2020-2021 — 2021-2022 — 2022-2023



Age Group — 0-4 years — 5-17 years — 18-49 years — 50-64 years — 65+ years



*COVID-like Illness (CLI) includes fever and cough, shortness of breath, or difficulty breathing OR coronavirus diagnostic codes.

†Influenza-like illness (ILI) includes fever plus cough and/or sore throat.

Data through
10/22/2022

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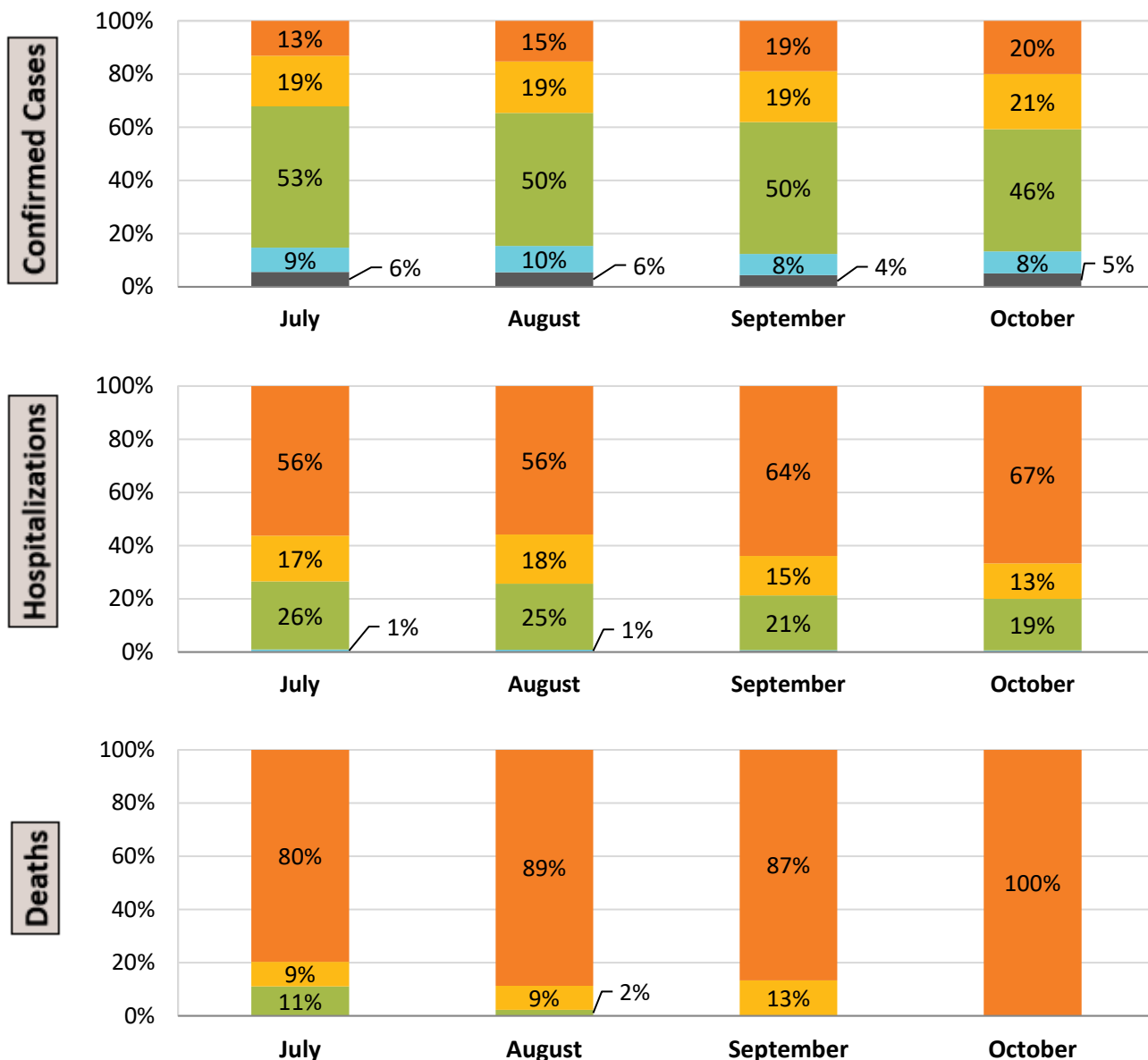
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Figures 9-11. Monthly COVID-19 Cases, Hospitalizations, and Deaths by Age

■ 0-4 yrs ■ 5-17 yrs ■ 18-49 yrs ■ 50-64 yrs ■ 65+ yrs



COVID-19 cases are grouped by episode date, hospitalizations are grouped by date admitted, and deaths are grouped by date of death. Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported. Date admitted is not known for all hospitalizations; information may be updated as case investigations proceed.

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Influenza Case Counts by Age

■ 0-4 yrs ■ 5-17 yrs ■ 18-49 yrs ■ 50-64 yrs ■ 65+ yrs

Figure 12. Proportion of Influenza Cases by Age Group and Fiscal Year

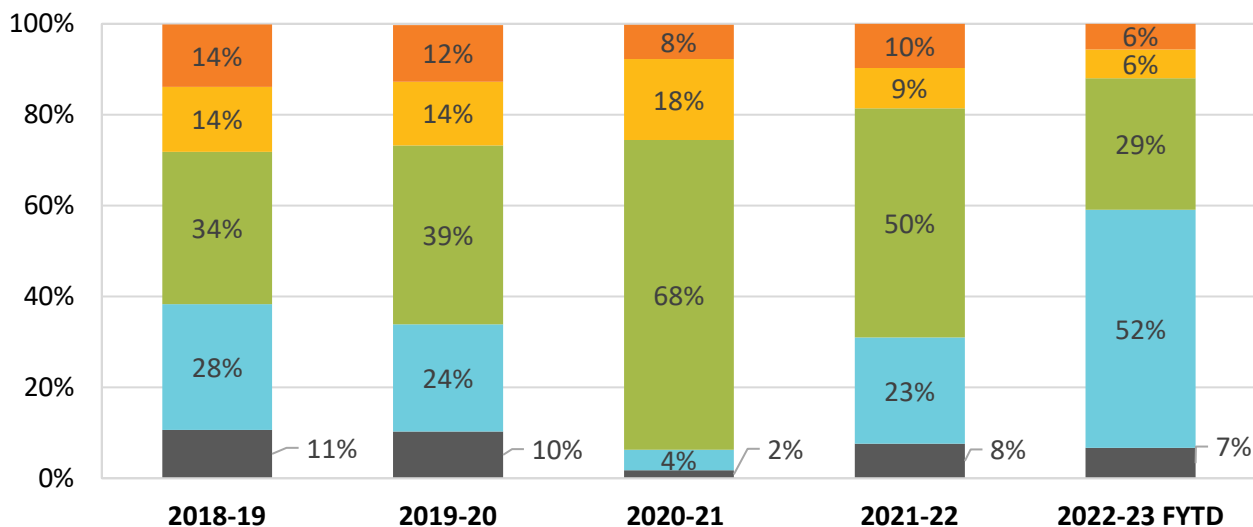
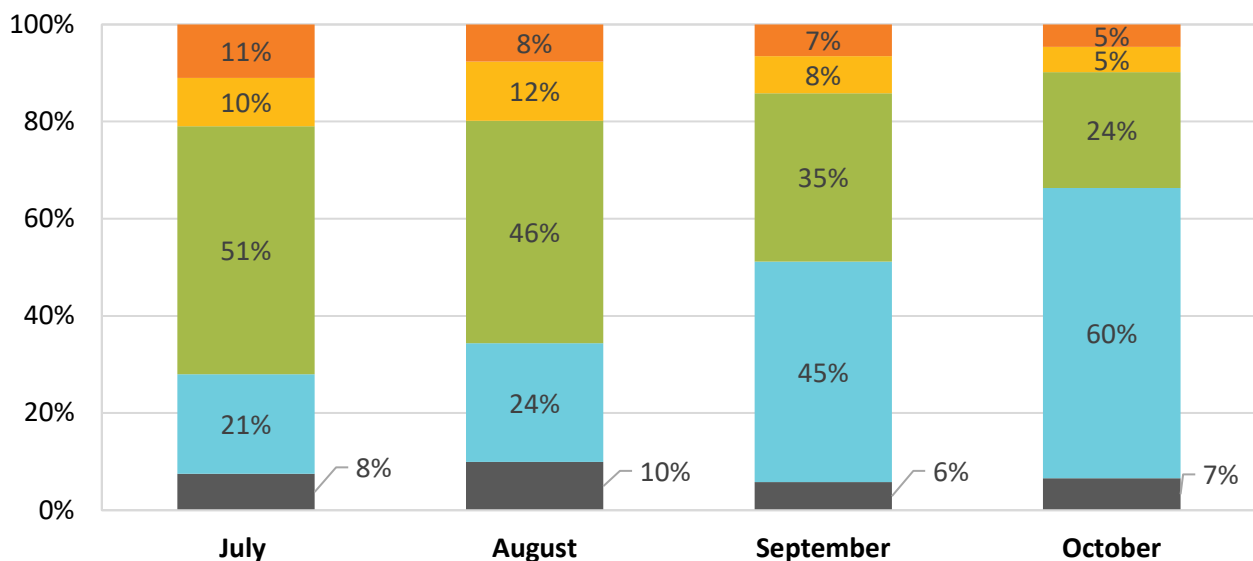


Figure 13. Proportion of Influenza Cases by Age Group and Episode Month, 2022-23 Fiscal Year-to-Date

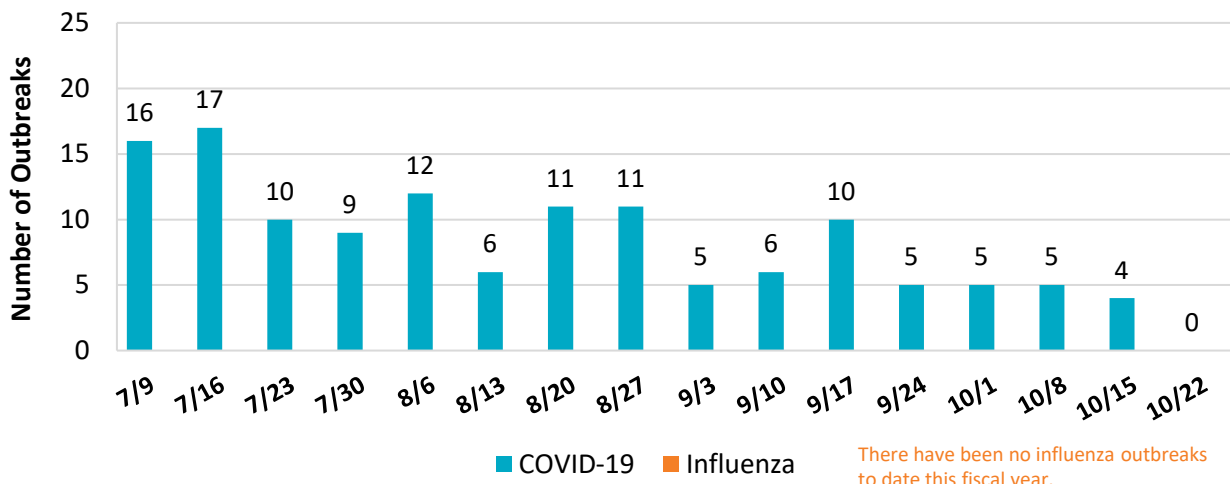


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COVID-19 and Influenza Outbreaks in Residential Congregate Settings*

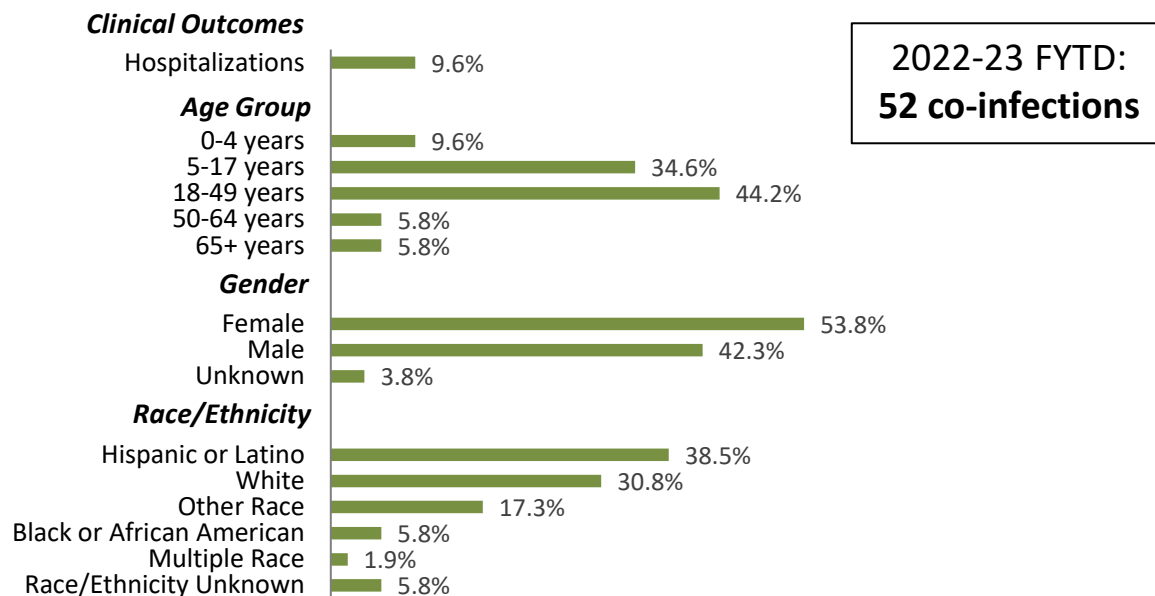
Figure 14. COVID-19 and Influenza Outbreaks by Week of Onset



*Includes skilled nursing facilities, assisted living facilities, group homes, correctional facilities, homeless shelters.

COVID-19 and Influenza Co-infections

Figure 15. Selected Characteristics of COVID-19 and Influenza Co-infections*, 2022-23 Fiscal Year-to-Date



*Co-infections are identified as any positive influenza tests and positive RT-PCR or antigen tests for SARS-CoV-2 (the causative agent of COVID-19) within one week of each other. There are 48 confirmed and 4 probable COVID-19 cases among the co-infections.

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COVID-19 and Influenza Deaths

Figure 16. COVID-19 Deaths by Fiscal Year

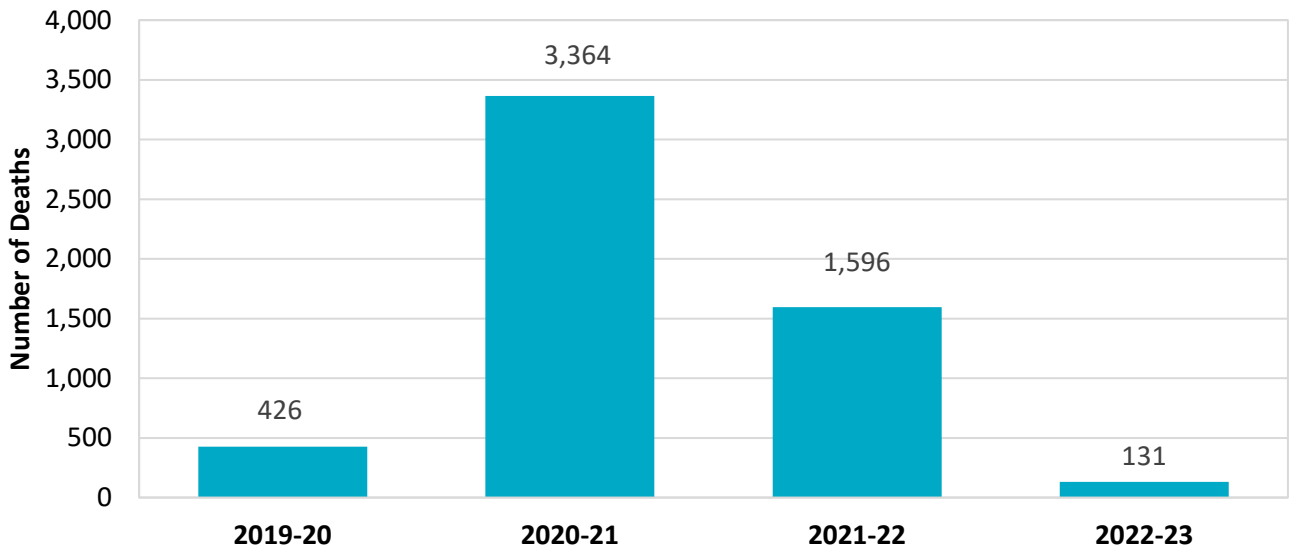
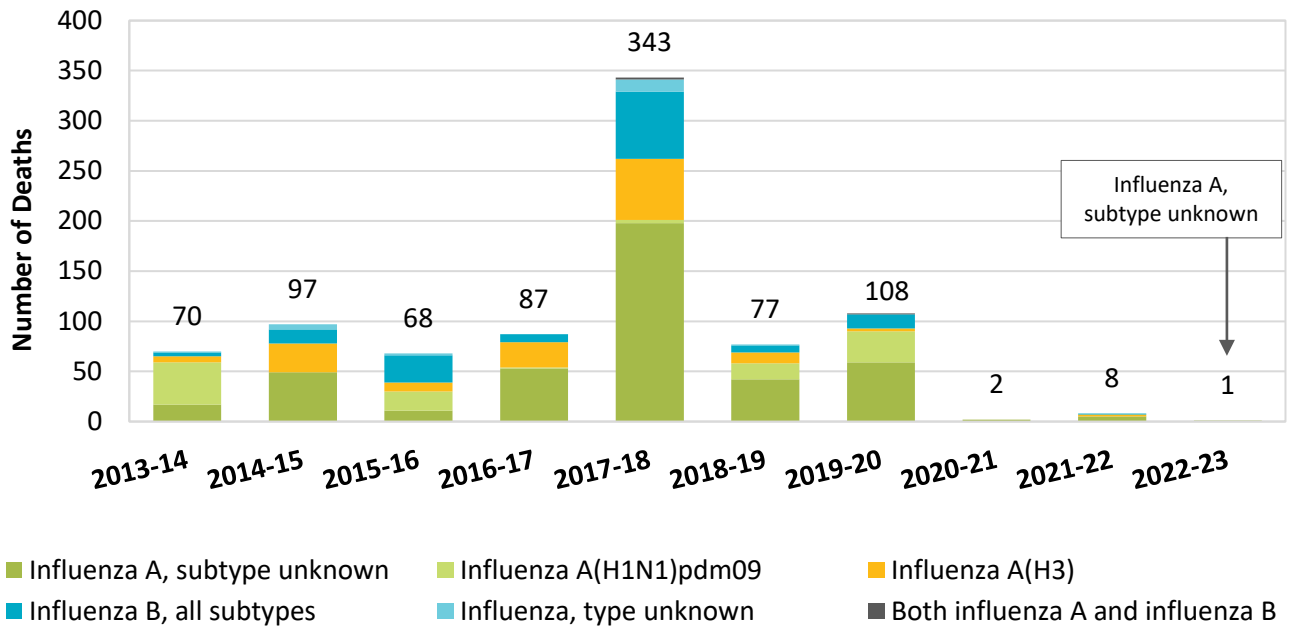


Figure 17. Influenza Deaths by Type and Fiscal Year



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Table 2. Summary of Deaths, Fiscal Year-to-Date

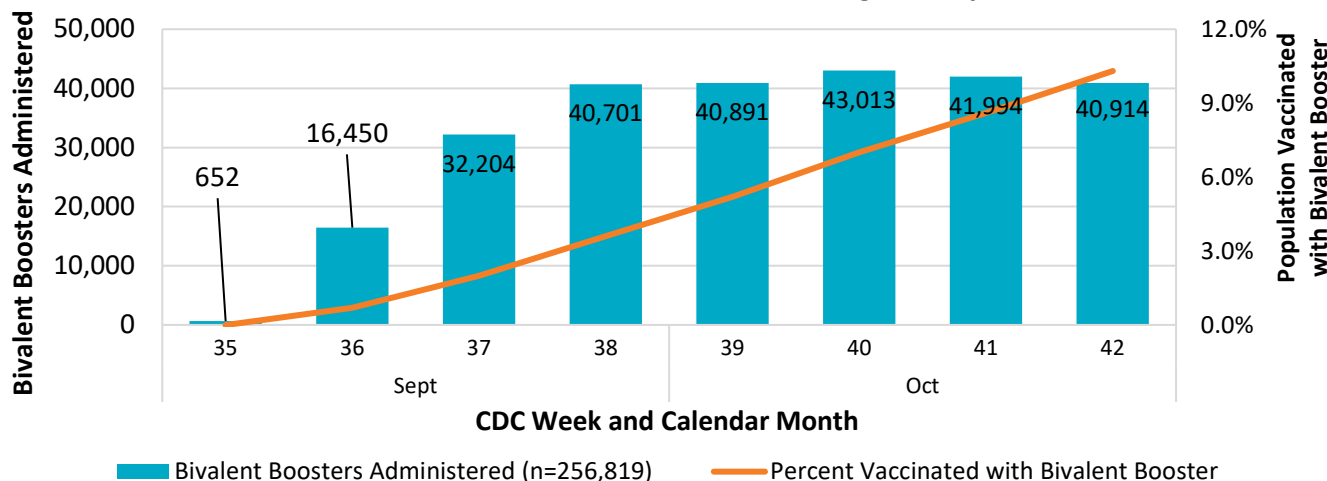
	COVID-19 Deaths	Influenza Deaths
Age		
0-4 years	0 (0.0%)	0 (0.0%)
5-17 years	0 (0.0%)	0 (0.0%)
18-49 years	7 (5.3%)	0 (0.0%)
50-64 years	13 (10.0%)	1 (100.0%)
65+ years	111 (84.7%)	0 (0.0%)
Gender		
Male	77 (58.8%)	1 (100.0%)
Female	54 (41.2%)	0 (0.0%)
Race/Ethnicity		
American Indian or Alaska Native	0 (0.0%)	0 (0.0%)
Asian	9 (6.9%)	0 (0.0%)
Black	5 (3.8%)	0 (0.0%)
Hispanic or Latino	29 (22.1%)	0 (0.0%)
Native Hawaiian or Other Pacific Islander	2 (1.5%)	0 (0.0%)
Other/Multiple Race	14 (10.7%)	0 (0.0%)
White	72 (55.0%)	1 (100.0%)
Vaccinated*	90 (68.7%)	0 (0.0%)
Underlying Conditions	123 (93.9%)	1 (100.0%)

*Known to be vaccinated for influenza or at least primary series for COVID-19.



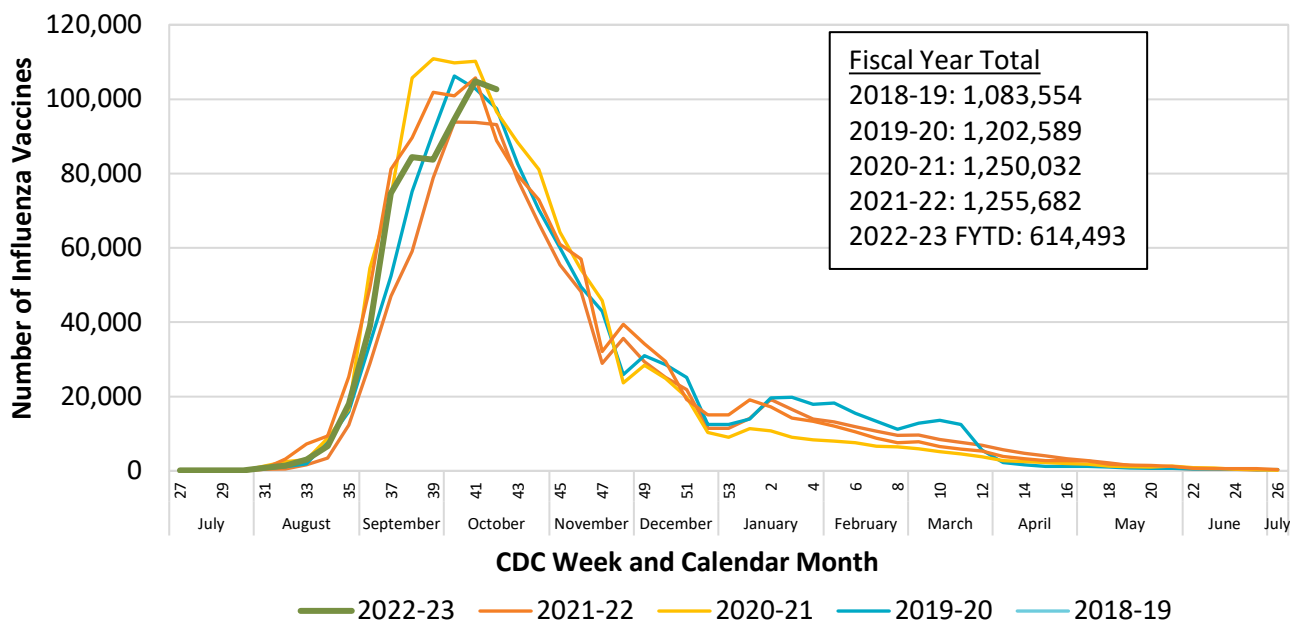
Vaccinations Administered

Figure 18. Number of COVID-19 Bivalent Boosters and Cumulative Percent of Persons Vaccinated With a Bivalent Booster, San Diego County Residents



The bars show COVID-19 bivalent boosters administered, not individuals vaccinated. The line shows the percent of persons vaccinated with bivalent boosters per the dose and schedule regimen for the vaccine received. The bivalent vaccine was authorized for use in the United States in late August, so the data shown are since the bivalent vaccine became available.

Figure 19. Number of Influenza Vaccinations Administered* by CDC Week and Fiscal Year

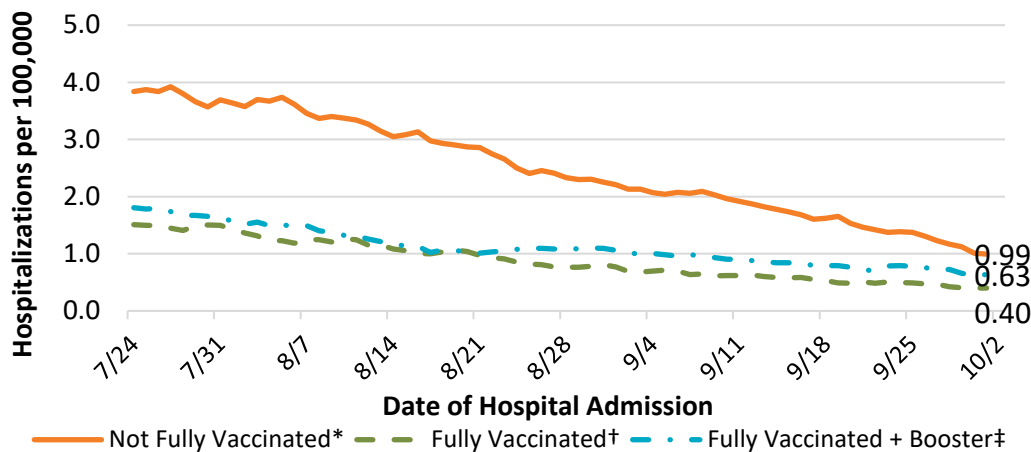


*Week 52 data are repeated for week 53 for years that do not include week 53.



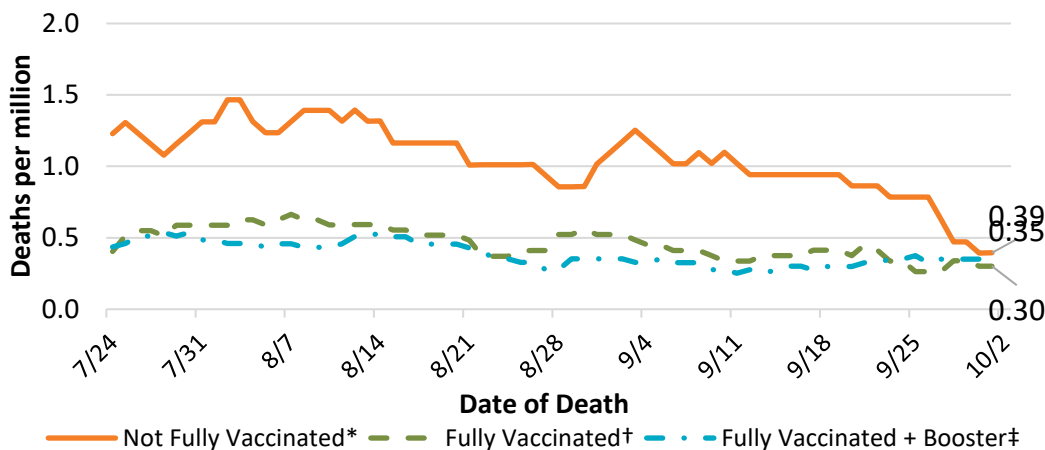
COVID-19 Hospitalizations and Deaths by Vaccination Status

Figure 20. 14-Day Rolling Average COVID-19 Hospitalization Rate by Vaccination Status in San Diego County Residents Age 12 Years and Older in the Previous Three Months



Hospitalization rate for not fully vaccinated (.99 per 100K) residents is **1.6 times higher** than fully vaccinated + booster (0.63 per 100K) residents

Figure 21. 28-Day Rolling Average COVID-19 Death Rate by Vaccination Status in San Diego County Residents Age 12 Years and Older in the Previous Three Months



Death rate for not fully vaccinated (0.39 per million) residents is **1.1 times higher** than fully vaccinated + booster (0.35 per million) residents

According to [CDC](https://www.cdc.gov), several factors likely affect crude case rates by vaccination and booster dose status, making interpretation of recent trends difficult. Limitations include higher prevalence of previous infection among the unvaccinated and un-boostered groups; difficulty in accounting for time since vaccination and waning protection; and possible differences in testing practices (such as at-home tests) and prevention behaviors by age and vaccination status.

*Not fully vaccinated includes individuals with one dose of the two-dose series, no doses, or unknown vaccination status. Individuals who are not yet eligible for the vaccine are also included.

†Cases who first tested positive (based on specimen collection date) greater than or equal to 14 days after receiving the final dose of COVID-19 vaccine.

‡Cases who first tested positive (based on specimen collection date) greater than or equal to 14 days after receiving a booster dose of COVID-19 vaccine at least 2 months after a J&J vaccine or 5 months after a Pfizer or Moderna vaccine series.

San Diego County Population from SANDAG 2019 Population Estimates (Prepared June 2020). The fully vaccinated population for each day is the cumulative number of county residents documented to have received the final dose of COVID-19 vaccine at least 14 days prior to that day. The not fully vaccinated population is the estimated total county population minus the fully vaccinated population.

Respiratory Virus Surveillance Report



The purpose of the weekly **Respiratory Virus Surveillance Report** is to summarize current COVID-19 and influenza surveillance in San Diego County. Additional COVID-19 and influenza data and resources and a link to subscribe to this report are available via the Epidemiology Unit [website](#).

Data are preliminary and may change due to delayed reporting and additional information obtained during investigations.

COVID-19 Reporting in San Diego County

Facilities Certified Under CLIA to perform Non-waived Testing are required to report all laboratory-based SARS-CoV-2 NAAT results, including positive and non-positive (i.e., negative, indeterminate). Facilities with a CLIA Certificate of Waiver are required to report SARS-CoV-2 POSITIVE diagnostic results only. Laboratories that test San Diego County residents (regardless of the physical location of the laboratory) must register with CDPH for electronic laboratory reporting (ELR). Information about how to establish an electronic connection with CDPH to route positive and negative COVID-19 results to San Diego County can be found at the CDPH [Health Information Exchange Gateway](#). Laboratories waiting for ELR to be established are required to report laboratory-positive results to the County Epidemiology Unit by FAX at **(858) 715-6458**. Hospitalizations and deaths of patients due to COVID-19 must be reported within one day of identification using a [COVID-19 Confidential Morbidity Report Form](#).

NOTE: Self-administered tests are not reported to the County of San Diego and are not included in COVID-19 data reporting.

Influenza Reporting in San Diego County

Individual influenza cases are reportable to the County of San Diego Epidemiology and Immunization Services Branch. Please report laboratory-positive influenza results to the County Epidemiology Unit 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 Requisition Form](#). Contact the Epidemiology Unit 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 Unit www.sdepi.org
- County of San Diego [2021-22 Influenza Season Summary](#)
- County of San Diego [COVID-19 Data website](#)
- County of San Diego Immunization Unit (SDIZ) www.sdiz.org
- California [Immunization Registry](#) (CAIR2)
- California Department of Public Health (CDPH) [COVID-19 Update](#)
- California Department of Public Health (CDPH) [Influenza Update](#)
- Centers for Disease Control and Prevention (CDC) [COVID-19 Surveillance](#)
- Centers for Disease Control and Prevention (CDC) [Influenza Surveillance](#)

Data through
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Influenza 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 Unit (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 contributing condition. In addition, influenza case reports are compared to death data for San Diego County, and matches are evaluated to determine if 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 data system on a weekly basis.
- **Influenza-like illness (ILI):** Electronic emergency department (ED) visit data are submitted to Epidemiology daily. The percent of ED visits for ILI or flu (based on chief complaints or diagnosis) is calculated for each week. ILI is defined as fever and cough and/or sore throat.
- **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 California Immunization Registry (CAIR2) provides weekly updates on the number of flu vaccinations given based on the number of flu vaccinations registered by participating providers. The San Diego Immunization Registry (SDIR) transitioned to the California Immunization Registry (CAIR2) on Monday, April 25, 2022. All vaccination data, previously pulled from SDIR, is now being pulled from CAIR2. Due to differences in the programming of each system, the overall count of vaccinations may differ slightly from previously-reported data.

COVID-19 Data Sources

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

- **COVID-19 case reports:** Medical providers and laboratories report individual cases of PCR-confirmed and antigen-positive probable COVID-19 via fax or electronic laboratory reporting (ELR) to the County of San Diego Epidemiology Unit. Self-administered tests are not reported.
- **COVID-19 deaths:** The County of San Diego requests that all deaths related to COVID-19 be reported for surveillance purposes. Medical facilities may report these deaths directly to the Epidemiology Unit or they may be identified by the Office of Vital Records through death certificate registration. The Epidemiology Unit compiles the data, and only reports deaths that can be verified by a death certificate.
- **COVID-like illness (CLI):** Electronic emergency department data are reported to the Epidemiology Unit daily. The percent of ED visits for CLI (based on chief complaints or diagnosis) is calculated for each week. CLI is defined as fever and cough, shortness of breath, or difficulty breathing OR coronavirus diagnostic codes.
- **COVID-19 outbreaks:**
 - **Skilled Nursing Facilities:** at least one facility-acquired case of laboratory-confirmed COVID-19 in a resident.
 - **Non-SNF Residential Congregate Settings:** At least three suspected, probable, or confirmed COVID-19 cases within a 14-day period in epidemiologically-linked residents and/or staff. Included in this report: assisted living facilities, group homes, correctional facilities, homeless shelters.
- **COVID-19 vaccinations:** Number of vaccinations registered in the California Immunization Registry (CAIR2) by participating providers. Some providers, including the VA, DoD, other military, some tribal, and prisons do not report to CAIR2. The San Diego Immunization Registry (SDIR) transitioned to the California Immunization Registry (CAIR2) on Monday, April 25, 2022. All vaccination data, previously pulled from SDIR, is now being pulled from CAIR2. Due to differences in the programming of each system, the overall count of vaccinations, count of vaccinated individuals, and demographic data may differ slightly from previously-reported data.
- **SANDAG population estimates, vintage 2019:** Rates are calculated using 2019 population estimates from the San Diego Association of Governments.