



Influenza and Other Respiratory Disease Surveillance Data

Outpatient, Inpatient, and Death Data

1. Influenza Sentinel Providers

Sentinel providers (physicians, nurse practitioners, and physician assistants) situated throughout California report on a weekly basis the number of patients seen with influenza-like illness (ILI) and the total number of patients seen for any reason. ILI is defined as any illness with fever ($\geq 100^{\circ}\text{F}$ or 37.8°C) AND cough and/or sore throat.

2. Kaiser Permanente Hospitalization Data

Inpatients at Kaiser Permanente facilities with an admission diagnosis including the keywords “flu,” “influenza,” or variants of the keywords are defined as influenza-related admissions. The number of influenza admissions is divided by the total number of hospital admissions occurring in the same time period to estimate the percentage of influenza admissions. Admissions for pregnancy, labor and delivery, birth, and outpatient procedures are excluded from the denominator. Please note that prior to the 2020–2021 influenza season, admissions for both pneumonia and influenza were included and are not directly comparable to current methods.

3. Influenza-Associated Hospitalizations, California Emerging Infections Program

The California Emerging Infections Program (CEIP), Influenza Surveillance Network (FluSurv-NET) conducts population-based surveillance for laboratory-confirmed influenza-associated hospitalizations among patients of all ages in Alameda, Contra Costa, and San Francisco counties.

4. Influenza Mortality Surveillance from Death Certificates

Deaths occurring in California among residents who had influenza noted in any cause of death field on the death certificate (text or ICD-10 coded) are defined as influenza-coded deaths. The percentage of influenza-coded deaths is calculated by dividing the number of influenza-coded deaths by the total number of all cause deaths during the same period. Influenza-coded deaths are not necessarily laboratory-confirmed and are an underestimate of all influenza-associated deaths.

Laboratory Data

Laboratory surveillance for influenza and other respiratory viruses involves the use of data from clinical sentinel laboratories (hospital, academic, and private laboratories) and public health laboratories in the Respiratory Laboratory Network located throughout California. These laboratories report the number of laboratory-confirmed influenza and other respiratory virus detections and isolations on a weekly basis.

Outbreak Data

Currently, as mandated under Section 2500 of the California Code of Regulations, outbreaks of any disease, including influenza and other respiratory diseases not listed in Title 17, Section 2500 are reportable to CDPH.

Severe Case Report Data

1. Laboratory-Confirmed Severe Influenza-associated Case Reports

Currently, laboratory confirmed influenza-associated deaths in children <18 years of age are nationally notifiable and reportable to CDPH.

2. Laboratory-Confirmed Severe Respiratory Syncytial Virus Case Reports

Currently, as mandated under Section 2500 of the California Code of Regulations, deaths among children aged 0–4 years with laboratory-confirmed respiratory syncytial virus (RSV) are reportable to CDPH.

[Section 2500 of the California Code of Regulations](#)