

## **California Influenza and Other Respiratory Disease Surveillance for Week 11 (March 11 - 17, 2012)**

Note: This report includes data from many different sources of influenza surveillance, including syndromic surveillance, laboratory surveillance, and mandatory reporting of influenza deaths for cases ages 0-64 years. The information contained in this report should be viewed as a “snapshot” of influenza activity for each surveillance week, and should not be considered as population-based data or representative of all California public health jurisdictions.

**In week 11, the geographic distribution of influenza in California remained “widespread\*.”**

### **Influenza Report Highlights**

- Outpatient influenza-like illness (ILI) was up 0.1% in week 11 (2.8%) compared to week 10 (2.7%).
- Of 1892 specimens tested during week 11,
  - 649 (34.3%) were positive for influenza; of these
    - 71 (10.9%) were influenza B and
    - 578 (89.1%) were influenza A.
      - 136 (23.5%) were subtyped as seasonal A (H3),
      - 43 (7.4%) were subtyped as 2009 A (H1), and
      - 399 (69.0%) were not subtyped.
- No resistance to neuraminidase inhibitors has been identified in 60 influenza isolates tested during the 2011-2012 influenza season.
- Eighty-two specimens from California residents have been strain-typed this season; all but eight influenza B strains match the 2011-12 influenza vaccine.
- One laboratory-confirmed influenza-associated death among persons less than 65 years was reported in week 11.
- No suspected or confirmed influenza A (H3N2)v [variant influenza A (H3N2), formerly called swine-origin triple reassortant A (H3N2)] have been detected in California.

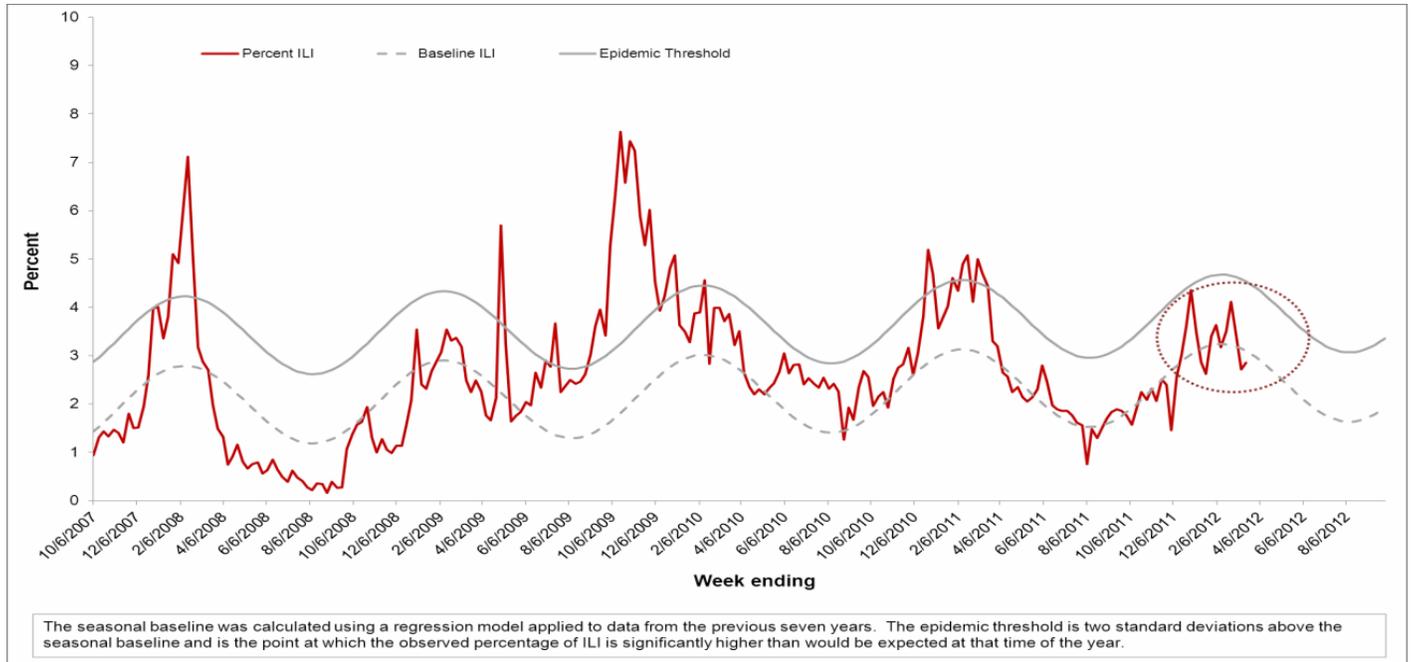
\*For the Centers for Disease Control and Prevention (CDC) definitions of influenza geographic distribution, please go to the [CDC Influenza page](http://www.cdc.gov/flu/weekly/overview.htm) (<http://www.cdc.gov/flu/weekly/overview.htm>).

### **A. Syndromic Surveillance Update**

#### **1. CDC Influenza Sentinel Providers**

A total of 79 (39.9%) out of 198 enrolled sentinel providers have reported data for week 11. Based on available data, the percentage of ILI visits for week 11 (2.8%) was just below baseline (Figure 1).

**Figure 1. Percentage of Influenza-like Illness Visits Among Patients Seen by California Sentinel Providers, 2007– 2012**



## 2. Kaiser Permanente Hospitalization Data (“Flu Admissions”)

The percentage of Kaiser Permanente hospitalizations for pneumonia and influenza in Northern California decreased in week 11 (6.5%) compared to week 10 (7.0%).

## **B. Laboratory Update**

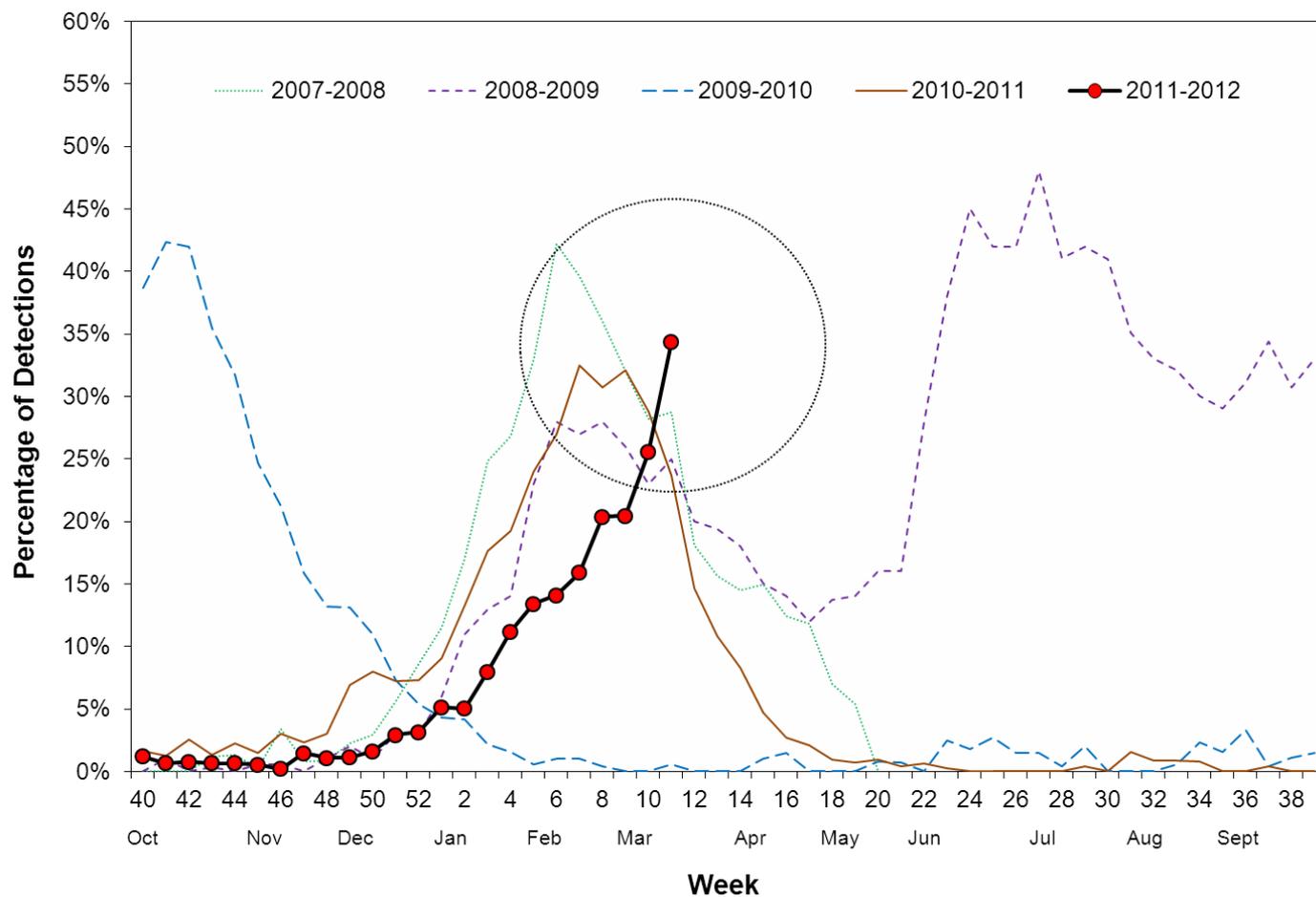
### 1. Respiratory Laboratory Network (RLN) and Sentinel Laboratory Surveillance Results

The percentage of influenza detections in the RLN and sentinel laboratories continued an upward trend that started in week 3, with a sharp increase of 8.8% in week 11 (34.3%) compared to week 10 (25.5%), (Figure 2). Of 1892 specimens tested by the RLN and sentinel laboratories, 71 (3.8%) were positive for influenza B and 578 (30.5%) were positive for influenza A (Figure 3). Of the 578 specimens that tested positive for influenza A, 136 (23.5%) were subtyped as seasonal A (H3), 43 (7.4%) were subtyped as 2009 A (H1), and 399 (69.0%) had no further subtyping performed. The influenza-positive specimens were reported statewide.

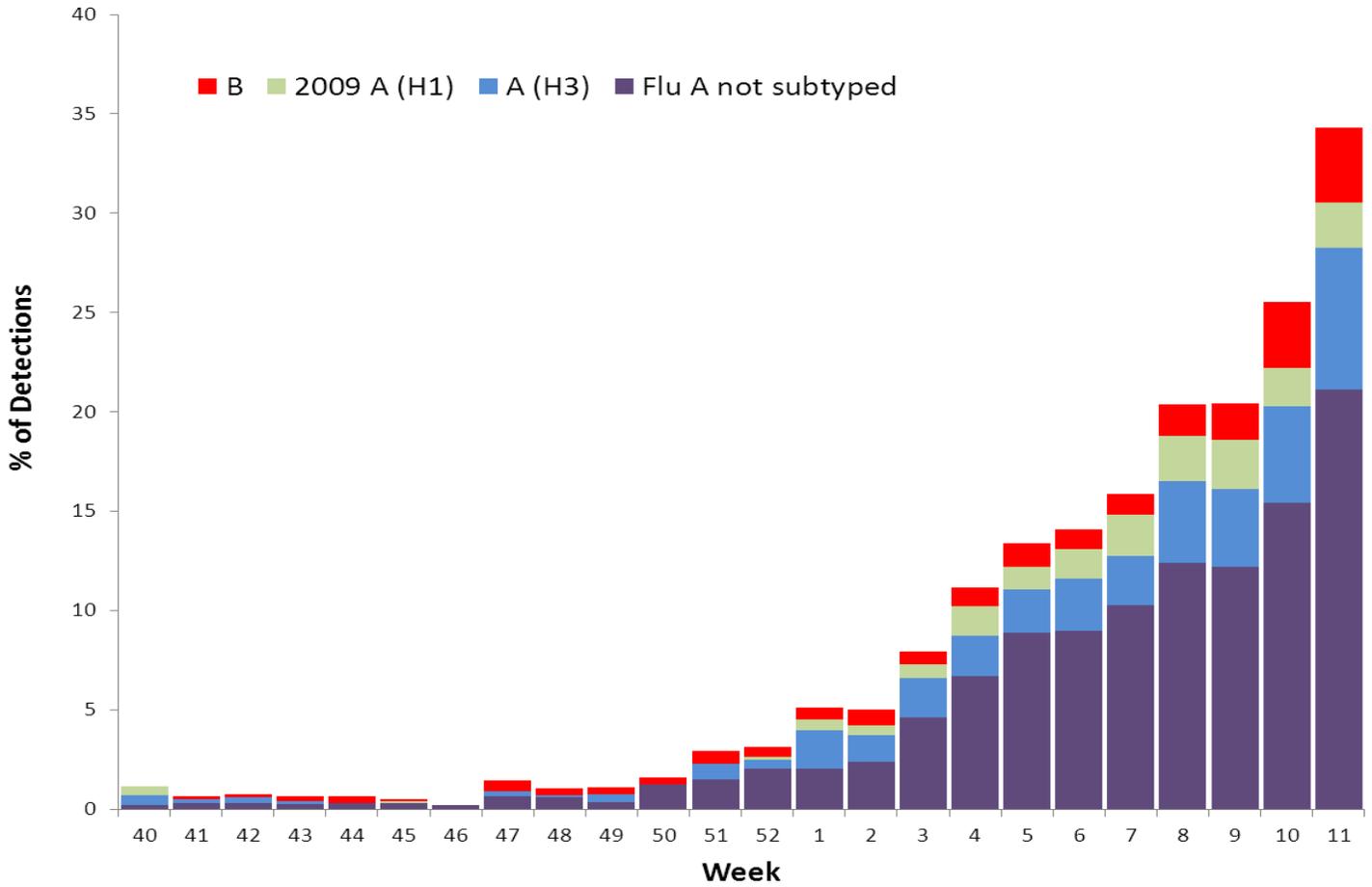
To date for the 2011-2012 season, of 34,704 specimens tested, 3917 (11.3%) were positive for influenza; of these, 399 (10.2%) were influenza B and 3518 (89.8%) were influenza A. Of the 3518 specimens that tested positive for influenza A, 763 (21.7%) were subtyped as seasonal A (H3), 373 (10.6%) were subtyped as 2009 A (H1), and 2382 (67.7%) had no further subtyping performed.

Neither the RLN nor the California Department of Public Health Viral and Rickettsial Disease Laboratory (CDPH- VRDL) have identified any influenza viruses by polymerase chain reaction (PCR) typing or subtyping that are suggestive of the influenza A (H3N2)v infection.

**Figure 2. Percentage of Influenza Detections in Respiratory Laboratory Network and Sentinel Laboratories, 2007– 2012**

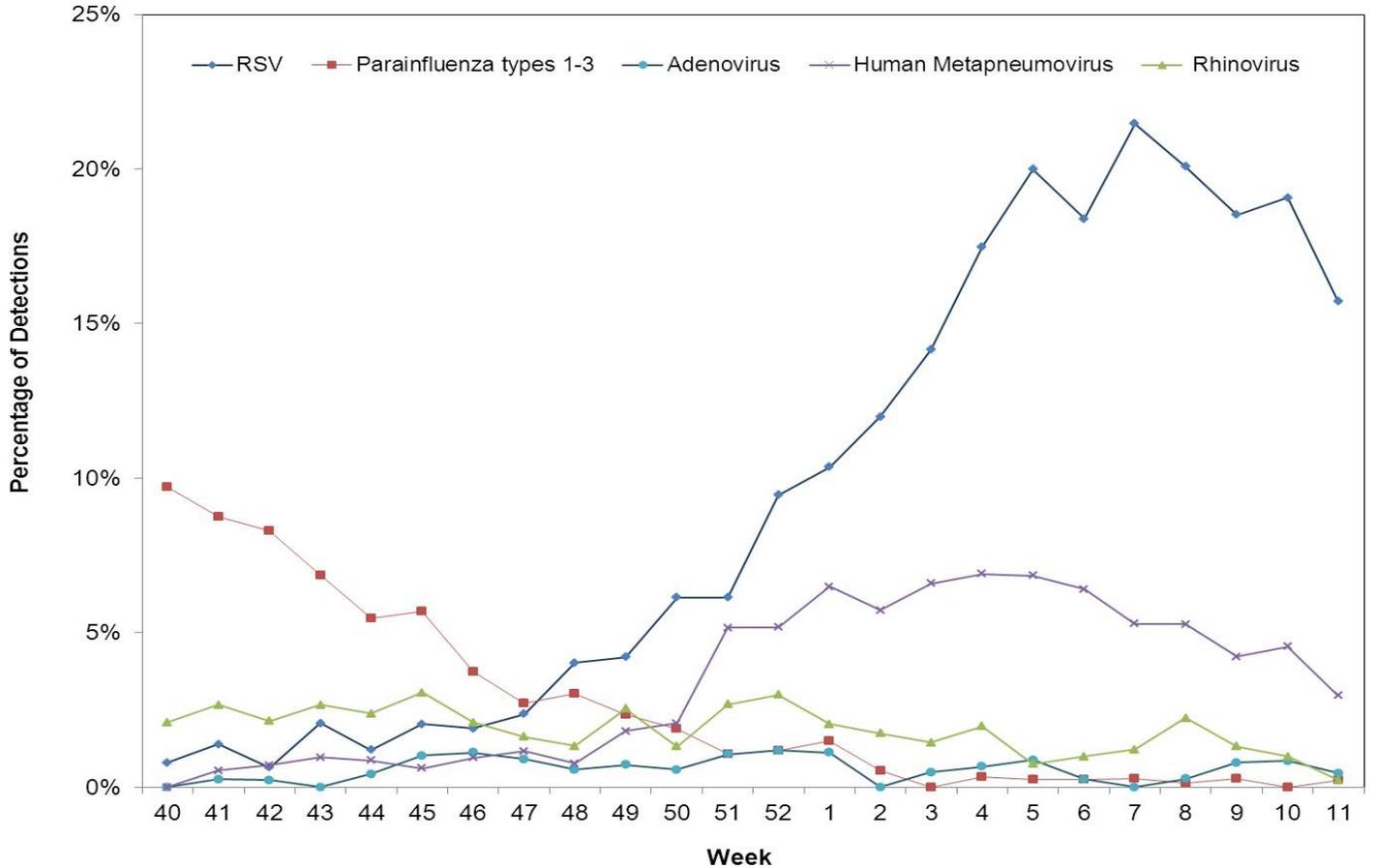


**Figure 3. Percentage of Influenza Types and Subtypes in Respiratory Laboratory Network and Sentinel Laboratories, 2011–2012**



The proportion of respiratory syncytial virus (RSV) detections decreased in week 11 (15.7%, compared to 19.1% in week 10), (Figure 4).

**Figure 4. Other Respiratory Pathogen Detections in Respiratory Laboratory Network and Sentinel Laboratories, Weeks 40-11 (October 2, 2011 – March 17, 2012)**



**2. Antiviral Resistance Testing (AVR)**

CDPH-VRDL has tested 60 influenza specimens for antiviral resistance to date during the 2011-2012 influenza season; all have been sensitive to neuraminidase inhibitors (Table 1).

**Table 1. Number of Specimens Tested for Antiviral Resistance**

Influenza Strain	Neuraminidase Inhibitors Resistance
Influenza A (2009 H1N1)	0/22
Influenza A (H3N2)	0/38

**3. Influenza Virus Strain Characterization**

Eighty-two California specimens have been strain-typed to date during the 2011-2012 influenza season; all but eight matched with components of the 2011-2012 vaccine for the Northern Hemisphere (Table 2).

**Table 2. Influenza Virus Antigenic Characterization for the 2011-12 Season**

Influenza Strain	Total (N=82)
Influenza A	62
A/Perth/16/2009-like (H3N2)*	42
A/California/07/2009-like (H1N1)*	20
Influenza B	20
B/Brisbane/60/2008-like*	12
B/Wisconsin/01/2010-like	8

\*Matches components of the 2011-12 Northern Hemisphere influenza vaccine

### **C. Laboratory-confirmed Fatal Case Reports**

CDPH received one report of influenza-associated death in an adult in the 50-64 year age group. To date during the 2011-2012 influenza season, CDPH has received 12 reports of influenza-associated deaths among persons less than 65 years old; 3 were among children 0-17 years and 9 were among adults 18-64 years.

### **D. Influenza-associated Outbreaks**

CDPH received 11 reports of laboratory-confirmed influenza outbreaks in week 11; 1 was in a school, 2 were in jails and 8 were in congregate living facilities. Of the 11 outbreaks, 9 were associated with influenza A (H3) and 2 were associated with influenza A (subtyping not done).

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For questions regarding influenza surveillance and reporting in California, please email [InfluenzaSurveillance@cdph.ca.gov](mailto:InfluenzaSurveillance@cdph.ca.gov). This account is monitored daily by several epidemiologists.

For more information regarding the different influenza surveillance data sources, please visit the [CDPH Influenza Surveillance Program](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Flu-Reports.aspx) at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Flu-Reports.aspx>

To obtain additional information regarding influenza, please visit the [CDPH influenza website](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Influenza.aspx) at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Influenza.aspx>.

A copy of the case report form for reporting any laboratory-confirmed influenza case that was either admitted to the ICU or died can be downloaded from the [Severe Influenza Case History Form Link](https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph9070.pdf) at <https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph9070.pdf>.