



Influenza and Other Respiratory Disease Surveillance Data

Influenza Outpatient, Inpatient, and Death Surveillance

Sentinel Provider Outpatient Visits for Influenza-like Illness

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.

Influenza Admissions at Kaiser Permanente Northern California Facilities

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.

Influenza-associated Hospitalizations in California Emerging Infections Program Counties

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.

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 Surveillance

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

Influenza-associated Outbreaks

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.

Respiratory Syncytial Virus (RSV) Surveillance

RSV Admissions at Kaiser Permanente Northern California Facilities

Inpatients at Kaiser Permanente Northern California facilities with an admission diagnosis including the keywords “RSV,” “syncytial,” “bronchiolitis,” and variants of the keywords are defined as respiratory syncytial virus (RSV)-related admissions. The number of RSV admissions is divided by the total number of hospital admissions occurring in the same period to estimate the percentage of RSV admissions. Admissions for pregnancy, labor and delivery, birth, and outpatient procedures are excluded from the denominator.

RSV Mortality Surveillance from Death Certificates

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

Influenza-associated and RSV-associated Death Case Reports

Laboratory-Confirmed Influenza-associated Deaths

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

Laboratory-Confirmed Respiratory Syncytial Virus-associated Deaths

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](#)