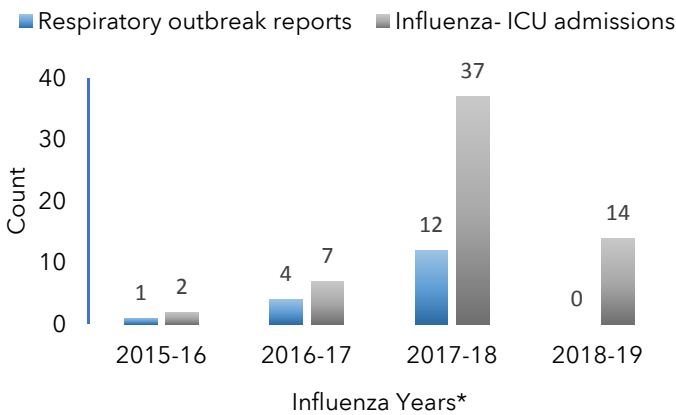


Influenza Surveillance Report - Week 7

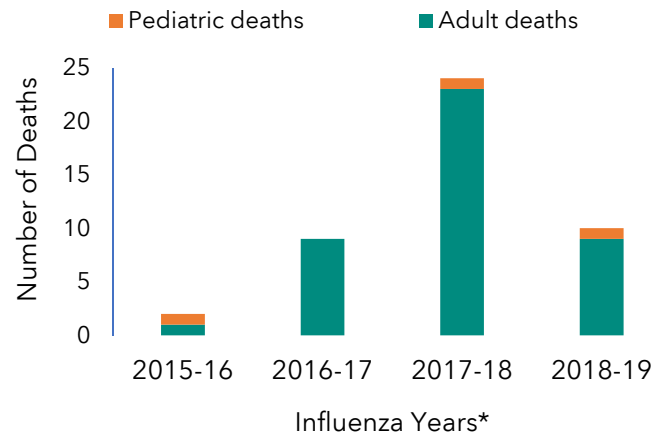
February 10- February 16, 2019

- Statewide¹ geographic spread of influenza activity: Widespread
- Stanislaus County ILI² activity (Sentinel site data): Minimal (Level= 1-3)
- Laboratory influenza positivity in Stanislaus County: 18%
- Influenza related deaths in Stanislaus County: 10 (Since Sep.30, 2018)

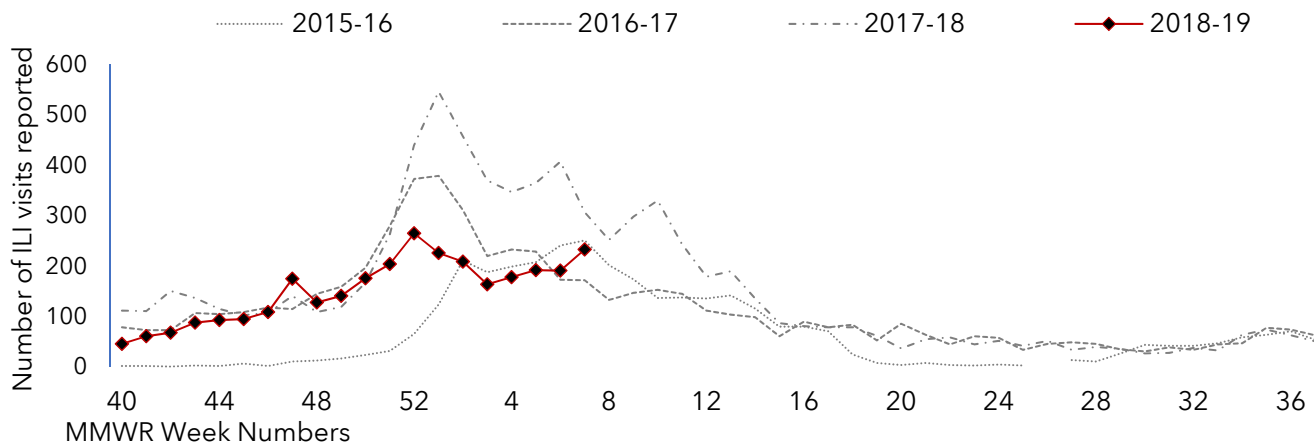
Respiratory outbreak reports and Influenza related Intensive Care Unit admissions Stanislaus County, 2015-2018 influenza year*



Influenza related death reports, Stanislaus County, 2015-2018 influenza year*



Number of Emergency Department (ED) visits by patients with ILI² syndrome, Stanislaus County, 2015-2018 influenza years*



¹California Department of Public Health weekly influenza surveillance reports can be found at;

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Influenza.aspx>

²ILI: Influenza Like Illness

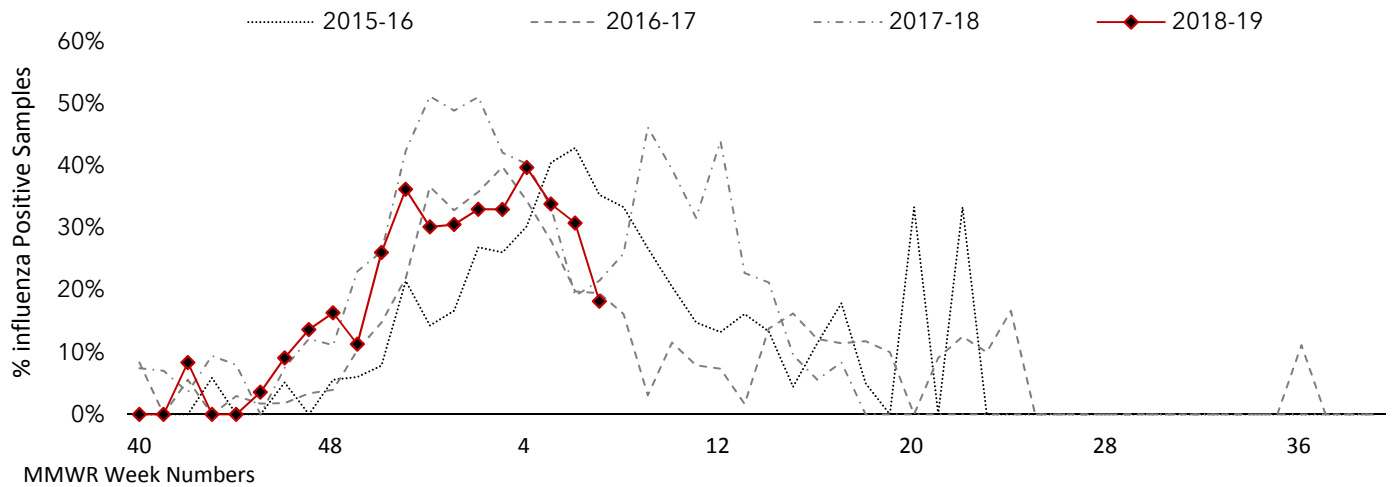
*Influenza year begins during CDC's Morbidity and Mortality Weekly Report (MMWR) week number 40 and ends at MMWR week 39 in the following year.

Note: Due to variable reporting timelines of data sources, subsequent weekly influenza reports may reflect updated information for previous weeks.

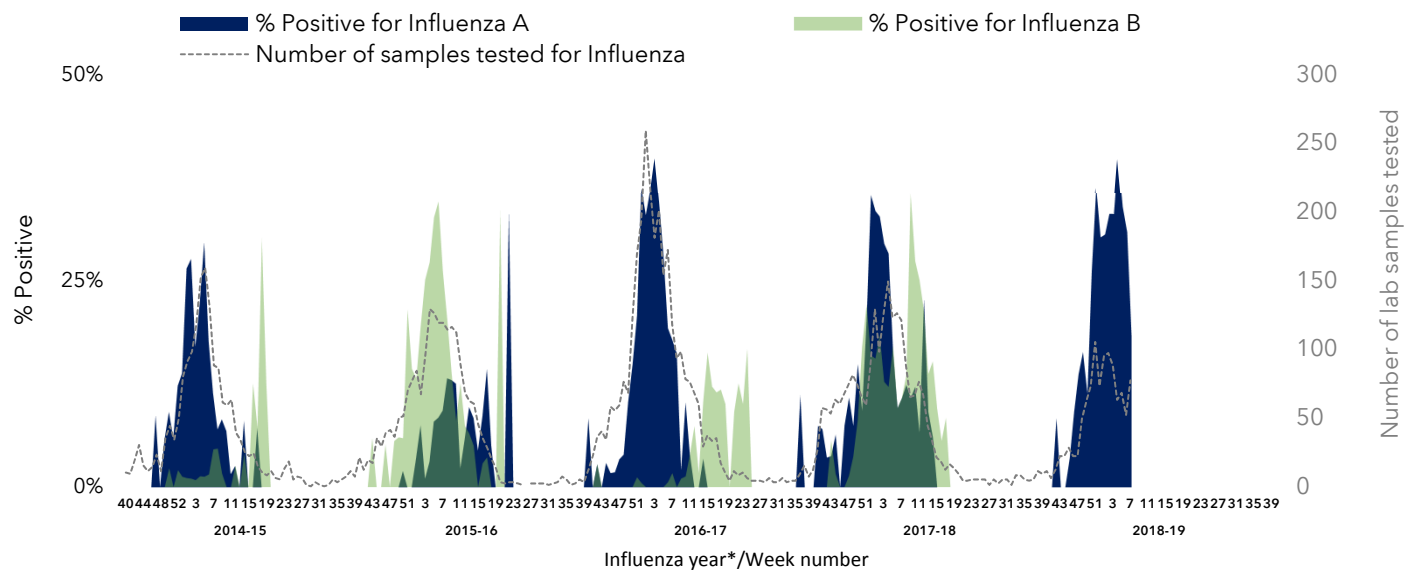
Influenza Surveillance Report - Week 7

February 10- February 16, 2019

Percentage of influenza positive lab samples reported from clinical and public health labs Stanislaus County, 2015-2018 influenza year*



Number of specimens tested for influenza and proportional positivity of influenza A and B subtypes Stanislaus County, 2014-2018 influenza year*



*Influenza year begins during CDC's Morbidity and Mortality Weekly Report (MMWR) week number 40 and ends at MMWR week 39 in the following year. Note: Due to variable reporting timelines of data sources, subsequent weekly influenza reports may reflect updated information for previous weeks.

Influenza Surveillance Report - Week 7

February 10- February 16, 2019

Influenza surveillance* at a glance

Influenza Like Illness (ILI) is defined as any illness with fever ($\geq 100^{\circ}\text{F}$ or 37.8°C) AND cough and/or sore throat (in the absence of a known cause other than influenza).

Influenza activity status: The local activity status compares the mean percent of sentinel site (clinic) patient visits due to ILI for the current week to the baseline (mean reported percent of visits due to ILI for non-influenza weeks). Due to wide variability in regional level data, it is not appropriate to apply the national and state baseline to county data. The 10 activity status levels correspond to the number of standard deviations below, at or above the mean for the current week compared with the mean of the non-influenza weeks. There are 10 activity levels classified as :

Minimal	(levels 1-3),
Low	(levels 4-5),
Moderate	(levels 6-7), and
High	(levels 8-10).

Geographic spread of influenza activity: State health departments report the estimated level of geographic spread of influenza activity in their states each week through the State and Territorial Epidemiologists Reports¹. This level does not measure the severity of influenza activity. States report geographic spread of influenza activity as no activity, sporadic, local, regional, or widespread. These levels are defined as follows:

No Activity:	No laboratory-confirmed cases of influenza and no reported increase in the number of cases of ILI.
Sporadic:	Small numbers of laboratory-confirmed influenza cases or a single laboratory-confirmed influenza outbreak has been reported, but there is no increase in cases of ILI.
Local:	Outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in a single region of the state.
Regional:	Outbreaks of influenza or increases in ILI and recent laboratory confirmed influenza in at least two but less than half the regions of the state with recent laboratory evidence of influenza in those regions.
Widespread:	Outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least half the regions of the state with recent laboratory evidence of influenza in the state.

Influenza surveillance in Stanislaus County:

- *Outpatient ILI surveillance (Sentinel surveillance)*
Sentinel providers situated throughout California report on the number of patients seen with influenza-like illness (ILI) and the total number of patients seen for any reason. Stanislaus County has two sentinel providers who report patient visit information to CDC’s ILI Net as part of influenza surveillance.
- *ILI related Emergency Department (ED) visits (Syndromic surveillance)*
Five EDs in Stanislaus County share basic ED visit information with BioSense/Essence platform as part of syndromic surveillance activities. This resource is used to monitor the number of patients visiting ED’s with ILI syndromic complaints. These patients may have other complaints (not related to influenza) as well.
- *Laboratory testing results (Virologic surveillance)*
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 (RLN) located throughout California. Stanislaus County has one clinical and one public health laboratory which report the number of laboratory-confirmed influenza and other respiratory virus detections and isolations on a weekly basis.
- *Respiratory outbreaks/ Intensive Care Unit (ICU) admissions (Morbidity surveillance)*
As per title 17 of the California Code of Regulations, facilities like hospitals, day care centers, long term care facilities etc. are required to report respiratory outbreaks to Stanislaus County Public Health. Hospitals are also required to report any ICU admission related to influenza infections.
- *Adult and pediatric influenza related deaths (Mortality surveillance)*
Includes monitoring of deaths occurring in Stanislaus County among residents who had influenza noted as a cause of death (either as text or International Classification of Disease code on the death certificate). Influenza related deaths are not necessarily laboratory-confirmed and are an underestimate of all influenza-associated deaths. Data from other sources may also be used to supplement death certificate information on influenza related mortalities.

*Visit <https://www.cdc.gov/flu/weekly/overview.htm> for detailed information on influenza surveillance in the United States.

¹California Department of Public Health weekly influenza surveillance reports can be found at;

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Influenza.aspx>

Note: Due to variable reporting timelines of data sources, subsequent weekly influenza reports may reflect updated information for previous weeks.