

Influenza Activity

San Joaquin County:

- SJCPHS surveillance indicators show influenza activity is widespread throughout the county, but decreasing (**Figures 1-3**).
- 23 influenza-related non-fatal intensive care unit (ICU) admissions and five deaths in persons under age 65 have been reported to SJCPHS this season.
- All these cases have had influenza A with 17 of 28 (61%) cases having the 2009 H1N1 strain, others were not subtyped.

California:

- California's overall influenza activity was upgraded from "regional" to "widespread" during Week 1 (12/29/13-1/4/14) and has since remained at that level.
- As of Week 4, the California Department of Public Health has received 147 reports of influenza-associated deaths in persons <65 years versus a total of 14 at the same time during the 2012-2013 influenza season.

United States:

- 5,494 confirmed influenza-associated hospitalizations and 37 influenza-related pediatric deaths have been reported in the U.S. as of Week 4.
- Influenza A (H1N1) viruses have been the predominant circulating strain nationally since the start of the season. Influenza A comprised the majority (95%) of positive influenza specimens tested during Week 4 with 59% of those being the H1N1 subtype.

Influenza Testing and Treatment Recommendations

- Rapid influenza diagnostic tests have limited sensitivities and predictive values; negative results of rapid tests do not exclude influenza virus infection in patients with signs and symptoms suggestive of influenza. Therefore, antiviral treatment should not be withheld from patients with suspected influenza, even if the rapid test is negative.

Novel Influenza Update

- The first confirmed case of influenza A H5N1 (Avian influenza) in North America occurred in January 2014 in a Canadian traveler who had recently been in China. The patient had no known contact with poultry or poultry markets. The patient returned to Canada on December 27, 2013, was hospitalized on January 1, 2014 and died on January 3.
- In 2013, 219 cases of H7N9 were reported in China, including 53 (24%) deaths. Human H7N9 cases have occurred in two waves: the first from February to May 2013, and the second beginning in October 2013, with a significant increase of cases in the beginning of January 2014, which is continuing.
- There is no evidence of sustained person-to-person transmission of H5N1 or H7N9; therefore, there is very low risk of subsequent transmission.
- Clinicians should consider the possibility of novel influenza infection in persons with severe acute respiratory illness with recent travel to a country where H5N1 or H7N9 is known to be circulating within 10 days of symptom onset.

Figure 1. Percent of absences due to ILI, Manteca Unified School District, 2011—YTD 2014

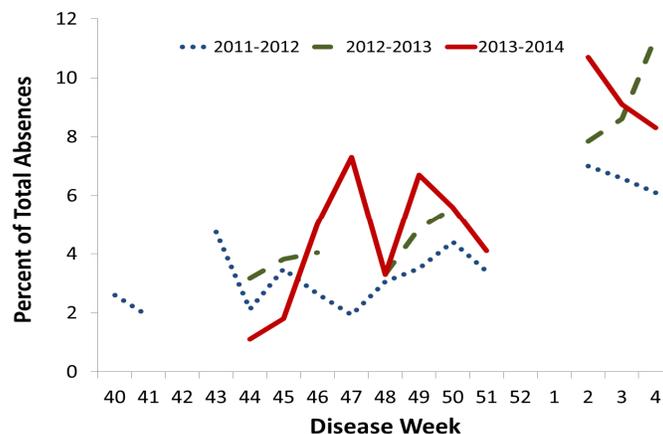


Figure 2. Percent of patients seen at student health centers with ILI, Stockton Unified School District, 2011—YTD 2014

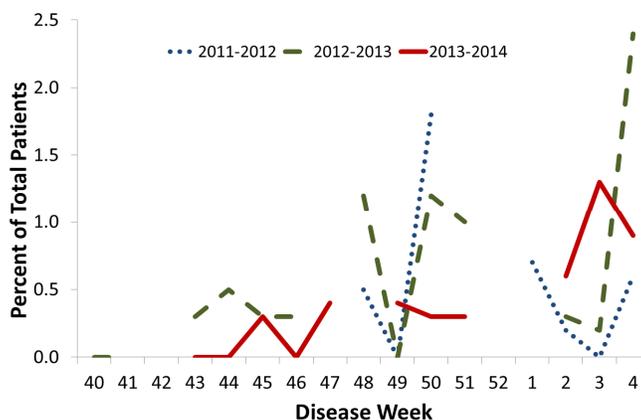
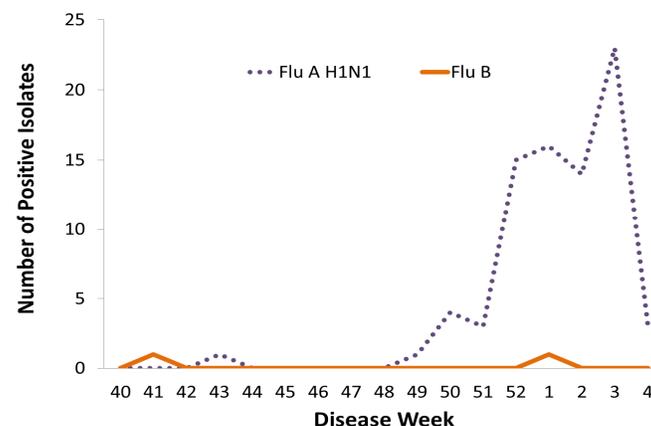


Figure 3. Positive Influenza isolates (n=82), San Joaquin County Public Health Services Laboratory, 9/29/13—1/25/14



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