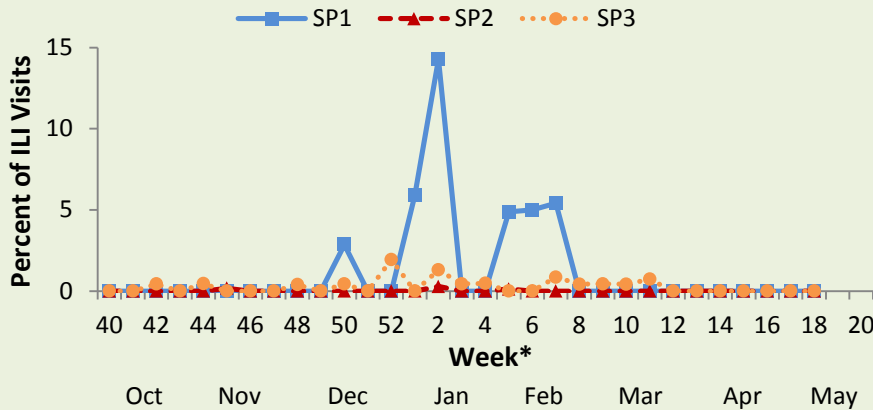


The end of season influenza fact sheet provides preliminary surveillance data on influenza activity in Sacramento County for the 2017-2018 influenza season to include data from Week 40 (October 1, 2017) through Week 21 (May 26, 2018).

SACRAMENTO COUNTY

Figure 1. Percent of Influenza-like Illness (ILI) Visits at Sentinel Provider (SP) Sites, 2017-2018 Influenza Season



SENTINEL PROVIDERS

Sacramento County Public Health received reports from three sentinel providers this influenza season. Sentinel providers had the highest percent of visits for influenza-like illness (ILI) between Week 52 and Week 1 [Figure 1]. There was also a second peak in the percent of ILI-related visits around Week 7 for both Sentinel Provider 1 and Sentinel Provider 3.

SACRAMENTO COUNTY PUBLIC HEALTH LABORATORY

Sacramento County Public Health Laboratory (SCPHL) detected 30 (50.8%) positive influenza specimens this season. The most was detected between Week 2 and Week 9 with a total of 20 positive specimens [Figure 2]. All 20 specimens were positive for influenza A, with subtype H3 accounting for 85.0% and subtype 2009 H1 accounting for 15.0% of the positive specimens [Figure 3]. A total of 10 positive specimens were detected between Week 10 and Week 17, all of which were positive for influenza B. Overall, influenza A accounted for 66.7% of the positive specimens and influenza B accounted for 33.3% of the positive specimens this season.

Figure 2. Number of Positive Influenza Detections at the Sacramento County Public Health Laboratory (SCPHL), 2015-2018

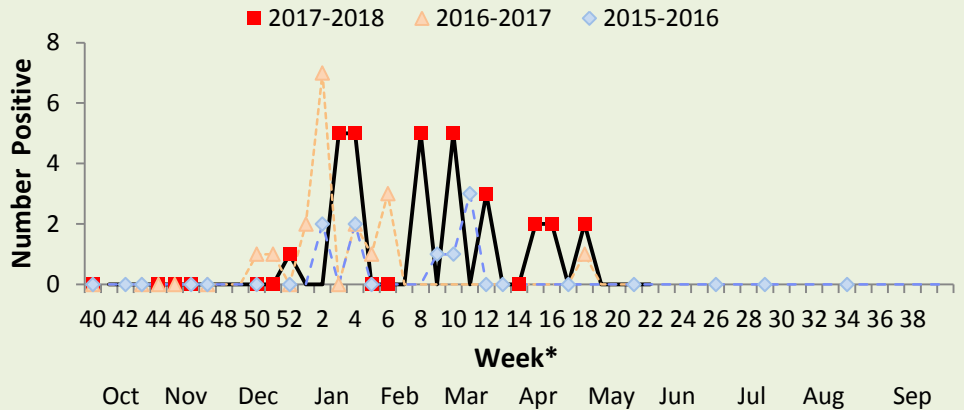
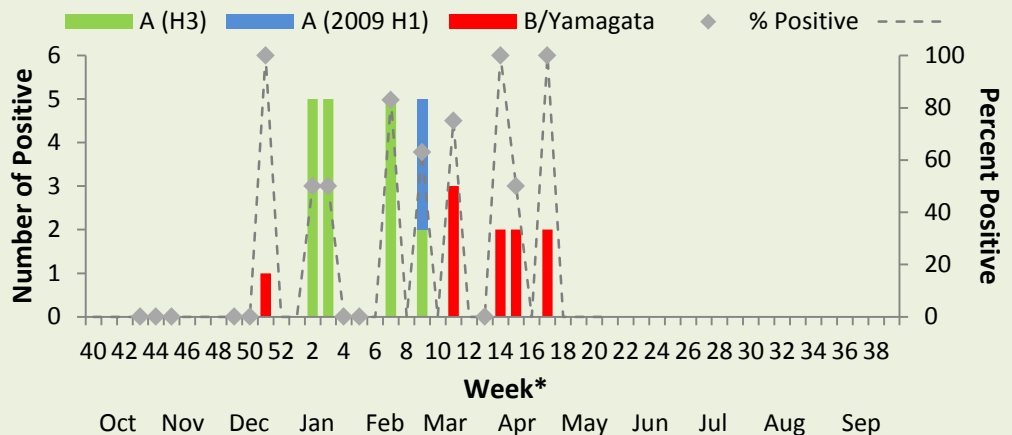


Figure 3. Number and Percent of Positive Influenza Detections by Type and Subtype at the Sacramento County Public Health Laboratory (SCPHL), 2017-2018 Influenza Season



Note: The number of influenza tests processed at SCPHL vary each season. Data excludes tests performed at commercial labs.

SACRAMENTO COUNTY PUBLIC HEALTH

Sacramento County Public Health has confirmed 111 cases of influenza-associated intensive care unit (ICU) admissions and 18 influenza-associated deaths among those less than 65 years old as of Week 21, compared to 56 ICU admissions and 10 deaths during the same time period last season. The rate of influenza-associated ICU admissions and deaths was the highest during Week 52 this season [Figure 4]. There was a second peak during Week 9 with influenza B accounting for 60% of the cases. Overall, influenza A has been the predominant influenza virus type this season, accounting for 81 (62.8%) of all reportable cases and 72 (64.9%) of reportable ICU cases [Figure 5]. However half of the reportable deaths were positive for influenza B.

Figure 4. Incidence of Influenza-Associated Intensive Care Unit (ICU) Hospitalizations and Deaths among Persons <65 Years Old, 2015-2018

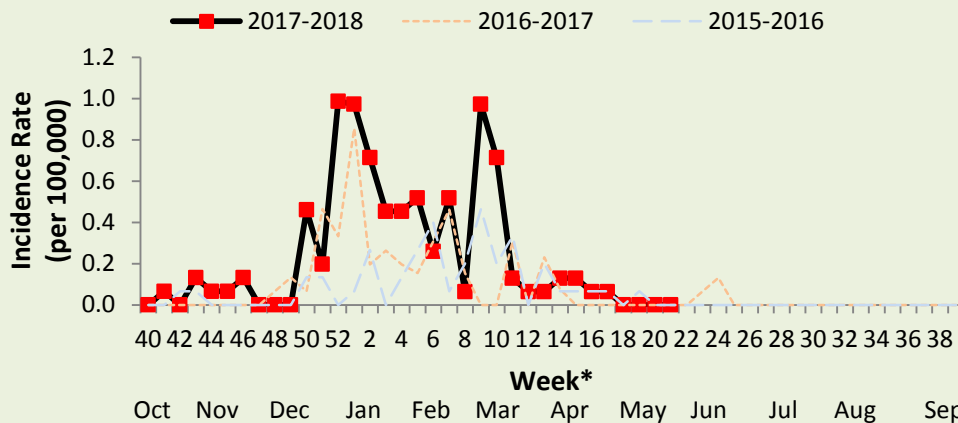
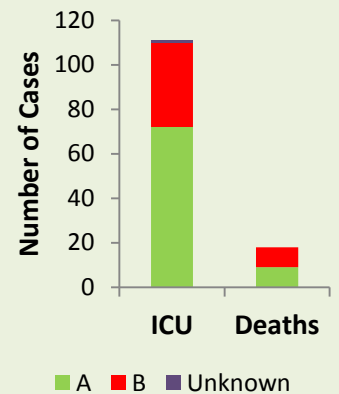


Figure 5. Number of Influenza Cases by Type, 2017-2018 Influenza Season



STATE

- As of Week 20 (final weekly report for the season),
- A total of 294 laboratory-confirmed influenza-associated deaths among patients <65 years old have been reported.
 - A total of 558 laboratory-confirmed influenza outbreaks have been reported.
 - Clinical sentinel laboratories have detected 28,629 (20.4%) positive influenza specimens with 17,160 (59.9%) positive for influenza A.
 - The respiratory laboratory network has detected 7,011 positive influenza specimens. Of these, 5,043 (71.9%) are positive for influenza A with 4,129 (81.9%) positive for the H3 subtype.
 - H3 is the predominant influenza A subtype whereas the Yamagata lineage predominates among influenza B.

VACCINATION

- The CDC recommends routine annual influenza vaccinations for those six months of age or older who do not have contraindications. For the 2017-2018 influenza season,
- Use of the inactivated influenza vaccine (IIV) and recombinant influenza vaccine (RIV) are recommended. The nasal spray influenza vaccine [live-attenuated influenza vaccine (LAIV)] is again NOT recommended this season.
 - The trivalent vaccine contains A/Michigan/45/2015 (H1N1)pdm09-like virus, A/Hong Kong/4801/2014 (H3N2)-like virus, and B/Brisbane/60/2008-like (B/Victoria lineage) virus. The quadrivalent vaccine contains an additional B/Phuket/3073/2013-like (B/Yamagata lineage) virus.

For more information about the California Sentinel Provider Program, contact the California Department of Public Health Immunization Branch by phone at (510) 620-3737, email InfluenzaSurveillance@cdph.ca.gov, or visit <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Sentinel-Provider-Program.aspx>.

*Disease Week Calendars:

- 2017 - <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/2017CDCDiseaseWeekCalendar.pdf>
- 2018 - https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/2018_Disease_Week_Calendar.pdf