

Current Influenza Activity

San Joaquin County

- As of 11/7/09, there were 165 hospitalized and 9 fatal cases of pandemic (H1N1) 2009 influenza reported in SJC.
- Commercial rapid influenza antigen testing in the evaluation of suspect influenza cases should be interpreted with caution. A negative result does not exclude a diagnosis of influenza. Therefore, if a patient tests negative for influenza by rapid antigen testing, specimens should be sent for further characterization.

California

- In CA, while most indicators are showing sustained high levels of illness, some indicators of pandemic (H1N1) 2009 influenza (e.g. new hospitalizations and sentinel laboratory detections) suggest that illness may be leveling off; however, this can change at any time.
- As of 11/7/09, there have been 5,380 hospitalizations and/or fatal cases of pandemic (H1N1) 2009 influenza reported to the CA Dept. of Public Health (CDPH). Of these cases, 1,034 cases required intensive care. A total of 297 pandemic (H1N1) 2009 influenza deaths have been reported to CDPH.
- The CA statewide incidence rate of hospitalizations and fatalities due to pandemic (H1N1) 2009 influenza is 13.9 per 100,000 population.

Table 1. Respiratory Laboratory Network (RLN)* Influenza PCR Surveillance Results, Week 44 (Nov. 1 – Nov. 7, 2009)

	Total Flu A Tested	Flu A (% of total)	Seasonal H1 (% of Flu A)	Seasonal H3 (% of Flu A)	Unsubtype-able** (% of Flu A)
All RLN	1148	367 (32%)	2 (0.5%)	0 (0%)	365 (99.5%)
Northern	409	118 (29%)	0 (0%)	0 (0%)	118 (100%)
Central	323	152 (47%)	2 (0%)	0 (0%)	150 (99%)
Southern	416	97 (23%)	0 (0%)	0 (0%)	97 (100%)

*13 RLN Public Health Laboratories reporting, including:
Northern CA: Contra Costa, Sacramento, San Francisco, Santa Clara, Shasta
Central CA: Fresno, San Joaquin, Tulare
Southern CA: Long Beach, Orange, San Luis Obispo, Santa Barbara, Ventura

**At this time, Unsubtypeable Flu A is presumed to be H1N1

CDC Health Advisory

- Recently, some of CDC's Active Bacterial Core surveillance (ABCs) sites have seen greater than expected numbers of cases of invasive pneumococcal disease coincident with increases in influenza associated hospitalizations. A causal relationship between pandemic (H1N1) 2009 influenza and this increase has not yet been established, but is being investigated by state and local public health officials. To that end, CDC's Advisory Committee on Immunization Practices (ACIP) recommends a single dose of pneumococcal polysaccharide vaccine (PPSV) for all people 65 years of age and older and for persons 2-64 years of age with certain high risk conditions. Among those with high risk conditions for pneumococcal disease, most are also at high risk for severe complications from influenza.

Figure 1. Stockton sentinel provider ILI rates by disease week, 2006-2009

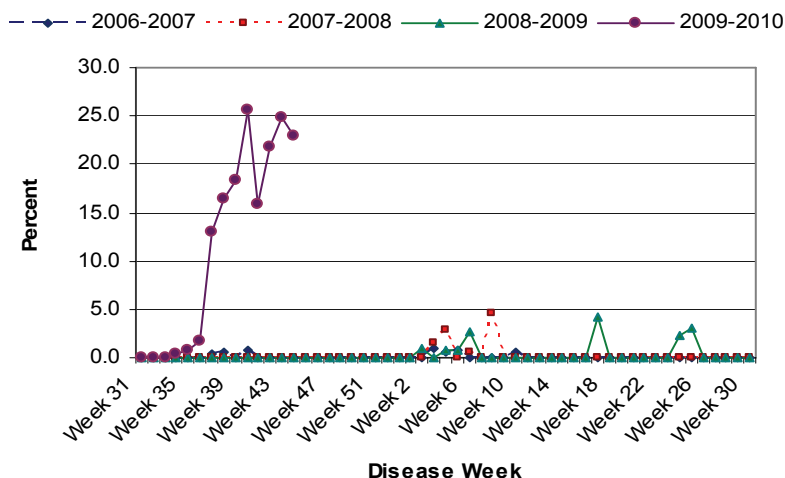
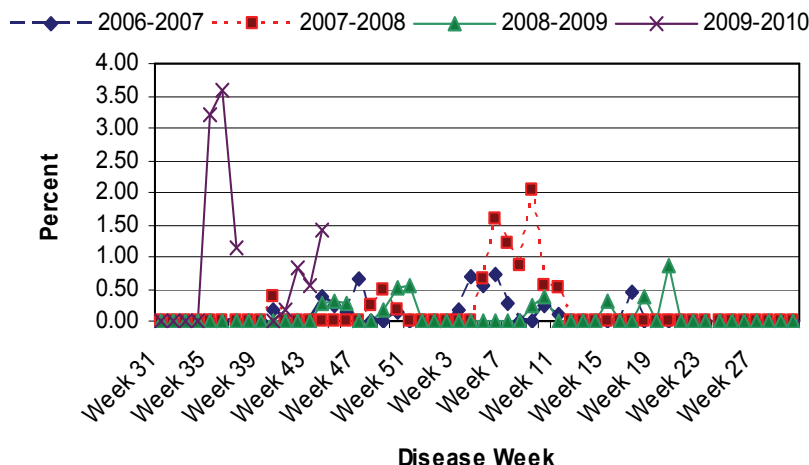


Figure 2. Percent of clinic visits due to ILI in Stockton Unified schools by disease week, 2006-2009.***



***Stockton Unified schools were on holiday break during Weeks 38 and 39 (9/28/09 - 10/9/09). ILI data was therefore 0% at this time. Data resumed in Week 40 (week beginning 10/11/09).