



# 2018-19 INFLUENZA SEASON REPORT

County of Santa Cruz ~ Public Health Division

[www.santacruzhealth.org/flu](http://www.santacruzhealth.org/flu)

Issue #2 | August 5, 2019



**Public Health**  
Prevent. Promote. Protect.  
Santa Cruz County

## SANTA CRUZ COUNTY TRENDS

Santa Cruz County influenza activity has had a few peaks throughout the season: during December, February, and March (Figure 1). Although the percentage of weekly influenza like illness (ILI) was lower than last year, activity continued later into the season.

Compared to the previous year, there was an increase in local outbreaks of ILI (Table 1).

There were zero pediatric influenza deaths this season as well as last season (Table 1).

## CALIFORNIA & NATIONAL TRENDS

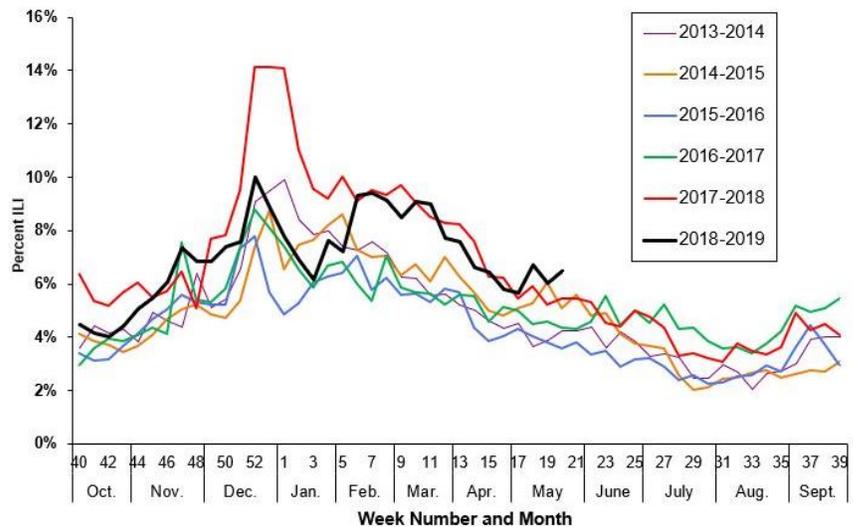
According to CDPH, the predominant strain circulating in California this past season was influenza A H1N1, followed by H3N2. The Centers for Disease Control and Prevention (CDC) saw similar trends nationwide, except for the Southeastern states which experienced mostly H3N2, followed by H1N1. You can view national, regional, and state level outpatient illness and viral surveillance through [FluView](#).

California Department of Public Health (CDPH) produces weekly influenza activity reports with preliminary data, showing 569 flu-related deaths (including 9 pediatric deaths) and 213 outbreaks statewide for the 2018-2019 season. You can view the weekly data of state influenza activity [here](#), though current flu activity is sporadic and low in California (as of May 19, 2019). CDPH weekly reports will resume in October 2019-2020.

## VACCINE EFFECTIVENESS

CDC monitors vaccine effectiveness annually through studies conducted by the Influenza Vaccine Effectiveness Network. For the 2018-2019 influenza season, the adjusted [vaccine effectiveness estimate](#) was 40%. Though only estimated to be 40% effective, it is still recommended and considered more effective than not being vaccinated. [CDC recommends](#) everyone 6 months of age and older receive a flu vaccine every season, with exceptions for people with severe allergies to the vaccine. There are [many vaccine options](#) to choose from, though CDC does not recommend one flu vaccine over another. [According to CDC](#), the vaccine takes 14 days to be effective, so getting patients and staff vaccinated sooner (by the end of October) is preferable.

**Figure 1: Weekly Percentage of Outpatient Clinic Visits that were for Influenza-Like Illness, Santa Cruz County PAMF Sentinel Providers, 2018-19 (as of Week 21)**



**Table 1: Number of Reported Influenza-Related Conditions as of Week 21, Santa Cruz County Residents, 2017/18 and 2018/19**

Reportable Conditions	2017/18 Flu Season	2018/19 Flu Season
Influenza deaths ages 0-17	<u>0</u>	0
Respiratory syncytial virus (RSV) deaths ages 0-5	<u>0</u>	0
Outbreaks of influenza	<u>3</u>	9



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## **INFLUENZA ANTIVIRAL MEDICATION**

There are four FDA-approved [antiviral drugs recommended by CDC](#) to treat the 2018-2019 flu:

- oseltamivir phosphate (a generic version of Tamiflu) – early treatment of flu in people 14 days or older
- peramivir (Rapivab) - early treatment in people 2 years or older
- zanamivir (Relenza) – early treatment of flu in people 7 years or older
- baloxavir marboxil (Xofluza) - early treatment in people 12 years or older

Studies show early antiviral treatment can shorten the duration of fever and illness symptoms, and may reduce the risk of some [complications from influenza](#). Clinical benefit is greatest when antiviral treatment is administered early, especially within 48 hours of influenza illness onset. Antiviral treatment is recommended as early as possible for hospitalized flu patients, very sick non-hospitalized people, and people who are at risk of serious flu complications.

While annual influenza vaccination is the best way to prevent influenza, antiviral medication can be considered for chemoprophylaxis to prevent influenza in certain situations. However, CDC does not recommend widespread or routine use of antiviral medications for prophylaxis, in order to limit the possibility that antiviral-resistant viruses could emerge. Antivirals may also cause significant side effects. The following are examples of situations where chemoprophylaxis is recommended if it can be initiated within 48 hours after exposure to influenza:

- Persons with severe immune deficiencies who might not respond to influenza vaccination
- Persons at high risk of influenza complications who have a contraindication to influenza vaccination
- Residents of institutions, such as nursing homes (even if they have already received influenza vaccine), once influenza cases have been identified at the facility (i.e., outbreaks); chemoprophylaxis should also be considered for unvaccinated staff

For additional information about each antiviral's activity, use, adverse events, chemoprophylaxis, and more, see the [CDC's antiviral recommendations](#).

CDC has also published updated [clinical practice guidelines](#) for diagnosis, treatment, chemoprophylaxis, and institutional outbreak management of seasonal influenza.

## **INFECTION CONTROL**

[Respiratory hygiene and cough etiquette](#) are very important for helping prevent transmission of all respiratory infections. Facilities can educate patients and visitors with visual alerts prompting individuals to wear surgical masks and inform health care personnel if they are experiencing respiratory symptoms. Due to the elevated flu activity late in the season, the Health Officer extended this past season by 1 month (until April 30<sup>th</sup>, 2019) to continue infection control practices across the county, such as masking unvaccinated health care personnel.

## **REMINDER: CHANGES IN REQUIRED INFLUENZA REPORTING**

This is a reminder that CDPH is **no longer asking for** reports of **ICU hospitalizations** of persons with influenza, or for reports of influenza **deaths among adults age 18-64**. CDPH now uses alternative systems to provide more comprehensive data while imposing less burden on providers.

The following events **must still be reported** to the Santa Cruz County Communicable Disease Unit. Please report using a Confidential Morbidity Report (CMR), available at [SantaCruzHealth.org/CDUnit](http://SantaCruzHealth.org/CDUnit).

- Pediatric deaths from influenza among children ages 0-17
- Deaths from respiratory syncytial virus (RSV) among children ages 0-5
- Any suspected case of novel influenza virus
- Outbreaks of influenza or acute respiratory illness occurring in institutions or congregate settings

**COMMUNICABLE DISEASE UNIT: (831) 454-4114 (phone), (831) 454-5049 (fax)**