

SAN DIEGO COUNTY INFLUENZA SURVEILLANCE

2020-21 SEASON

AS OF WEEK 8 (ENDING 2/27/2021)



CURRENT UPDATE



Reported Since July 1, 2020

TOTAL REPORTED INFLUENZA CASES

N = 701



Pediatric Deaths

Outbreaks

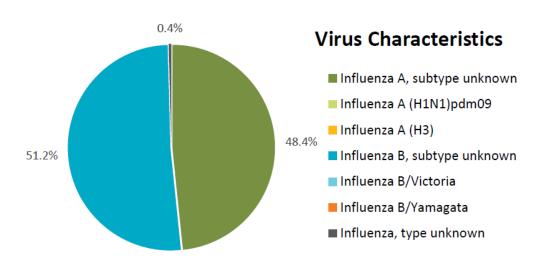




Table 1. Influenza Surveillance Indicators.

	2020-21 Season			2019-20 Season			Prior 3-Year Average*		
Indicator	Week 8	Week 7	Total to Date	Week 8	Total To Date	Season Total	Week 8	Total To Date	Season Total
All influenza detections reported (rapid or PCR)	5	13	701	1,212	17,909	20,711	763	13,600	17,073
Percent of emergency department visits for ILI	2%	2%		8%			7%		
Percent of deaths registered with pneumonia and/or influenza	21%	22%		9%			9%		
Number of influenza-related outbreaks [∞]	0	0	0	5	55	62	3	59	69
Number of influenza-related deaths reported^	1	0	2	11	74	108	10	132	176

Influenza season is July 1 - June 30, Weeks 27-26. Previous weeks case counts or percentages may change due to delayed processing or reporting.

Total confirmed influenza outbreaks in prior seasons: 119 in 2017-18, 25 in 2018-19, and 62 in 2019-20.

^{*}Includes FYs 2017-18, 2018-19, and 2019-20.

[∞]At least one case of laboratory-confirmed influenza in a setting experiencing two or more cases of influenza like illness (ILI) within a 72-hour period.

[^]Current FY deaths are shown by week of report; by week of death for prior FYs. Total deaths reported in prior seasons: 343 in 2017-18, 77 in 2018-19, and 108 in 2019-20.

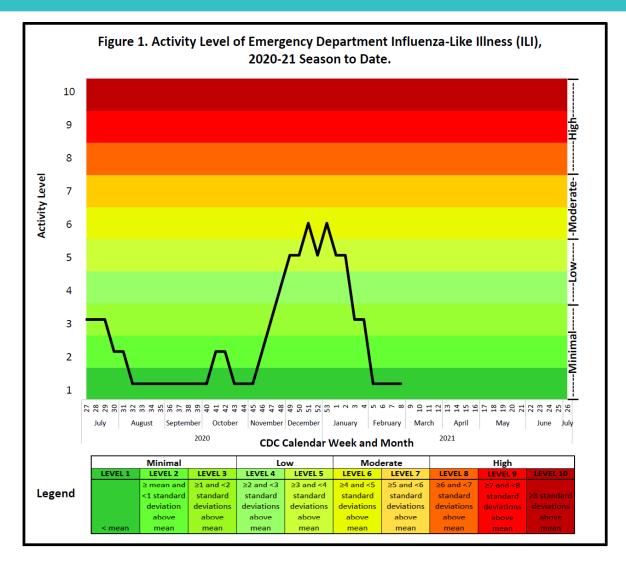


Table 2. Influenza Cases Reported, 2020-2021 Season*

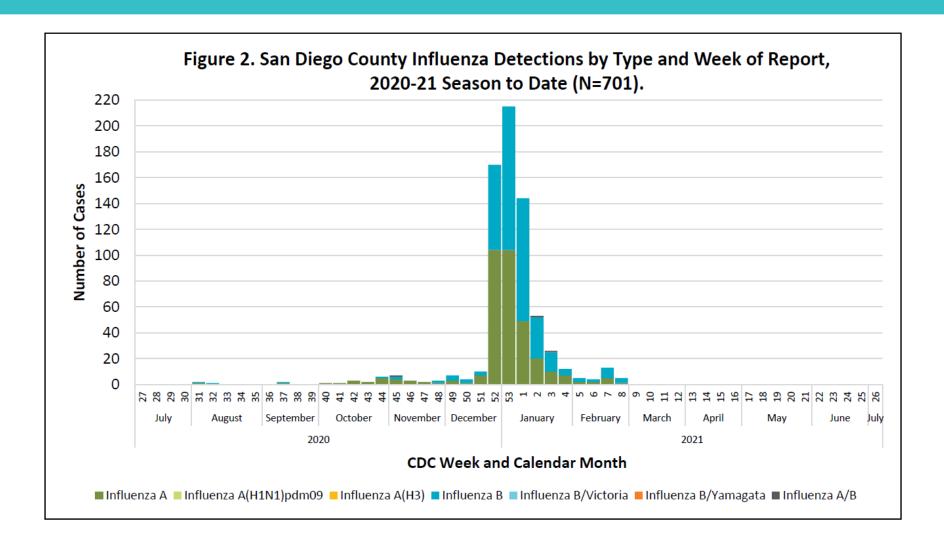
Positive Test Type/Subtype	Week 8	Week 7	Total to Date	Percent to Date
Influenza A, subtype unknown	1	5	339	48.4%
Influenza A (H1N1)pdm09	0	0	0	0.0%
Influenza A (H3)	0	0	0	0.0%
Influenza B, subtype unknown	4	8	359	51.2%
Influenza B/Victoria	0	0	0	0.0%
Influenza B/Yamagata	0	0	0	0.0%
Influenza, type unknown	0	0	3	0.4%
Total	5	13	701	100.0%

^{*}Season is July 1- June 30, Weeks 27-26.

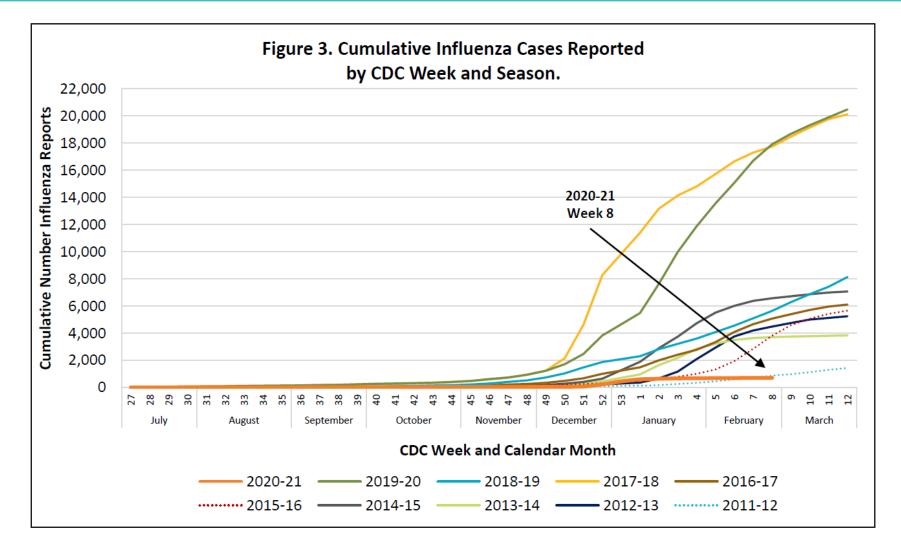




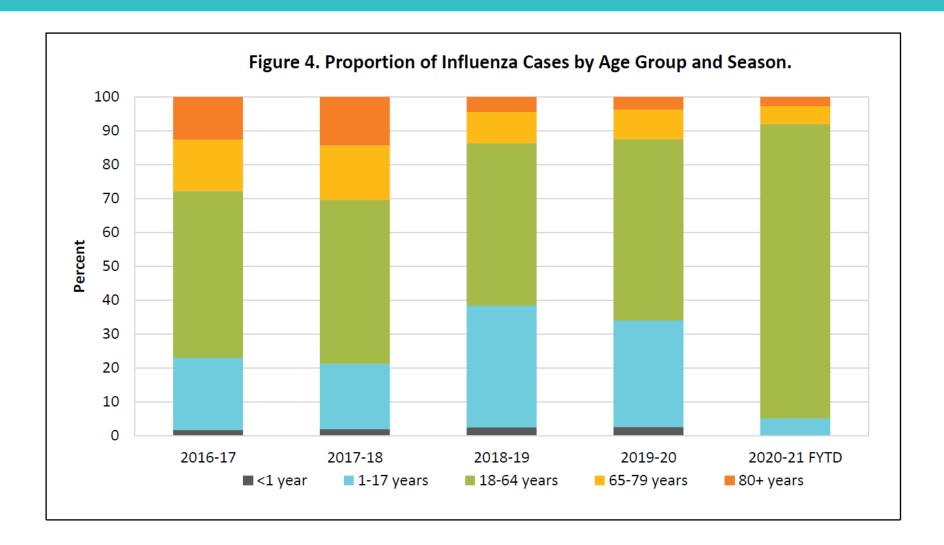




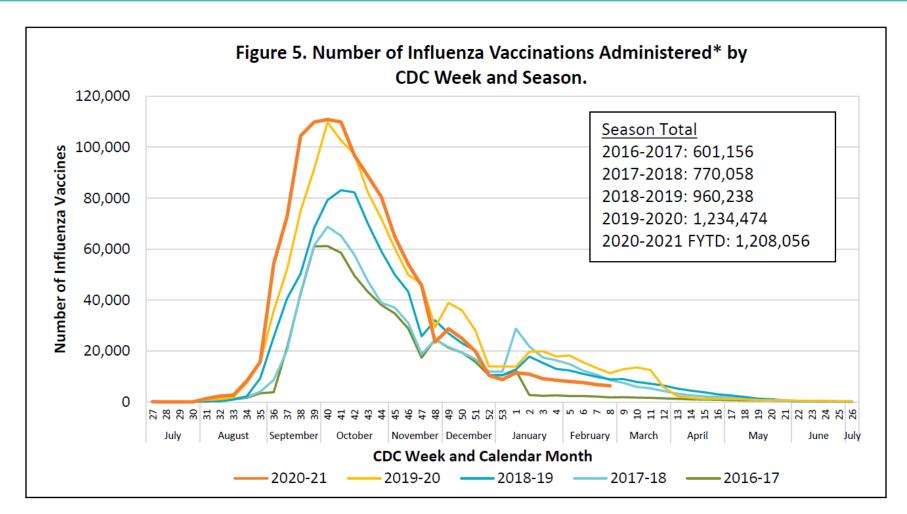






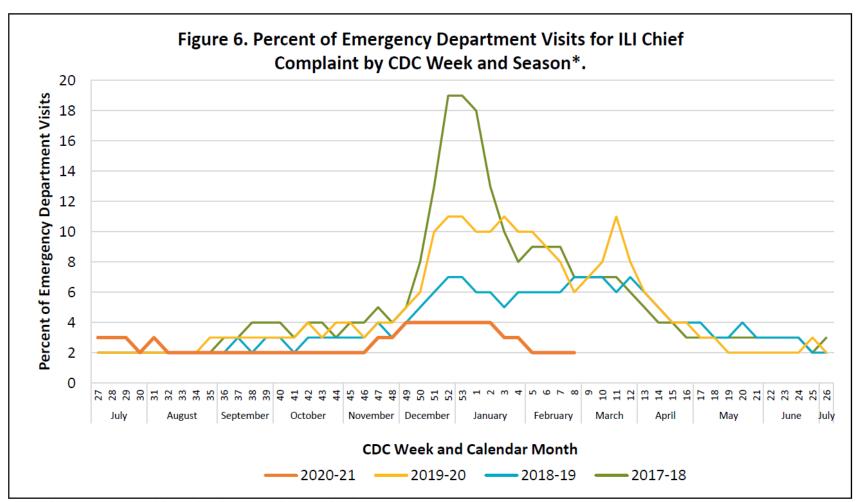






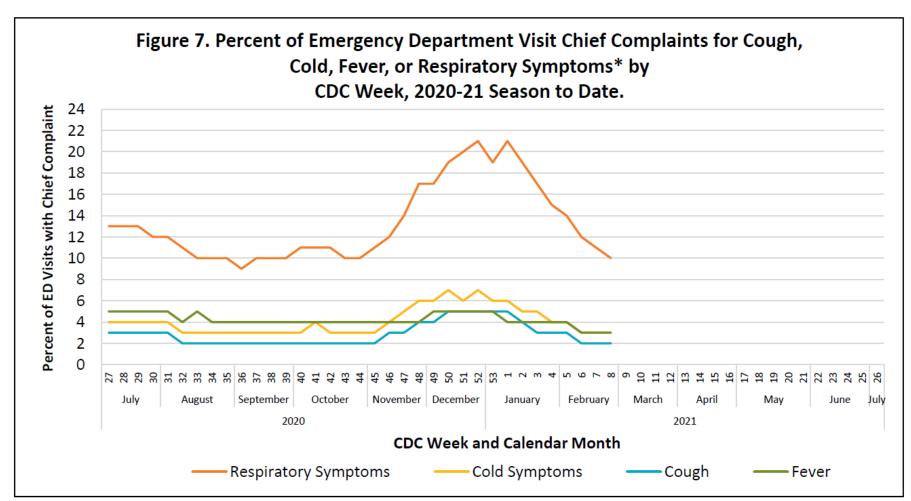
^{*} Influenza vaccinations administered and entered into the San Diego Immunization Registry (SDIR). Week 52 data are repeated for week 53 for seasons that do not include week 53.





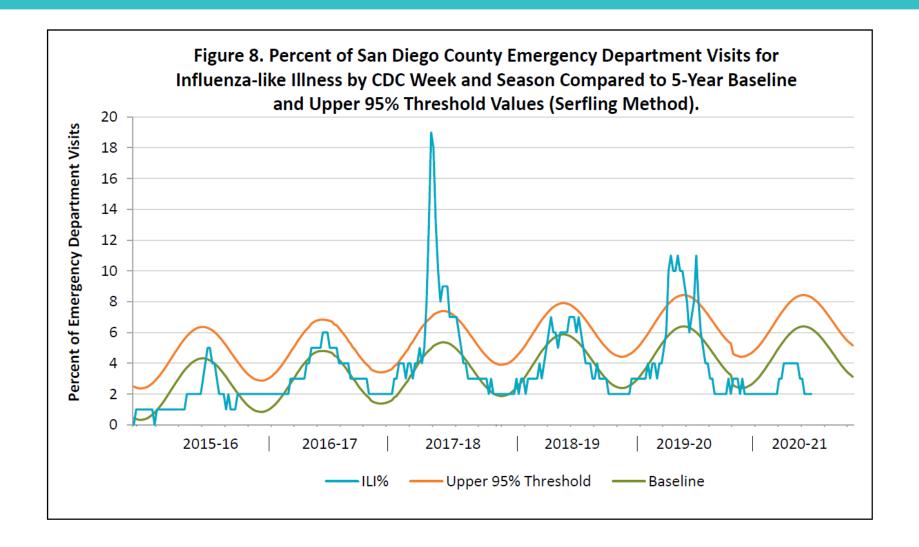
^{*} Week 52 data are repeated for week 53 for seasons that do not include week 53.



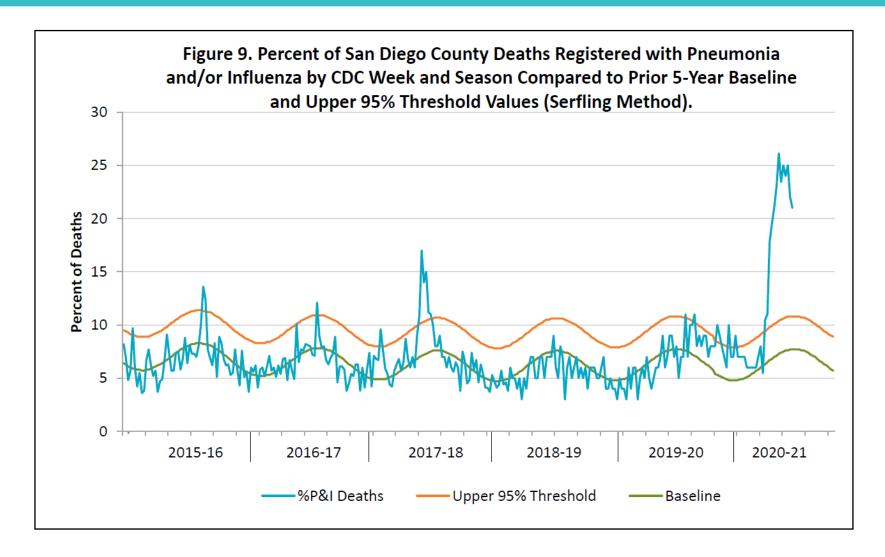


^{*} Respiratory category includes cough, cold symptoms, influenza-like illness, and other respiratory symptoms.

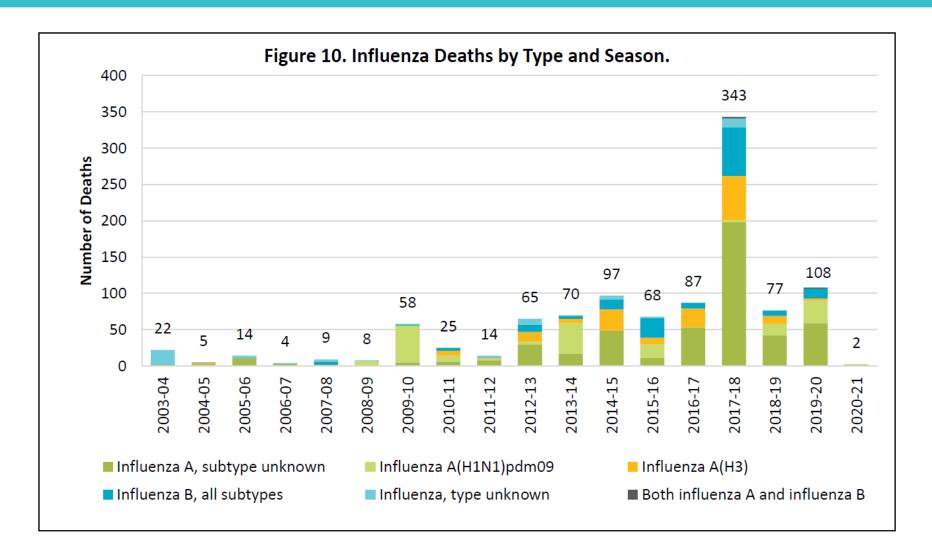




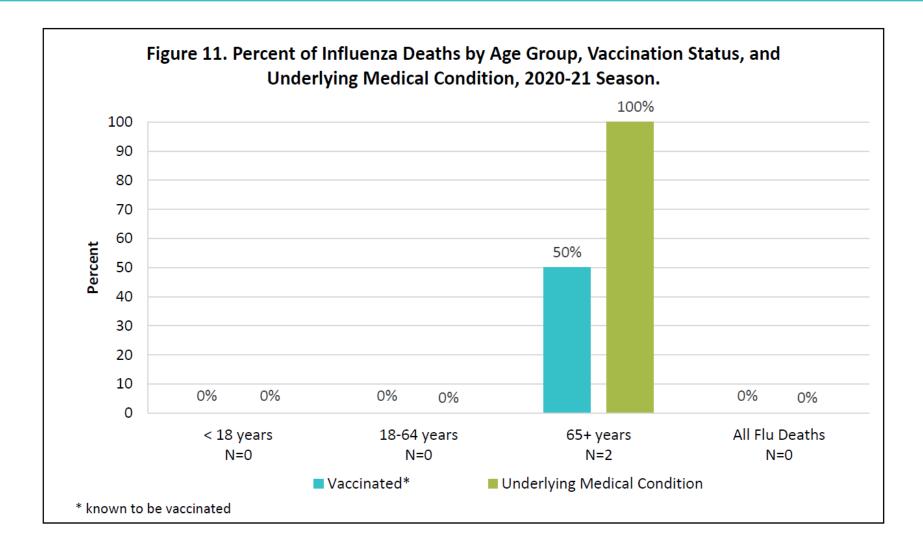














Highly Pathogenic Avian Influenza (HPAI)

Although avian influenza A viruses usually do not infect people, rare cases of human infection with these viruses have been seen. Certain strains of avian influenza A viruses can produce severe illness and death when they infect humans, and these viruses are termed highly pathogenic avian influenza (HPAI).

Infected birds shed avian influenza virus in their saliva, mucous, and feces. Person-to-person spread of avian influenza A viruses has been reported very rarely, and when it has been reported it has been limited, inefficient, and not sustained.

HPAI Asian lineage H5N1 viruses have generally been responsible for most serious human illnesses and highest mortality. So far in 2020-2021, some H5N1, but mostly H5N8, have been the HPAI strains that have infected poultry and wild birds across many countries throughout Europe and Asia. On February 20, 2021, Russia reported the first known H5N8 avian flu infections in humans in seven poultry workers.

The Centers for Disease Control and Prevention (CDC) currently recommends a neuraminidase inhibitor for treatment of human infection with avian influenza A viruses. Seasonal influenza vaccination will not prevent infection with avian influenza A viruses but can reduce the risk of co-infection with human and avian influenza A viruses.