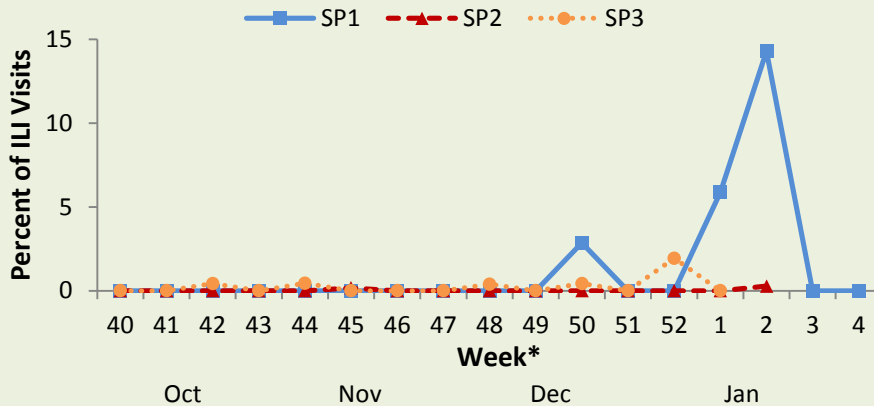


The mid-season influenza fact sheet provides preliminary surveillance data on influenza activity in Sacramento County for the 2017-2018 influenza season to include data from Week 40 (October 1, 2017) through Week 4 (January 27, 2018).

### SACRAMENTO COUNTY

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

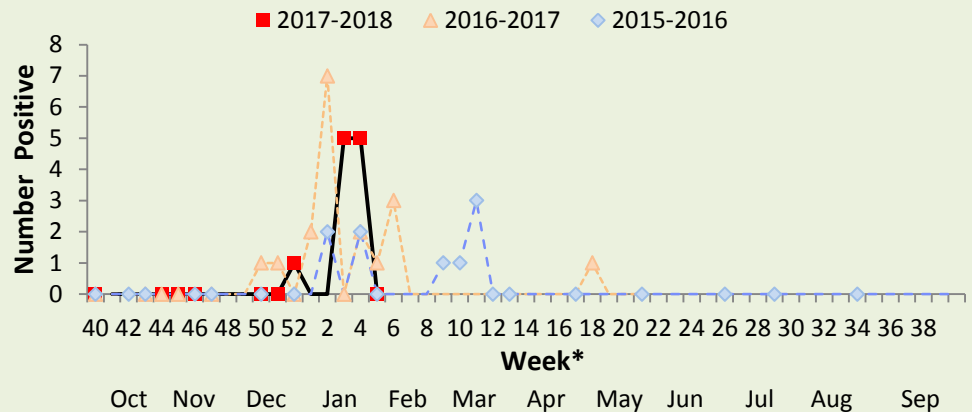


Sacramento County is receiving reports from three sentinel providers this influenza season. As of Week 4, these sentinel providers had the highest percent of visits for influenza-like illness (ILI) between Week 52 and Week 2. There was a noticeable peak in the percent of ILI visits during Week 52 for Sentinel Provider 3 (SP3) and during Week 2 for Sentinel Provider 1 (SP1) [Figure 1].

### SACRAMENTO COUNTY PUBLIC HEALTH LABORATORY

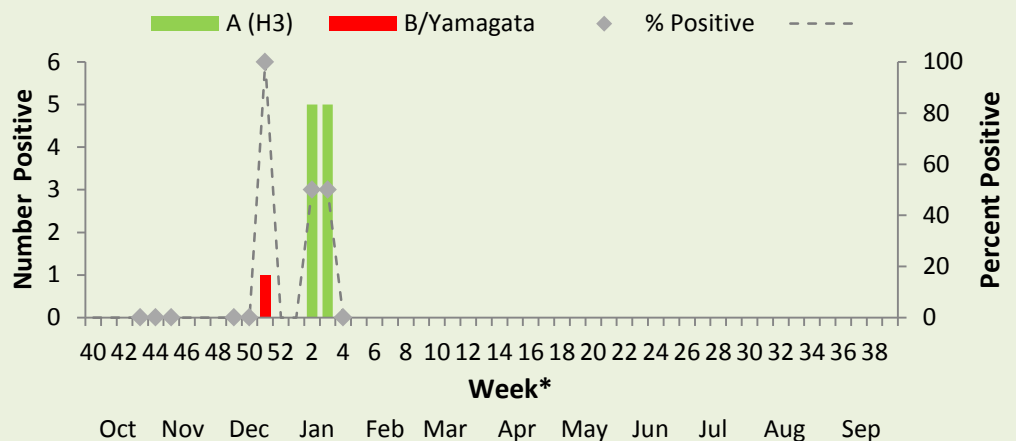
Sacramento County Public Health Laboratory (SCPHL) had the highest detection of positive influenza specimens during Week 2 and Week 3 this influenza season, slightly later than the previous season with the highest detection during Week 1 [Figure 2].

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



Among the 11 cases that tested positive by polymerase chain reaction (PCR) at SCPHL this influenza season, 10 (90.9%) were influenza A with subtype H3 and 1 (9.1%) was influenza B from the Yamagata lineage [Figure 3]. Testing at SCPHL provided confirmation of influenza-related outbreaks at three long-term care facilities.

**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**

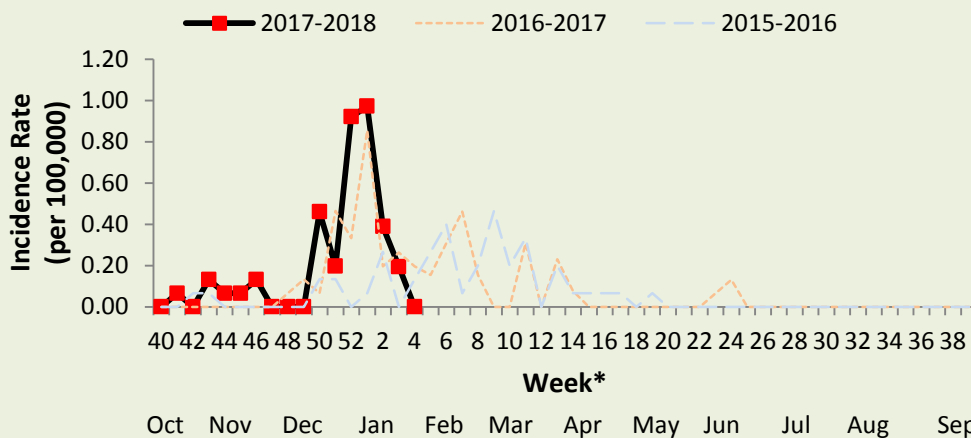


Note: The number of influenza tests processed at SCPHL vary each season. Data excludes tests performed at commercial labs.

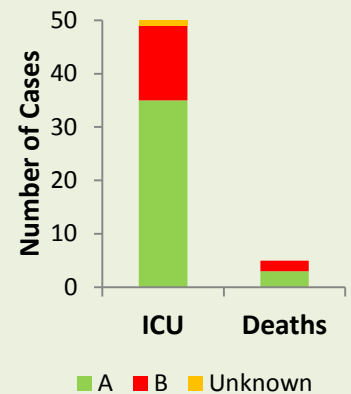
### SACRAMENTO COUNTY PUBLIC HEALTH

Sacramento County Public Health (SCPH) has confirmed 50 cases of influenza-associated intensive care unit (ICU) admissions and five influenza-associated deaths among those less than 65 years old as of Week 4, compared to 33 ICU admissions and six 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, similar to the previous season [Figure 4]. Influenza A has been the predominant influenza virus type, accounting for 35 (70.0%) influenza-associated ICU cases and 3 (60.0%) influenza-associated deaths in those less than 65 years old [Figure 5].

**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 4,

- A total of 30 laboratory-confirmed influenza-associated deaths among patients <65 years old have been reported.
- A total of 250 laboratory-confirmed influenza outbreaks have been reported.
- Clinical sentinel laboratories have detected 17,419 (23.4%) positive influenza specimens with 13,170 (75.6%) positive for influenza A.
- The respiratory laboratory network has detected 3,670 positive influenza specimens. Of these, 3,129 (85.3%) are positive for influenza A with 2,817 (90.0%) 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.

**It's not too late to get vaccinated!** For more information, contact SCPH's Immunizations Assistance Program at (916) 875-7468 from Monday through Friday between 8:00 am and 5:00 pm.

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](mailto: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](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/2018_Disease_Week_Calendar.pdf)