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Influenza (flu) is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. Some people, such as older people, young children, and people with certain health conditions, are at higher risk for serious flu complications. According to CDC's Weekly Influenza Surveillance Report and CDPH's Influenza and Other Respiratory Viruses Weekly Report (Figure 1), the current influenza and influenza-like illness (ILI) activity level in Riverside County was minimal<sup>1,2</sup>. Riverside County collects influenza data through a variety of sources, including CDC's Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), California Integrated Vital Records System (Cal-IVRS), California Immunization Registry (CAIR), Riverside County Public Health Laboratory, Riverside University Health System (RUHS) and sentinel providers. This report summarizes the current influenza surveillance data in the county.



#### Figure 1. 2021-2022 Influenza Season Week 49 Ending Dec 11, 2021

### **Emergency Department Syndromic Surveillance**

Emergency department (ED) data are retrieved from ESSENCE. ILI records were captured based on discharge diagnosis. During week 50, ILI accounted for 2.7% (N=348) of all ED visits in Riverside County (Figure 2), 5 of them (1.4%) were admitted to the hospital after ED visit (Figure 3). Comparing to the previous week, ILI-related ED visits increased by 0.1% while percent of patients hospitalized after ILI-related ED visit decreased by 0.3%. ILI-related ED visits occurred across all age groups (Figure 4). However, after adjustment for age<sup>3</sup>, children aged 0-4 accounted for 70.8% of all ILI-related ED visits during this flu season (Figure 5).





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RUHS reports ILI-related outpatient visits weekly, including any face-to-face, phone and video visits. ILI records were retrieved based on visit diagnosis, which was not laboratory-confirmed. During week 50, the percentage of outpatient visits attributed to ILI was 2.7% (N=178) with an increase of 0.5% than the previous week (Figure 6). The national baseline for 2021-2022 influenza season is 2.5% and the regional baseline for California is 2.4%<sup>4</sup>. Similarly, ILI-related outpatients visits occurred across all age groups (Figure 7). After adjustment for age<sup>3</sup>, children aged 0-4 accounted for 56.7% of all ILI-related outpatient visits during this flu season (Figure 8).



#### Figure 6. ILI-related Visits As Percentage of All RUHS Outpatient Visits



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Figure 8. Age-adjusted Proportion of ILI-related RUHS Outpatient Visits by Age Group, Week 40-50



Figure 7. ILI-related RUHS Outpatient Visits by Age Group



## **Virologic Surveillance**

Virologic surveillance data are provided by Riverside County Public Health Laboratory, RUHS and sentinel sites where a variety of multiplex tests are used to detect and identify pathogens that are most commonly associated with respiratory infections, including influenza, SARS-CoV-2 (COVID-19) and respiratory syncytial virus (RSV). During week 50, 498 specimens were tested and 2 of them (0.4%) were positive for influenza virus (Figure 9). Between week 40 and 50, the cumulative positivity rate for influenza was 0.5%, lower than the California average of 1.0% and the national average of 1.3%<sup>2,5</sup> (Table 1). Influenza A was the dominant strain, accounting for 76.2% of positive specimens.







	Riverside County		California <sup>2</sup>		Nationwide <sup>5</sup>	
	Week 50	Data Cumulative Since Week 40	Week 49	Data Cumulative Since Week 40	Week 49	Data Cumulative Since Week 40
Specimens Tested	498	3,902	8,830	60,252	70,157	588,384
Positive Specimens	2 (0.4%)	21 (0.5%)	183 (2.1%)	614 (1.0%)	2,438 (3.5%)	7,516 (1.3%)
Positive Specimens by Type						
Influenza A	2 (100.0%)	16(76.2%)	180 (98.4%)	571 (93.0%)	2,405 (98.6%)	7,138 (95.0%)
Influenza B	0 (0%)	5 (23.8%)	3 (1.6%)	43 (7.0%)	33 (1.4%)	378 (5.0%)



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### Deaths Registered with Either or Both of Pneumonia and Influenza

Pneumonia and influenza (P&I) are among the leading causes of death in the United States, accounting for over 1.7% of all deaths in 2019. During week 50, 13.8% (N=24) of deaths were due, in part, to P&I in Riverside County (Figure 10). P&I deaths in the recent weeks may be undercounted because of the 14-day death certificate processing time. Newly identified P&I deaths will be added to the according week. Overall, people aged 65+ accounted for the majority of P&I deaths in Riverside County and very few P&I deaths happened among young people aged 0-24 (Table 2).



#### Figure 10. Percent of P&I Deaths in Riverside County

Table 2. Percent of P&I Deaths by Age Group in Riverside County, Week 40-50

	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Age 65+
P&I Death	2	5	53	137	349
& Percent	(0.4%)	(0.9%)	(9.7%)	(25.1%)	(63.9%)

### Influenza Vaccinations

Influenza causes millions of illnesses, hundreds of thousands of hospitalizations and tens of thousands of deaths in the United States, but less than half of Americans get an annual flu vaccine. Flu vaccine distribution generally begins in August and continues until all of the vaccines are distributed. By the end of week 50, approximately 19.3% of residents in Riverside County (N=479,007) had received a flu vaccine (Figure 11), significantly lower than the coverage estimate of 49.4% in California during the 2020-2021 flu season<sup>6</sup>. Vaccination coverage was highest among people aged 65+ and lowest among people aged 5-24 (Table 3). Only 57.3% of the records had valid race and ethnicity information. Proportionately, Whites were slightly underrepresented than their counterparts (Table 4).



#### Figure 11. Influenza Vaccinations in Riverside County, August 2021-Present



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Table 3. Influenza Vaccinations by Age Group in Riverside County, August 2021-Present							
Age 0-4	Age 5-24	Age 25-49	Age 50-64	Age 65+	Total		
26,260 (17.7%)	83,540 (12.1%)	97,606 (12.2%)	108,690 (24.8%)	162,911 (40.5%)	479,007 (19.3%)		
Table 4. Influenza Vaccinations by Racial/Ethnic Group in Riverside County, August 2021-Present							
American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	Black or African American	White	Latinx		
868 (0.3%)	22,175 (8.1%)	1,993 (0.7%)	15,682 (5.7%)	101,227 (36.9%)	132,667 (48.3%)		
0.5%	6.2% (↑1.9%)	0.3% (↑0.4%)	6.2% (↓0.4%)	38.3% (↓1.4%)	48.6% (↓0.3%)		
	uenza Vaccinati Age 0-4 26,260 (17.7%) a Vaccinations I American Indian or Alaska Native 868 (0.3%) 0.5% (10.2%)	Age 0-4 Age 5-24   26,260 83,540   (17.7%) (12.1%)   a Vaccinations by Racial/Ethn   American   Indian or   Alaska Native   868 22,175   (0.3%) (6.2%   (10.2%) (71.0%)	uenza Vaccinations by Age Group in Riversid   Age 0-4 Age 5-24 Age 25-49   26,260 83,540 97,606   (17.7%) (12.1%) (12.2%)   a Vaccinations by Racial/Ethnic Group in Rive Native   American Asian Native   Indian or Asian Native   868 22,175 1,993   (0.3%) (8.1%) (0.7%)   0.5% 6.2% 0.3%   (10.2%) (21.0%) (20.4%)	uenza Vaccinations by Age Group in Riverside County, Aug   Age 0-4 Age 5-24 Age 25-49 Age 50-64   26,260 83,540 97,606 108,690   (17.7%) (12.1%) (12.2%) (24.8%)   a Vaccinations by Racial/Ethnic Group in Riverside County, Indian or Alaska Native Native Hawaiian or Other Pacific Islander Black or African American   868 22,175 1,993 15,682   (0.3%) (8.1%) (0.7%) (5.7%)   0.5% 6.2% 0.3% 6.2%   (10.4%) (10.4%) (10.4%) (10.4%)	uenza Vaccinations by Age Group in Riverside County, August 2021-Prese   Age 0-4 Age 5-24 Age 25-49 Age 50-64 Age 65+   26,260 83,540 97,606 108,690 162,911   (17.7%) (12.1%) (12.2%) (24.8%) (40.5%)   Auge county, August 2021-1   American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Black or African American White   868 22,175 1,993 15,682 101,227   (0.3%) (8.1%) (0.7%) (5.7%) (36.9%)   0.5% 6.2% 0.3% 6.2% 38.3%		

### **Sentinel Surveillance**

Sentinel providers are recruited to facilitate a comprehensive influenza surveillance program, providing critical data for monitoring the impact of influenza and guiding prevention and control activities, vaccine strain selection, and patient care in Riverside County. During week 50, ILI accounted for 4.9% (N=12) of all sentinel site visits with an increase of 1.3% than the previous week (Figure 12). All of them were aged 5-25. Data from sentinel sites are significantly affected by their served population and the results may not be applicable to the general population.



## **Public Health Recommendations**

The best way to reduce risk from seasonal flu infection and its potentially serious complications is to get vaccinated annually. Flu vaccines are designed to protect against the four viruses that will be most common this flu season and are recommended for individuals 6 months and older. Flu vaccines for the 2021-2022 flu season are available now. COVID-19 preventive measures, such as social distancing, hand washing, and mask wearing, can also effectively prevent influenza.





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- 2. Influenza and Other Respiratory Viruses Weekly Report: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Influenza.aspx
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- 4. National and regional baseline information for outpatient illness surveillance: <u>https://www.cdc.gov/flu/weekly/overview.htm</u>
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- 6. Influenza Vaccination Coverage for Persons 6 Months and Older: <u>https://www.cdc.gov/flu/fluvaxview/interactive-general-population.htm</u>



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