Riverside University HEALTH SYSTEM
Public Health

COUNTY OF RIVERSIDE WEEKLY INFLUENZA SURVEILLANCE REPORT

2025-2026 Influenza Season
Week 48 (11/23/2025-11/29/2025)
Issue 9

Epidemiology & Program Evaluation

INFLUENZA INDICATORS AT-A-GLANCE

▲ 0.1%
Total ED Visit

Very Low
New Admission

▲ 0.1%
Total Hospitalization

▲ 27%
Positive Lab Result

Low
Total Positivity

Low
Wastewater

0 (+0)
Outbreak

1 (+0)
Coded Death

▲ 0.4%
Vaccinated Resident

KEY MESSAGES

- Seasonal influenza activity in Riverside County was low.
- Total positivity level increased from Very Low to Low.
- The influenza vaccination rate declined compared with the previous season.

EMERGENCY DEPARTMENT SYNDROMIC SURVEILLANCE

- **46** influenza-related **ED visits** were reported compared to **26** during the previous week (Figures 1).
- Percent of influenza-related **ED visits** was **0.3%** compared to **0.2%** during the previous week (Figure 2).

Figure 1. Number of Influenza-related ED Visits by Age Group and Week, Season to Date

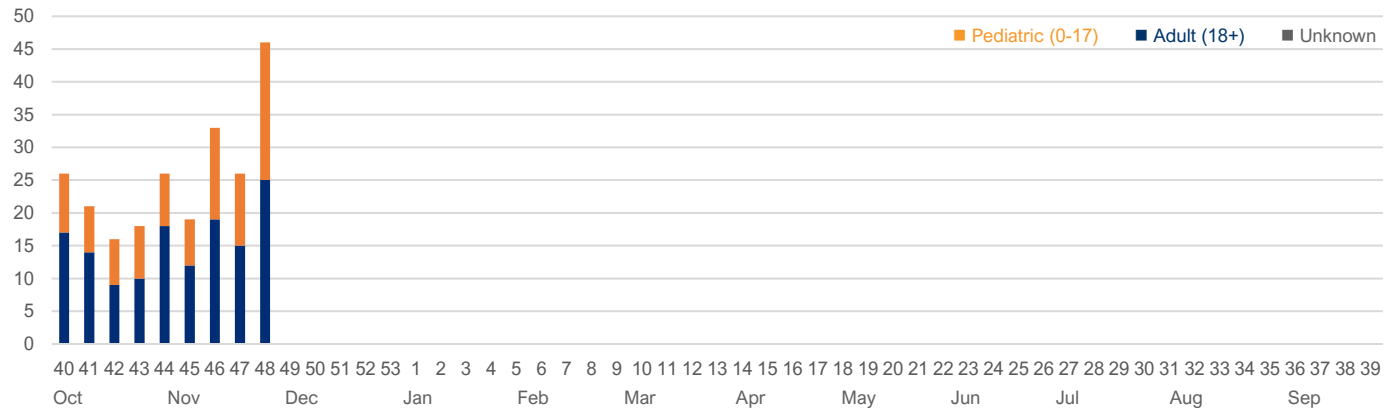
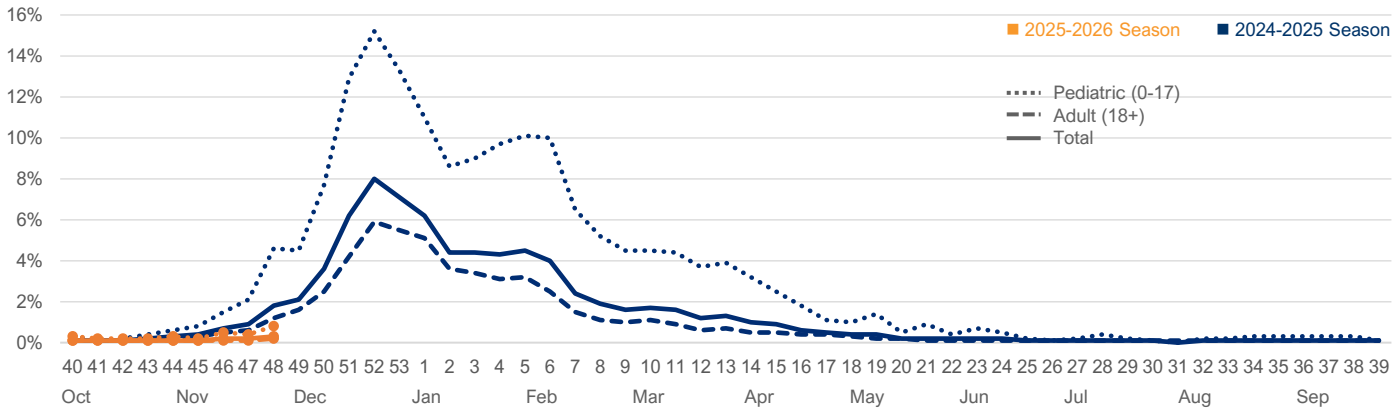


Figure 2. Percentage of Influenza-related ED Visits by Age Group and Week



Data notes

HOSPITALIZATION SURVEILLANCE

- **12** new admissions of patients with laboratory-confirmed influenza was reported compared to **8** during the previous week (Figure 3).
- The current hospital admissions level was at **Very Low** level.
- Rate of new hospital admissions was **0.49 per 100,000 persons** compared to **0.32 per 100,000 persons** during the previous week (Figure 4).

Figure 3. Number of Influenza New Admissions by Age Group and Week, Season to Date

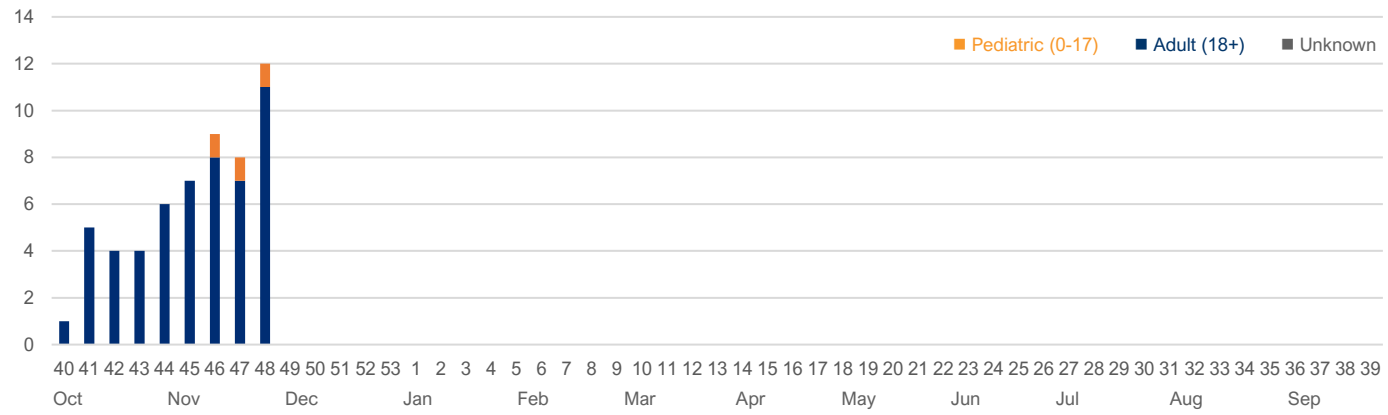
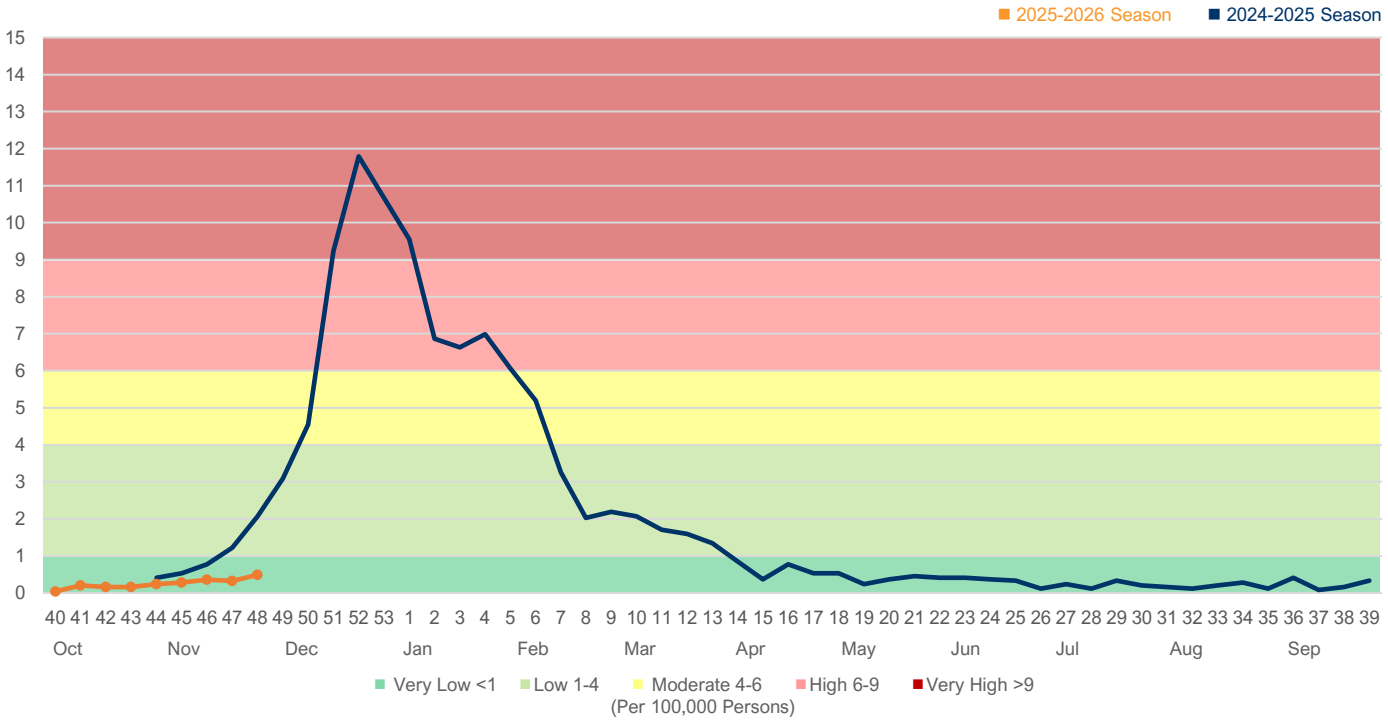


Figure 4. Rate of Influenza New Admissions by Week



Data notes

HOSPITALIZATION SURVEILLANCE

- Percent of **total hospitalized patients** with laboratory-confirmed influenza was **0.4%** compared to **0.3%** during the previous week (Figure 5).
- Percent of **total ICU patients** with laboratory-confirmed influenza was **0.3%** compared to **0.3%** during the previous week (Figure 6).

Figure 5. Percent of Hospitalizations with Confirmed Influenza by Age Group and Week

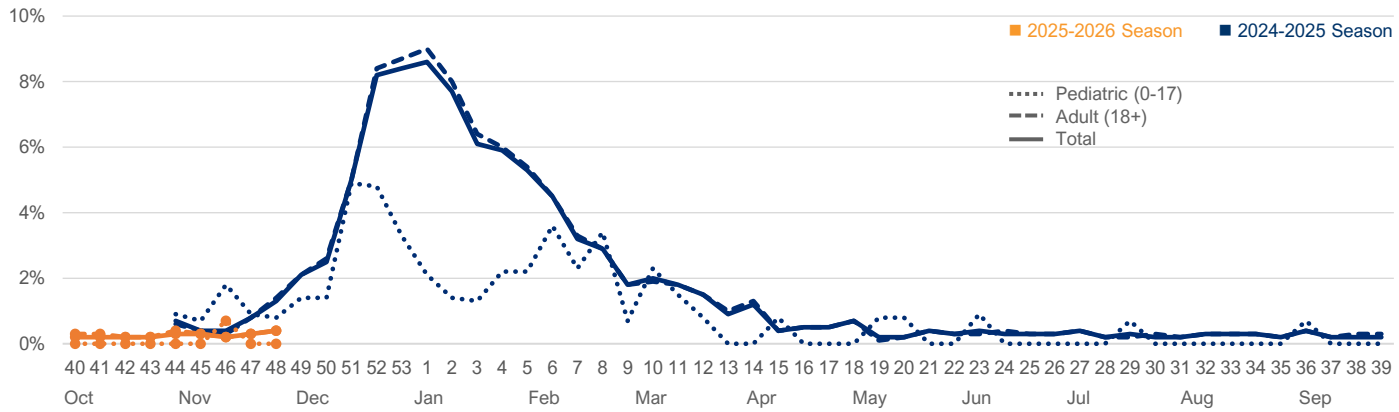
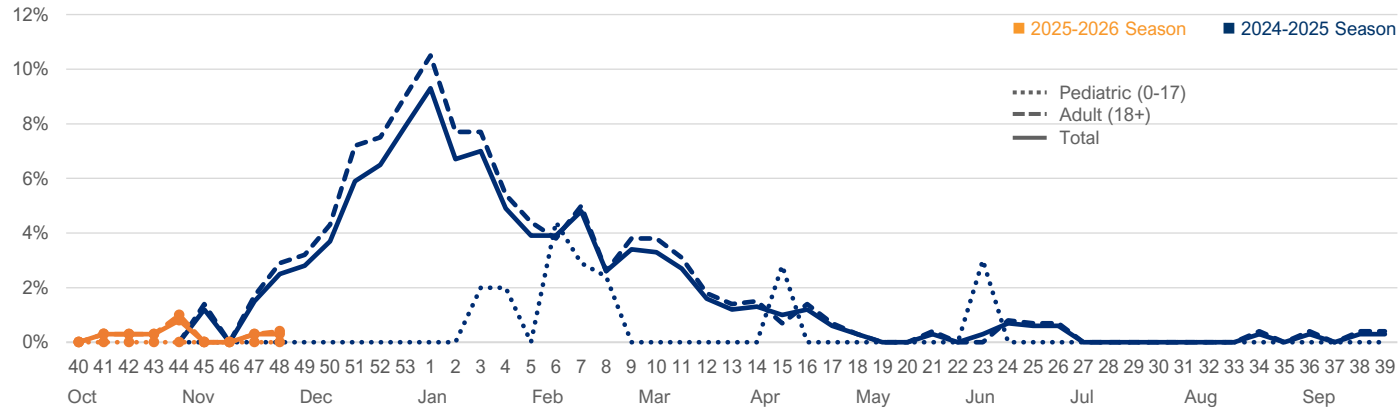


Figure 6. Percentage of ICU Patients with Confirmed Influenza by Age Group and Week

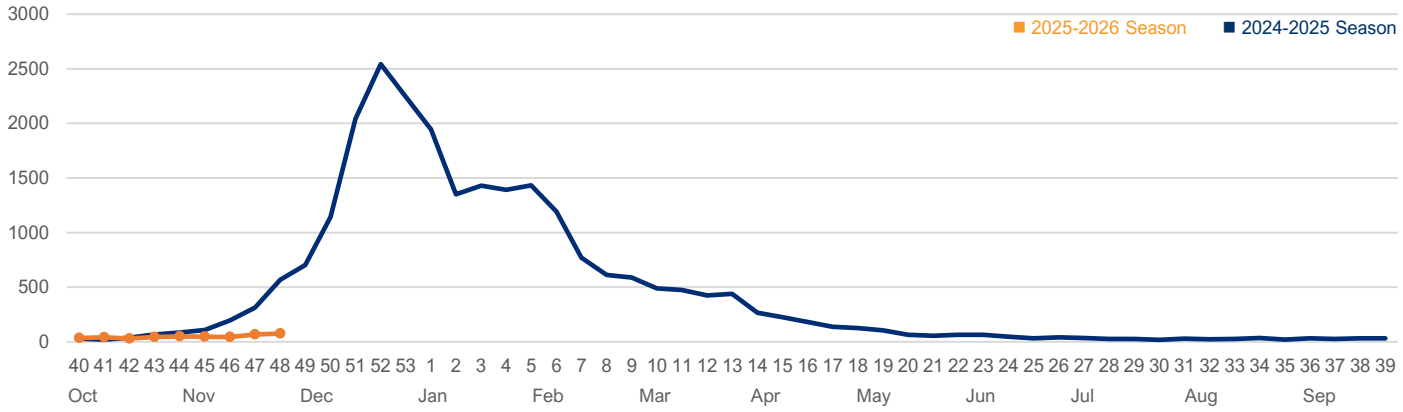


Data notes

ELECTRONIC LABORATORY REPORTING SUMMARY

- **75** positive influenza laboratory results were reported compared to **66** during the previous week (Figure 7).

Figure 7. Number of Positive Influenza Laboratory Results by Week



Data notes

CLINICAL LABORATORY SURVEILLANCE

- The positivity rate for influenza was **2.2%** compared to **1.8%** during the previous week (Figure 8).
- The current total positivity was at **Low** level.
- **Influenza A** was the dominant strain, accounting for **70.7%** of all positive specimens (Figure 9).

Figure 8. Total Positivity Rate by Week

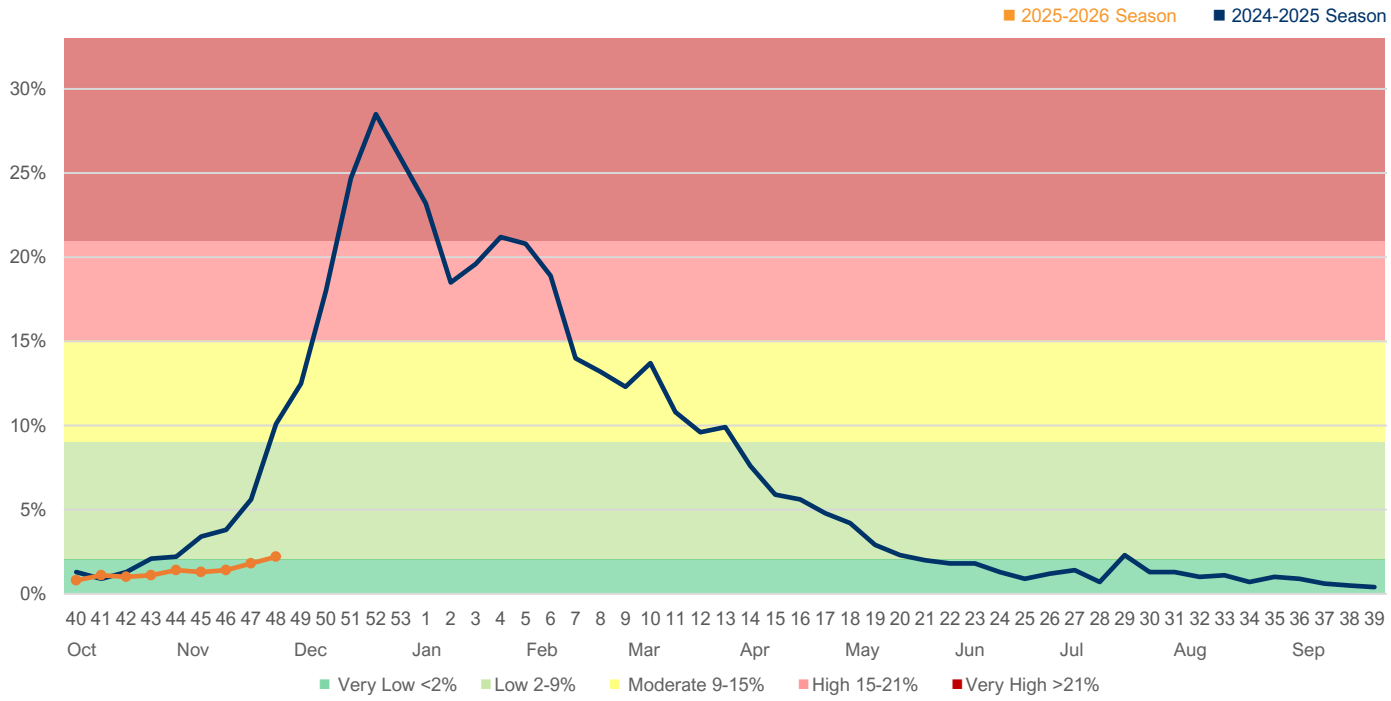
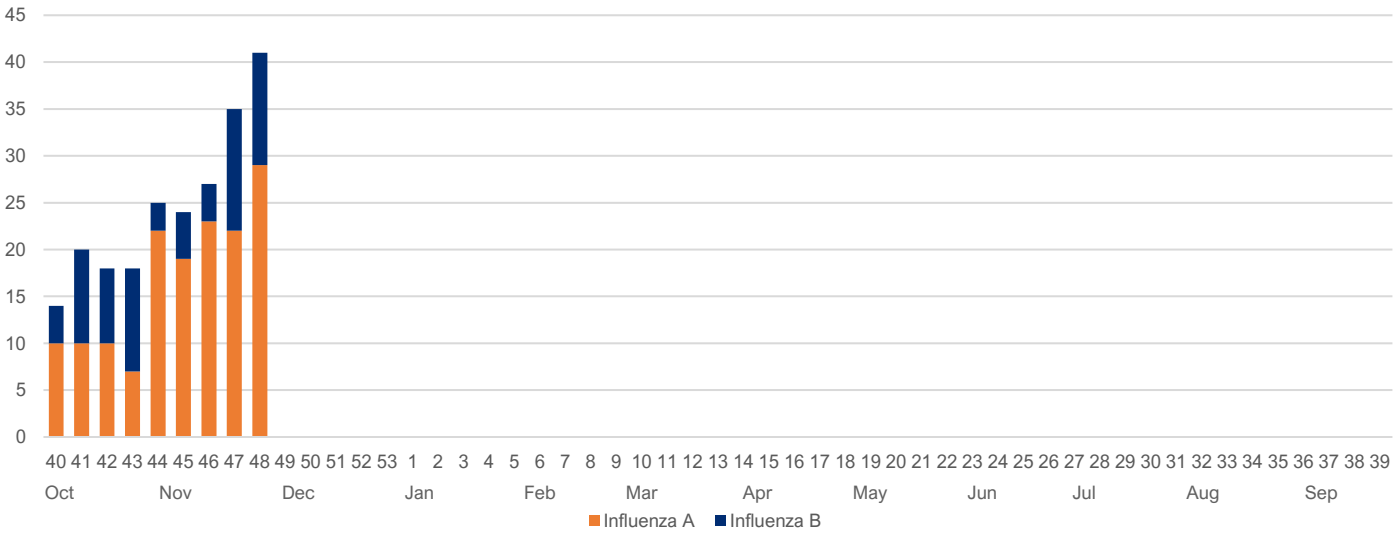


Figure 9. Positive Influenza Specimens by Strain Type and Week, Season to Date



Data notes

PUBLIC HEALTH LABORATORY SURVEILLANCE

- **16** specimens had been subtyped by Riverside County Public Health Laboratory (Table 1).
- **Influenza A(H1)pdm09** was the predominant virus in Riverside County.

Table 1. Positive Influenza Specimens by Subtype or Lineage, Season to Date

	Week 48	Data Cumulative Since Week 40
A positive specimens	0	16
• A(H1)pdm09	0	9 (56.2%)
• A(H3)	0	7 (43.8%)
• A, not subtyped	0	0
B positive specimens	0	1
• B Victoria	0	1 (100%)
• B Yamagata	0	0
• B, not lineage typed	0	0

OUTBREAK

- **0 influenza-associated outbreaks** had been confirmed during this influenza season (Table 2).

Table 2. Influenza-associated Outbreaks, Season to Date

	Healthcare Settings	Non-healthcare Settings
Week 48	0	0
Season To Date	0	0

Data notes

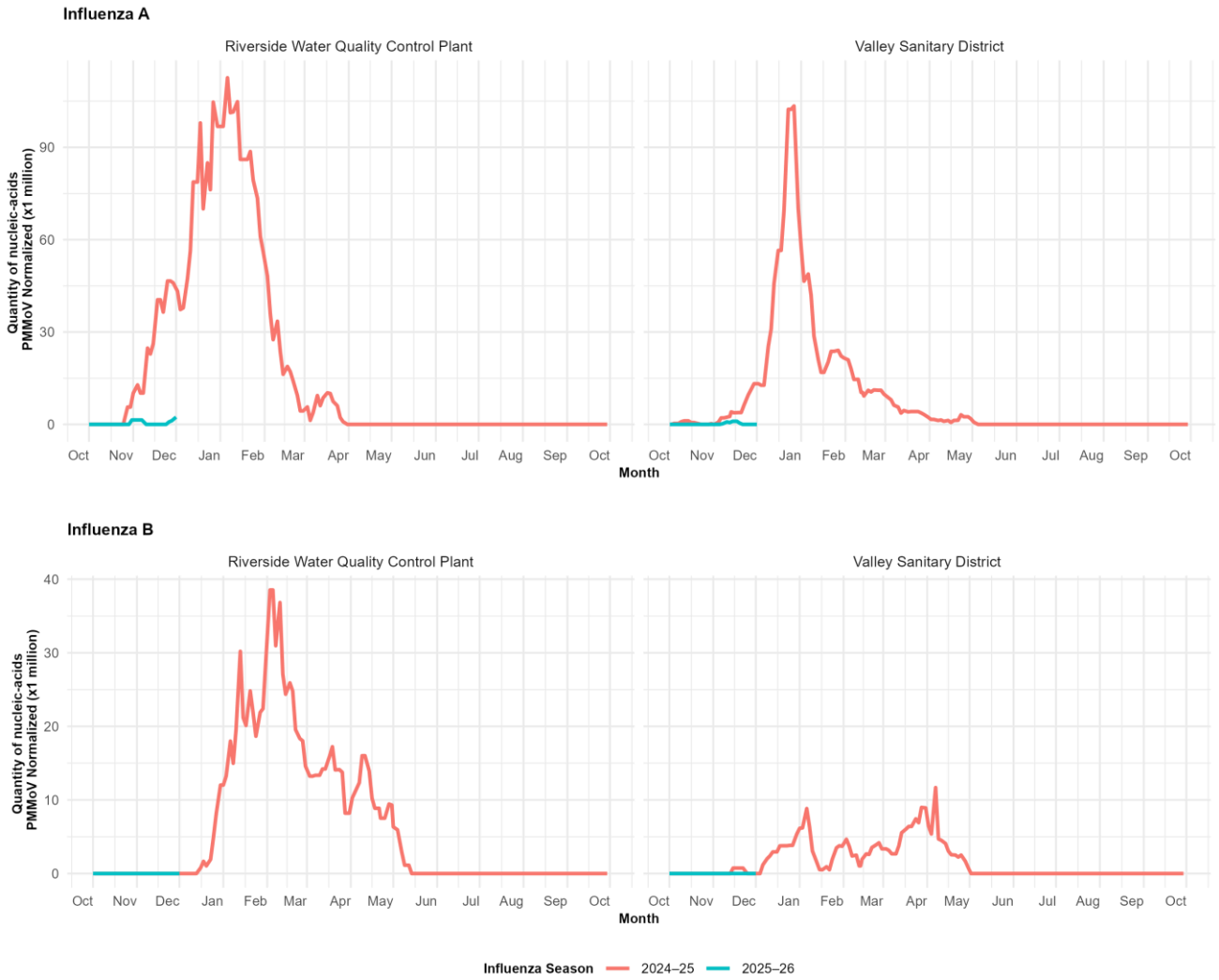
WASTEWATER SURVEILLANCE

- Last specimen was collected on December 1, 2025 (Table 4 and Figure 12).

Table 4. Current Influenza Levels and Trends by Site

Site	Influenza A		Influenza B	
Riverside	**Low** concentration	**No trend** in the last 21 days	**Low** concentration	**No trend** in the last 21 days
Indio	**Low** concentration	**No trend** in the last 21 days	**Low** concentration	**No trend** in the last 21 days

Figure 12. Influenza Seasonal Trends by Site



Data notes

MORTALITY SURVEILLANCE

- **1 influenza-coded death** had been identified (Figure 10 & Table 3).
- The overall percent of influenza-coded deaths was **0%** compared to **0%** during the previous week (Figure 11).

Figure 10. Number of Influenza-Coded Deaths by Week

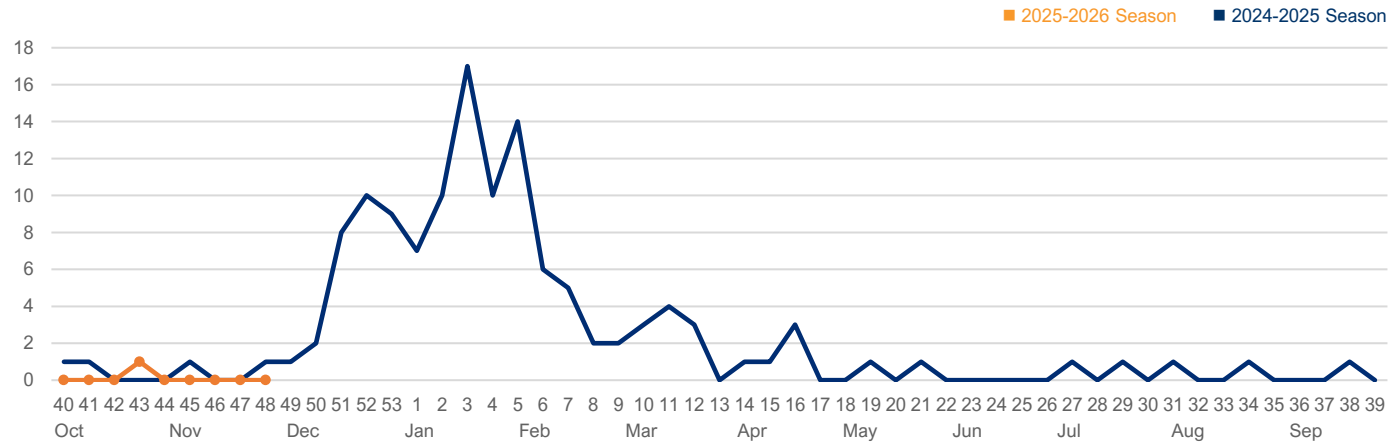
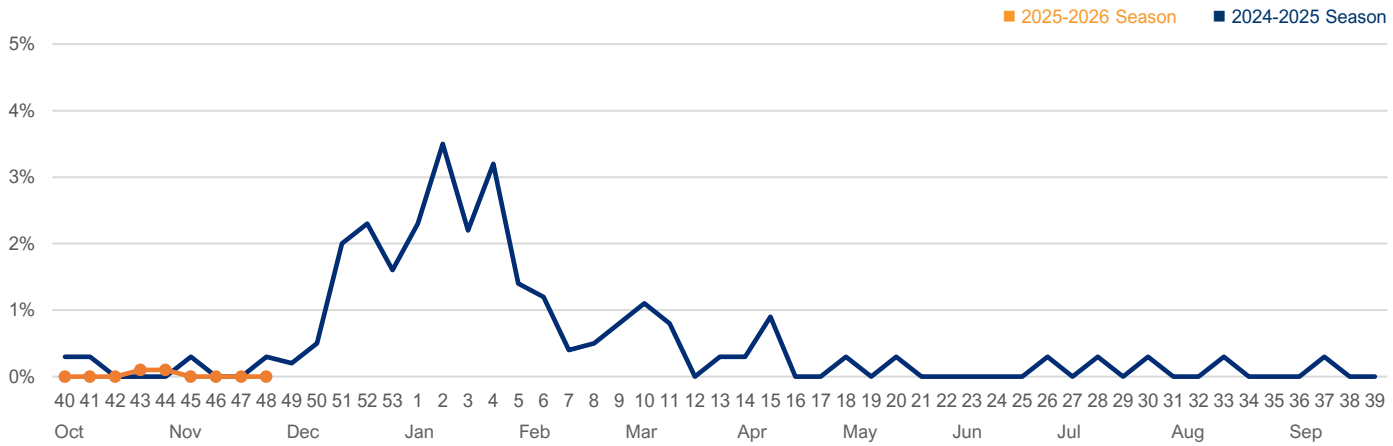


Table 3. Number of Influenza-Coded Deaths by Age Group, Season to Date

	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Age 65+	Unknown	Total
2024-2025	2	4	17	21	75	1	120
2025-2026	0	0	0	0	1	0	1

Figure 11. Percentage of Influenza-Coded Deaths by Week, Season to Date



Data notes

INFLUENZA VACCINATION

- **17.4%** of residents were **up to date** with influenza vaccination, **0.7%** lower than the cumulative coverage observed during the same period of the previous influenza season (Figures 13-14).
- Vaccination coverage was **highest** among people **aged 65+** and **lowest** among people **aged 5-24** (Table 5).

Figure 13. Number of County Residents Vaccinated for Influenza by Week

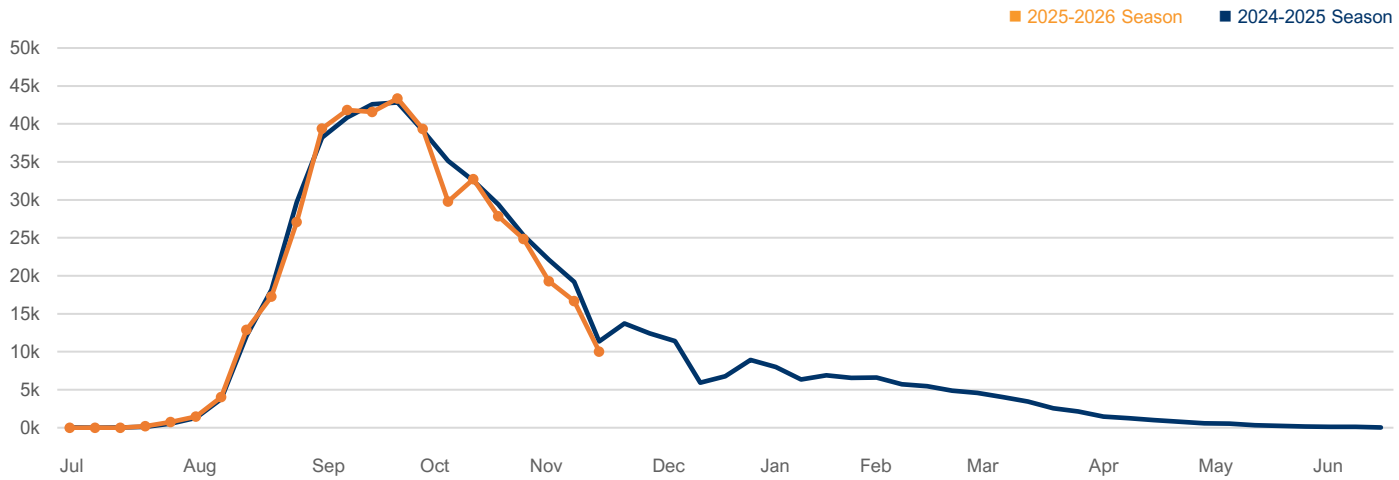


Figure 14. Influenza Vaccination Coverage among County Residents

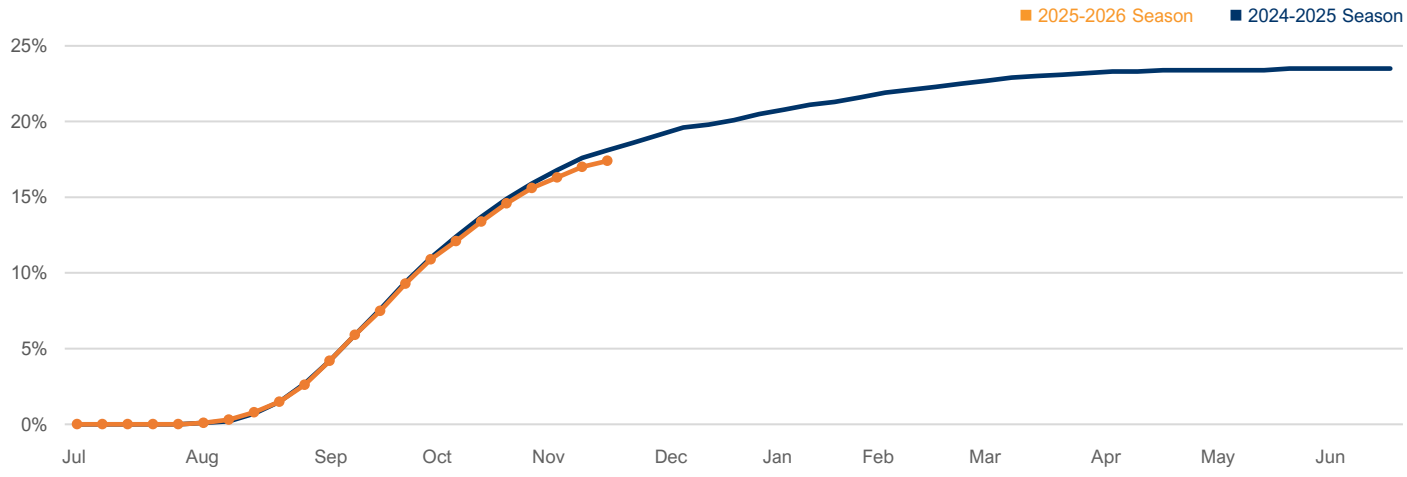


Table 5. County Residents Vaccinated for Influenza by Age Group, Season to Date

	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Age 65+	Total
Vaccinated Residents (Coverage)	12,875 (9.6%)	65,914 (9.3%)	92,828 (11.8%)	91,165 (21.6%)	167,614 (40.3%)	430,396 (17.4%)

Data notes

PUBLIC HEALTH RECOMMENDATIONS AND RESOURCES

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 viruses that will be most common this influenza season and are recommended for individuals 6 months and older who do not have contraindications.

Explore RUHS-PH Resources:

- Respiratory Viruses
- Respiratory Illness Dashboard

Explore CDPH Resources:

- California Respiratory Virus Dashboard
- Influenza (Flu)
- Short-term Influenza Forecasts in California
- California Wastewater Surveillance (Cal-SuWers) Dashboard
- Novel Influenza (Flu)
- H5N1 Bird Flu

Explore CDC and Other Resources:

- Weekly U.S. Influenza Surveillance Report (FluView)
- Influenza (Flu)
- FluView Interactive
- FluVaxView- Flu Vaccine Coverage

DATA NOTES

Riverside University Health System–Public Health (RUHS–PH) collects influenza data through multiple surveillance systems. This report summarizes the current influenza activity in Riverside County.

Emergency Department Syndromic Surveillance

- Data are retrieved from the Centers for Disease Control and Prevention (CDC) National Syndromic Surveillance Program (NSSP).
- All acute care hospitals in Riverside County currently participate in NSSP.
- Influenza-related visits are identified using the CDC Influenza DD v1 syndrome definition.

Hospitalization Surveillance

- Data are retrieved from the CDC National Healthcare Safety Network (NHSN).
- Beginning November 1, 2024, acute care and long-term acute care hospitals are required to electronically report COVID-19, influenza, and RSV hospital admissions through NHSN.
- New admission rates are calculated using California Department of Finance County Population Projections (P3).
- California Department of Public Health (CDPH) metrics are used to determine admission levels.

Electronic Laboratory Reporting (ELR) Summary

- Data are retrieved from the California Reportable Disease Information Exchange (CalREDIE).
- Per Title 17, California Code of Regulations, Section 2505, laboratories are required to report all influenza test results—both positive and non-positive (negative, indeterminate, etc.)—from nucleic acid amplification tests (NAATs) and non-NAAT diagnostic tests (e.g., high-throughput antigen tests) within one day from CLIA-certified facilities performing non-waived testing.
- However, non-positive test results are not consistently reported by all laboratories. Therefore, positivity rates cannot be accurately calculated from ELR data.

Clinical Laboratory Surveillance

- Data are reported weekly by RUHS-Medical Center, Eisenhower Health, Corona Regional Medical Center, Inland Valley Hospital, Rancho Springs Hospital, Temecula Valley Hospital, Desert Regional Medical Center, Riverside Community Hospital, and Loma Linda University Medical Center – Murrieta.
- Influenza laboratory data include both positive and non-positive results. Note: some individuals may be tested multiple times.
- A specimen positive for both influenza A and B is counted separately for each type.
- CDPH metrics are used to determine total positivity levels.

Public Health Laboratory Surveillance

- Data are reported periodically by the Riverside County Public Health Laboratory (PHL).
- The PHL actively requests positive specimens from clinical laboratories in the county for influenza virus characterization and early detection of novel viruses.

DATA NOTES

Outbreak

- Data are retrieved from CalREDIE.
- For healthcare settings, an outbreak is defined as two or more laboratory-confirmed cases in residents with epidemiologic linkage within 72 hours.

Wastewater Surveillance

- Data are retrieved from WastewaterSCAN.
- Two wastewater facilities in Riverside County currently participate.
- Trendlines use a 5-sample trimmed average of influenza A/B virus concentrations normalized by PMMoV concentrations in solids.
- WastewaterSCAN metrics are used to determine 21-day trends and activity levels.

Mortality Surveillance

- Data are retrieved from the California Integrated Vital Records System (Cal-IVRS).
- Influenza-coded deaths are defined as deaths with influenza (text or ICD-10 code) noted in any cause-of-death field, including immediate, underlying, or contributing causes.
- ICD-10 codes used for influenza include J09–J11.

Vaccination

- Data are retrieved from the California Immunization Registry (CAIR).
- An individual is considered up to date with influenza vaccination for the 2025–2026 season if:
    - Aged 9 years or older and received an influenza vaccine between July 1, 2025 and June 30, 2026,
      or
    - Younger than 9 years and received either two doses at least four weeks apart during this period, or documentation of at least two doses in prior seasons.
- Coverage estimates use California Department of Finance County Population Projections (P3).
- Following the passage of AB 1797 (effective January 1, 2023), California healthcare providers are required to report all administered vaccines to CAIR or RIDE/Healthy Futures.
- Note: Not all immunizations are captured in the state database (e.g., vaccines given in federal facilities), so vaccination coverage may be underestimated.