

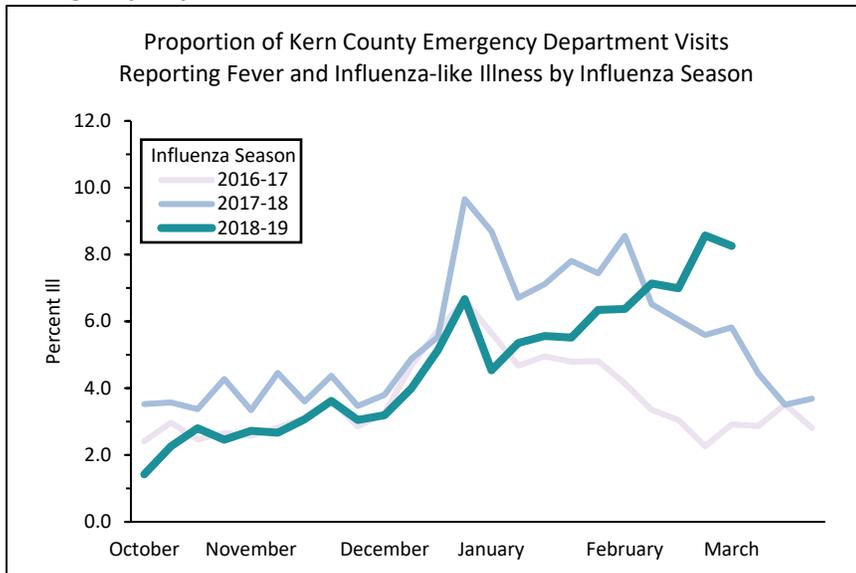
KERN COUNTY INFLUENZA REPORT

As of March 15, 2019

Summary

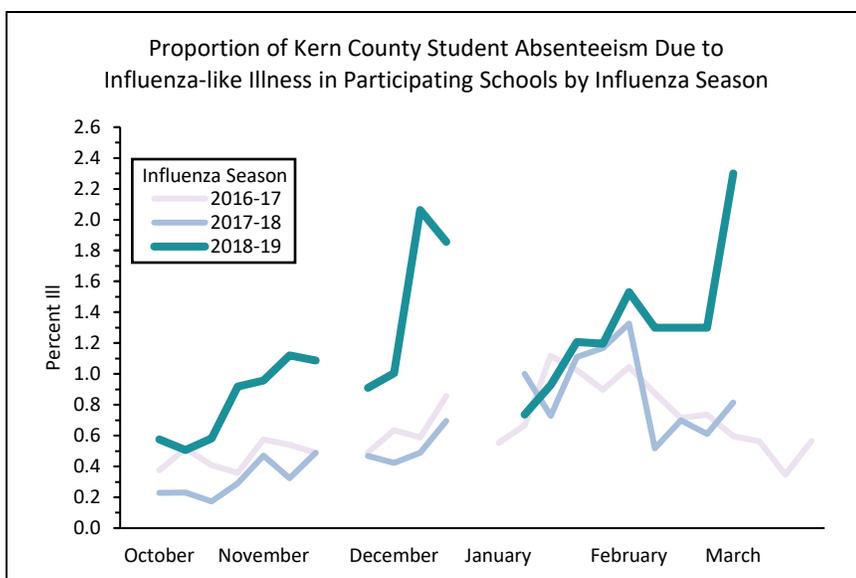
- [Statewide influenza activity](#) has been widespread since the week of December 2, 2018. Influenza A is currently the predominant virus.
- There have been 22 severe influenza cases (those needing ICU hospitalization) and eight deaths reported in Kern County in persons under 65 years of age.
- School surveillance shows higher proportion of students absent due to ILI this year, which is an artifact of data variance year to year. The general upward trend of absenteeism towards the end of December is typical of what has been seen in previous influenza seasons with a smaller peak during late February and early March.

Emergency Department Surveillance



Emergency Department (ED) visits due to influenza-like illness (ILI) from participating Kern County hospitals are captured in the EpiCenter syndromic surveillance system. During this influenza season to date, the week that ended on March 9, 2019, 8.3% of visits in the ED were due to fever and ILI. Previous influenza seasons (2016-17 and 2017-18) had 2.9% and 5.8% of visits attributed to fever and ILI at this time of the year. Currently, we are seeing an increase in the proportion of ED visits due to fever and ILI. Influenza is still widely circulating in our county. During the previous two influenza seasons, peaks were seen in early January. However, during the 2017-18 season, a second peak occurred in mid February.

School Absenteeism Surveillance



Multiple schools throughout Kern County participate in the School Influenza Absenteeism Surveillance Program by submitting the number of students absent each school day due to ILI. Participation is voluntary and the number of schools that participate fluctuates from year to year. The average proportion of student absenteeism due to ILI for the school week ending March 8, 2019 was 2.3%, an increase compared to previous seasons (2016-17: 0.6% and 2017-18: 0.8%). While this influenza season has a higher percentage of ill students, school surveillance data is not as consistent or robust as ED surveillance data since participating schools vary between years. Thus, the general increasing or decreasing trends should be

compared and not the direct proportion of students who are ill. In previous school years, peak absenteeism occurred in late January and early February. The gaps in data are due to holiday breaks.