Riverside University HEALTH SYSTEM
Public Health



COUNTY OF RIVERSIDE WEEKLY INFLUENZA SURVEILLANCE REPORT

2026-2027 Influenza Season
Week 45 (11/8/2026-11/14/2026)
Issue 6

Epidemiology & Program Evaluation

INDICATORS AT-A-GLANCE

Severity		Activity		Prevention	
Mortality	↗	Emergency Department	↗	Vaccination	↗
Hospital Admission	↗	Test Positivity	↗		
Non-ICU & ICU Hospitalization	↗	Wastewater	↗		

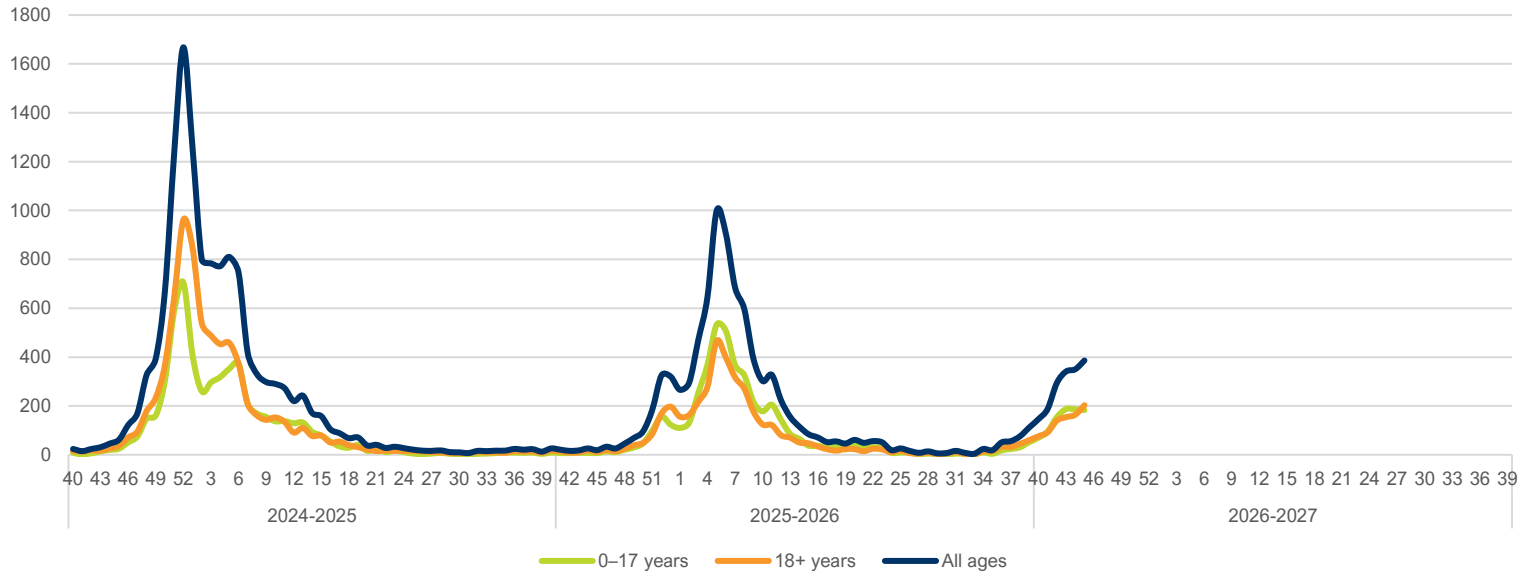
■ Very Low ■ Low ■ Moderate ■ High ■ Very High □ No Metrics

KEY MESSAGES

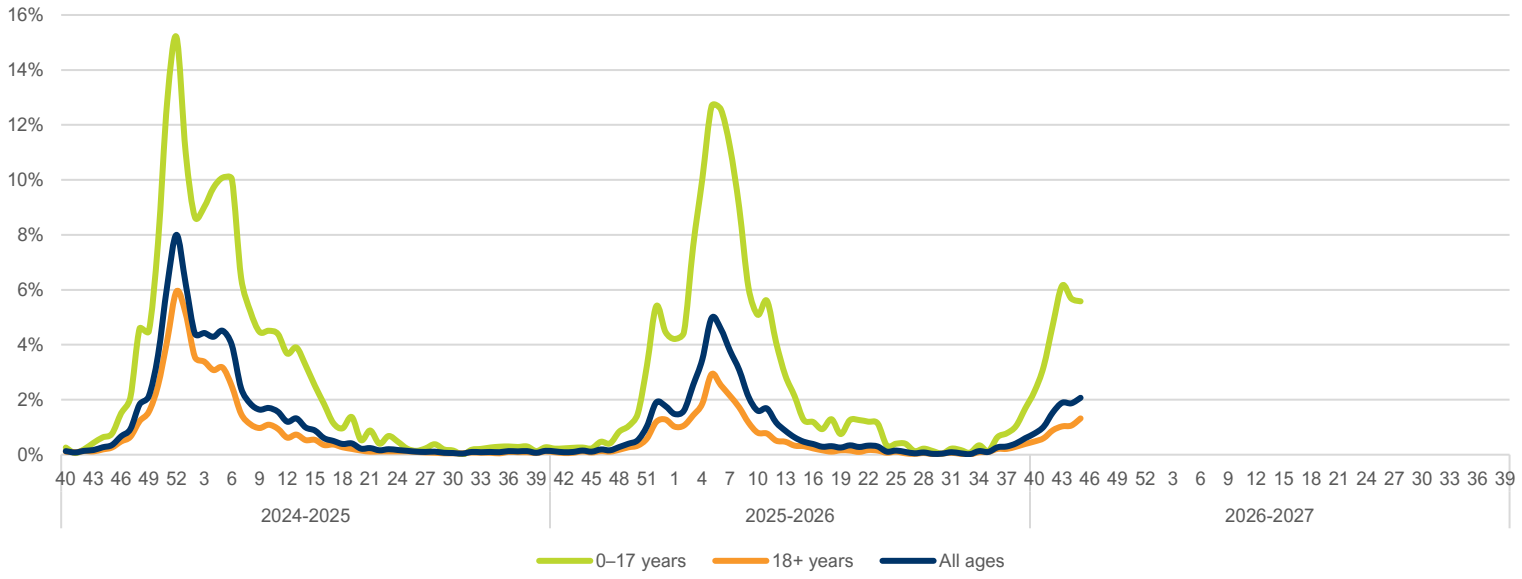
- **Seasonal influenza activity remained very high in Riverside County, with influenza test positivity, the primary driver of activity, continuing to increase.**
- **Healthcare system impact continued to increase, with influenza-associated ED visits and new hospital admissions rising again after a plateau.**
- **Influenza-associated ICU hospitalizations reached last season's peak, particularly among adults.**
- **Wastewater influenza levels remained moderate but began increasing again.**
- **Influenza A(H1N1) remained the predominant circulating strain.**
- **Influenza vaccination coverage remained comparable to the previous season.**

EMERGENCY DEPARTMENT SURVEILLANCE

Number of Influenza-associated ED Visits by Age Group



Percentage of Influenza-associated ED Visits by Age Group

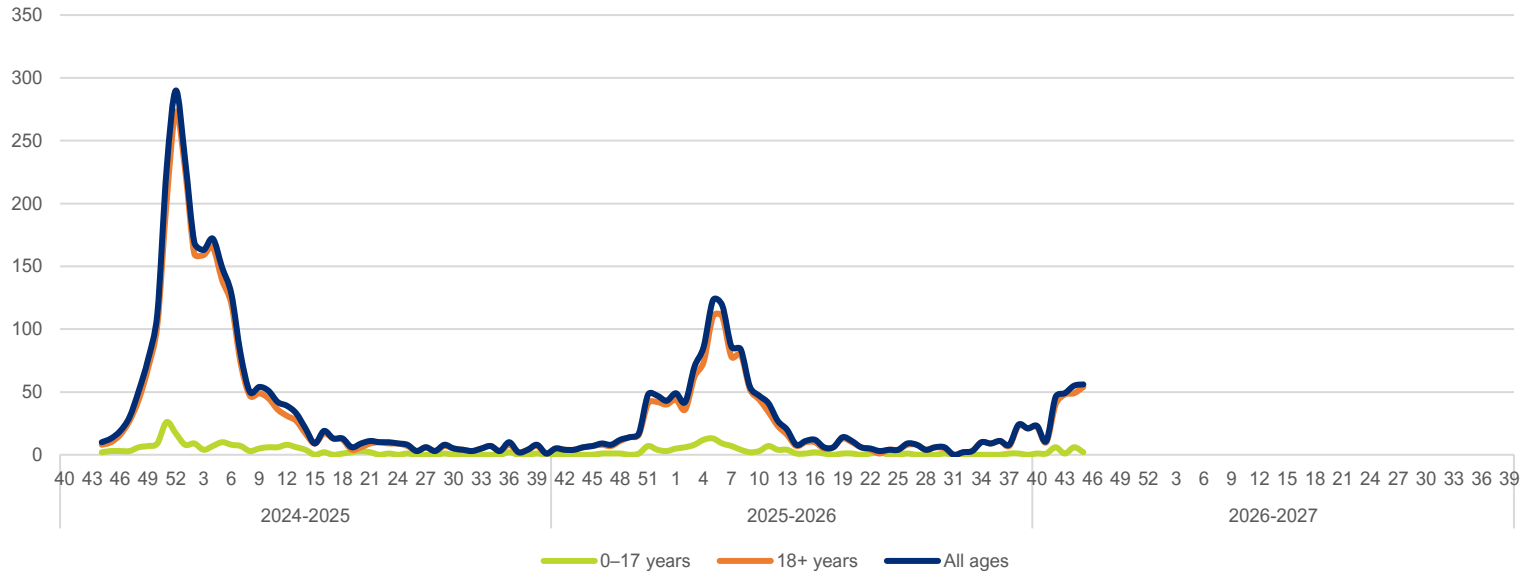


RUHS-PH Provisional Metrics for All-Age Percentage of Influenza-associated ED Visits

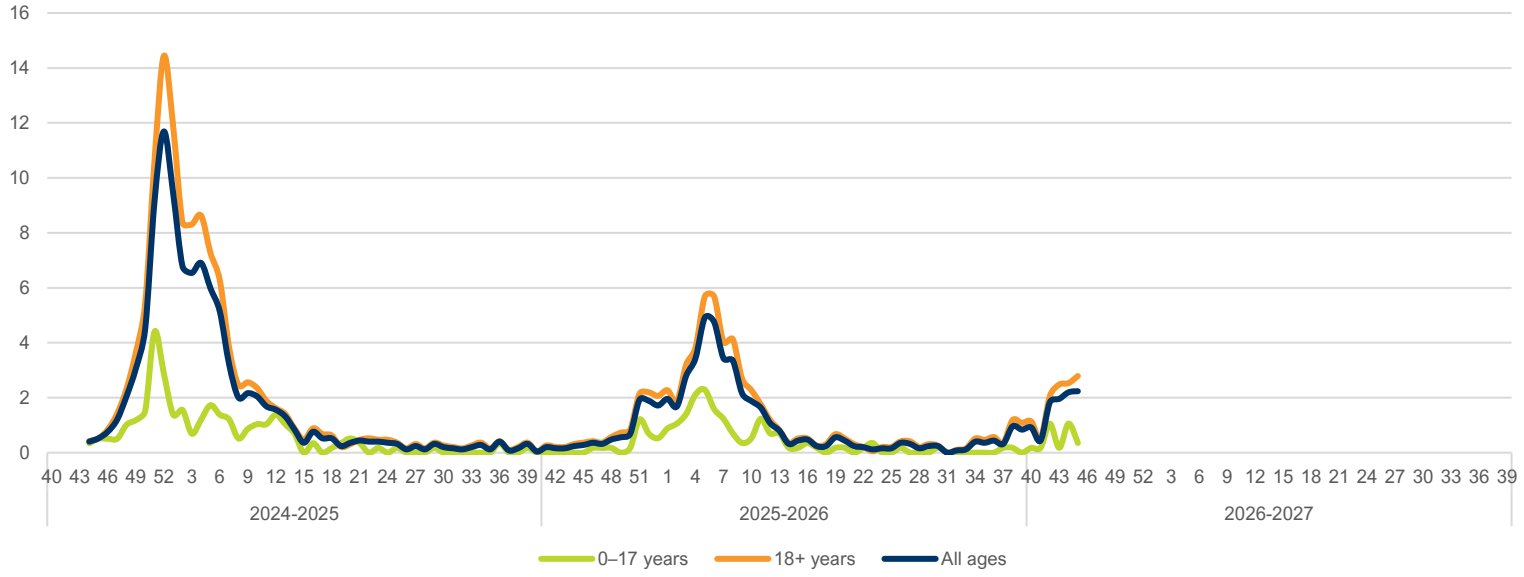
Very Low	Low	Moderate	High	Very High
<1.1%	1.1-2.5%	2.5-3.9%	3.9-5.2%	>5.2%

HOSPITAL ADMISSION SURVEILLANCE

Number of Influenza-associated Admissions by Age Group



Influenza-associated Admission Rate by Age Group (Per 100,000 Persons)

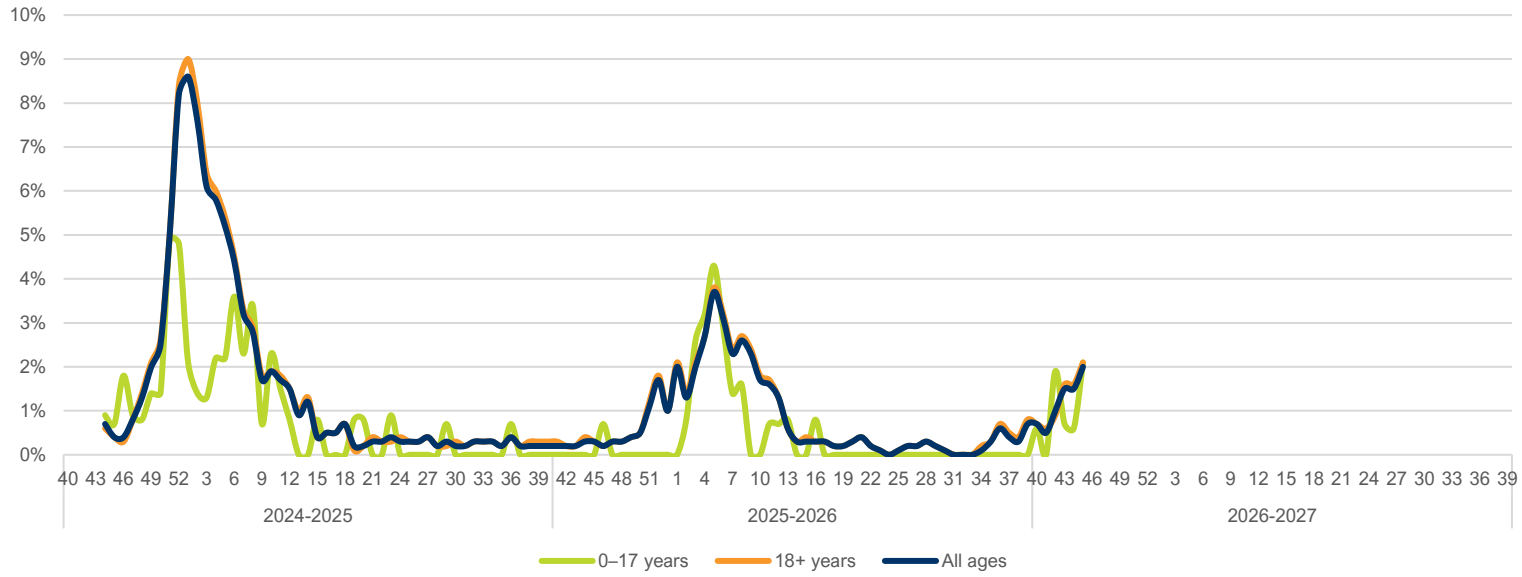


CDPH Metrics for All-Age Hospital Admission Rate (Per 100,000 Persons)

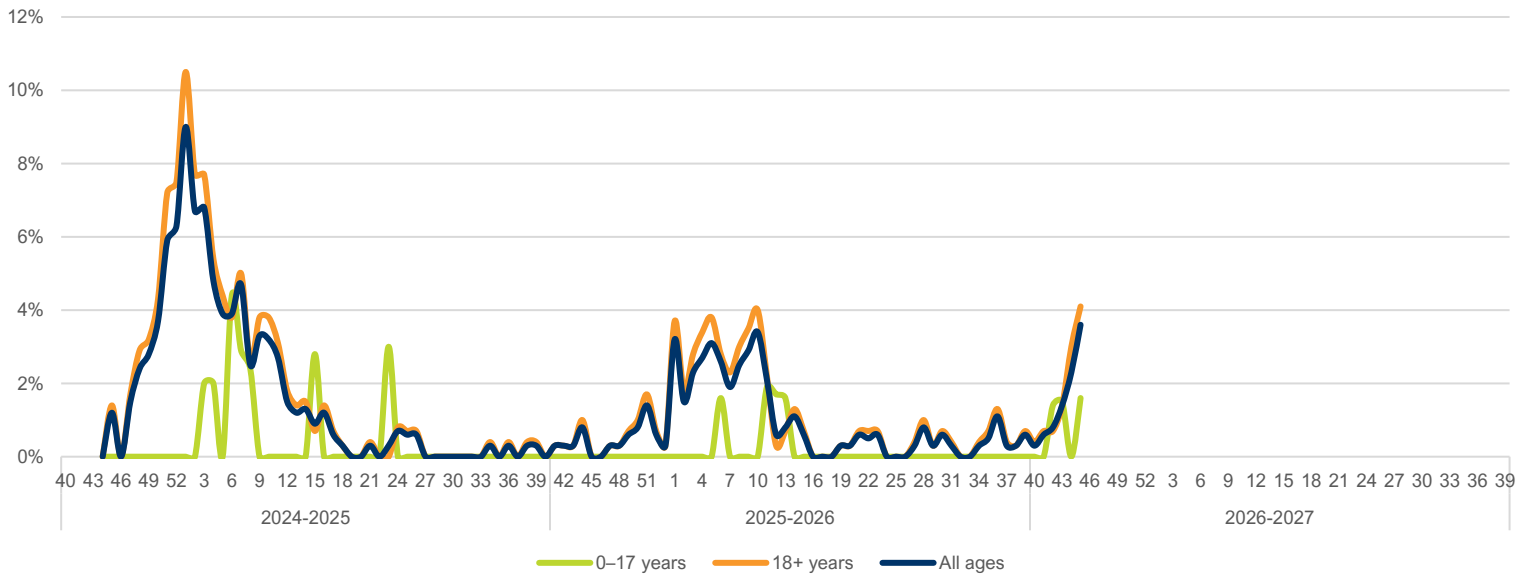
Very Low	Low	Moderate	High	Very High
<1	1-4	4-7	7-9	>9

HOSPITALIZATION SURVEILLANCE

Percentage of Influenza-associated Non-ICU Hospitalization by Age Group

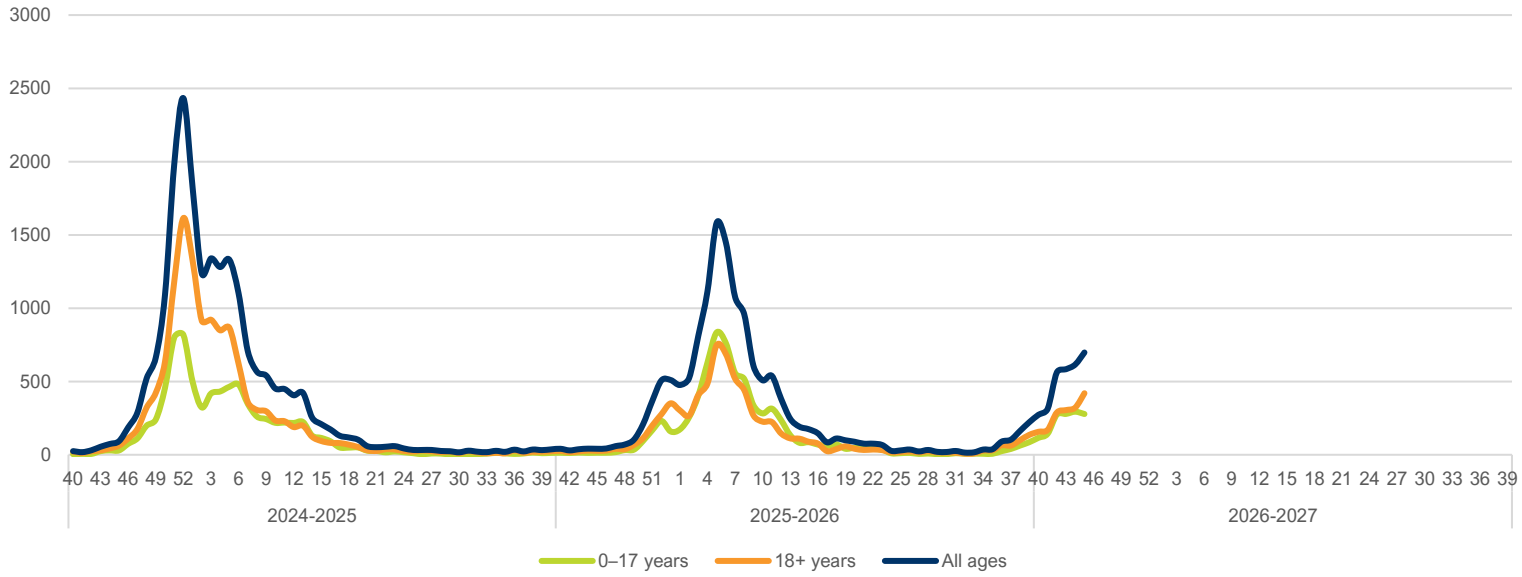


Percentage of Influenza-associated ICU Hospitalization by Age Group

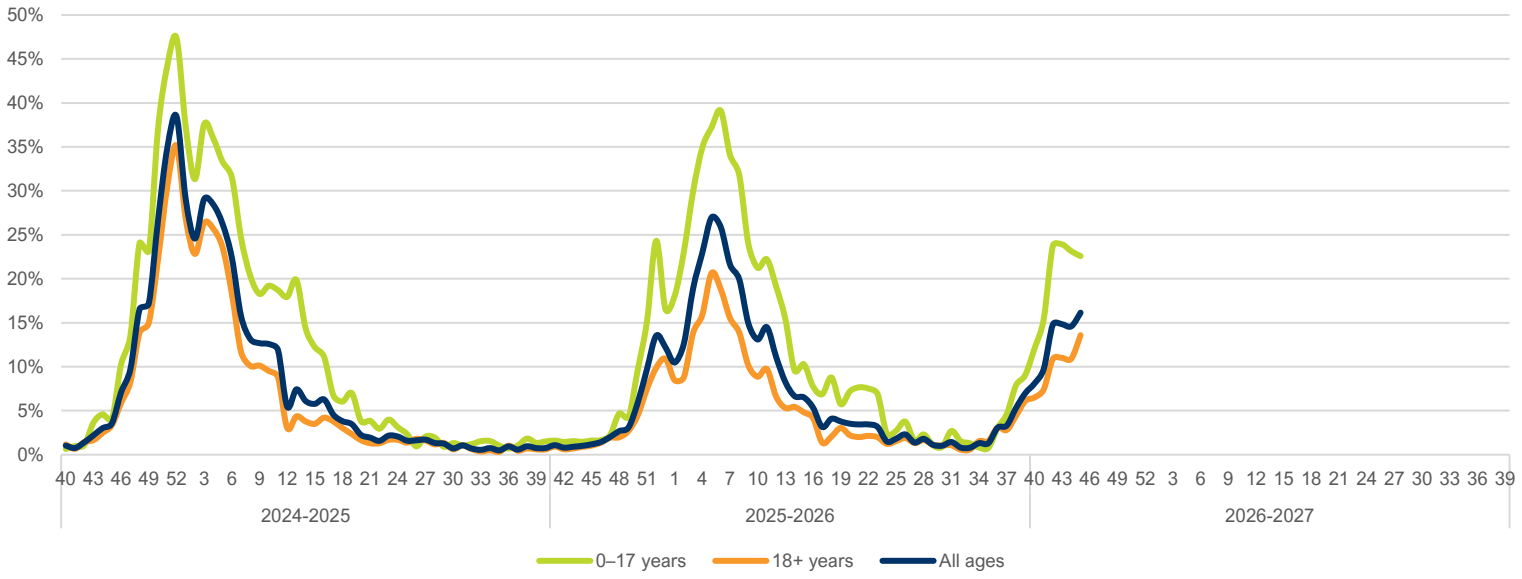


LABORATORY SURVEILLANCE

Number of Influenza-Positive Laboratory Results by Age Group



Influenza Test Positivity by Age Group

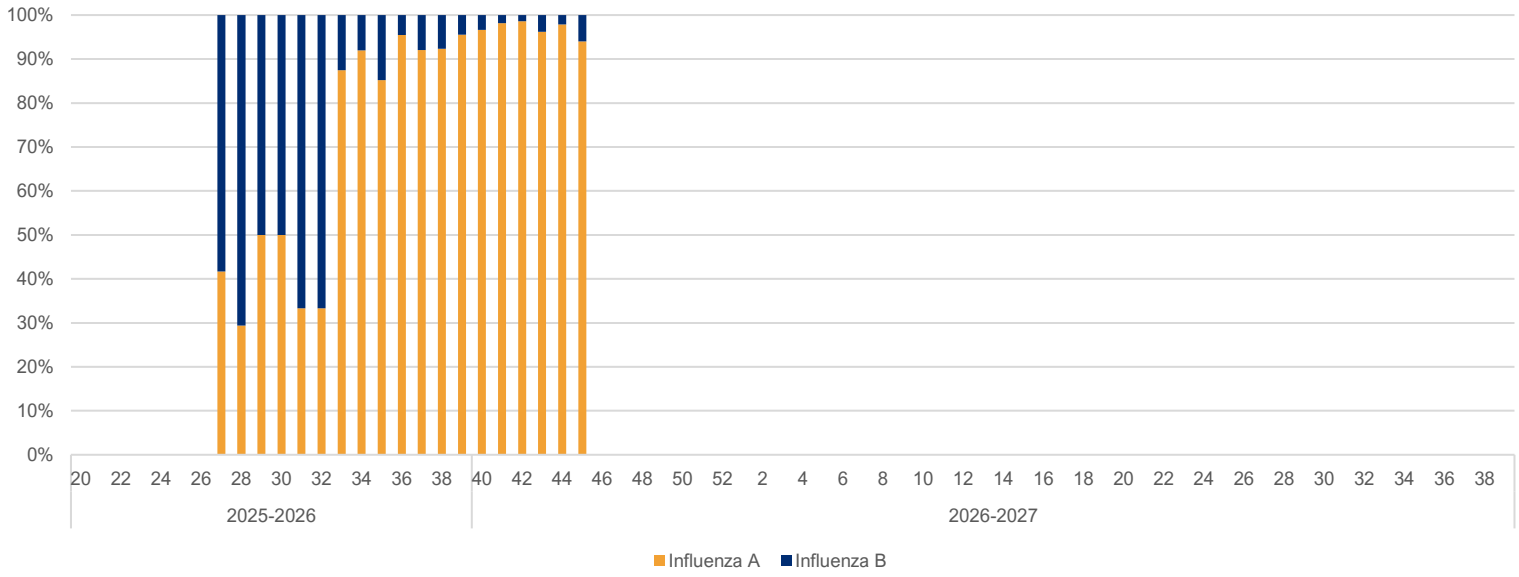


CDPH Metrics for All-Age Test Positivity

Very Low	Low	Moderate	High	Very High
<2%	2-5%	5-9%	9-13%	>13%

LABORATORY SURVEILLANCE

Influenza-Positive Laboratory Results by Type



PUBLIC HEALTH LABORATORY SURVEILLANCE

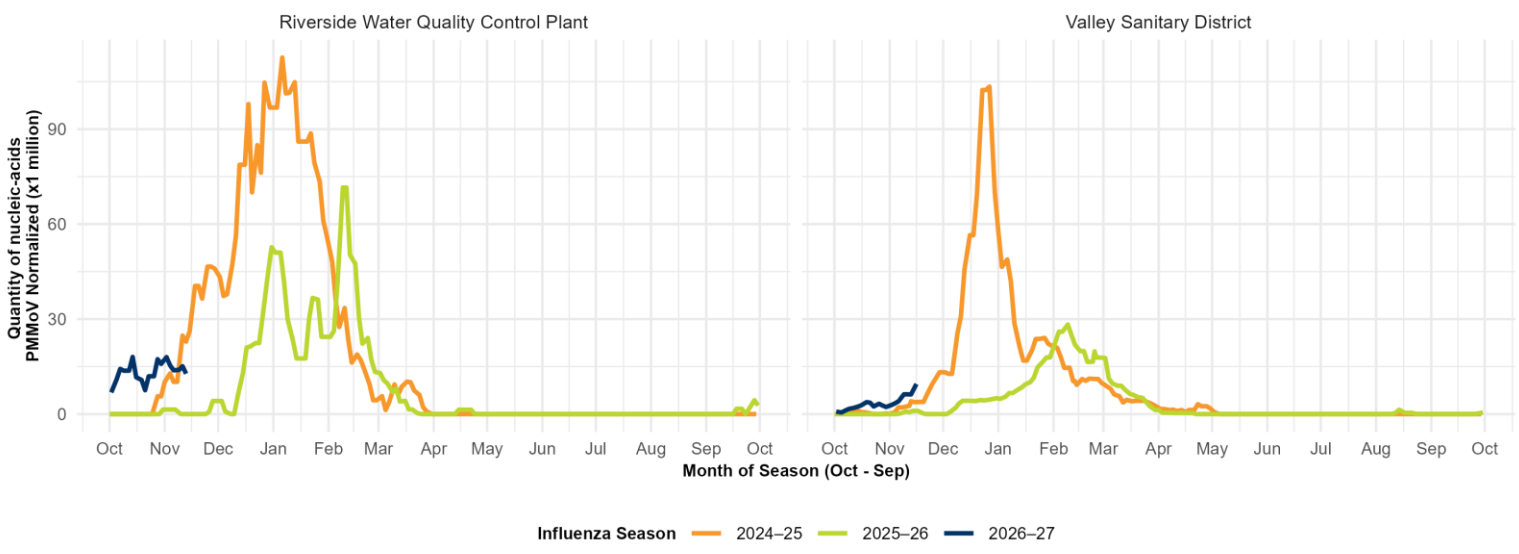
Positive Influenza Specimens by Type and Subtype

	Current Week	Data Cumulative Since Week 40
A positive specimens	16	70 (89.7%)
• A(H1)pdm09	• 15	• 68 (97.1%)
• A(H3)	• 1	• 1 (1.4%)
• A, not subtyped	• 0	• 1 (1.4%)
B positive specimens	0	8 (10.2%)

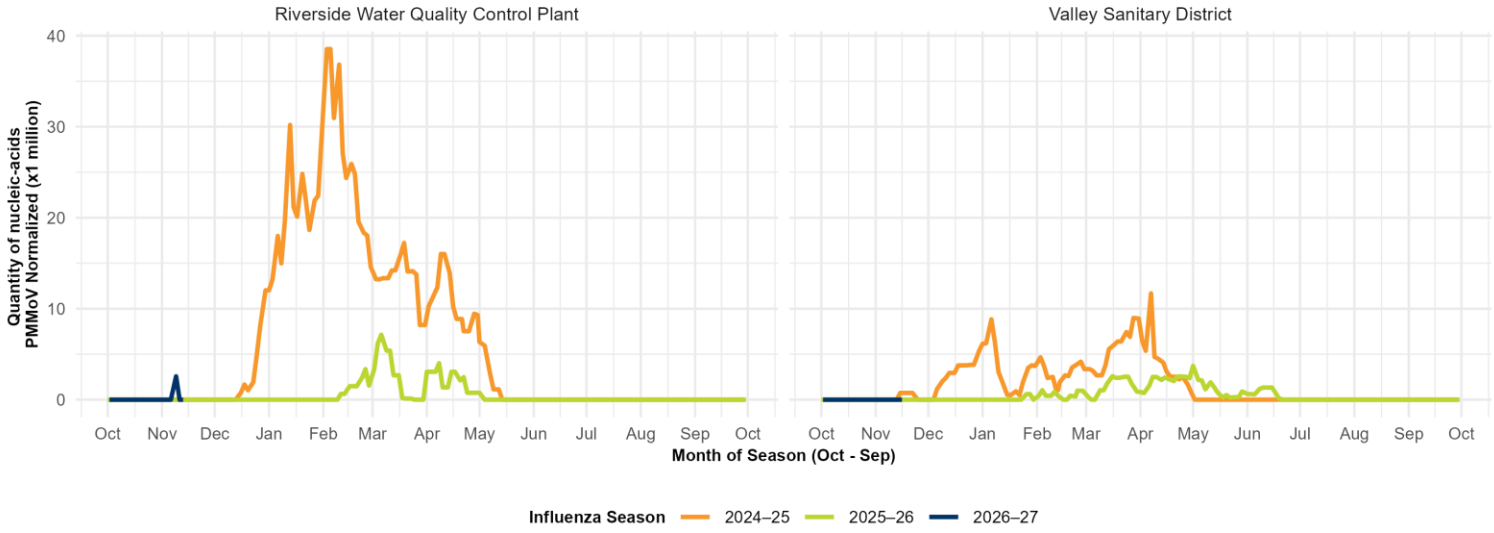
WASTEWATER SURVEILLANCE

Influenza Wastewater Level Seasonal Trends by Site

Influenza A



Influenza B

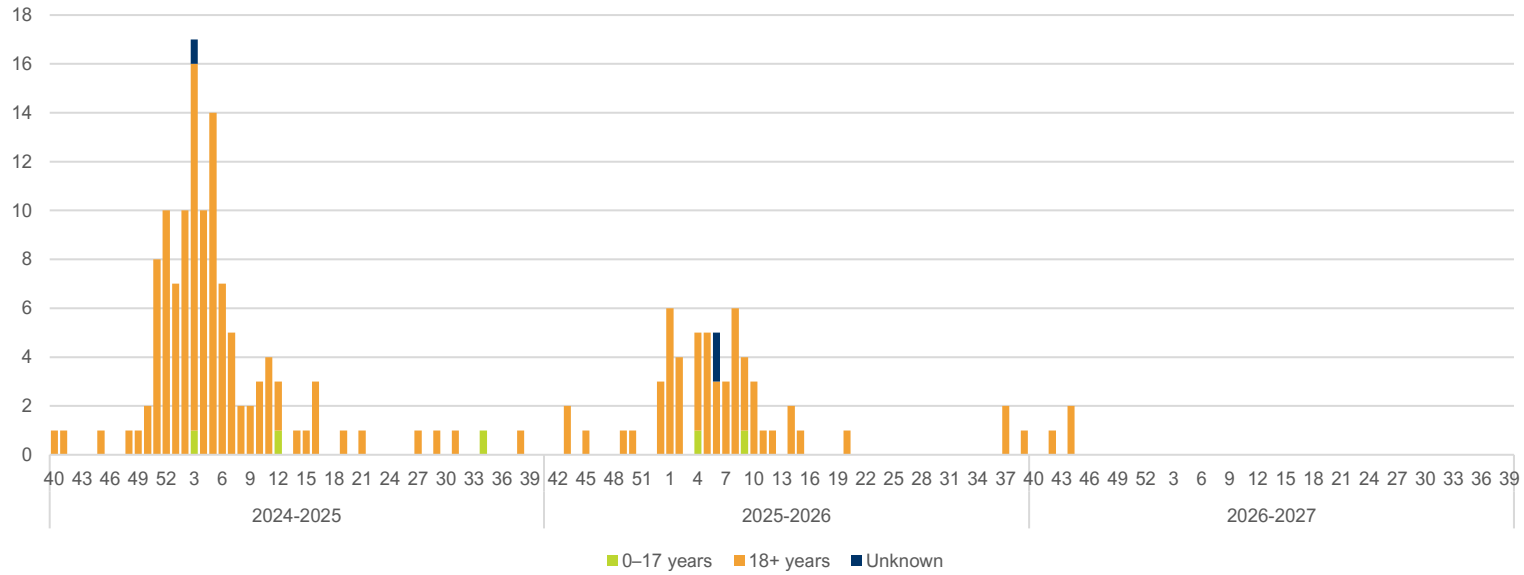


WastewaterSCAN Metrics for Influenza A/B Levels

Low	Moderate	High
Lower third	Middle third	Upper third

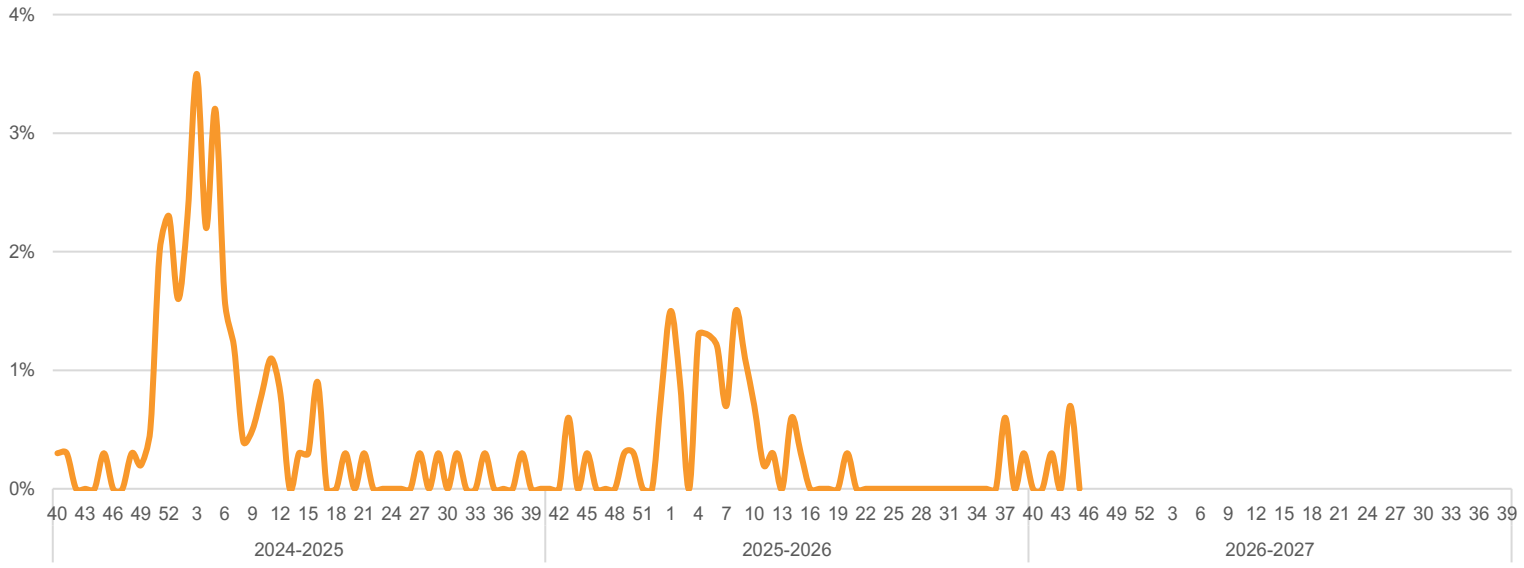
MORTALITY SURVEILLANCE

Number of Influenza-Coded Deaths by Age Group



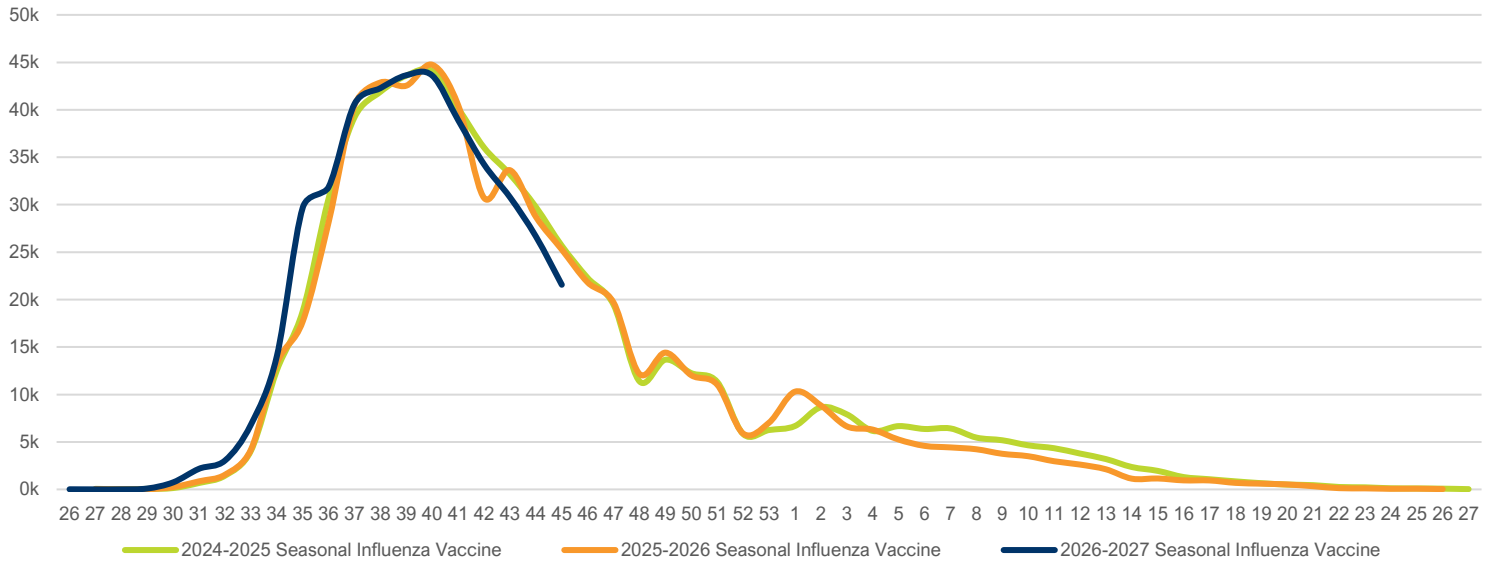
	2024-2025	2025-2026	2026-2027
0-17 years	3	2	0
18+ years	117	54	3
Unknown	1	2	0
Total	121	58	3

Percentage of Influenza-Coded Deaths

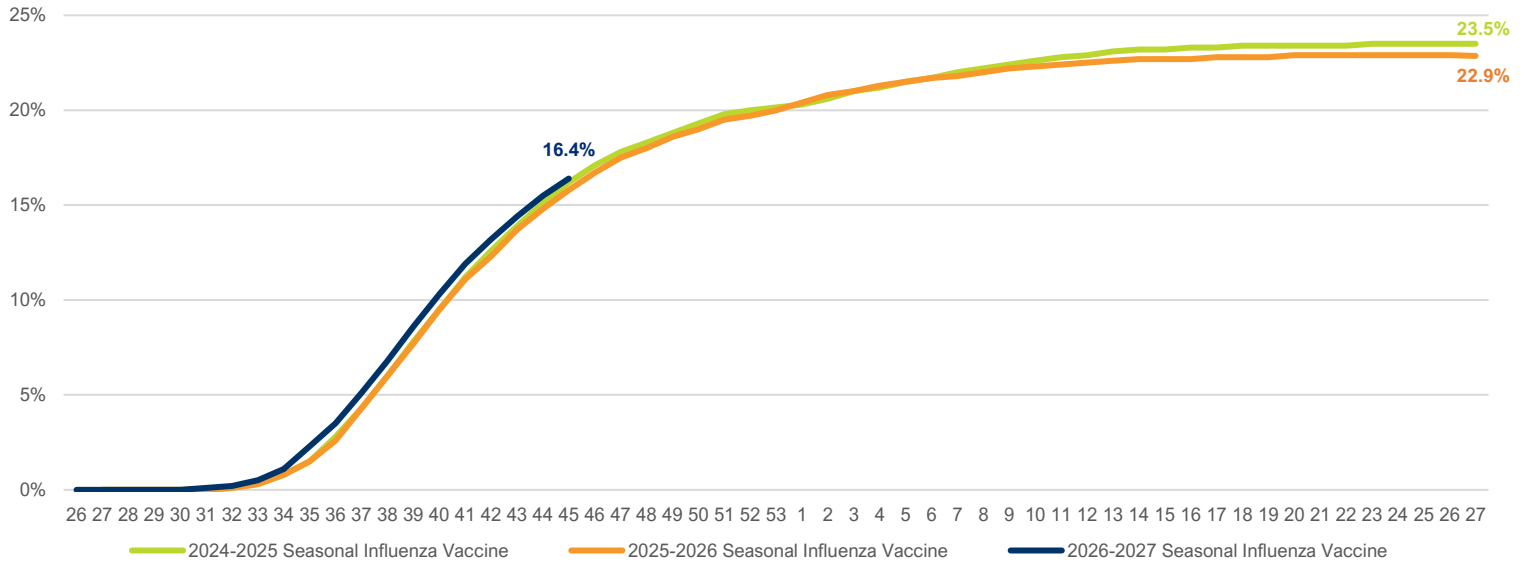


VACCINATION SURVEILLANCE

Number of County Residents Received Seasonal Influenza Vaccines



Influenza Vaccination Coverage among County Residents



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

	Age 0-4	Age 5-17	Age 18-64	Age 65+	Total
Vaccinated Residents (Coverage)	10,948 (8.2%)	36,856 (8.6%)	193,926 (12.8%)	169,016 (39.1%)	410,746 (16.4%)

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
- Respiratory Virus Isolation Guidance

Explore CDPH Resources:

- California Respiratory Virus Dashboard
- Influenza (Flu)
- Short-term Influenza Forecasts in California
- California Wastewater Surveillance (Cal-SuWers) Dashboard
- 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 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-associated visits are identified using the CDC Influenza DD v1 syndrome definition.
- Provisional metrics are established using data from the previous two influenza seasons.
    - Baseline: Calculate the weekly average ED visit percentage across the two previous seasons.
    - Interval: Divide the difference between the baseline and the maximum historical weekly ED visit percentage into five equal intervals.
    - Activity levels: Classify weekly ED visit percentages as follows:
        - Very Low: ≤ baseline
        - Low: > baseline to ≤ baseline + 1 interval
        - Moderate: > baseline + 1 interval to ≤ baseline + 2 intervals
        - High: > baseline + 2 intervals to ≤ baseline + 3 intervals
        - Very High: > baseline + 3 intervals

Hospital Admission Surveillance and Hospitalization Surveillance

- Data are retrieved from the CDC National Healthcare Safety Network (NHSN) via the California Department of Public Health (CDPH) Integrated Infectious Disease Data Warehouse (I2D2).
- All acute care hospitals in Riverside County currently participate in NHSN.
- New admission rates are calculated using California Department of Finance County Population Projections (P3) as denominators.
- CDPH metrics are used to determine influenza-associated admission levels.

Laboratory Surveillance

- Per Title 17, California Code of Regulations, Section 2505, laboratories are required to report all influenza test results within one day from CLIA-certified facilities performing non-waived testing.
- Electronic laboratory reports (ELRs) are retrieved from the California Reportable Disease Information Exchange (CalREDIE) via I2D2.
- CDPH metrics are used to determine influenza test positivity activity levels.

Public Health Laboratory Surveillance

- The RUHS-PH Public Health Laboratory (PHL) actively requests positive specimens from clinical laboratories in the county for influenza virus characterization and early detection of novel viruses.
- Influenza B lineage testing at PHL has been discontinued for the 2026–2027 season following the International Reagent Resource (IRR)'s discontinuation of the genotyping kit, as influenza B/Yamagata viruses have not been detected globally since March 2020.

DATA NOTES

Wastewater Surveillance

- Data are retrieved from WastewaterSCAN.
- Two wastewater facilities in Riverside County currently participate in WastewaterSCAN.
- 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.
- Death counts include out-of-state death records to capture deaths among Riverside County residents that occur outside California.

Vaccination Surveillance

- Data are retrieved from the California Immunization Registry (CAIR) via I2D2.
- For each season, vaccine recipients are identified as individuals whose recipient county label is “Riverside” and whose corresponding seasonal vaccination field is marked “Yes”.
- Coverage estimates are calculated using California Department of Finance County Population Projections (P3) as denominators.
- Note: Not all immunizations are captured in the state database (e.g., vaccines given in federal facilities), so vaccination coverage may be underestimated.