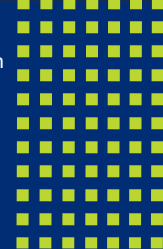# Riverside University HEALTH SYSTEM
Public Health

COUNTY OF RIVERSIDE WEEKLY INFLUENZA SURVEILLANCE REPORT

2024-2025 Influenza Season
Week 11 (3/9/2025-3/15/2025)
Issue 24

Epidemiology & Program Evaluation

INDICATORS AT-A-GLANCE

▼0.5%
ED/ER ILI%

▼0.3%
Outpatient ILI%

▼25%
Admissions

▼6%
Positive ELR

▼2.2%
Positivity

6(+0)
ICU Cases

4(+0)
Outbreaks

85(+3)
Deaths

▲0.2%
Vaccinations

KEY MESSAGES

- **Seasonal influenza activity in Riverside County is Moderate.**

- **Influenza A is the predominant virus during this season.**

- **Influenza vaccination rate is lower than the previous season.**

EMERGENCY DEPARTMENT SYNDROMIC SURVEILLANCE

- ILI accounted for **2.3% (N=403)** of all ED visits compared to **2.8% (N=485)** during the previous week (Figures 1-2).

- Cumulatively, individuals aged **5-24 (33.3%)** had the most ILI-related ED visits (Figure 3).
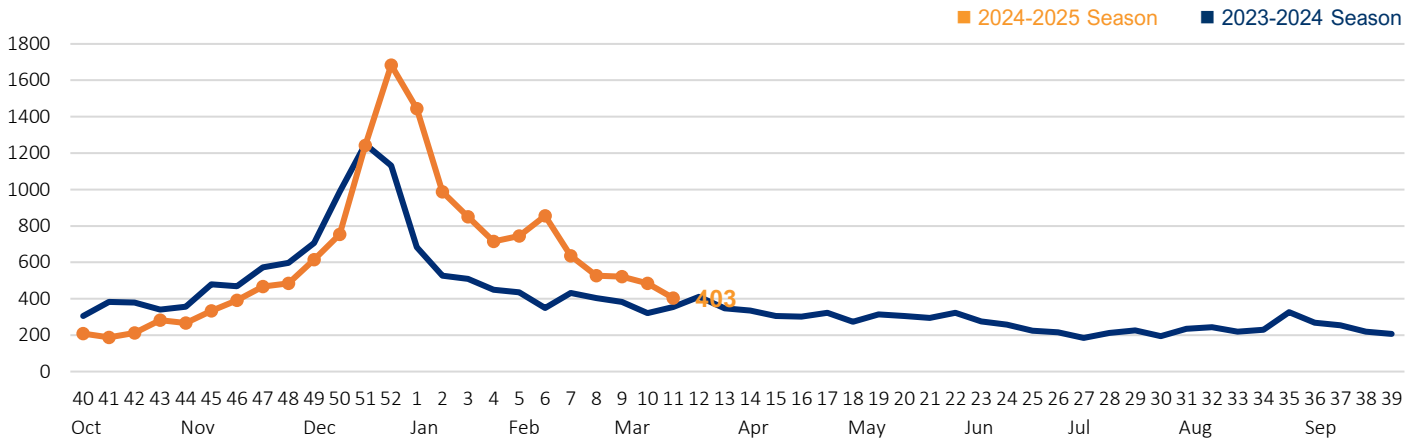
Figure 1. Number of ILI-related ED Visits by Week

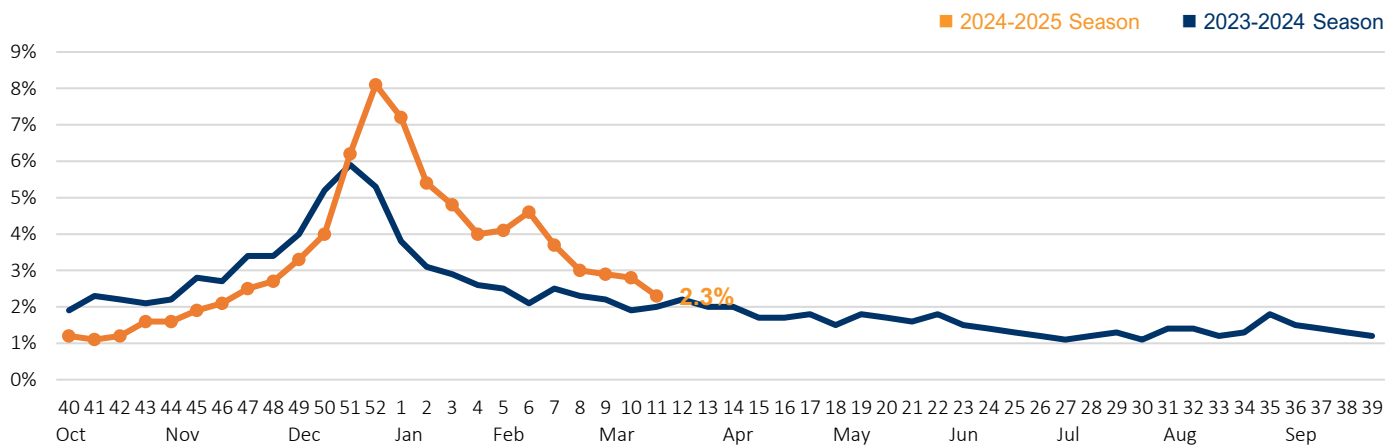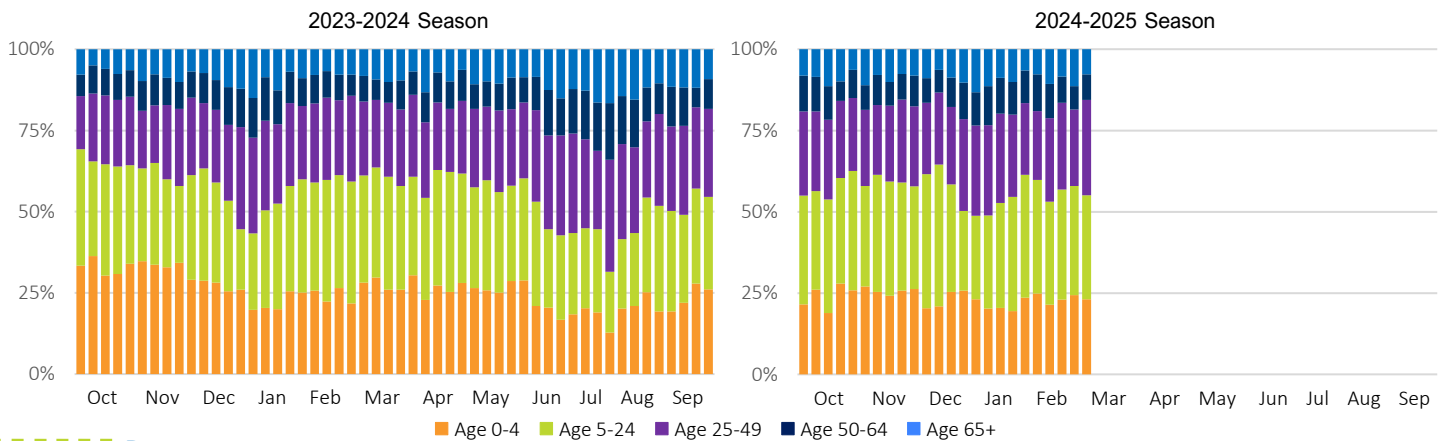## Figure 2. Percentage of ILI-related ED Visits by Week

Figure 3. Percentage of ILI-related ED Visits by Age Group and Week

Data notes

OUTPATIENT SERVICE SYNDROMIC SURVEILLANCE

- ILI accounted for **3.0% (N=299)** of all outpatient visits compared to **3.3% (N=325)** during the previous week (Figures 4-5).
- Cumulatively, individuals aged **5-24 (27.0%)** had the most ILI-related outpatient visits (Figure 6).

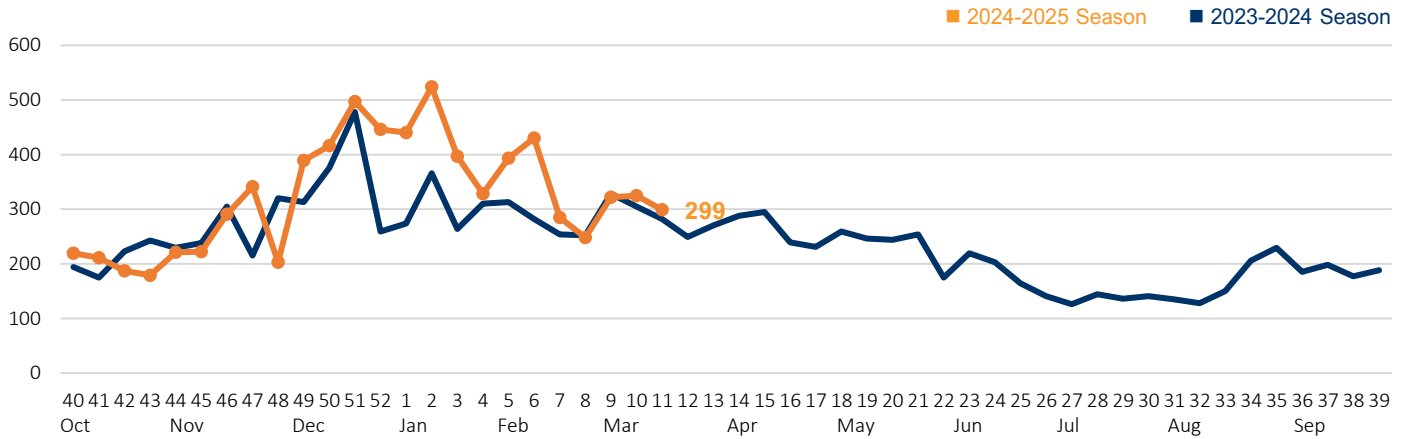## Figure 4. Number of ILI-related Outpatient Visits by Week

Figure 5. Percentage of ILI-related Outpatient Visits by Week
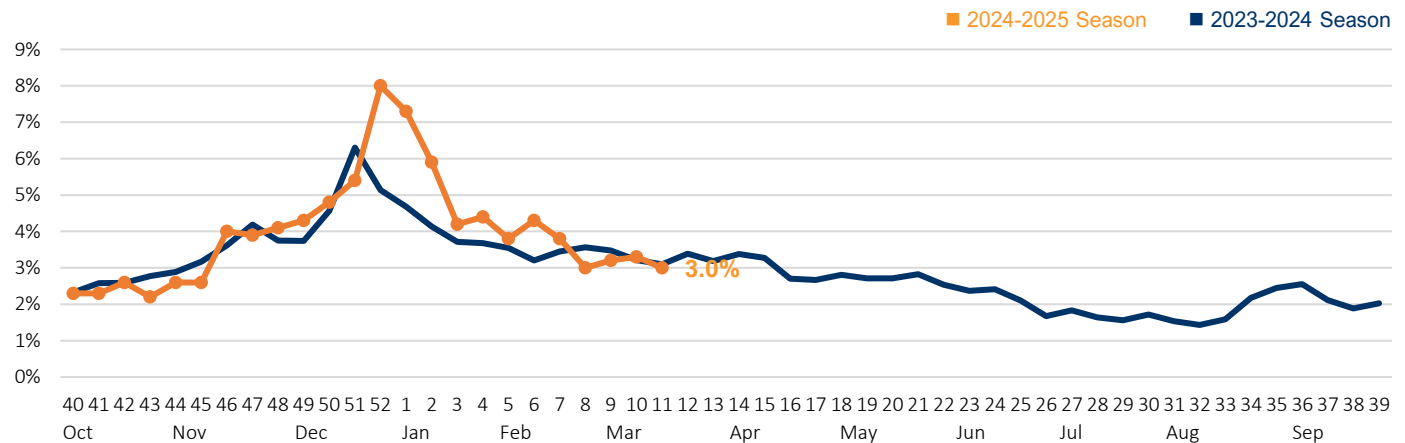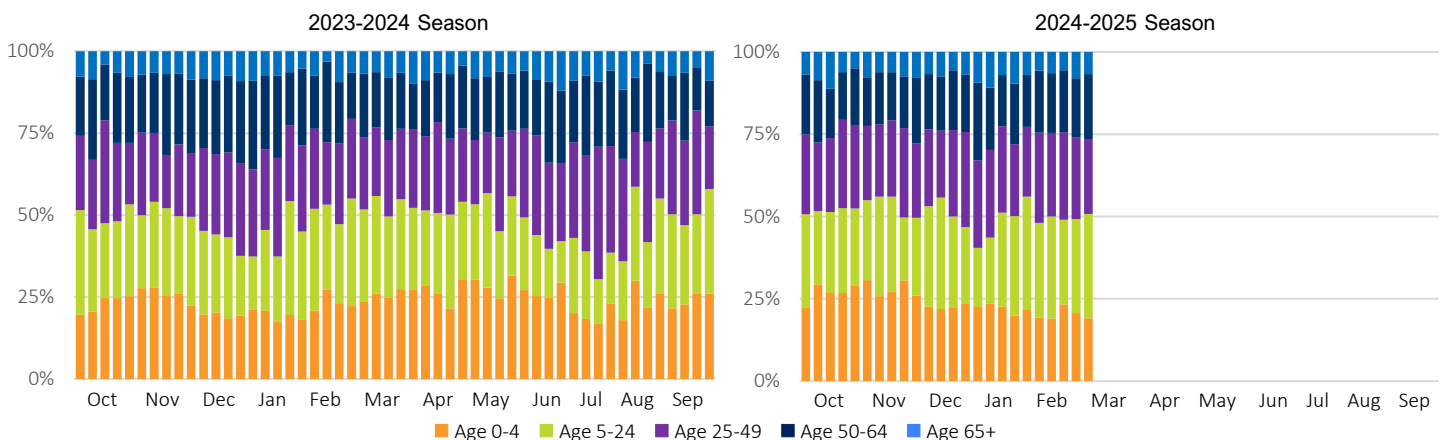

Figure 6. Percentage of ILI-related Outpatient Visits by Age Group and Week

Data notes

HOSPITALIZATION SURVEILLANCE

- **38** new admissions of patients with laboratory-confirmed influenza were reported compared to **51** during the previous week (Figures 7).

- Percents of hospitalized patients and ICU patients with laboratory-confirmed influenza were **1.9%** and **2.7%** compared to **1.9%** and **3.2%** during the previous week respectively (Figures 8-9).

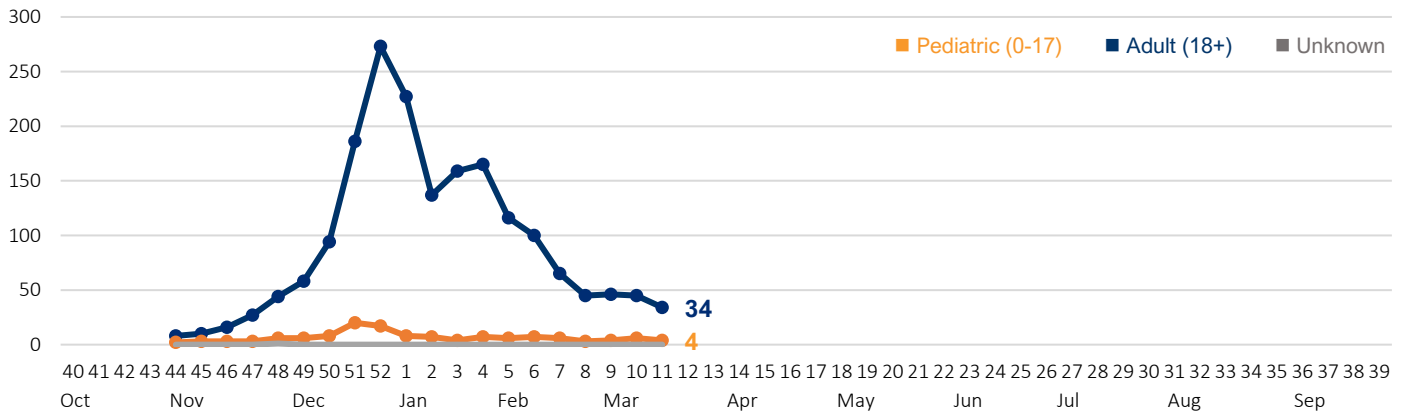## Figure 7. Number of New Admissions with Confirmed Influenza by Week

Figure 8. Percent of Hospitalized Patients with Confirmed Influenza by Week
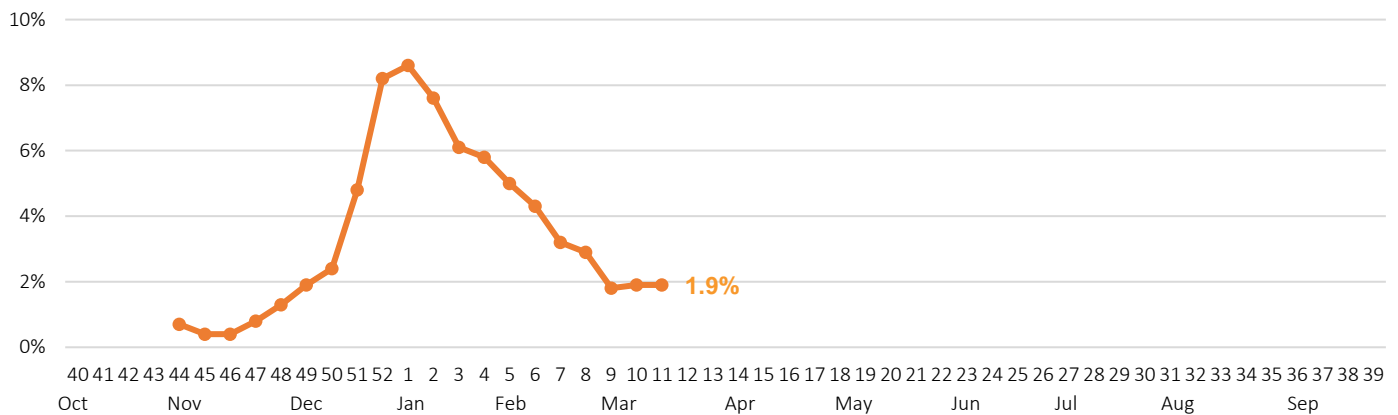

Figure 9. Percent of ICU Patients with Confirmed Influenza by Week

Data notes

County of Riverside Weekly Influenza Surveillance Report ● 2024-2025 Influenza Season, Week 11 (3/9/2025-3/15/2025) ● Issue 24   **4**
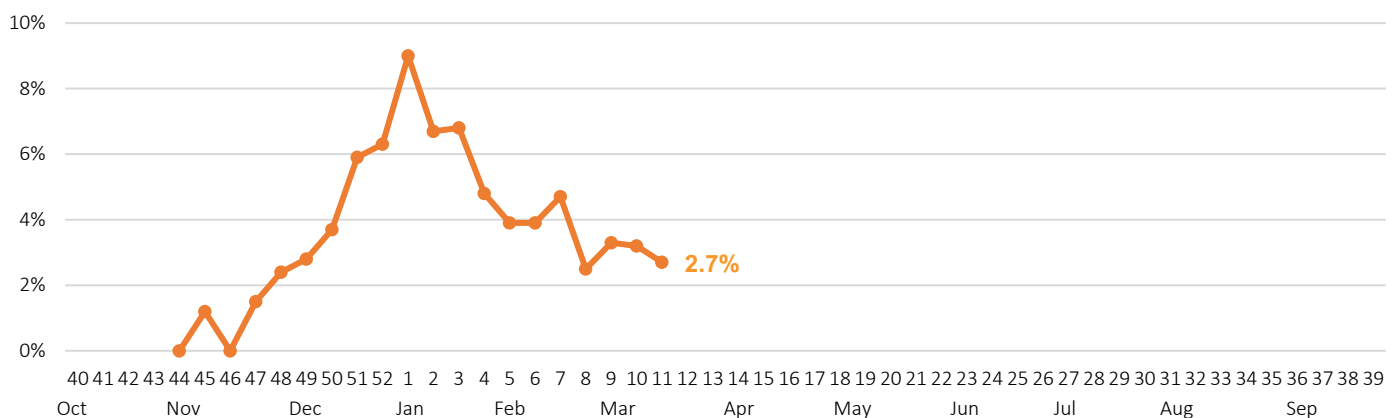
ELECTRONIC LABORATORY REPORTING SUMMARY

- **462** positive influenza laboratory results were reported compared to **490** during the previous week (Figure 10).

Figure 10. Number of Positive Influenza Laboratory Results by Week
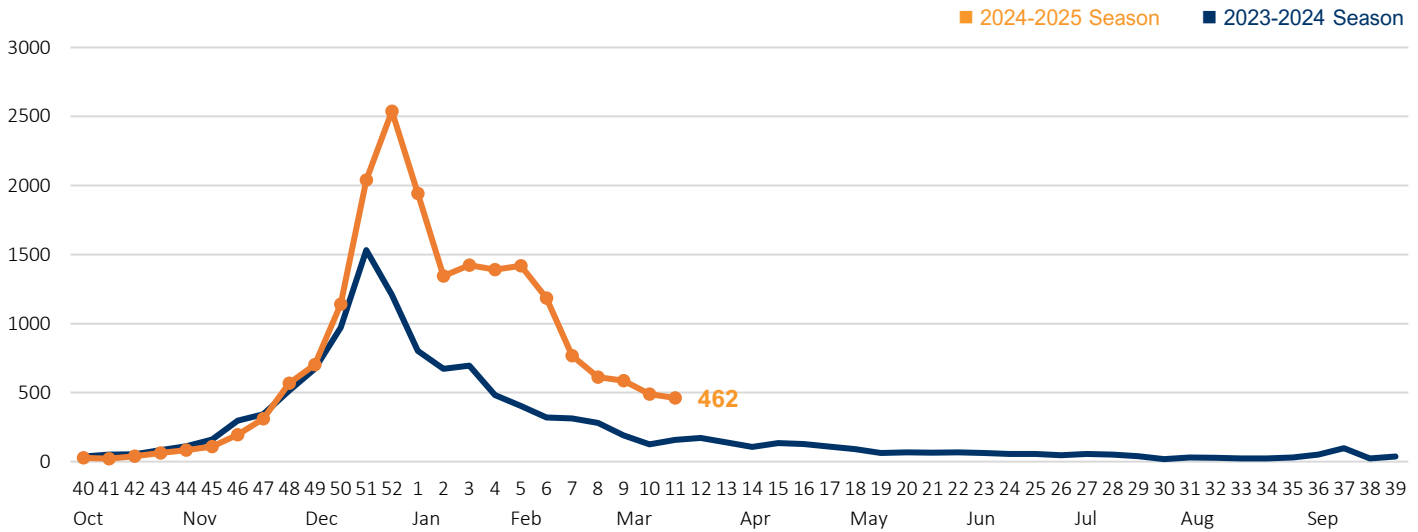
CLINICAL LABORATORY SURVEILLANCE

- The positivity rate for influenza was **10.7% (N=129)** compared to **12.9% (N=159)** during the previous week (Figures 11-12).
- Influenza A was the dominant strain, accounting for **88.5%** of all positive specimens (Figure 13).

Figure 11. Number of Positive Influenza Specimens by Week

[Data notes](#)
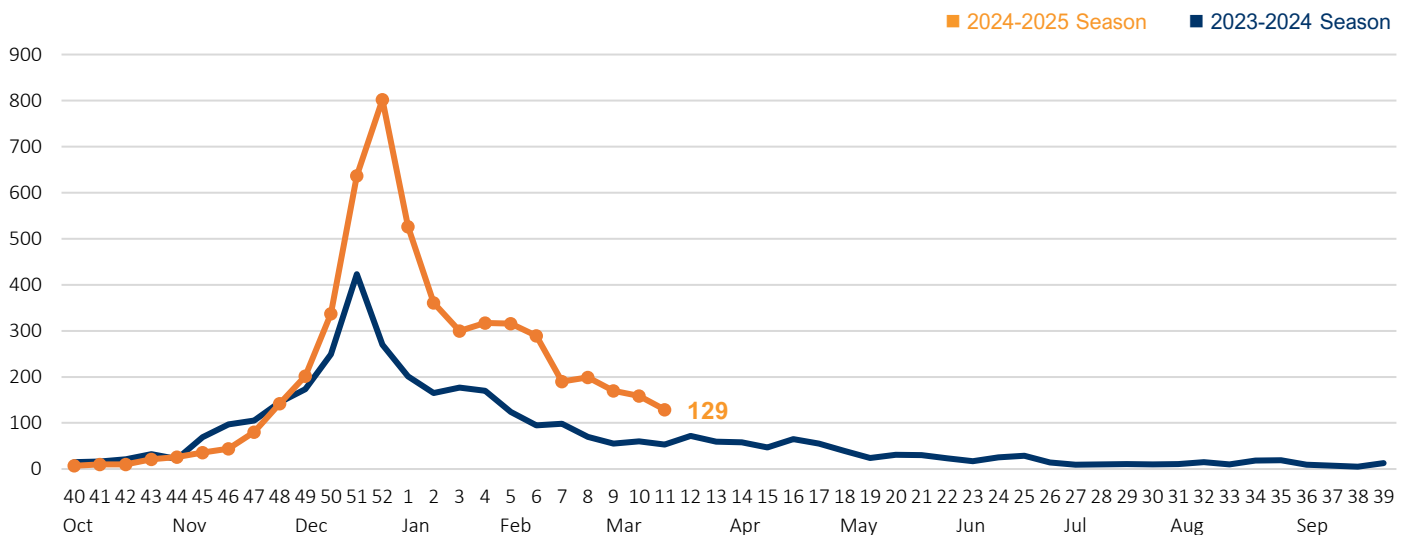
CLINICAL LABORATORY SURVEILLANCE

Figure 12. Positivity Rate by Week

Figure 13. Positive Influenza Specimens by Strain Type, Season to Date

Data notes

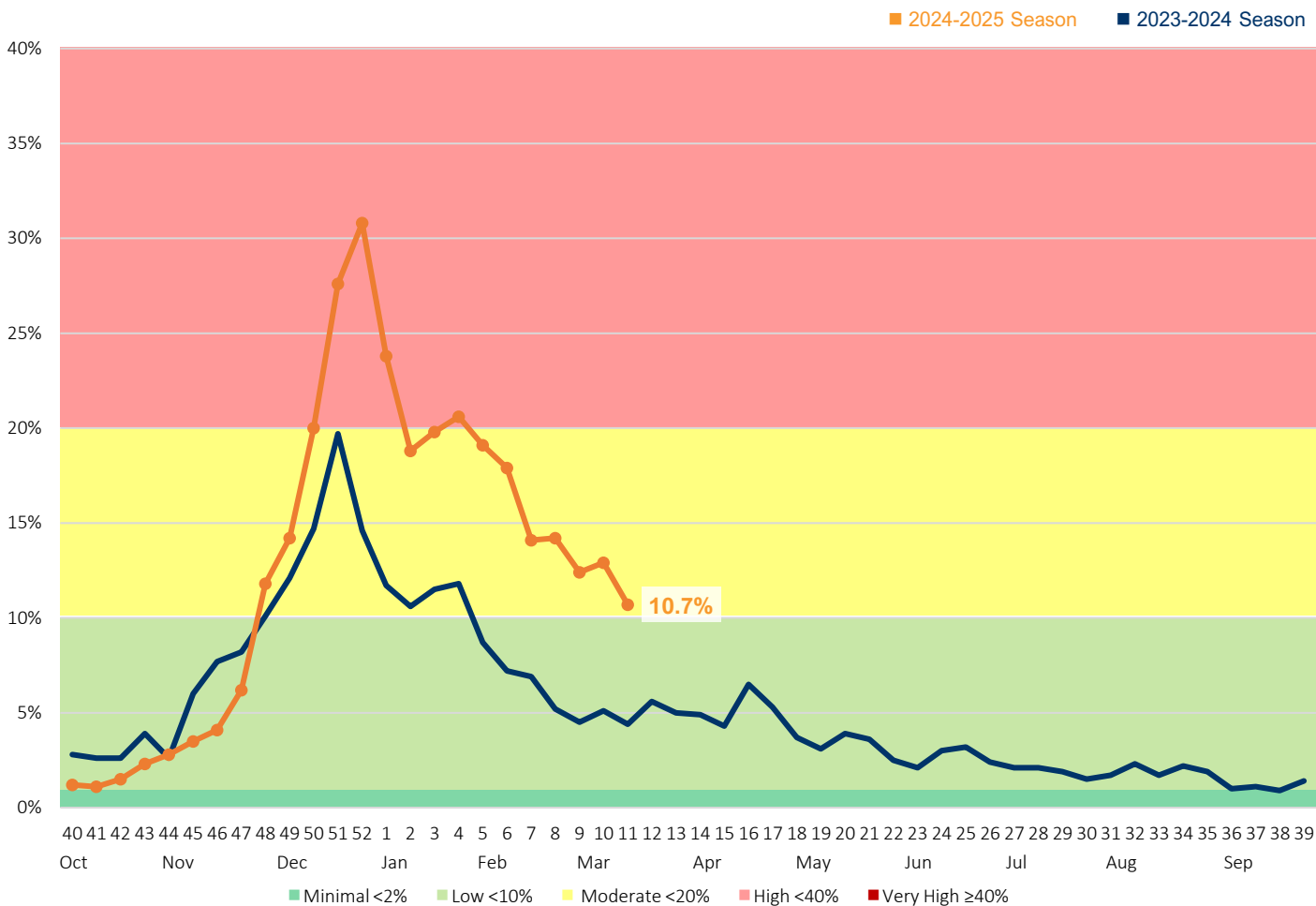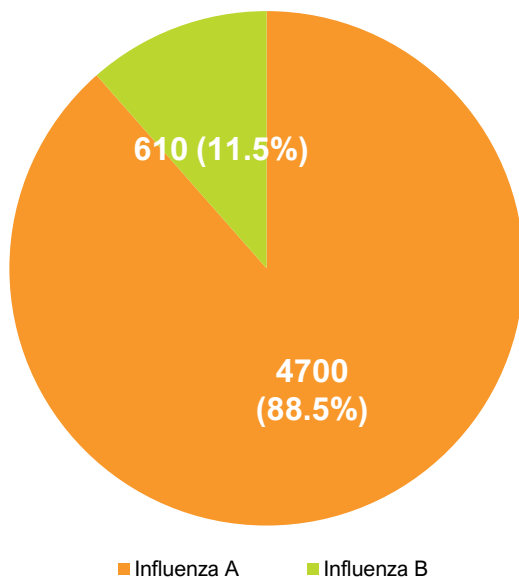# PUBLIC HEALTH LABORATORY SURVEILLANCE

- According to the **CDC**, **influenza A(H1N1)pdm09** and **A(H3N2)** viruses were the predominant viruses this week.
- **375** specimens had been subtyped by Riverside County PHL. **Influenza A(H3)** was the predominant virus in Riverside County (Table 1).

Table 1. Riverside County PHL Influenza Specimens by Subtype or Lineage, This Week and Season to Date

	Week 11	Data Cumulative Since Week 40
A positive specimens	0	337
• A(H1)pdm09	0	146 (43.3%)
• A(H3)	0	191 (56.7%)
• A, not subtyped	0	0
B positive specimens	8	38
• B Victoria	8 (100%)	38 (100%)
• B Yamagata	0	0
• B, not lineage typed	0	0

INFLUENZA-ASSOCIATED ICU CASES AND OUTBREAKS

- **6 influenza-associated ICU hospitalizations (0-64 years old)** and **4 influenza-associated outbreaks** have been confirmed during this influenza season (Table 2).

Table 2. Influenza-associated ICU Cases and Outbreaks, This Week and Season to Date

	ICU Cases 0-64 Years	Outbreaks
Week 11	0	0
Season To Date	6	4

Data notes

MORTALITY SURVEILLANCE

- **85 influenza-coded deaths** had been identified (Figure 14 & Table 3).
- The overall percentage of influenza-coded deaths was **0%** compared to **0.7%** during the previous week (Figure 15).

Figure 14. Number of Influenza-Coded Deaths by Week
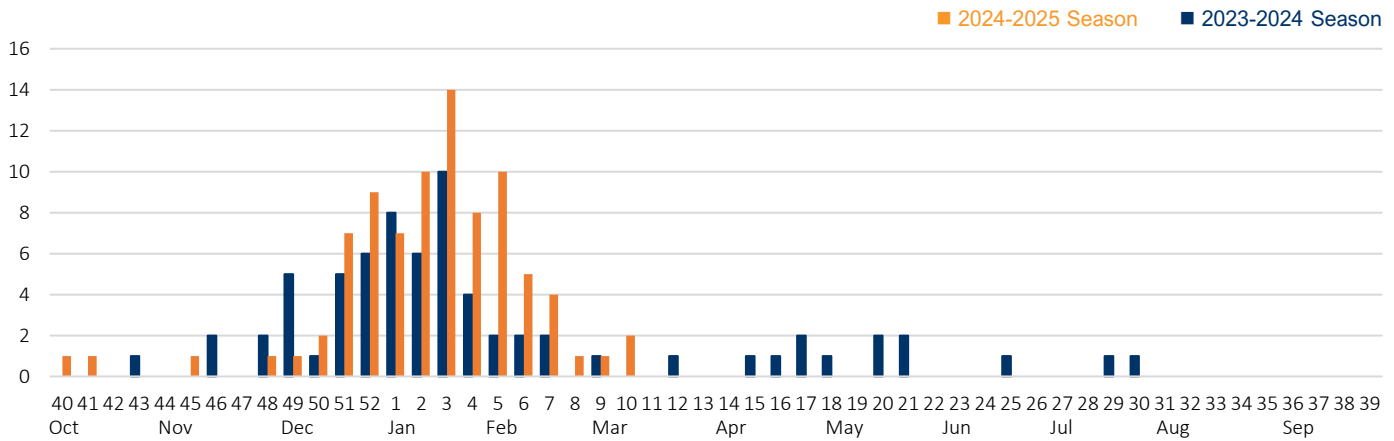
Table 3. Number of Influenza-Coded Deaths by Age Group, Season to Date

	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Age 65+	Unknown	Total
2023-2024 Season	2	3	9	18	37	1	70
2024-2025 Season	0	1	7	15	61	1	85

Figure 15. Percentage of Influenza-Coded Deaths by Week

Data notes

County of Riverside Weekly Influenza Surveillance Report ● 2024-2025 Influenza Season, Week 11 (3/9/2025-3/15/2025) ● Issue 24   8
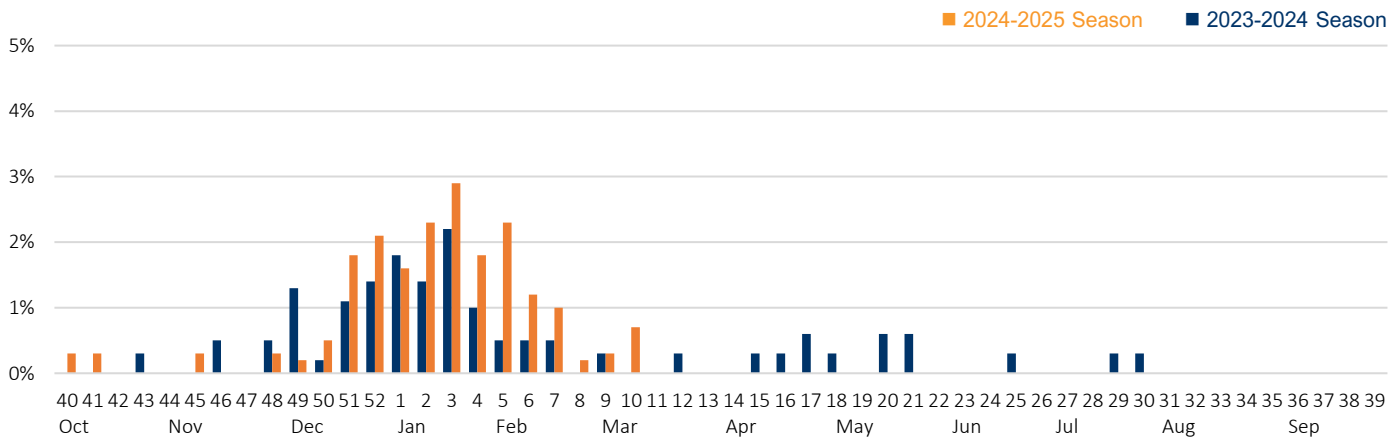
INFLUENZA VACCINATIONS

- **23.1%** of residents in Riverside County **(N=565,576)** had been vaccinated, **0.7%** lower than the corresponding cumulative coverage rate during the 2023-2024 influenza season (Figures 16-17).

- Vaccination coverage was highest among people aged **65+** and lowest among people aged **5-24** (Table 4).

Figure 16. Number of County Residents Vaccinated for Influenza by Week

Figure 17. Influenza Vaccination Coverage among County Residents, Season To Date
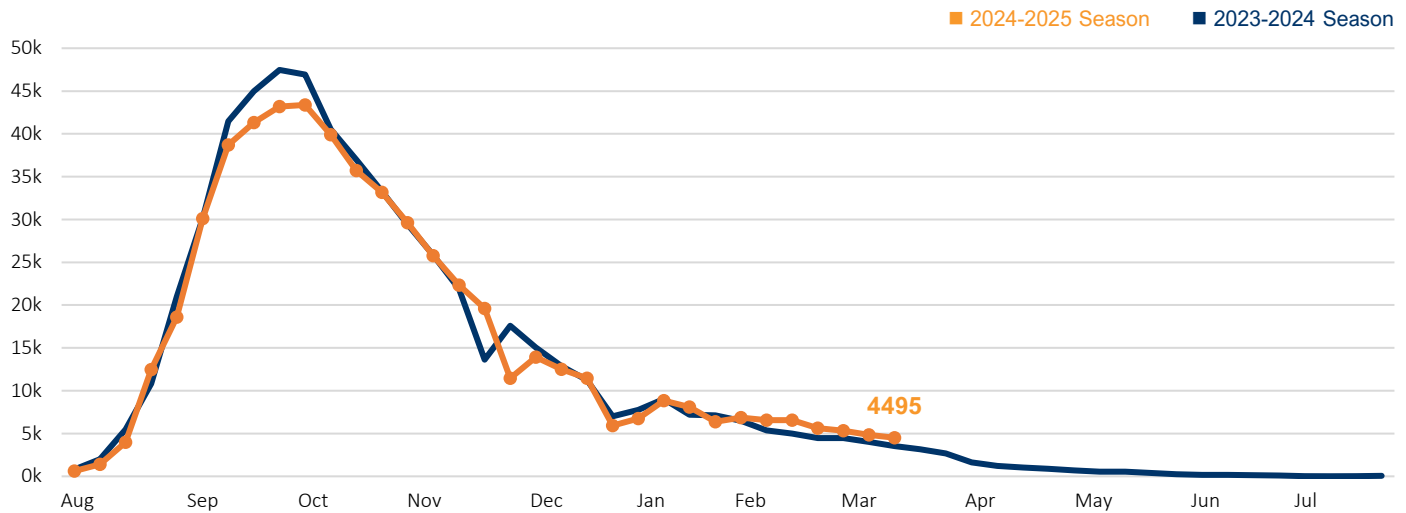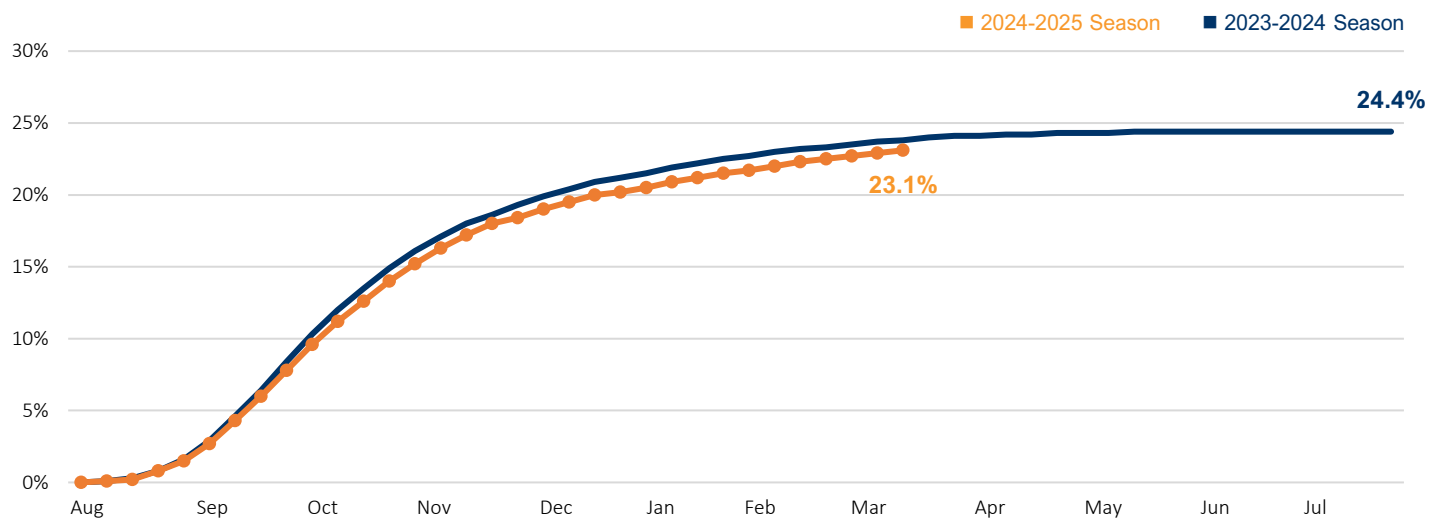

Table 4. County Residents Vaccinated for Influenza by Age Group, August 2024-Present

	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Age 65+	Total
Influenza Vaccination & Percent	30,423 (22.6%)	97,402 (13.8%)	122,123 (15.5%)	120,303 (28.6%)	195,325 (48.8%)	565,576 (23.1%)

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:

- Respiratory Virus Weekly Report

- Influenza (Flu)

- Novel Influenza

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 a variety of sources, including the Centers for Disease Control and Prevention (CDC)'s National Syndromic Surveillance Program (NSSP), CDC's National Healthcare Safety Network (NHSN), California Reportable Disease Information Exchange (CalREDIE), California Integrated Vital Records System (Cal-IVRS), California Immunization Registry (CAIR), Riverside County Public Health Laboratory, Riverside University Health System–Medical Center (RUHS-MC) and sentinel providers. This report summarizes the current influenza surveillance data in the county.

Emergency Department Syndromic Surveillance

- Data are retrieved from NSSP. Sixteen out of the seventeen acute care hospitals in Riverside County are currently participating in the NSSP. Influenza-like illness (ILI)-related visits are identified using syndrome definition of ILI CCDD v1 developed by CDC.

Outpatient Service Syndromic Surveillance

- Data are reported by RUHS-MC weekly. ILI-related outpatient visits include any face-to-face, phone and video visits. ILI records were retrieved based on visit diagnosis, which was not laboratory-confirmed.

Hospitalization Surveillance

- Data are retrieved from NHSN. Beginning on November 1, 2024, acute care hospitals and long-term acute care hospitals are required to electronically report COVID-19, influenza, and RSV hospital admissions via CDC's NHSN.
- Data from seventeen acute care hospitals and one long-term acute care hospital in Riverside County are aggregated.

Electronic Laboratory Reporting Summary

- Data are retrieved from CalREDIE. Per Title 17, California Code of Regulations section 2505, laboratory results for influenza are required to be reported, including all positive and non-positive (negative, indeterminate, etc.) test results from both nucleic acid amplification tests (NAAT) and non-NAAT diagnostic tests (e.g., high throughput antigen tests) are reportable within one day from facilities certified under CLIA to perform non-waived (moderate- or high-complexity) testing. However, non-positive test results are not consistently reported by laboratories. Hence, positivity rates cannot be calculated.

Clinical Laboratory Surveillance

- Data are reported by RUHS-MC and Eisenhower Health weekly. Influenza laboratory data include all positive and non-positive test results. Please note, few individuals might be tested multiple times. A specimen positive for both influenza A and influenza B will be counted separately.

DATA NOTES

Public Health Laboratory Surveillance

- Data are reported by Riverside County PHL periodically. Riverside County PHL actively requests positive specimens from clinical laboratories in Riverside County for influenza virus characterization and early detection of novel viruses.

Influenza-Associated ICU Cases and Outbreaks

- Data are retrieved from CalREDIE. RUHS-PH requires mandatory reporting of laboratory-confirmed cases in intensive care unit (ICU) for ages 0-64 years. CDPH requires mandatory reporting of any respiratory disease outbreak, including influenza. Outbreak is defined as two or more cases of ILI (from separate households) in a setting within a 72-hour period with at least one case of laboratory-confirmed influenza. ILI is defined as fever (>37.8^{0}C or 100^{0}F) and either cough or sore throat in the absence of a known cause other than influenza.

Mortality Surveillance

- Data are retrieved from Cal-IVRS. Influenza-coded deaths are defined as deaths who had influenza (text or coded) noted in any cause of death field on the death certificate, including immediate cause, underlying cause and other significant conditions. The International Classification of Diseases (ICD-10) codes used for influenza are J09-J11.

Vaccination Summary

- Data are retrieved from CAIR. August is used as the cutoff month because influenza vaccine distribution for the new season generally begins in August and continues until all of the vaccines are distributed. The date of first dose was used for those who received two or more doses. With the passage of AB 1797 (effective January 1, 2023), California healthcare providers are required to enter immunizations into the CAIR or RIDE/Healthy Futures. Please note, not all immunizations are in the state's database (e.g. vaccines administered in federal facilities or institutions). Therefore, the vaccinated population may be underestimated.