Respiratory Virus Weekly Report

Week 44: October 27, 2024 – November 02, 2024

This report gives information about SARS-CoV-2 (the virus that causes COVID-19) influenza (flu), Respiratory Syncytial Virus (RSV), and other respiratory viruses. It's a quick look at the activity for each week of surveillance and updates most Fridays. The data is early and might change in future reports as we have more information. This report doesn't cover all areas of California, so it might not represent the entire state's public health situation.

- Report Highlights -

The 2024-2025 Respiratory Virus Season covers June 30, 2024 through June 28, 2025.

	COVID-19	FLU	RSV
Test Positivity (change)	**3.5% (0.6)**	**2.1% (0.4)**	**2.0% (0.3)**
Percent of Total Admissions (change)	**N/A**	**N/A**	**0.2% (0.1)**
Percent of Total Deaths (change)	**0.8% (0.0)**	**0.0% (0.0)**	**0.1% (0.1)**
Total Season Pediatric Deaths (new)	**3 (1)**	**1 (0)**	**0 (0)**
Wastewater Concentrations (trend)	**LOW (DECREASING)**	**N/A**	**N/A**

Key Messages

- RSV activity is starting to increase. COVID-19 and influenza activity are currently low in California.
- The most prevalent COVID-19 variant lineages continue to be descendants of JN.1

For the most up to date information on bird flu, see the bird flu webpage. Now is the time to get vaccinated to protect yourself from serious illness and reduce upcoming strain on our healthcare system. Updated COVID-19 and influenza vaccines are now available. Visit the CDC's RSV vaccination webpage for information and products available to prevent RSV infection. Talk to your healthcare provider today.

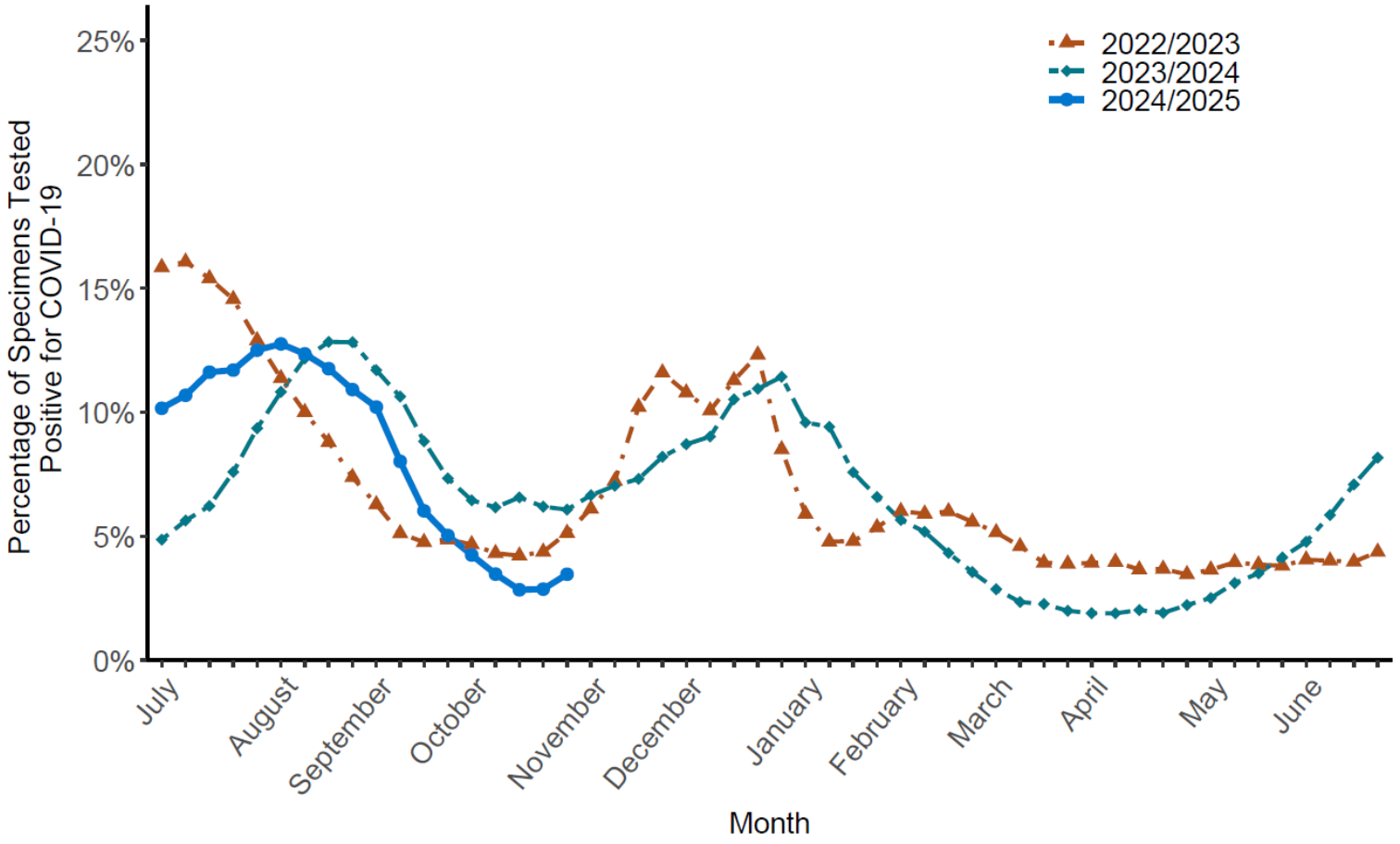
Pediatric Deaths Data Notes

Laboratory Surveillance

COVID-19

The overall percentage of SARS-CoV-2 detections from results received through electronic laboratory reporting (ELR) during the week ending November 02, 2024 was 3.5% compared to 2.9% during the week ending October 26, 2024.

Figure 1. Percentage of SARS-CoV-2 Detections from Test Results Received through Electronic Laboratory Reporting, 2022/2023 Season to Date

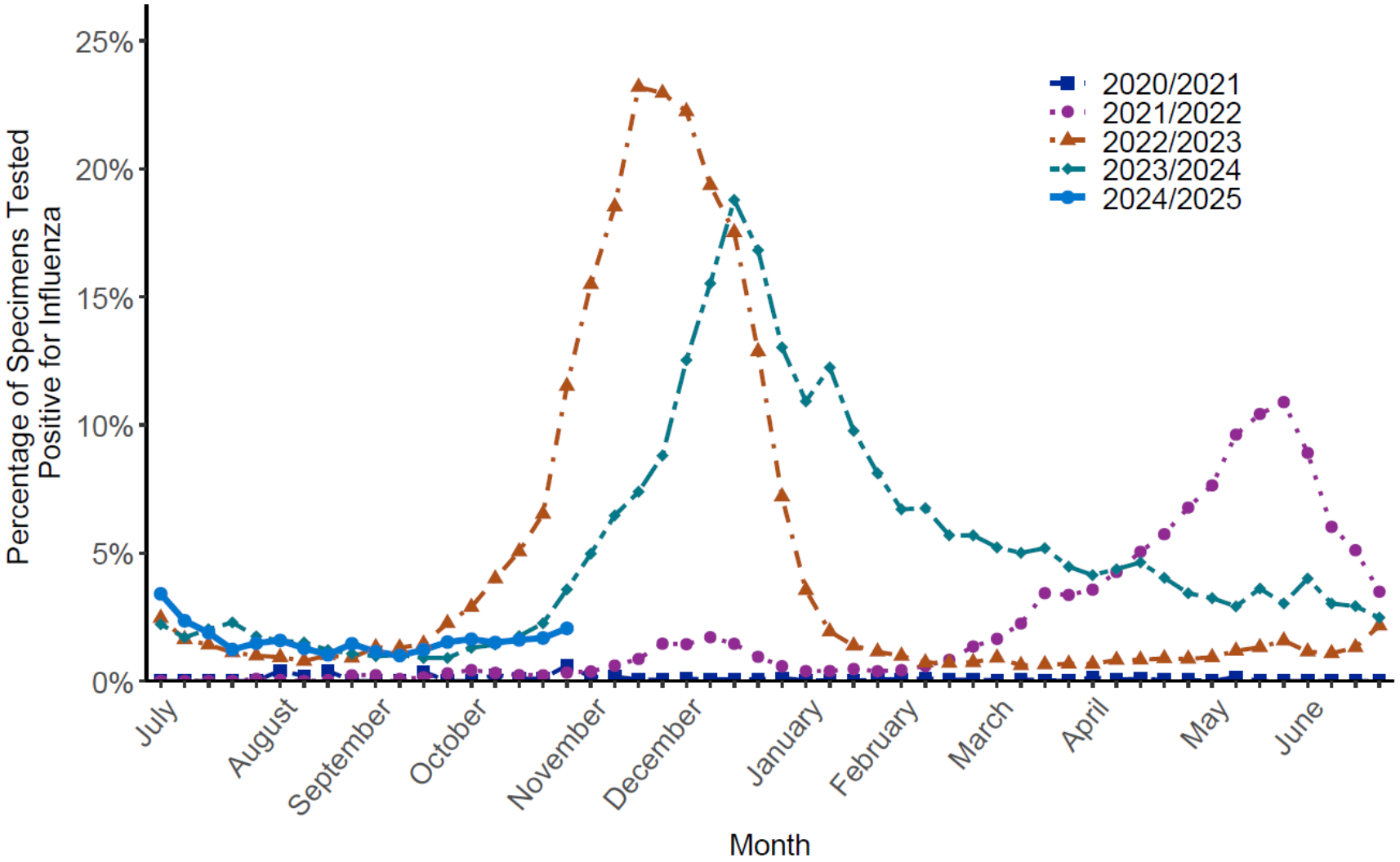


Percentage of SARS-CoV-2 Detections from Test Results Received through Electronic Laboratory Reporting

Influenza

The overall percentage of influenza detections in clinical sentinel laboratories during the week ending November 02, 2024 was 2.1% compared to 1.7% during the week ending October 26, 2024.

Figure 2. Percentage of Influenza Detections at Clinical Sentinel Laboratories, 2020/2021 Season to Date

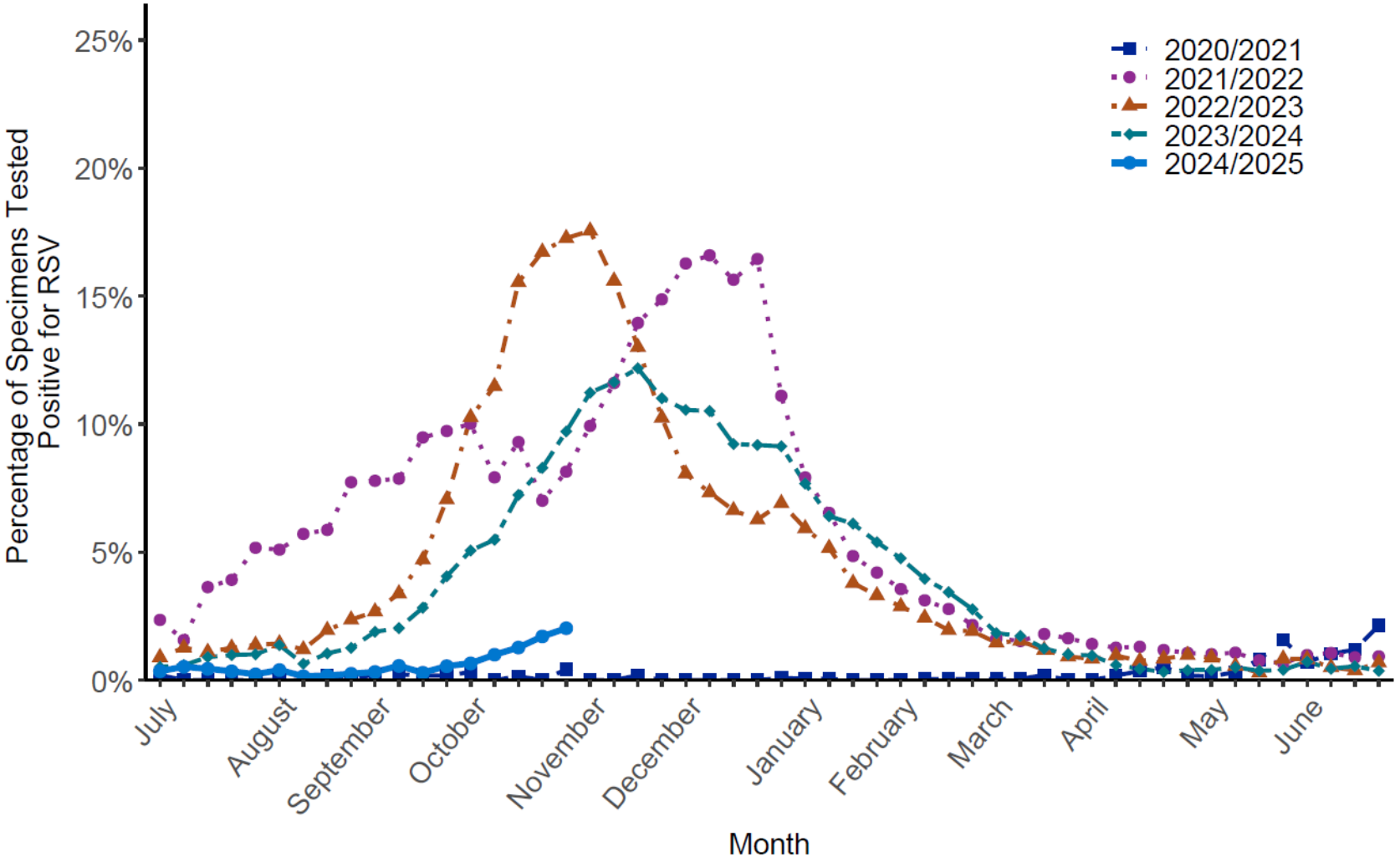


[Percentage of Influenza Detections at Clinical Sentinel Laboratories]

Respiratory Syncytial Virus (RSV)

The overall percentage of RSV detections in clinical sentinel laboratories during the week ending November 02, 2024 was 2.0% compared to 1.7% during the week ending October 26, 2024.

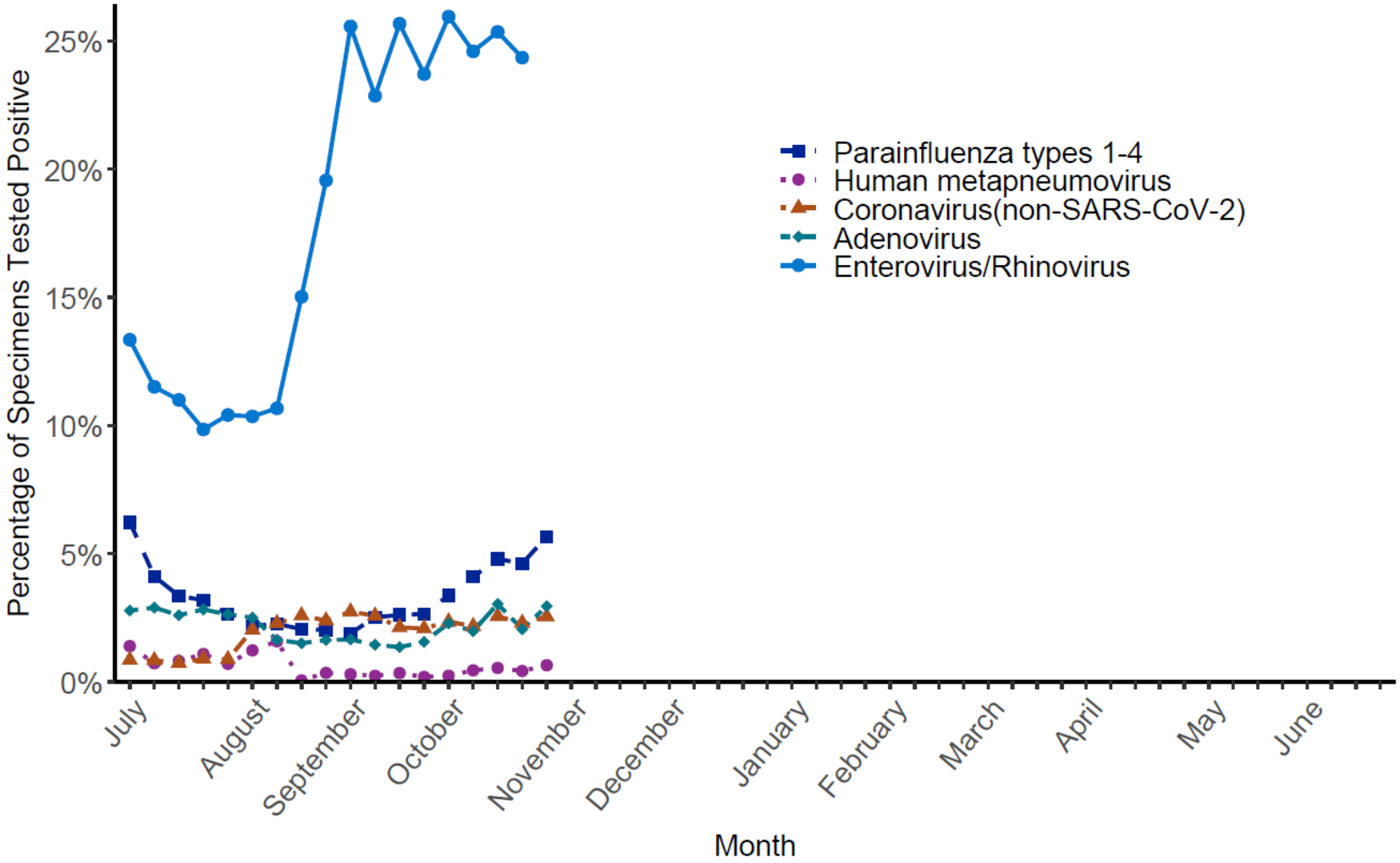
Figure 3. Percentage of RSV Detections at Clinical Sentinel Laboratories, 2020/2021 Season to Date



[Percentage of RSV Detections at Clinical Sentinel Laboratories]

Other Respiratory Viruses

Figure 4. Percentage of Other Respiratory Pathogen Detections at Clinical Sentinel Laboratories, June 30, 2024 to Date



Percentage of Other Respiratory Pathogen Detections at Clinical Sentinel Laboratories

Lab Data Notes

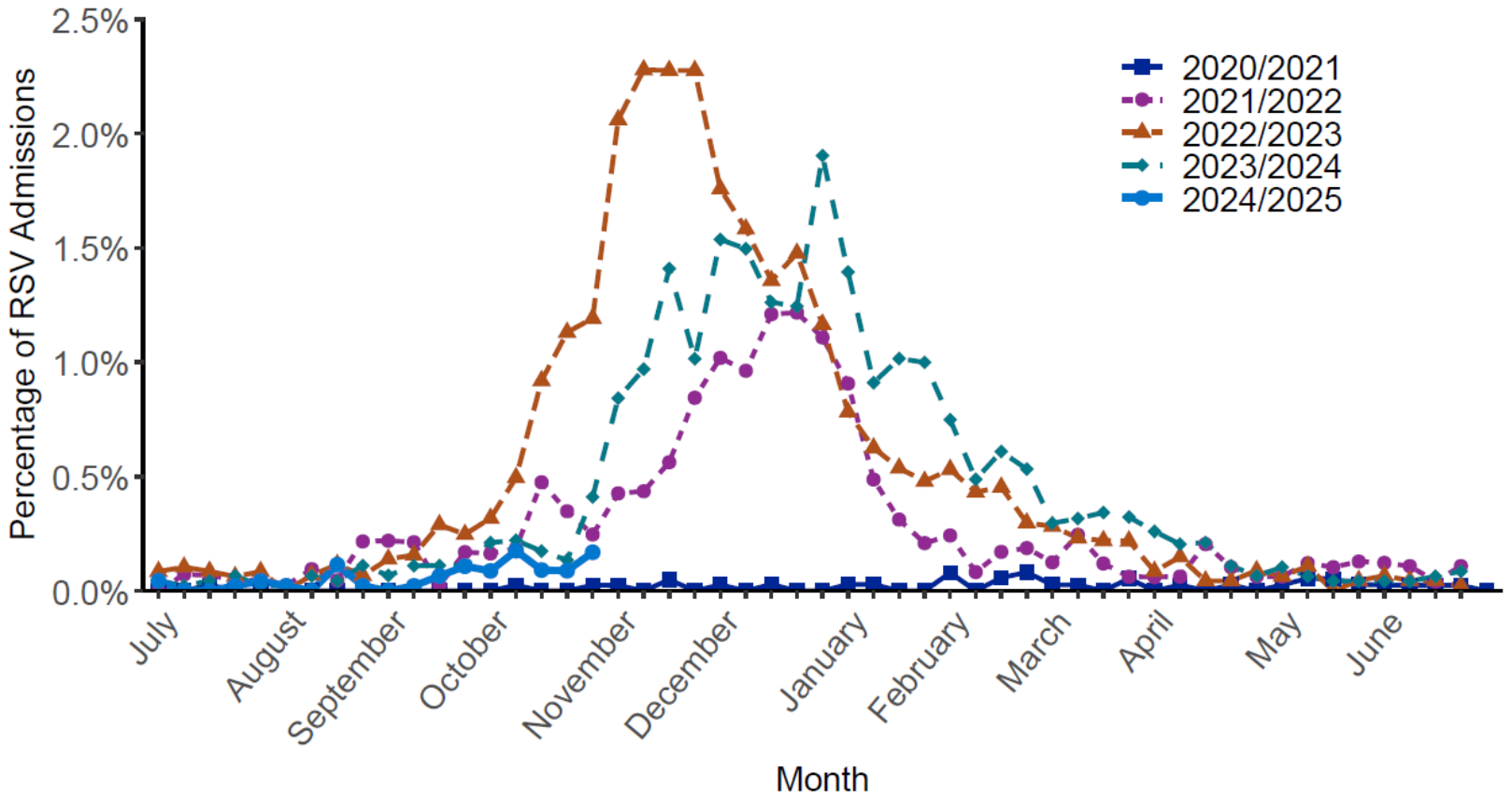
Hospitalization Surveillance

Data on COVID-19 and influenza hospital admissions will be included after the National Healthcare Safety Network (NHSN) Hospitalization Data reporting requirement goes into effect on November 1, 2024. Data will not be available immediately after November 1, 2024 to account for data preparation and quality checks.

Respiratory Syncytial Virus (RSV)

The overall percentage of admissions for RSV in Kaiser Permanente facilities in northern California during the week ending November 02, 2024 was 0.2% compared to 0.1% during the week ending October 26, 2024.

Figure 5. Percentage of RSV Admissions at Kaiser Permanente Northern California Facilities, 2020/2021 Season to Date



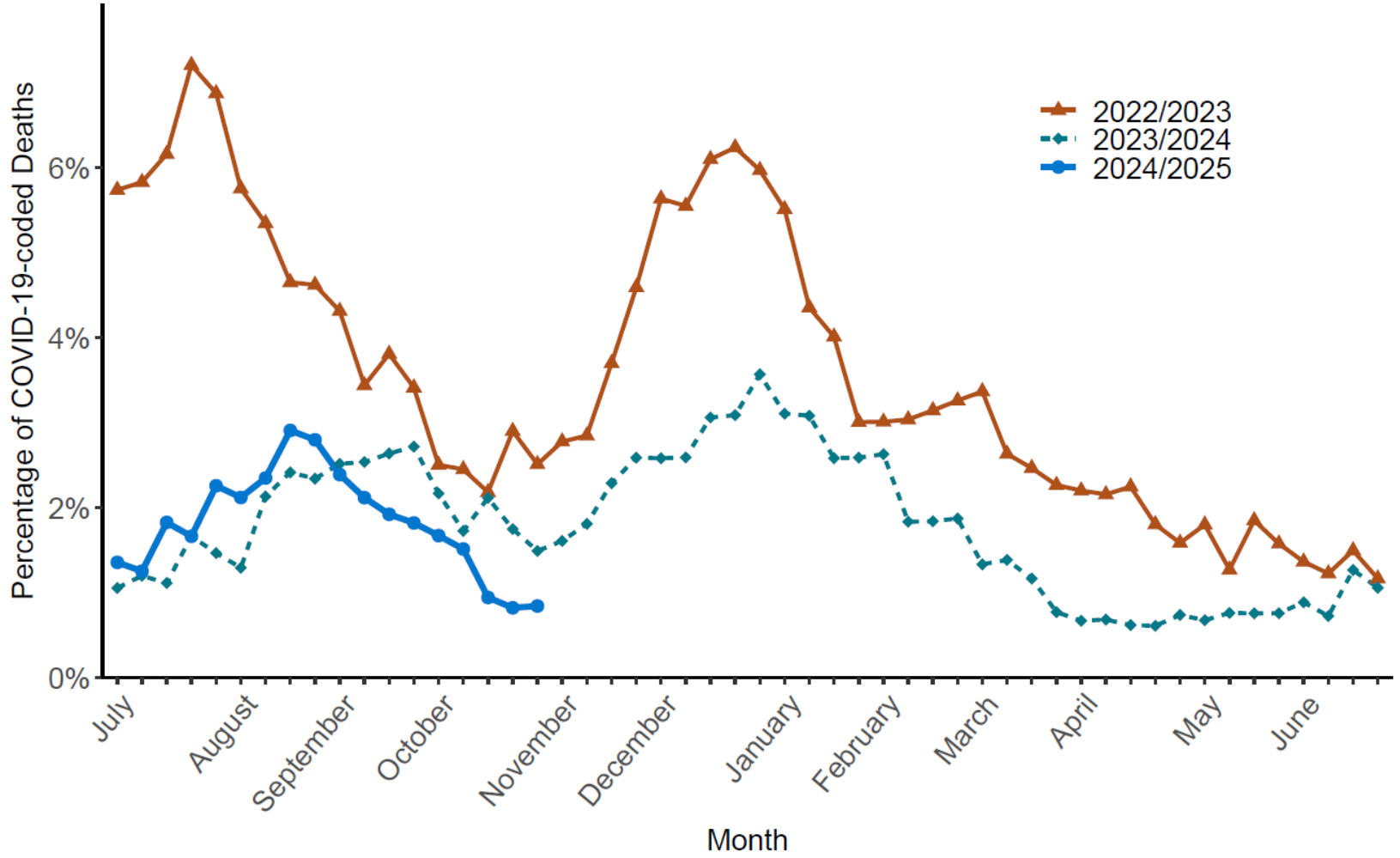
Percentage of RSV Admissions at Kaiser Permanente Northern California Facilities

Mortality Surveillance

COVID-19

The overall percentage of deaths with COVID-19 listed anywhere on the death certificate during the week ending November 02, 2024 was 0.8% compared to 0.8% during the week ending October 26, 2024.

Figure 6. Percentage of deaths attributed to COVID-19 in death certificates, 2022/2023 Season to Date

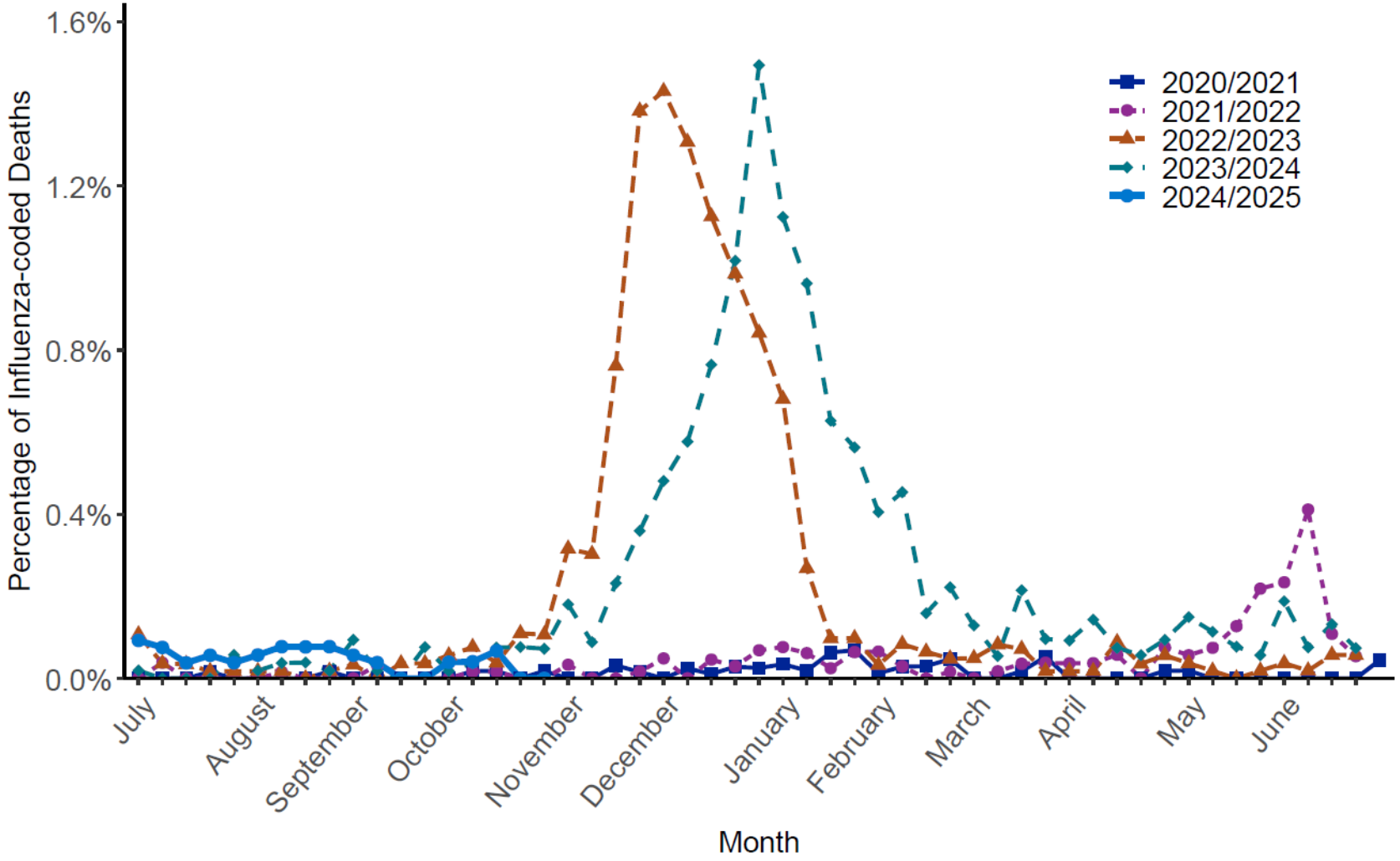


Percentage of Deaths Attributed to COVID-19 in Death Certificates

Influenza

The overall percentage of deaths with influenza listed anywhere on the death certificate during the week ending November 02, 2024 was 0.0% compared to 0.0% during the week ending October 26, 2024.

Figure 7. Percentage of deaths attributed to Influenza in death certificates, 2020/2021 Season to Date

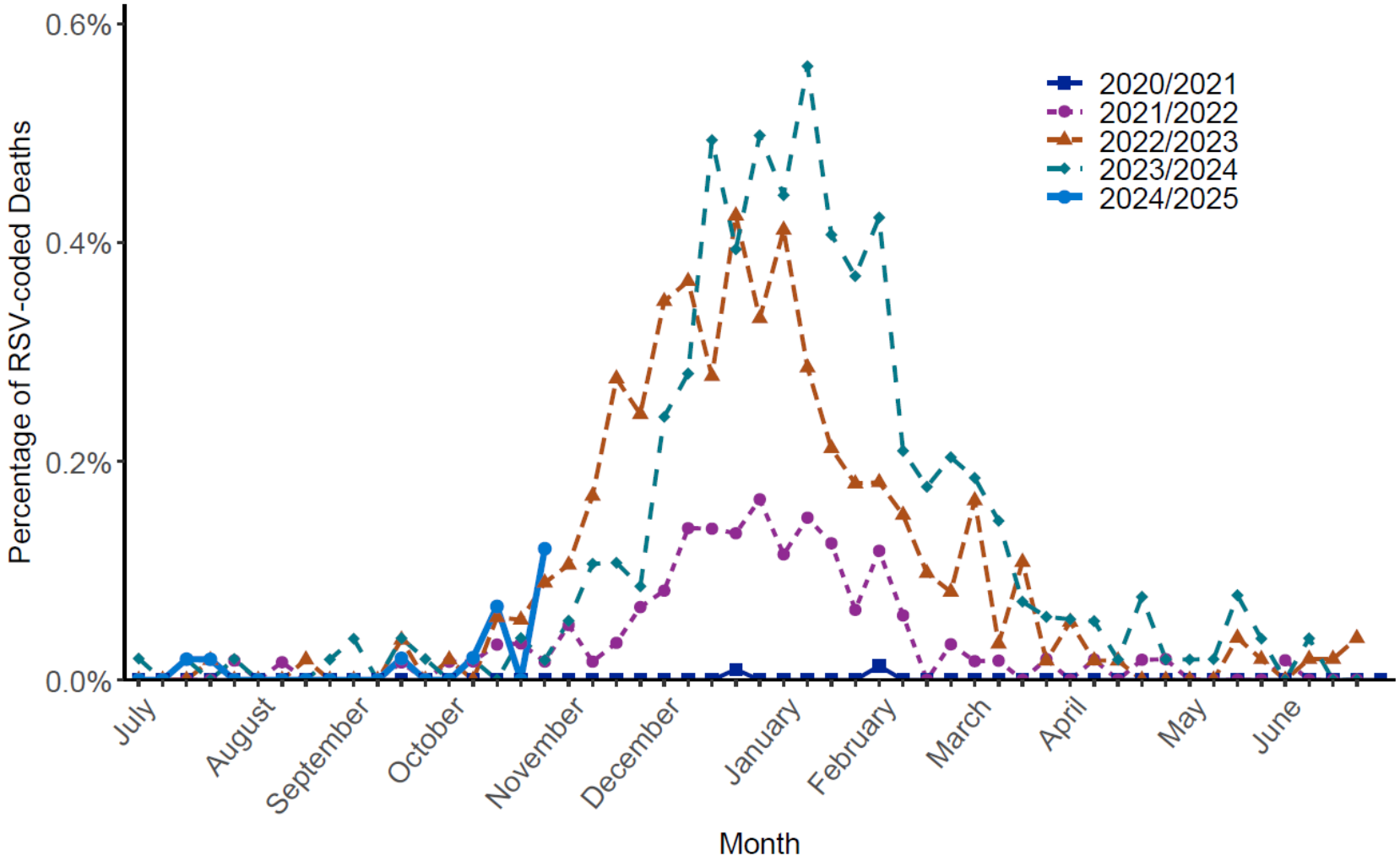


[Percentage of Deaths Attributed to Influenza in Death Certificates]

Respiratory Syncytial Virus (RSV)

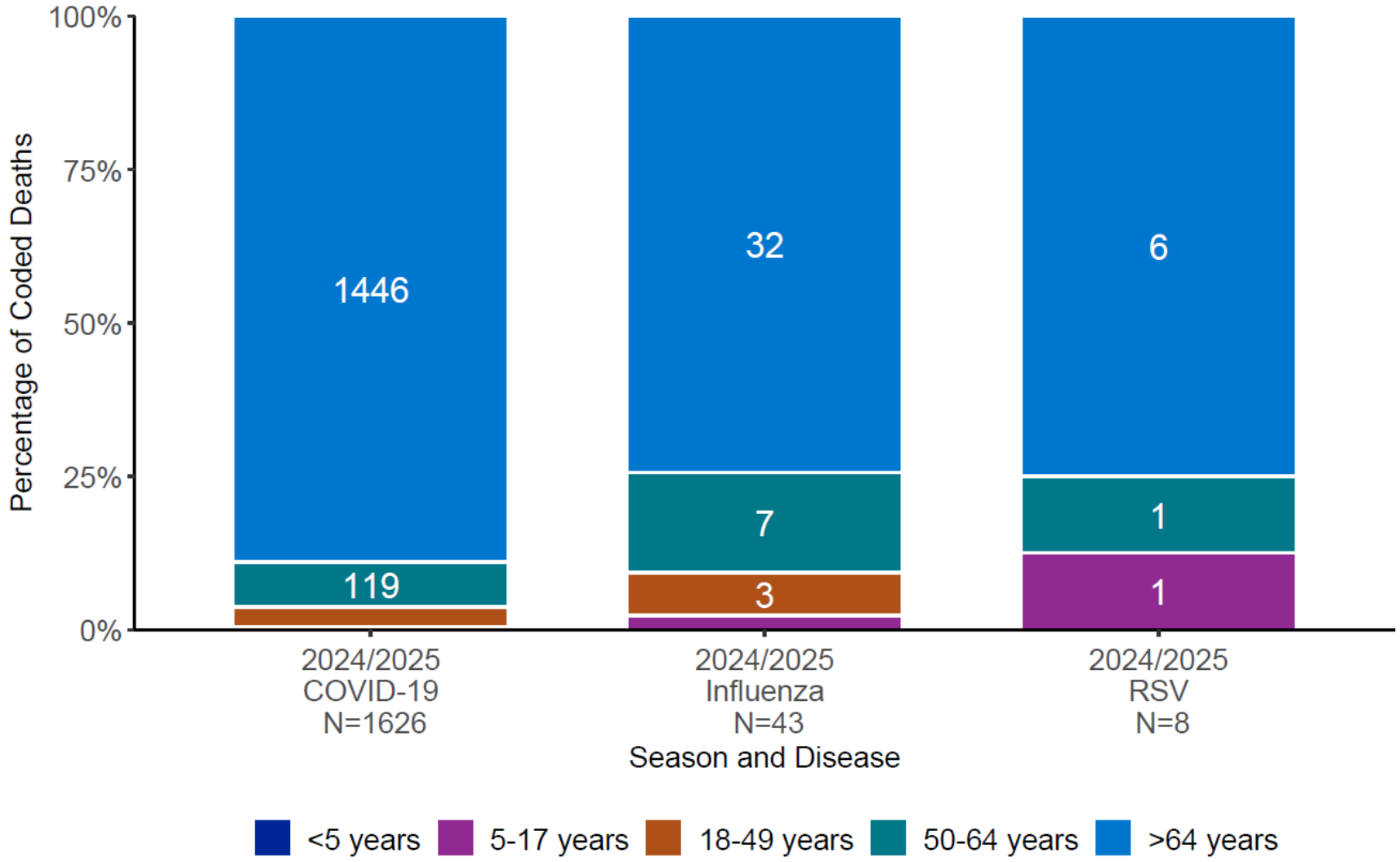
The overall percentage of deaths with RSV listed anywhere on the death certificate during the week ending November 02, 2024 was 0.1% compared to 0.0% during the week ending October 26, 2024.

Figure 8. Percentage of deaths attributed to RSV in death certificates, 2020/2021 Season to Date



[Percentage of Deaths Attributed to RSV in Death Certificates]

Figure 9. Age Distribution of COVID-19, Flu, and RSV-Coded Deaths from Death Certificates, 2024/2025 Season to Date



Age Distribution of COVID-19, Flu, and RSV-Coded Deaths from Death Certificates

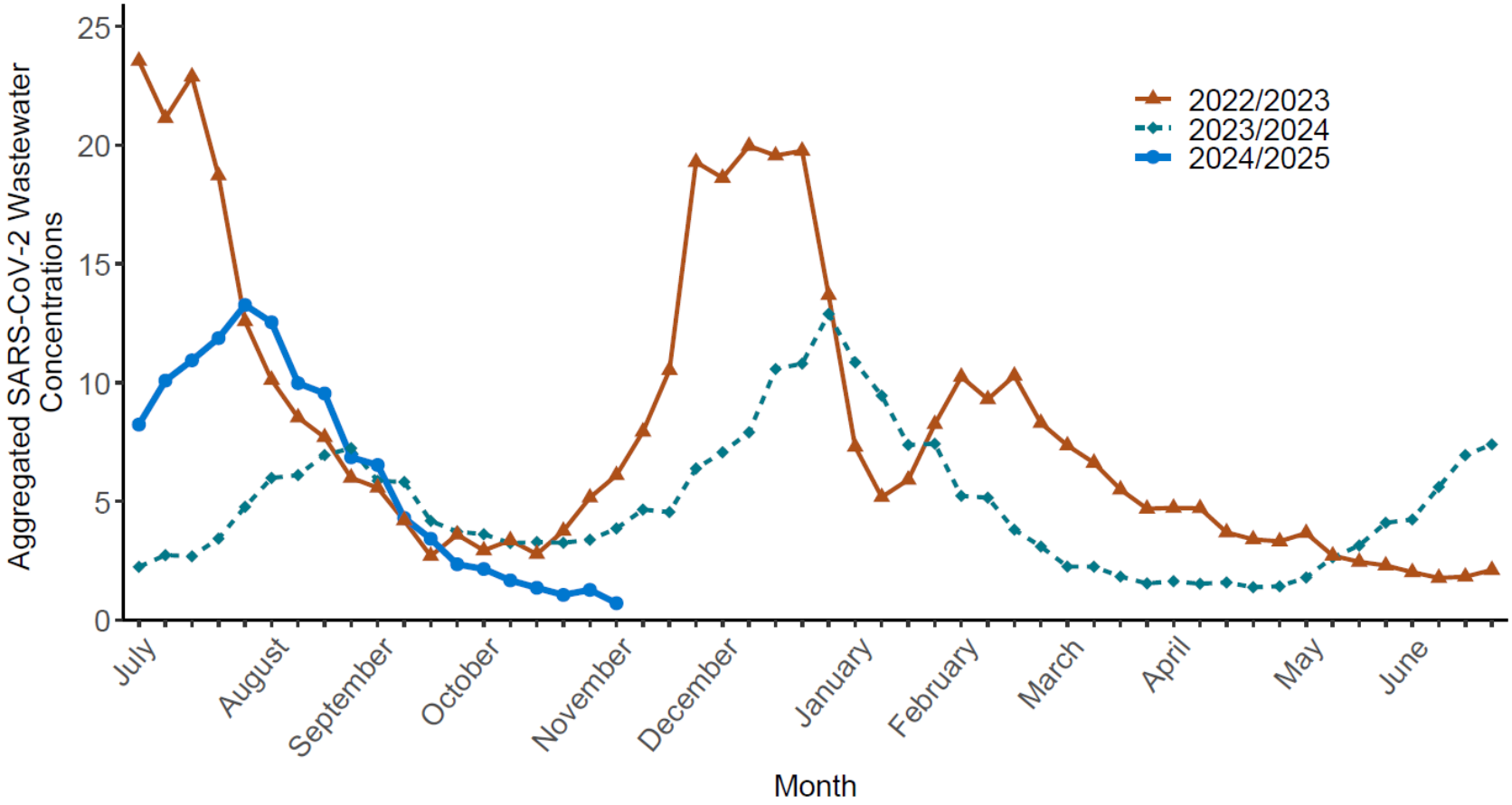
Death Data Notes

Wastewater Surveillance

COVID-19

Statewide concentrations of SARS-CoV-2 RNA in wastewater are at a low level, and concentrations are decreasing compared to 21 days ago. Local and regional levels and trends may differ from state-wide estimates. Among individual sites, 37% are decreasing and 46% are increasing.

Figure 10. Aggregated SARS-CoV-2 RNA wastewater concentrations, from 2022/2023 Season to Date



Aggregated SARS-CoV-2 RNA Wastewater Concentrations

Wastewater Data Notes

Resources

Explore CDPH Data: COVID-19, Influenza, RSV

- COVID-19
  - COVID-19 Resources
  - COVID-19 Vaccines
  - COVID-19 Health Equity
  - SARS-CoV-2 Variant Tracking
  - California Wastewater Surveillance Program
  - CDPH CalSuWers Wastewater Dashboard
  - CDPH Wastewater Surveillance Open Data Portal
  - Border Health Status Report
- Influenza
  - Influenza (Flu)
  - Novel Influenza
  - H5N1 Bird Flu
- RSV
  - RSV Resources
- General Respiratory Virus Resources
  - Respiratory Virus Report Datasets and Data Dictionaries on Open Data Portal
  - HAI Respiratory Virus Resources

Explore CDC and Other Resources

- COVID-19
  - COVID-19 | CDC
  - COVID-19 Data Tracker for deaths, ED visits, and test positivity | CDC
  - COVID-19 Vaccine Resources | CDC

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

- RSV
  - About RSV | CDC
  - RSVVaxView- RSV Vaccine Coverage | CDC

- General Respiratory Virus Resources
  - Emergency Department (ED) Visits for Viral Respiratory Illnesses | CDC
  - Respiratory Virus Activity Levels | CDC
  - Respiratory Illness Data Channel | CDC
  - National Wastewater Surveillance System (NWSS) | CDC
  - WastewaterSCAN Dashboard
  - About Wastewater Data (NWSS) | CDC

About This Report

More Information

- Accessible .csv files with data for all figures can be downloaded from the Open Data Portal ODP.
- For questions regarding influenza and RSV surveillance and reporting in California, please email InfluenzaSurveillance@cdph.ca.gov.
- For questions regarding COVID-19 surveillance and reporting in California, please email COVIDepi@cdph.ca.gov.

Lab Data

- COVID-19
  - Data are received by the California Department of Public Health (CDPH) through electronic laboratory reporting of test results for COVID-19 among California residents.
  - COVID-19 testing data from Los Angeles County has an additional 7-day lag.
  - Test positivity is based on SARS-Cov-2 test results with a specimen collection date reported during a given week. Weeks are defined as Sunday through Saturday.
  - Test positivity is figured out by dividing the number of positive Nucleic Acid Amplification Test (NAAT) results by the total number of tests done.

- Influenza, Respiratory Syncytial Virus (RSV), and Other Respiratory Viruses (RVs)
  - CDPH gets data from volunteer labs in California called Sentinel Clinical Laboratories. These labs report how many tests were positive for influenza, RSV, and other RVs each week, and how many tests they did.
  - Volunteer labs include two large regional healthcare system laboratories covering counties in the Bay Area, Greater Sacramento, San Joaquin Valley, and Southern California regions of California, four children's hospital labs in the Bay Area (1), San Joaquin Valley (1) and Southern California (2), seven general acute care hospital labs in the Bay Area (2) and Southern California (5), and one clinic in Southern California.
  - These numbers don't include all the testing for influenza, RSV, and other RVs in California.
  - Test positivity is based on testing results reported during a given week. Weeks are defined as Sunday through Saturday. The data comes from labs that take part in the program.
  - Test positivity is the number of positive results divided by the total tests done.

National Healthcare Safety Network (NHSN) Hospitalization Data

- COVID-19 and Influenza
  - On November 1, 2024, the new NHSN rules (PDF) started. They require reporting COVID-19 and influenza hospital admissions. However, it won't be available right away because it needs time for preparation and quality check.

Kaiser Hospitalization Data

- Respiratory Syncytial Virus (RSV)
  - CDPH counts RSV-related admissions at Kaiser Permanente (KP) Northen California hospitals as those with diagnoses that include "RSV," "syncytial," or "bronchiolitis." These numbers don't always mean the admissions were confirmed by a lab.
  - To find the percentage of RSV admissions, divide the number of RSV admissions by the total number of admissions during the same period.
  - Admissions for pregnancy, labor and delivery, birth, and outpatient procedures are not included in the total number of admissions.

Death Data

- COVID-19
  - COVID-19 death data come from CDPH's Comprehensive Death File.
- Influenza and Respiratory Syncytial Virus (RSV)
  - Influenza and RSV death data come from CDPH. For 2020 to the present, the data is from the Comprehensive Death File (Dynamic). For 2018 and 2019, it's from the Comprehensive Death File (Static).
- These numbers do not always mean the COVID-19, influenza or RSV deaths were confirmed by a laboratory.
- California counts deaths from COVID-19, influenza, and RSV for residents. It does so if the death certificate mentions any of these illnesses.

Wastewater Surveillance for COVID-19

- These data represent wastewater data produced by multiple groups throughout California contributing to the California Surveillance of Wastewaters (Cal-SuWers) Network. These groups include the California Department of Health Drinking Water and Radiation Laboratory (DWRL), WastewaterSCAN (through Verily laboratory), CDC NWSS (through Verily laboratory), and additional county, academic, and private programs in California. Not all wastewater surveillance programs in California participate in the Cal-SuWers network.
  - There is a special system for testing for the SARS-CoV-2 virus in wastewater. The testing locations are not evenly spread across the state. The number of sites, where they are, and the labs that work with them have changed a lot over time. For details about the sites involved, check the CDPH Wastewater Surveillance homepage.
- RNA is taken from wastewater samples and tested using PCR methods that look for a specific part of the N gene of SARS-CoV-2.
- The amount of SARS-CoV-2 in wastewater from all sites in California is combined to get a big picture of current trends and levels across the state. This is done using the CDC's Wastewater Viral Activity Level (WVAL) method.
- Site specific wastewater data are available on the CDPH Wastewater Surveillance Network Dashboard and a downloadable wastewater dataset is available through the California Health and Human Services Open Data Portal Wastewater Surveillance Data page.
- Wastewater trends are checked by looking at the average change in levels over the past three weeks. The changes are grouped into these categories:
  - Decreasing: Less than -20% means levels are going down.
  - Plateau: Between -20% and 20% means levels are steady.
  - Increasing: More than 20% means levels are going up.
  - Strong increase: More than 100% means a big increase.
  - Very strong increase: More than 250% means a very big increase.
- Wastewater levels are evaluated by comparing the current concentration in wastewater to

percentiles of historical concentrations over the past 365 days. If the current level is in the bottom third, compared to levels from the past year, it's considered low. If it's in the middle third, it's considered medium. If it's in the top third, it's considered high.

Pediatric Deaths

- COVID-19
  - COVID-19 pediatric deaths require laboratory confirmation (positive PCR) and are sourced from the California Department of Public Health, California Comprehensive Death File (Dynamic).
- Influenza and Respiratory Syncytial Virus (RSV)
  - Providers must report influenza-related deaths in children under 18. This is required by California law (Title 17, Section 2500 of the California Code of Regulations(PDF)). These deaths also need to be confirmed by a laboratory test.
- Respiratory Syncytial Virus (RSV)
  - Providers must report RSV-related deaths in children under 5. This is required by California law (Title 17, Section 2500 of the California Code of Regulations (PDF)). These deaths also need to be confirmed by a laboratory test.
- To find pediatric deaths from COVID-19, influenza, and RSV, the methods look at what's written on death certificates, and they do not use lab tests. This is different from how we identify these deaths when lab tests are required. Providers are required to report influenza and RSV pediatric deaths, following rules in Title 17, Section 2500 (PDF).