



DEPARTMENT OF  
**HEALTH AND HUMAN SERVICES**

Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.

**PUBLIC HEALTH ADVISORY**

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February 21, 2025

**High Seasonal Flu Activity in Marin County**

Lisa Warhuus, PhD  
DIRECTOR

Dear Colleagues:

Lisa M. Santora, MD, MPH  
PUBLIC HEALTH OFFICER

This advisory provides information about recent seasonal influenza activity in Marin County. It aims to help clinicians prepare for a prolonged flu season with an expected increase in infections, outpatient visits, and hospitalizations for flu and other respiratory illnesses. It also intends to increase awareness and recognition of influenza-associated Acute Necrotizing Encephalitis ([ANE](#)).

**Current Situation**

Seasonal influenza infection rates have continued to climb, with statewide positivity exceeding 25% and medical visit rates at their highest since the 2009 H1N1 outbreak. Marin County Public Health expects this seasonal flu season to last longer than usual, likely into late spring.

3240 Kerner Boulevard  
San Rafael, CA 94901  
415 473 4163 T  
415 473 2326 F  
TTY Dial 711  
[marinhhs.org/public-health](http://marinhhs.org/public-health)

**Background**

In the United States, flu season usually occurs in the fall and winter. While influenza viruses spread year-round, flu activity typically peaks between December and February. This year, Centers for Disease Control and Prevention (CDC) [estimates](#) that at least 29 million illnesses, 370,000 hospitalizations, and 16,000 deaths have occurred so far from seasonal Influenza. There have also been 68 pediatric deaths across the United States.

CDC also noted that the week ending January 25th was the first time the percentage of deaths was higher for the influenza virus than for COVID-19 (the SARS-CoV-2 virus). The rate of deaths attributable to the influenza virus has increased since then; per [California Department of Public Health \(CDPH\)](#), influenza now accounts for over 3% of all deaths statewide. Recently, there have been reports of a rare but serious complication of influenza infection in the pediatric population called Acute Necrotizing Encephalitis ([ANE](#)). Additionally, three unvaccinated adolescents in San Diego have [died](#) from seasonal influenza complications.

Symptoms of seasonal flu, respiratory syncytial virus (RSV), COVID-19, and other respiratory illnesses may be similar. Testing can help differentiate between these conditions and guide appropriate treatment initiation for populations at higher risk of complications. Treatment is ideally initiated within 48 hours of diagnosis.

More than 50% of the Marin County population has not received an influenza vaccine. Vaccination remains our best protection against severe complications of seasonal influenza.

**Actions Requested of Providers:**

1. At every opportunity, strongly recommend and administer flu vaccine for all patients at least 6 months of age.
2. Ensure all healthcare facility staff are vaccinated against influenza and have received an up-to-date COVID-19 vaccine
3. Maximize telehealth usage to increase access and avoid unnecessary emergency care or Emergency Room visits.
4. Test patients to distinguish between flu and COVID-19 if it affects clinical management (i.e., Tamiflu versus Paxlovid).
5. Consider ANE in pediatric patients who present with very high fever and altered mental status. CSF may show normal WBCs with elevated protein.  
Providers should:
  - a. Test for influenza
  - b. Retain and submit positive specimens to VRDL for sequencing
  - c. Hold serum and CSF for possible further testing
  - d. Report all suspected or confirmed ANE cases to Marin County Public Health, Monday through Friday, 8:30 a.m. through 5:00 p.m. (P 415 473 4163, F 415 473 6002, or e-mail [MarinCD@marincounty.gov](mailto:MarinCD@marincounty.gov)); After hours: Health Officer on Duty 415 479 5305
  - e. Report laboratory-confirmed influenza-associated fatal pediatric cases (<18 years) to Marin County Public Health immediately. pu
6. Treat high-risk patients within appropriate timeframes:
  - a. Tamiflu: within 48 hours of symptom onset
  - b. Paxlovid: within 5 days of symptom onset
7. Implement infection control according to facility procedures:
  - a. Symptomatic staff should stay home for no less than 3 days until at least 24 hours without fever
  - b. In all healthcare settings, anyone with respiratory symptoms should wear a mask
  - c. Report acute respiratory outbreaks in institutions/congregate settings with at least one laboratory-confirmed influenza case in the setting of a cluster (>2 cases) of influenza-like illness within a 72-hour period.

Sincerely,

Melanie Thompson, DO  
Deputy Public Health Officer  
[HealthOfficer@marincounty.gov](mailto:HealthOfficer@marincounty.gov)