COUNTY OF MARIN

DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.

MARIN COUNTY PUBLIC HEALTH
ADVISORY

Issued by: Lisa M. Santora, MD, MPH, Public Health Officer Date: November 17, 2026

First Influenza-Associated Death of the 2026-27 Season: Reinforce Vaccination, Early Treatment, and Infection Control

Audience & Purpose

Intended Audience:
Primary care clinicians; emergency departments and urgent care providers; infection prevention personnel; hospitals; skilled nursing and long-term care facility administrators; laboratories; and other congregate care settings.

Purpose:
Notify providers of Marin County's first influenza-associated death of the 2026-27 season and reinforce vaccination, early testing/treatment, source control, outbreak preparedness, and reporting.

Summary

Marin County Public Health (MCPH) has confirmed the first influenza-associated death of the 2026-27 respiratory virus season. This event is an early reminder that influenza can cause severe illness and death, especially among older adults, young children, pregnant people, immunocompromised people, and those with chronic medical conditions. Providers should vaccinate eligible patients, test promptly when clinically indicated, initiate antiviral treatment without delay for patients at increased risk, and strengthen infection prevention practices in healthcare and long-term care settings.

Key Information
1. Situation: MCPH has confirmed Marin County's first influenza-associated death of the 2026-27 respiratory virus season.
2. Elevated risk: Adults 65+, young children, pregnant people, immunocompromised people, people with chronic conditions, and residents of long-term care/congregate settings.
3. Local context: Respiratory-virus season is underway. MCPH is monitoring transmission, hospitalizations, deaths, outbreaks, and healthcare impacts; one death alone does not establish unusual countywide severity.
4. Risk to Marin County: MODERATE — severe influenza has occurred early in the season, and activity is expected to increase, but current evidence does not by itself indicate an unusual severity pattern.

Related advisory: Preparing for the 2026-2027 Respiratory Virus Season: Vaccination, Masking, and Infection Control Recommendations (9/24/2026)

Background & Context

Situation Overview

Influenza activity is beginning to increase in California during the 2026-27 respiratory virus season. CDPH projects influenza to be the major driver of the combined respiratory-virus hospitalization peak this season. Marin's first influenza-associated death signals the potential for severe outcomes but, by itself, does not establish an unusual increase in countywide influenza severity.

Relevance to Marin County

Clinicians and facilities should use this event to reinforce vaccination, timely testing and treatment, and infection prevention. Residents of skilled nursing facilities (SNFs) and other long-term care settings remain at increased risk of severe disease and outbreaks. MCPH continues to monitor local respiratory-virus transmission, hospitalizations, deaths, outbreaks, and healthcare-system impacts.

Potential Health Impacts

- Severe Influenza
- Pneumonia, exacerbation of chronic cardiopulmonary disease, hospitalization, and death.
    - Higher risk among adults 65+, young children, pregnant people, immunocompromised people, and people with chronic conditions.
    - Healthcare and Long-Term Care
- Facility outbreaks can cause resident morbidity and mortality, staff illness, and operational strain.
    - Early recognition, source control, vaccination, and prompt antiviral treatment are key mitigation measures.

Recommendations

For All Clinicians

1. **Ask**: Assess influenza vaccination status and recent respiratory symptoms/exposures at relevant encounters.
2. **Consider**: Influenza, COVID-19, RSV, and other respiratory pathogens in symptomatic patients, including co-infection when clinically appropriate.
3. **Document**: Vaccination status, symptom onset, risk factors for severe disease, testing, and antiviral treatment decisions.
4. **Review**: Facility respiratory-virus plans, testing capacity, antiviral access, PPE/mask supplies, outbreak protocols, and staffing contingencies.

Vaccination, Testing, and Treatment

5. **Vaccinate:** Offer the **2026–27 influenza vaccine to everyone 6 months and older** who has not yet been vaccinated, with emphasis on people at increased risk for severe disease and healthcare personnel. *Assess vaccination status and offer other recommended respiratory vaccines when indicated, including 2026–27 COVID-19, pneumococcal, and RSV vaccines, based on current age-, risk-, pregnancy-, and vaccination-history–specific recommendations.*
6. **Test promptly**: Use appropriate influenza/respiratory-virus testing when results will inform treatment or infection-control decisions.
7. **Treat early**: Start influenza antiviral treatment promptly for hospitalized patients, patients with severe/progressive illness, and patients at increased risk for complications; do not delay treatment while awaiting test results when influenza is suspected.

Isolation and Infection Control

8. **Strengthen source control**: From November 1, 2026, through March 31, 2027, MCPH strongly recommends that healthcare and long-term care facilities require staff and visitors to wear high-quality, well-fitting masks when in close contact with patients or residents, regardless of vaccination status. MCPH is not issuing a masking order at this time. *MCPH may consider additional infection-prevention measures, including a targeted masking requirement, if local surveillance shows sustained increases in severe outcomes, facility outbreaks, transmission, or healthcare-system burden.*

Reporting

Individual uncomplicated influenza cases are not routinely reportable. Facilities should promptly report suspected respiratory outbreaks in long-term care, congregate, or healthcare settings, and unusual clusters or severe presentations, to Marin County Public Health.

9. **Report promptly**: Suspected respiratory outbreaks in long-term care, congregate, or healthcare settings, and unusual clusters or severe presentations, to Marin County Public Health.

REPORT TO MARIN COUNTY PUBLIC HEALTH
Suspected respiratory outbreaks in long-term care, congregate, or healthcare settings, and unusual clusters or severe presentations.
Business hours: 415-473-4163 | After hours: 415-499-7238

Resources

- CDPH: Immunize, Test, and Treat this Upcoming Respiratory Virus Season (Influenza, RSV, and COVID-19): https://www.cdph.ca.gov/Programs/OPA/Pages/CAHAN/Immunize-Test-and-Treat-this-Upcoming-Respiratory-Virus-Season.aspx
- CDPH: Source Control Guidance for Healthcare Settings: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-for-Face-Coverings-as-Source-Control-in-Healthcare-Settings.aspx
- Marin HHS: Respiratory Virus Surveillance Dashboard: https://hhs.marincounty.gov/dashboards/marin-county-respiratory-surveillance-dashboard

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Distribution: Marin County clinicians, emergency departments, urgent care providers, infection prevention personnel, hospitals, skilled nursing and long-term care facilities, laboratories, and other congregate care partners.

Questions: Contact Marin County Public Health at **HealthOfficer@MarinCounty.gov**.

Note: This update was drafted with AI assistance and reviewed by Marin County Public Health staff before distribution.