Influenza Surveillance Report

Division of Epidemiology - Disease Surveillance and Investigation

District of Columbia Department of Health

2018-2019 Influenza Season
Week 14 (March 31, 2019 – April 06, 2019)

(All data are preliminary and may change as more reports are received)

SUMMARY

- 125 new cases of influenza were reported by hospitals
- 17 additional cases were reported for week 13
- Zero pediatric deaths were reported
- To date, 1814 influenza cases have been reported for the 2018-2019 influenza season
- DC Public Health Laboratory has completed testing for 92 specimens during week 14
- Flu activity decreased from previous week

INFLUENZA SURVEILLANCE FROM DC HOSPITALS & AMBULATORY CARE FACILITIES

District of Columbia (DC) hospitals report detailed information on cases of influenza on a regular basis. In accordance with CDC guidelines, influenza-associated deaths in cases <18 years of age and novel influenza A infections are notifiable diseases. In addition to this, the DC Department of Health (DC Health) requests that influenza hospitalizations be reported whenever possible.

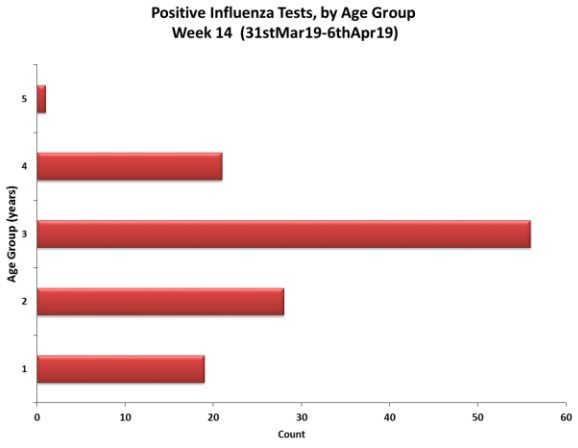
The table below summarizes weekly and cumulative cases of influenza for the 2018-2019 Season. Data are also presented by age group and by number of cases reported weekly. During week 14 (March 31st, 2019 – April 6th, 2019), there were 125 new cases of influenza reported. A total of 695 tests were performed during week 14. To date, there are 1814 positive influenza cases reported by all nine hospitals in DC.

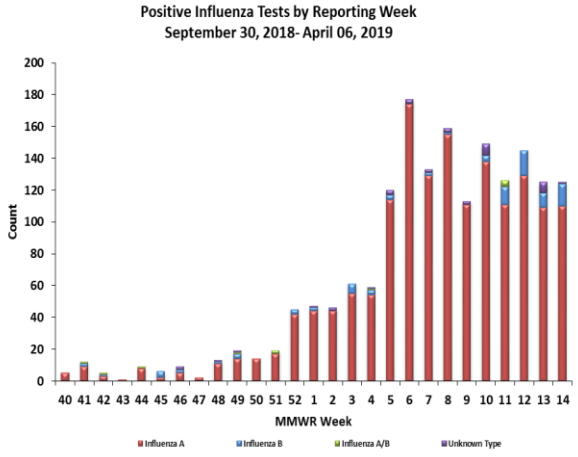
Surveillance of Influenza Cases Reported By Influenza Type

	Week 14 (Mar 31, 2019- Apr 06,2019)		Cumulative Positive Cases for Weeks 40–20 (September 30, 2018–May 18, 2019)	
Influenza A	110	(88.00%)	1680	(92.61%)
Influenza B	14	(11.20%)	84	(4.63%)
Influenza A/B	0	(0.00%)	10	(0.55%)
Influenza (not typed)	1	(0.80%)	40	(2.30%)
Total	125*	(100.00%)	1814*	(100.00%)

**Includes results from Rapid Diagnostic Testing, Viral Culture, RT-PCR, Serology, and Immunofluorescence.*

***Age groups are classified as 1(0-4 years), 2 (5-24 years), 3(25-64 years), 4 (>64 years) & 5 (age not specified)*





RAPID DIAGNOSTIC TESTING

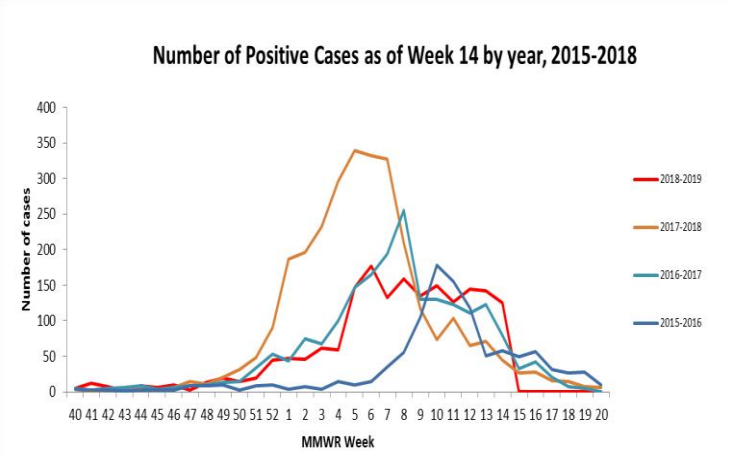
Rapid Diagnostic Tests are point-of-care screening tests used to detect influenza virus. While initially less accurate than PCR and viral culture, rapid diagnostics are more accurate as the influenza season progresses. During week 14, 168 out of a total of 695 tests were performed using rapid diagnostic testing in clinical laboratories. Of these, 25(14.88%) were identified as positive using rapid diagnostics.

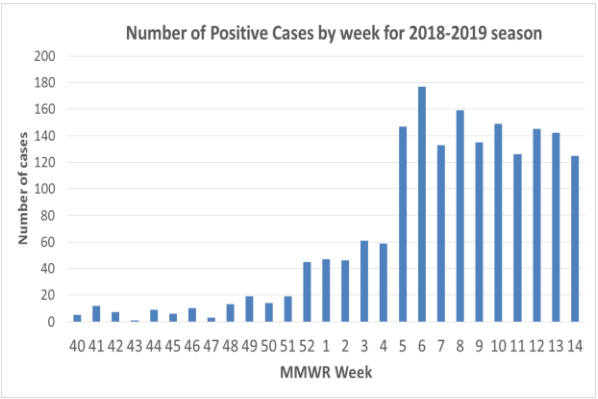
DC Health Surveillance for Rapid Diagnostic Testing

Week: 14 (March 31, 2019 – April 06, 2019)	
No. of specimens tested Rapid Diagnostics	168
No. of positive specimens (%)	25(14.88%)
Positive specimens by type/subtype	
Influenza A	18 (72.00%)
Influenza B	6 (24.00%)
Influenza A/B	0 (0.00%)
Influenza – unknown type	1 (4.00%)

WEEK 14 COMPARISON WITH PREVIOUS SEASONS

For week 14, there were 125 new influenza cases reported in the current season, 45 in the previous 2017-2018 season, 80 cases in the 2016-2017 season, 58 cases in the 2015-2016 season, 18 in the 2014-2015 season, 15 in 2013-2014 and 16 in the 2012-2013 season.



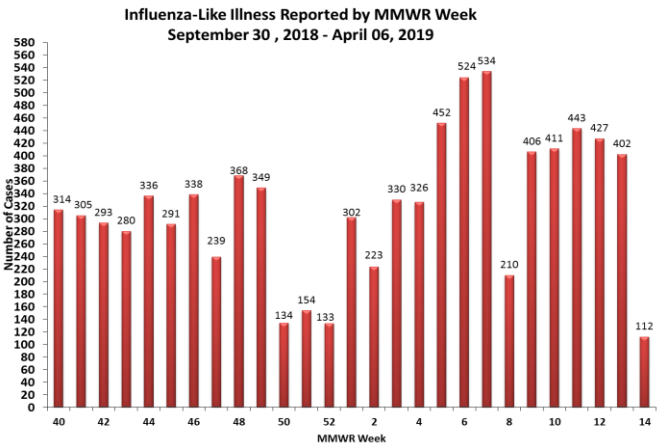


Cumulatively, there are a total of 1814 cases reported up to week 14 for the current season. For the previous seasons, 2833 cases were reported during the 2017-2018 season, 1913 during the 2016-2017 season, 877 in the 2015-2016 season, 792 in the 2014-2015 season, 646 in 2013-2014 season and 762 in the 2012-2013 season.

INFLUENZA-LIKE ILLNESS (ILI) SURVEILLANCE

Sentinel surveillance for ILI consists of six outpatient reporting sites for the District of Columbia. The sentinel surveillance sites report the total number of ILI cases encountered per week and the total number of patients seen at the clinic during that same week. For this system, ILI is defined as the existence of fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat in the absence of a known cause other than influenza.

For week 14, sentinel providers reported 112 out of 12622 visits (0.88%) that met the criteria for ILI.



Geographic Spread of Influenza for Washington, DC

Week of	Activity *
Mar 31 – Apr 06	*Local*

***No Activity** – overall clinical activity remains low and there are no lab confirmed Influenza cases;
Sporadic – isolated lab confirmed Influenza cases reported and ILI activity is not increased;
Local – increased ILI activity and recent lab confirmed Influenza cases. As the District of Columbia is not a state, this is the highest level of ILI activity it can report.

INFLUENZA TESTING BY THE DISTRICT OF COLUMBIA PUBLIC HEALTH LABORATORY (DC PHL)

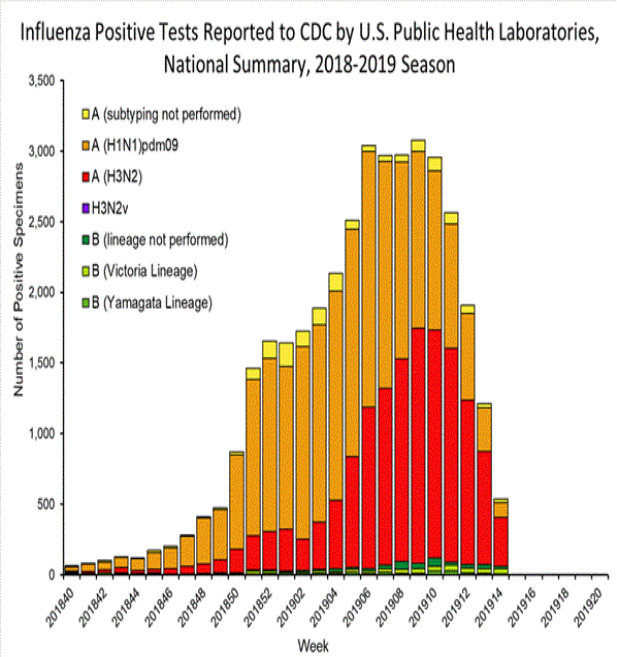
The DC PHL subtypes human isolates to monitor the circulating strains of Influenza. The isolates are submitted to DC PHL by hospitals and commercial laboratories on a regular basis. The DC PHL has completed testing for 92 specimens during the 2018-2019 season.

DC PHL Surveillance of Influenza Cases Reported By Influenza Subtype

DC PHL Influenza Testing	Mar 30, 2019 – Apr 06, 2019	Sep 30, 2018 –Apr 06, 2019
Number of specimens tested	92	1000
Number of positive specimens	41	289
Influenza A	40 (43.47%)	263 (91.00%)
A(H1N1)pdm09	12	149
H3N2	28	114
Influenza B	1(2.43%)	26(9.00%)
Yamagata lineage	0	13
Victoria lineage	1	13

NATIONAL INFLUENZA ASSESSMENT

Influenza activity continues to decrease but remains elevated in the United States. Influenza A (H1N1) pdm09 viruses predominated from October to mid-February, and influenza A (H3N2) viruses since late February. The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold. Four influenza-associated pediatric deaths were reported to CDC during week 14. One death was associated with an influenza A (H1N1) pdm09 virus and occurred during week 12. One death was associated with an influenza A (H3) virus and occurred during week 6. Two deaths were associated with an influenza A virus for which no subtyping was performed and occurred during weeks 13 and 14. A total of 86 influenza-associated pediatric deaths have been reported for the 2018-2019 season. During week 14, 1090 specimens were tested by public health laboratories, of which 720 were positive. Of the 720 respiratory specimens that tested positive during week 14, 104(23.2%) were Influenza A and 345 (76.8%) were Influenza B and no subtyping was performed for 28 specimens.



DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Get Vaccinated!
To find an Influenza vaccine provider, visit the District of Columbia Immunization Resource Center at https://dchealth.dc.gov/service/immunization

For additional information about Influenza and Influenza activity in the United States, please visit: http://www.cdc.gov/flu/index.htm. Questions about Influenza in the District of Columbia or this report should be directed to the Division of Epidemiology - Disease Surveillance and Investigation at (202) 442-9370 or email flu.epi@dc.gov