

# Influenza Surveillance Report

Division of Epidemiology - Disease Surveillance and Investigation  
District of Columbia Department of Health

## 2018-2019 Influenza Season Week 10 (March 03, 2019 – March 09, 2019)

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

### SUMMARY

- 149 new cases of influenza were reported by hospitals
- 22 additional cases were reported that occurred during week 9
- Zero pediatric deaths were reported
- To date, 1276 influenza cases have been reported for the 2018-2019 influenza season
- DC Public Health Laboratory has completed testing for 47 specimens during week 10
- Flu activity decreased slightly from previous week but remains elevated

### 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 10 (March 3<sup>rd</sup>, 2019 – March 9<sup>th</sup>, 2019), there were 149 new cases of influenza reported. A total of 763 tests were performed during week 10. To date, there are 1276 positive influenza cases reported by all nine hospitals in DC.

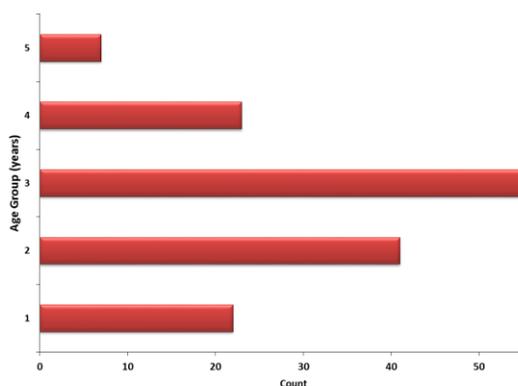
### Surveillance of Influenza Cases Reported By Influenza Type

	Week 10 (Mar 03, 2019- Mar 09,2019)		Cumulative Positive Cases for Weeks 40–20 (September 30, 2018–May 18, 2019)	
<b>Influenza A</b>	138	(92.61%)	1204	(94.36%)
<b>Influenza B</b>	4	(2.69%)	34	(2.66%)
<b>Influenza A/B</b>	0	(0.00%)	10	(0.78%)
<b>Influenza (not typed)</b>	7	(4.70%)	28	(2.20%)
<b>Total</b>	<b>149*</b>	<b>(100.00%)</b>	<b>1276*</b>	<b>(100.00%)</b>

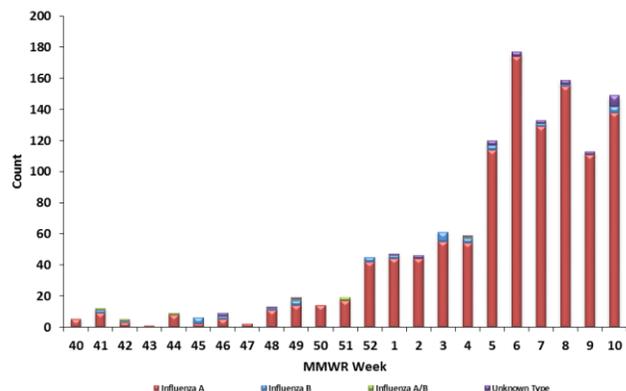
\*Includes results from Rapid Diagnostic Testing, Viral Culture, RT-PCR, Serology, and Immunofluorescence.

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

Positive Influenza Tests, by Age Group  
Week 10 (3rdMar19-9thMar19)



Positive Influenza Tests by Reporting Week  
September 30, 2018- March 09, 2019



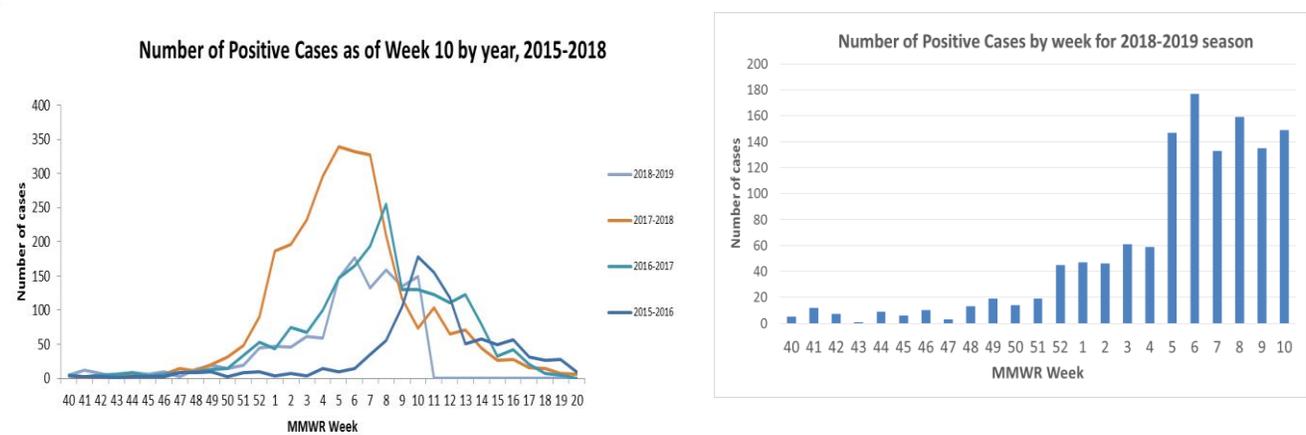
## RAPID DIAGNOSTIC TESTING

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 10, 350 out of a total of 763 tests were performed using rapid diagnostic testing in clinical laboratories. Of these, 54(15.43%) were identified as positive using rapid diagnostics.

Week: 10 (March 03, 2019 – March 09, 2019)	
No. of specimens tested Rapid Diagnostics	350
No. of positive specimens (%)	54(15.43%)
Positive specimens by type/subtype	
Influenza A	46 (85.18%)
Influenza B	1 (1.85%)
Influenza A/B	0 (0.00%)
Influenza – unknown type	7 (12.96%)

## WEEK 10 COMPARISON WITH PREVIOUS SEASONS

For week 10, there were 149 new influenza cases reported in the current season, 73 in the previous 2017-2018 season, 130 cases in the 2016-2017 season, 178 cases in the 2015-2016 season, 19 in the 2014-2015 season, 13 in 2013-2014 and 16 in the 2012-2013 season.



Cumulatively, there are a total of 1276 cases reported up to week 10 for the current season. For the previous seasons, 2549 cases were reported during the 2017-2018 season, 1476 during the 2016-2017 season, 495 in the 2015-2016 season, 740 in the 2014-2015 season, 597 in 2013-2014 season and 718 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 10, sentinel providers reported 411 out of 15271 visits (2.69%) that met the criteria for ILI.

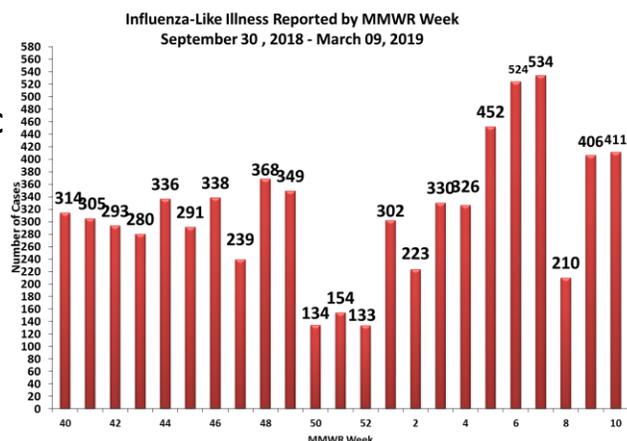
## Geographic Spread of Influenza for Washington, DC

Week of	Activity *
Mar 03 – Mar 09	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 47 specimens during week 10.

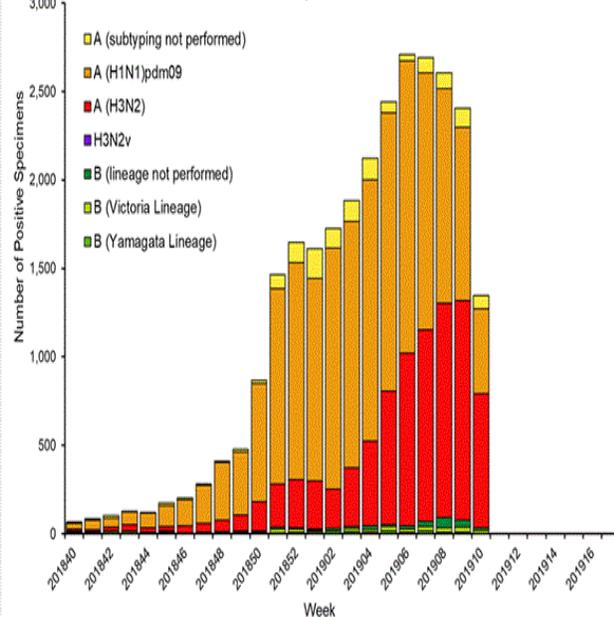
**DC PHL Surveillance of Influenza Cases Reported By Influenza Subtype**

DC PHL Influenza Testing	Mar 03, 2019 – Mar 09, 2019	Sep 30, 2018 –Mar 09, 2019
Number of specimens tested	47	869
Number of positive specimens	16	119
Influenza A	16(100.00%)	118 (99.15%)
A(H1N1)pdm09	7	81
H3N2	9	37
Influenza B	0 (0.00%)	1 (0.85%)
Yamagata lineage	0	1
Victoria lineage	0	0

## NATIONAL INFLUENZA ASSESSMENT

Influenza activity decreased slightly, but remains elevated in the United States. 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 10. One death associated with influenza A (H1N1) pdm09 virus and occurred during week 6. Two deaths were associated with an influenza A (H3) virus and occurred during weeks 9 and 10. One death was associated with an influenza A virus for which no subtyping was performed and occurred during week 9. A total of 68 influenza-associated pediatric deaths have been reported for the 2018-2019 season. During week 10, 2047 specimens were tested by public health laboratories, of which 1345 were positive. Of the 1345 respiratory specimens that tested positive during week 10, 1309 (97.3%) were Influenza A and 36 (2.7%) were Influenza B. Of the Influenza A samples, 478 (38.7%) were 2009 H1N1, 758 (61.3%) were H3N2, and no subtyping was performed for 73 specimens.

Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, 2018-2019 Season



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](mailto:flu.epi@dc.gov)