

Influenza Surveillance Report

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

2018-2019 Influenza Season Week 11 (March 10, 2019 – March 16, 2019)

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

SUMMARY

- 126 new cases of influenza were reported by hospitals
- Zero pediatric deaths were reported
- To date, 1402 influenza cases have been reported for the 2018-2019 influenza season
- DC Public Health Laboratory has completed testing for 21 specimens during week 11
- Flu activity decreased slightly 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.

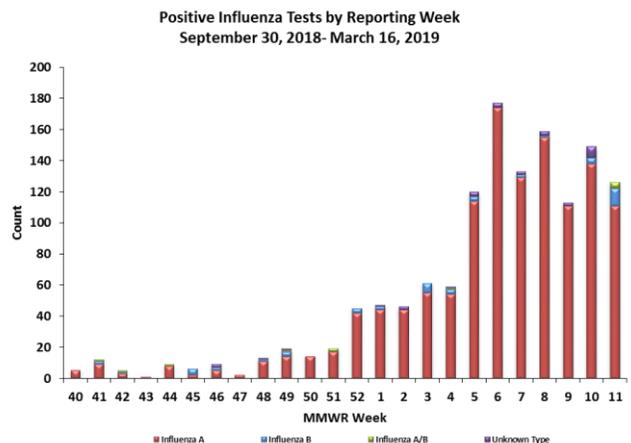
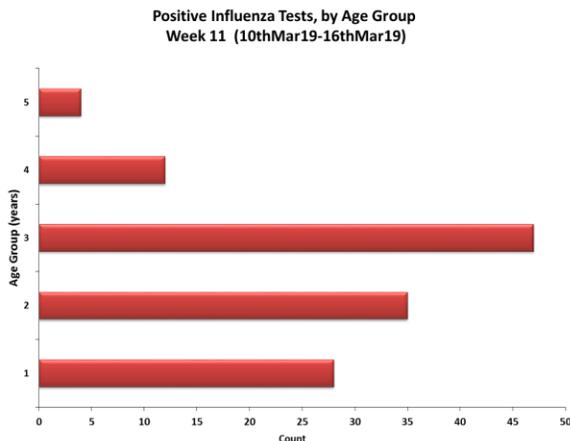
The table below summarizes weekly and cumulative cases of influenza for the 2018-2019 Season. Data are also presented by age group and by number of cases reported weekly. During week 11 (March 10th, 2019 – March 16th, 2019), there were 126 new cases of influenza reported. A total of 637 tests were performed during week 11. To date, there are 1402 positive influenza cases reported by all nine hospitals in DC.

Surveillance of Influenza Cases Reported By Influenza Type

	Week 11 (Mar 10, 2019- Mar 16,2019)		Cumulative Positive Cases for Weeks 40–20 (September 30, 2018–May 18, 2019)	
	Count	Percentage	Count	Percentage
Influenza A	111	(88.09%)	1315	(93.80%)
Influenza B	11	(8.73%)	45	(3.20%)
Influenza A/B	0	(0.00%)	10	(0.72%)
Influenza (not typed)	4	(3.17%)	32	(2.28%)
Total	126*	(100.00%)	1402*	(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 11, 218 out of a total of 637 tests were performed using rapid diagnostic testing in clinical laboratories. Of these, 38(17.43%) were identified as positive using rapid diagnostics.

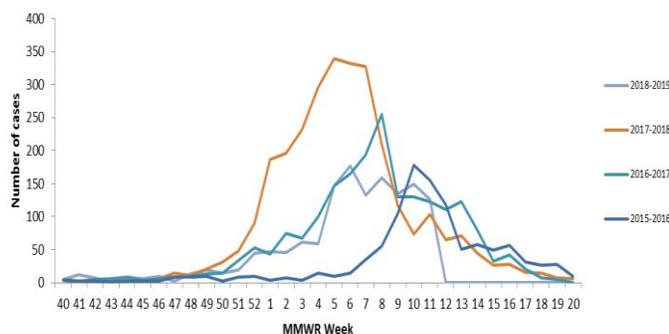
DC Health Surveillance for Rapid Diagnostic Testing

Week: 11 (March 10, 2019 – March 16, 2019)	
No. of specimens tested Rapid Diagnostics	218
No. of positive specimens (%)	38(17.43%)
Positive specimens by type/subtype	
Influenza A	30 (78.95%)
Influenza B	4 (10.52%)
Influenza A/B	0 (0.00%)
Influenza – unknown type	4 (10.52%)

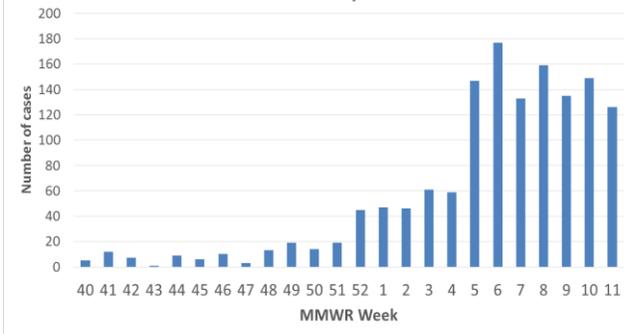
WEEK 11 COMPARISON WITH PREVIOUS SEASONS

For week 11, there were 126 new influenza cases reported in the current season, 103 in the previous 2017-2018 season, 123 cases in the 2016-2017 season, 155 cases in the 2015-2016 season, 10 in the 2014-2015 season, 14 in 2013-2014 and 11 in the 2012-2013 season.

Number of Positive Cases as of Week 11 by year, 2015-2018



Number of Positive Cases by week for 2018-2019 season



Cumulatively, there are a total of 1402 cases reported up to week 11 for the current season. For the previous seasons, 2652 cases were reported during the 2017-2018 season, 1599 during the 2016-2017 season, 650 in the 2015-2016 season, 750 in the 2014-2015 season, 611 in 2013-2014 season and 729 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 11, sentinel providers reported 443 out of 15629 visits (2.83%) that met the criteria for ILI.

Geographic Spread of Influenza for Washington, DC

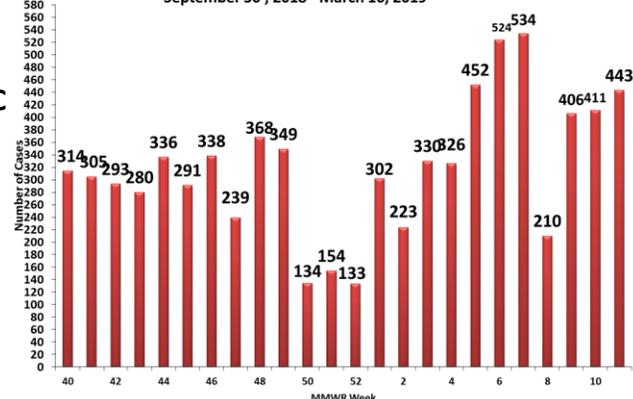
Week of	Activity *
Mar 10 – Mar 16	Local

***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-Like Illness Reported by MMWR Week
September 30, 2018 - March 16, 2019



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 21 specimens during week 11.

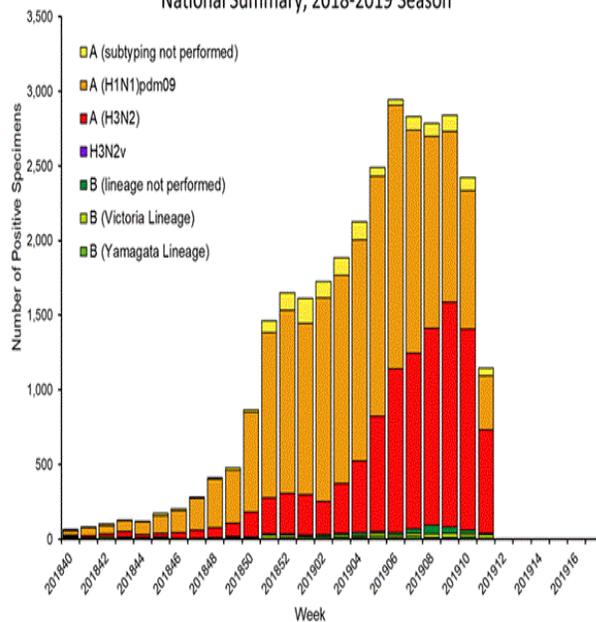
DC PHL Surveillance of Influenza Cases Reported By Influenza Subtype

DC PHL Influenza Testing	Mar 10, 2019 – Mar 16, 2019	Sep 30, 2018 –Mar 16, 2019
Number of specimens tested	21	890
Number of positive specimens	17	136
Influenza A	16(94.11%)	134 (98.52%)
A(H1N1)pdm09	7	88
H3N2	9	46
Influenza B	1(5.88%)	2 (1.47%)
Yamagata lineage	1	2
Victoria lineage	0	0

NATIONAL INFLUENZA ASSESSMENT

Influenza activity remains elevated in the United States. Influenza A(H1N1)pdm09, Influenza A(H3N2) and Influenza B viruses continue to circulate. The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold. Eight influenza-associated pediatric deaths were reported to CDC during week 11. Two deaths were associated with influenza A (H1N1) pdm09 virus and occurred during week 10. Two deaths were associated with an influenza A (H3) virus and occurred during weeks 4 and 8. Three deaths were associated with an influenza A virus for which no subtyping was performed and occurred during weeks 10 and 11. A total of 76 influenza-associated pediatric deaths have been reported for the 2018-2019 season. During week 11, 1823 specimens were tested by public health laboratories, of which 1145 were positive. Of the 1145 respiratory specimens that tested positive during week 11, 1105 (96.5%) were Influenza A and 40 (3.5%) were Influenza B. Of the Influenza A samples, 366(34.6%) were 2009 H1N1, 691 (65.4%) were H3N2, and no subtyping was performed for 48 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