

# Influenza Surveillance Report

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

## 2018-2019 Influenza Season Week 13 (March 24, 2019 – March 30, 2019)

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

### SUMMARY

- 125 new cases of influenza were reported by hospitals
- Zero pediatric deaths were reported
- To date, 1672 influenza cases have been reported for the 2018-2019 influenza season
- DC Public Health Laboratory has completed testing for 1000 specimens this season
- 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 13 (March 24<sup>th</sup>, 2019 – March 30<sup>th</sup>, 2019), there were 125 new cases of influenza reported. A total of 617 tests were performed during week 13. To date, there are 1672 positive influenza cases reported by all nine hospitals in DC.

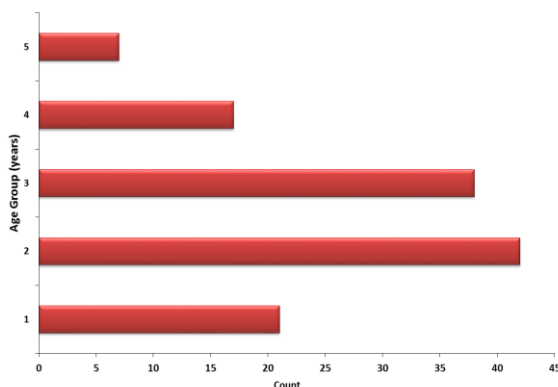
### Surveillance of Influenza Cases Reported By Influenza Type

	Week 13 (Mar 24, 2019- Mar 30,2019)		Cumulative Positive Cases for Weeks 40–20 (September 30, 2018–May 18, 2019)	
	Count	Percentage	Count	Percentage
<b>Influenza A</b>	109	(87.20%)	1553	(92.89%)
<b>Influenza B</b>	9	(7.20%)	70	(4.18%)
<b>Influenza A/B</b>	0	(0.00%)	10	(0.59%)
<b>Influenza (not typed)</b>	7	(5.60%)	39	(2.34%)
<b>Total</b>	125*	(100.00%)	1672*	(100.00%)

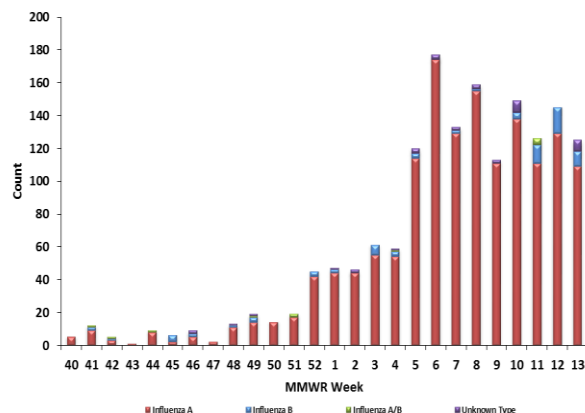
\*Includes results from Rapid Diagnostic Testing, Viral Culture, RT-PCR, Serology, and Immunofluorescence.

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

Positive Influenza Tests, by Age Group  
Week 13 (24thMar19-30thMar19)



Positive Influenza Tests by Reporting Week  
September 30, 2018-March 30, 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 13, 76 out of a total of 617 tests were performed using rapid diagnostic testing in clinical laboratories. Of these, 16(21.05%) were identified as positive using rapid diagnostics.

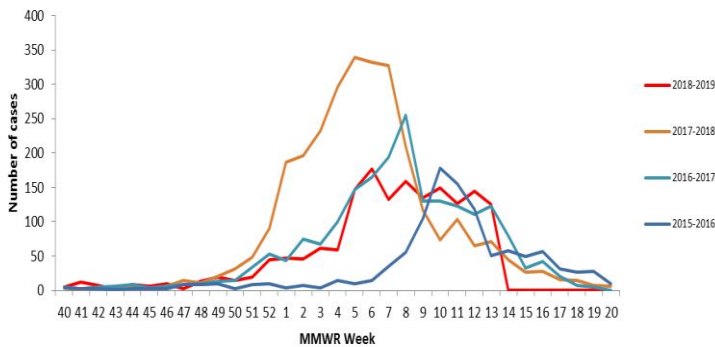
### DC Health Surveillance for Rapid Diagnostic Testing

Week: 13 (March 24, 2019 – March 30, 2019)	
No. of specimens tested Rapid Diagnostics	76
No. of positive specimens (%)	16(21.05%)
<b>Positive specimens by type/subtype</b>	
Influenza A	9 (56.25%)
Influenza B	0 (23.40%)
Influenza A/B	0 (0.00%)
Influenza – unknown type	7 (43.75%)

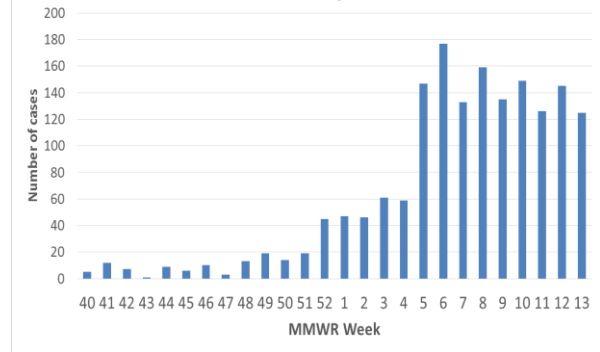
## WEEK 13 COMPARISON WITH PREVIOUS SEASONS

For week 13, there were 125 new influenza cases reported in the current season, 71 in the previous 2017-2018 season, 123 cases in the 2016-2017 season, 51 cases in the 2015-2016 season, 14 in the 2014-2015 season, 10 in 2013-2014 and 9 in the 2012-2013 season.

Number of Positive Cases as of Week 13 by year, 2015-2018



Number of Positive Cases by week for 2018-2019 season



Cumulatively, there are a total of 1672 cases reported up to week 13 for the current season. For the previous seasons, 2788 cases were reported during the 2017-2018 season, 1833 during the 2016-2017 season, 819 in the 2015-2016 season, 774 in the 2014-2015 season, 631 in 2013-2014 season and 746 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.

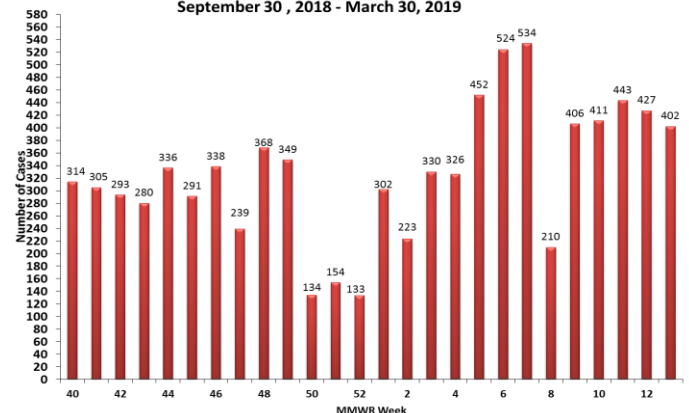
For week 13, sentinel providers reported 402 out of 15227 visits (2.65%) that met the criteria for ILI.

## Geographic Spread of Influenza for Washington, DC

Week of	Activity *
Mar 24 – Mar 30	<i>Local</i>

**\*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 30, 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 1000 specimens during the 2018-2019 season.

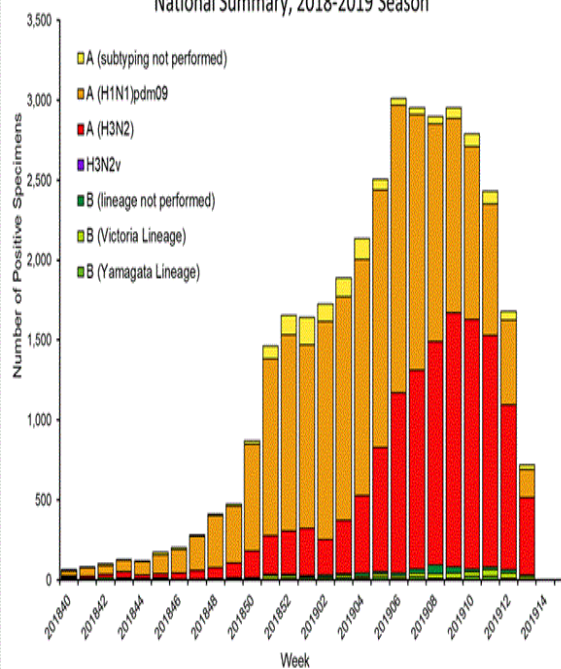
### DC PHL Surveillance of Influenza Cases Reported By Influenza Subtype

DC PHL Influenza Testing	Mar 24, 2019 – Mar 30, 2019	Sep 30, 2018 – Mar 30, 2019
Number of specimens tested	0	1000
Number of positive specimens	0	182
Influenza A	0 (0.0%)	175 (96.15%)
A(H1N1)pdm09	0	116
H3N2	0	59
Influenza B	0(0.0%)	7 (3.85%)
Yamagata lineage	0	5
Victoria lineage	0	2

## NATIONAL INFLUENZA ASSESSMENT

Influenza activity decreased 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 at the system-specific epidemic threshold. Six influenza-associated pediatric deaths were reported to CDC during week 13 of which one occurred during the 2017-2018 season. Two deaths were 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 11. One death was associated with an influenza A virus for which no subtyping was performed and occurred during week 12. One death was associated with an influenza B virus and occurred during week 12. A total of 82 influenza-associated pediatric deaths have been reported for the 2018-2019 season. During week 13, 1263 specimens were tested by public health laboratories, of which 720 were positive. Of the 720 respiratory specimens that tested positive during week 13, 690(95.8%) were Influenza A and 487 (73.6%) were Influenza B and no subtyping was performed for 28 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)