

Influenza Surveillance Report

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

2018-2019 Influenza Season Week 17 (April 21, 2019 – April 27, 2019)

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

SUMMARY

- 29 new cases of influenza were reported by hospitals
- 1 additional case reported for week 16
- Zero pediatric deaths were reported
- To date, 1980 influenza cases have been reported for the 2018-2019 influenza season
- DC Public Health Laboratory has completed testing for 36 specimens during week 17
- Flu activity continues to decrease 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 17 (April 21st, 2019 –April 27th, 2019), there were 29 new cases of influenza reported. A total of 446 tests were performed during week 17. To date, there are 1980 positive influenza cases reported by all nine hospitals in DC.

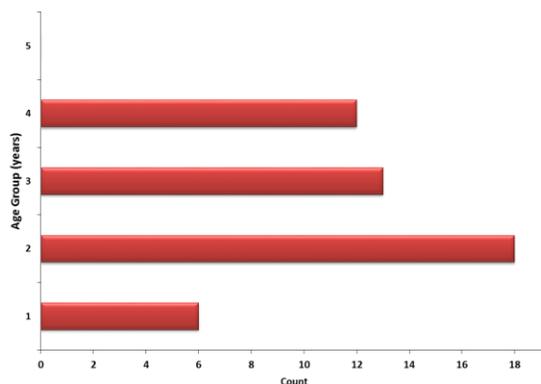
Surveillance of Influenza Cases Reported By Influenza Type

	Week 17 (Apr 21, 2019- Apr 27,2019)		Cumulative Positive Cases for Weeks 40–20 (September 30, 2018–May 18, 2019)	
Influenza A	12	(41.37%)	1797	(90.57%)
Influenza B	16	(55.17%)	131	(6.61%)
Influenza A/B	0	(0.00%)	10	(0.52%)
Influenza (not typed)	1	(3.46%)	42	(2.12%)
Total	29*	(100.00%)	1980*	(100.00%)

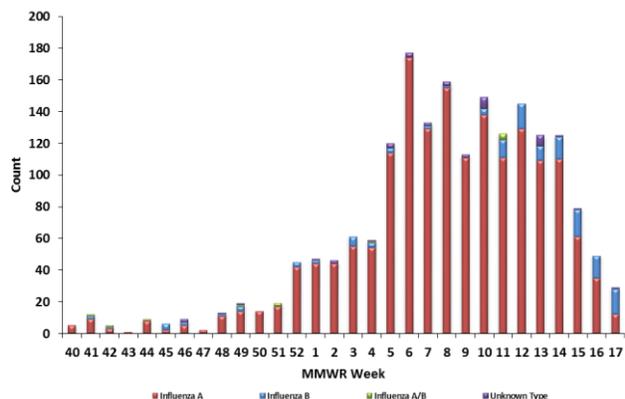
*Includes results from Rapid Diagnostic Testing, Viral Culture, RT-PCR, Serology, and Immunofluorescence.

**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 17 (21stApr19-27thApr19)



Positive Influenza Tests by Reporting Week
September 30, 2018- April 27, 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 17, 212 out of a total of 446 tests were performed using rapid diagnostic testing in clinical laboratories. Of these, 17(8.01%) were identified as positive using rapid diagnostics.

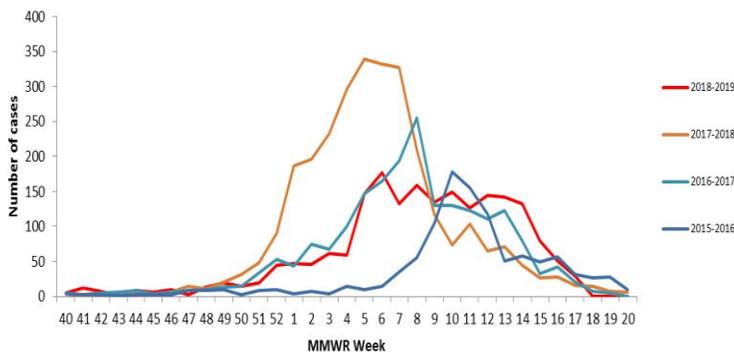
DC Health Surveillance for Rapid Diagnostic Testing

Week: 17 (April 21, 2019 – April 27, 2019)	
No. of specimens tested Rapid Diagnostics	212
No. of positive specimens (%)	17(8.01%)
Positive specimens by type/subtype	
Influenza A	5 (29.41%)
Influenza B	11 (64.70%)
Influenza A/B	0 (0.00%)
Influenza – unknown type	1 (5.89%)

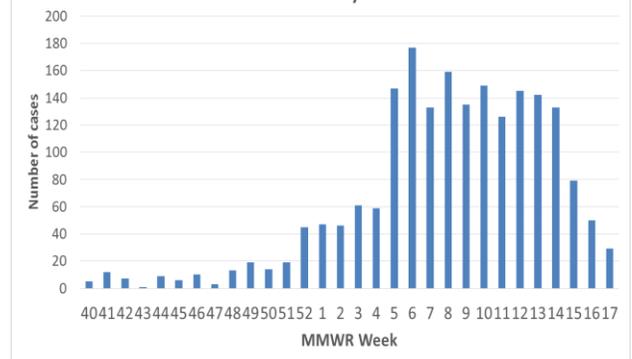
WEEK 17 COMPARISON WITH PREVIOUS SEASONS

For week 17, there were 29 new influenza cases reported in the current season, 16 in the previous 2017-2018 season, 20 cases in the 2016-2017 season, 31 cases in the 2015-2016 season, 4 in the 2014-2015 season, 11 in 2013-2014 and 4 in the 2012-2013 season.

Number of Positive Cases as of Week 17 by year, 2015-2018



Number of Positive Cases by week for 2018-2019 season



Cumulatively, there are a total of 1980 cases reported up to week 17 for the current season. For the previous seasons, 2904 cases were reported during the 2017-2018 season, 2008 during the 2016-2017 season, 1013 in the 2015-2016 season, 815 in the 2014-2015 season, 682 in 2013-2014 season and 774 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.

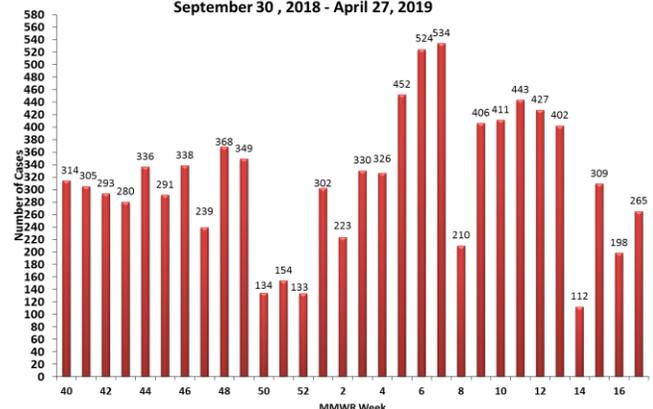
For week 17, sentinel providers reported 198 out of 13717 visits (1.44%) that met the criteria for ILI.

Geographic Spread of Influenza for Washington, DC

Week of	Activity *
Apr 21 – Apr 27	<i>Sporadic</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 - April 27, 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 36 specimens during week 17 of the 2018-2019 season.

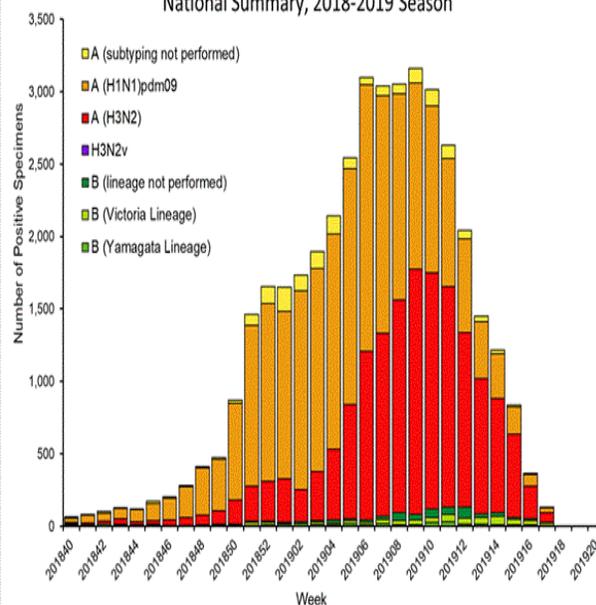
DC PHL Surveillance of Influenza Cases Reported By Influenza Subtype

DC PHL Influenza Testing	Mar 30, 2019 – Apr 20, 2019	Sep 30, 2018 –Apr 20, 2019
Number of specimens tested	36	1125
Number of positive specimens	17	320
Influenza A	8 (47.05%)	283 (88.43%)
A(H1N1)pdm09	2	160
H3N2	6	123
Influenza B	9(52.94%)	37(11.57%)
Yamagata lineage	2	16
Victoria lineage	7	21

NATIONAL INFLUENZA ASSESSMENT

Influenza activity continues to decrease 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. Five influenza-associated pediatric deaths were reported to CDC during week 16. Three deaths were associated with an influenza A (H3) virus and occurred during weeks 6, 13 and 14. Two deaths were associated with an influenza A virus for which no subtyping was performed and occurred during weeks 8 and 14. A total of 101 influenza-associated pediatric deaths have been reported for the 2018-2019 season. During week 17, 496 specimens were tested by public health laboratories, of which 132 were positive. Of the 132 respiratory specimens that tested positive during week 17, 104 (78.8%) were Influenza A and 28 (21.2%) were Influenza B and no subtyping was performed for 5 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