

Influenza Surveillance Report

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

2018-2019 Influenza Season Week 42 (October 14, 2018 – October 20, 2018)

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

SUMMARY

- 5 new cases of influenza reported by hospitals
- Zero pediatric deaths were reported
- To date, 22 influenza cases have been reported for the 2018-2019 influenza season
- For the 2018-2019 influenza season, DC PHL has completed testing for 66 specimens
- Influenza activity remains low in the District

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.

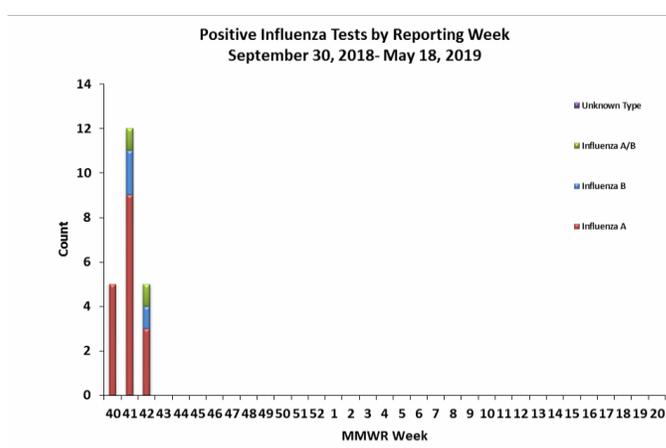
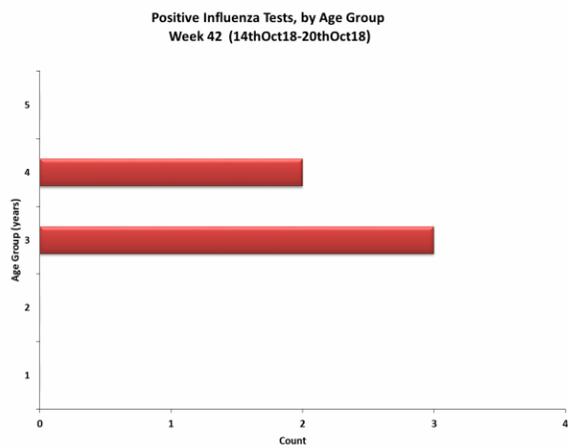
The table below summarizes weekly and cumulative cases of influenza for the 2018-2019 Season. Data are also presented by age group and by number of cases reported weekly. During week 42 (October 14th, 2018 – October 20th, 2018), there were 5 new cases of influenza reported. A total of 307 tests were performed during week 42. To date, there are 22 positive influenza cases reported by all nine hospitals in DC.

Surveillance of Influenza Cases Reported By Influenza Type

	Week 42 (October 14, 2018- October 20, 2018)		Cumulative Positive Cases for Weeks 40–20 (September 30, 2018–May 18, 2019)	
Influenza A	3	(60.00 %)	17	(77.28%)
Influenza B	1	(20.00%)	3	(13.63%)
Influenza A/B	1	(20.00%)	2	(9.09%)
Influenza (not typed)	0	(0.00%)	0	(0.00%)
Total	5*	(100.00%)	22*	(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 42, 122 out of a total of 307 tests were performed using rapid diagnostic testing in clinical laboratories. Of these, 5 (4.09%) were identified as positive using rapid diagnostics.

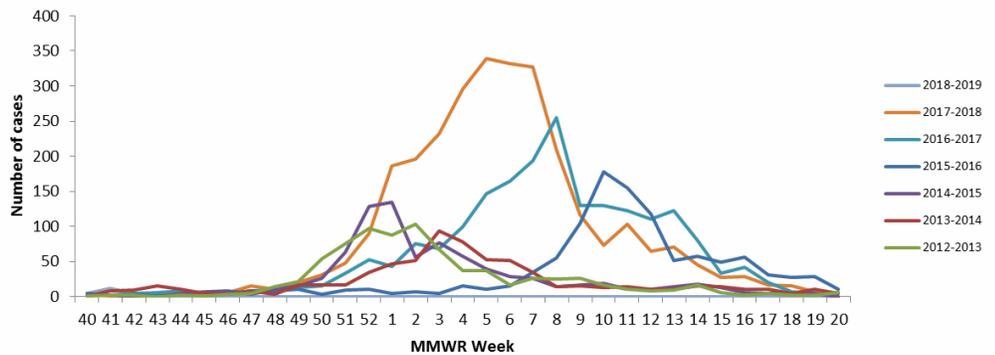
Week: 42 (October 14, 2018 – October 20, 2018)	
No. of specimens tested Rapid Diagnostics	122
No. of positive specimens (%)	5 (4.09%)
Positive specimens by type/subtype	
Influenza A	3 (60.00%)
Influenza B	1 (20.00%)
Influenza A/B	1 (20.00%)
Influenza – unknown type	0 (0.00%)

WEEK 42 COMPARISON WITH PREVIOUS SEASONS

For week 42, there were 5 new influenza cases reported in the current season, 4 in the previous 2017-2018 season, 5 cases in the 2016-2017 season, 3 cases in the 2015-2016 season, 0 in the 2014-2015 season, 9 in 2013-2014 and 2 in the 2012-2013 season.

Number of Positive Cases as of Week 42 by year, 2012-2018

Cumulatively, there are a total of 22 cases reported up to week 42 for the current season. This is more when compared to previous seasons, which had 9 reported during the 2017-2018 season, 12 during the 2016-2017 season, 9 in the 2015-2016 season, 4 in the 2014-2015 season, 18 in 2013-2014 season and 5 in the 2012-2013 season.



INFLUENZA-LIKE ILLNESS (ILI) SURVEILLANCE

Sentinel surveillance for ILI consists of five 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 42, sentinel providers reported 293 out of 14493 visits (2.02 %) that met the criteria for ILI.

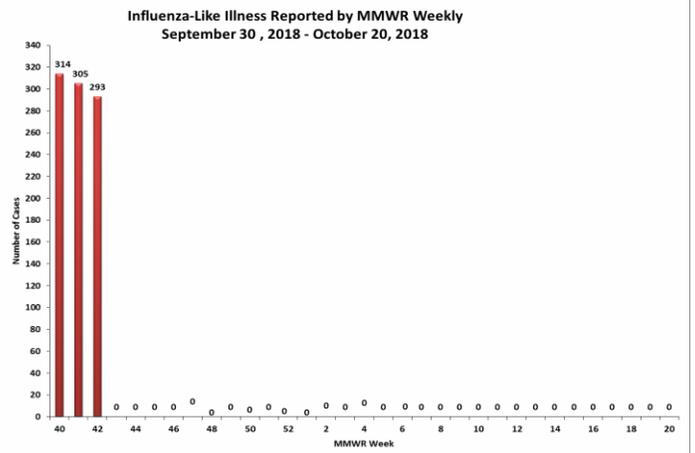
Geographic Spread of Influenza for Washington, DC

Week of	Activity *
Oct 14- Oct 20	<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 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 the DC PHL by hospitals and commercial laboratories on a monthly basis. DC PHL has completed testing for 66 specimens submitted through October 24, 2018.

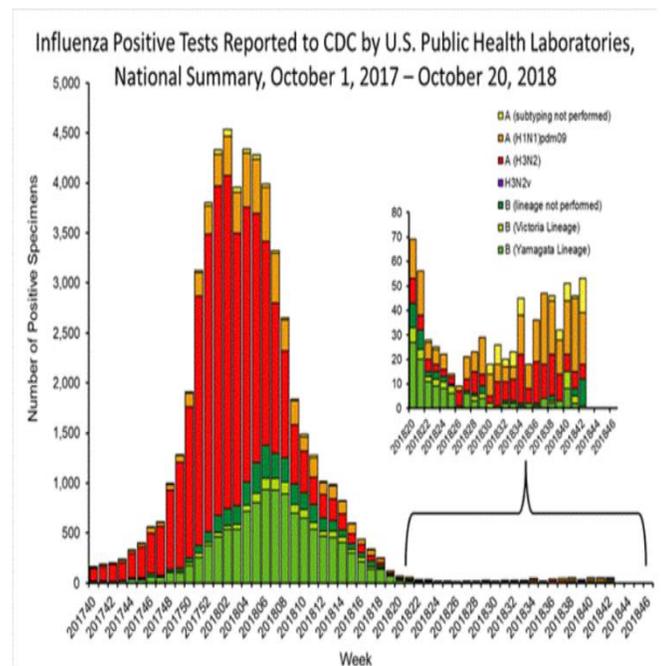
DC PHL Surveillance of Influenza Cases Reported By Influenza Subtype*

DC PHL Influenza Testing	Oct 15,2018 – Oct 24 ,2018	Sep 30, 2018 -May 18, 2019
Number of specimens tested	66	66
Number of positive specimens	0	0
Influenza A	0(0.00%)	0 (0.00%)
A(H1N1)pdm09	0	0
H3N2	0	0
Influenza B	0 (0.00%)	0 (0.00%)
Yamagata lineage	0	0
Victoria lineage	0	0

*Includes specimens submitted through October 24, 2018

NATIONAL INFLUENZA ASSESSMENT

Influenza activity continues to remain low in the United States. Influenza A (H1N1) pdm09, Influenza A (H3N2), and influenza B viruses continue to co-circulate, with influenza A (H1N1) pdm09 viruses reported most commonly by public health laboratories during the most recent three weeks. The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold. The first influenza-associated pediatric death of the 2018-2019 season was reported to CDC during week 41. This death was associated with an influenza A virus for which no subtyping was performed. During week 42, 580 specimens were tested by public health laboratories, of which 53 were positive. Of the 53 respiratory specimens that tested positive during week 42, 41 (77.4%) were Influenza A and 12 (22.6%) were Influenza B. Of the Influenza A samples, 21 (77.8%) were 2009 H1N1, 6 (22.2 %) were H3N2, and 14 were un-typed. Of the Influenza B samples, 0 (0.0%) were of the Yamagata lineage, 1(100.0%) was of the Victoria lineage and 11 for which no lineage was performed.



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) 442-8141 or email flu.epi@dc.gov