

# Influenza Surveillance Report

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

## 2018-2019 Influenza Season Week 47 (November 18, 2018 – November 24, 2018)

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

### SUMMARY

- 2 new cases of influenza were reported by hospitals
- 1 additional case of influenza was reported for week 46
- Zero pediatric deaths were reported
- To date, 52 influenza cases have been reported for the 2018-2019 influenza season
- DC Public Health Laboratory has completed testing for 76 specimens during weeks 45, 46 and 47.
- Influenza activity continues to remain 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.

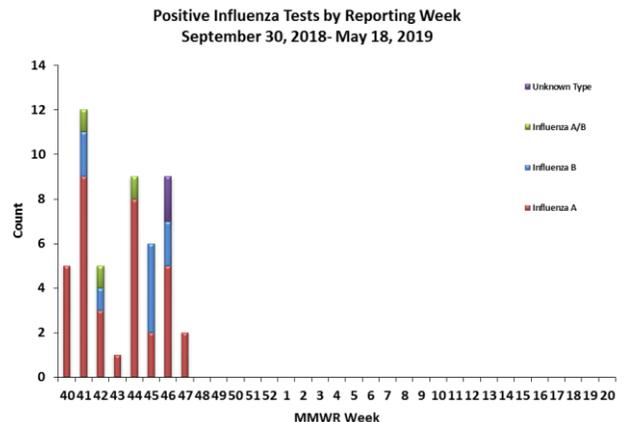
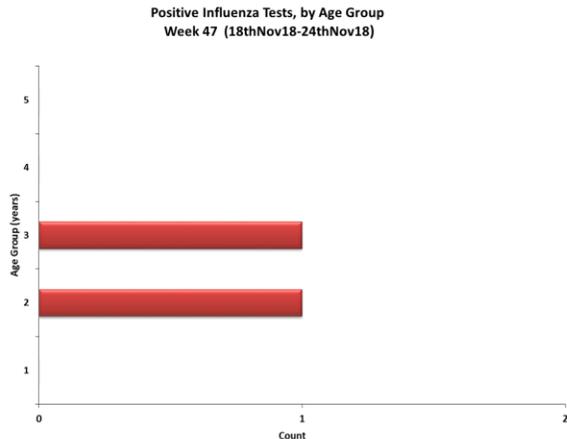
The table below summarizes weekly and cumulative cases of influenza for the 2018-2019 Season. Data are also presented by age group and by number of cases reported weekly. During week 47 (November 18th, 2018 –November 24th, 2018), there were 2 new cases of influenza reported. A total of 489 tests were performed during week 47. To date, there are 52 positive influenza cases reported by all nine hospitals in DC.

### Surveillance of Influenza Cases Reported By Influenza Type

	Week 47 (Nov 18, 2018- Nov 24,2018)		Cumulative Positive Cases for Weeks 40–20 (September 30, 2018–May 18, 2019)	
<b>Influenza A</b>	2	(100.00%)	38	(74.30%)
<b>Influenza B</b>	0	(0.00%)	9	(18.00%)
<b>Influenza A/B</b>	0	(0.00%)	3	(5.77%)
<b>Influenza (not typed)</b>	0	(0.00%)	2	(1.93%)
<b>Total</b>	2*	(100.00%)	52*	(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 47, 197 out of a total of 489 tests were performed using rapid diagnostic testing in clinical laboratories. Of these, 1(0.50%) was identified as positive using rapid diagnostics.

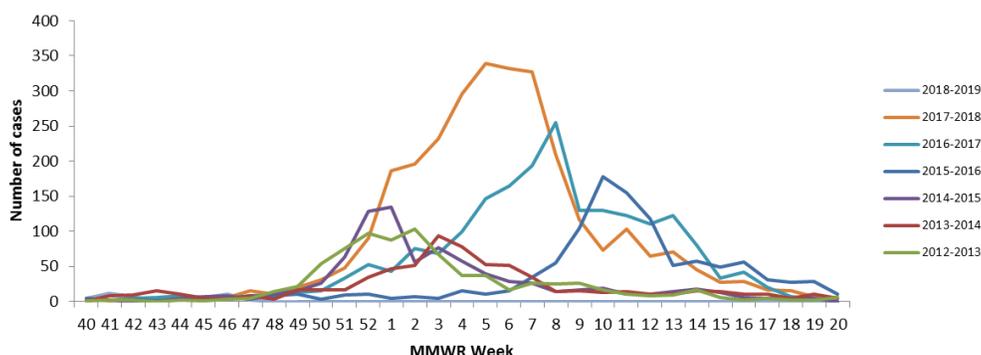
Week: 47 (November 18, 2018 – November 24, 2018)	
No. of specimens tested Rapid Diagnostics	197
No. of positive specimens (%)	1 (0.50%)
<b>Positive specimens by type/subtype</b>	
Influenza A	1(100.00%)
Influenza B	0 (0.00%)
Influenza A/B	0 (0.00%)
Influenza – unknown type	0 (0.00%)

### WEEK 47 COMPARISON WITH PREVIOUS SEASONS

For week 47, there were 2 new influenza cases reported in the current season, 15 in the previous 2017-2018 season, 8 cases in the 2016-2017 season, 8 cases in the 2015-2016 season, 3 in the 2014-2015 season, 8 in 2013-2014 and 5 in the 2012-2013 season.

Cumulatively, there are a total of 52 cases reported up to week 47 for the current season. For the previous seasons, 42 cases were reported during the 2017-2018 season, 44 during the 2016-2017 season, 27 in the 2015-2016 season, 26 in the 2014-2015 season, 58 in 2013-2014 season and 16 in the 2012-2013 season.

**Number of Positive Cases as of Week 47 by year, 2012-2018**



### 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 47, sentinel providers reported 239 out of 1189 visits (2.15 %) that met the criteria for ILI.

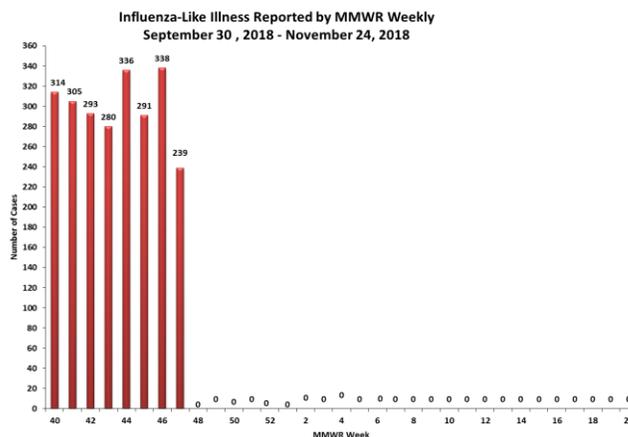
### Geographic Spread of Influenza for Washington, DC

Week of	Activity *
Nov 18- Nov 24	<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 regular basis. DC PHL has completed testing for 76 specimens during weeks 45, 46 and 47. For the 2018-2019 season, a total of 225 specimens have been tested by the Laboratory.

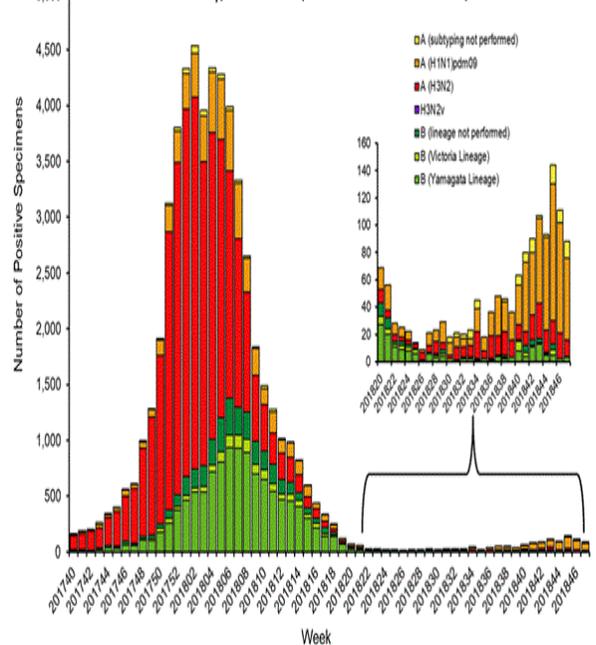
### DC PHL Surveillance of Influenza Cases Reported By Influenza Subtype\*

DC PHL Influenza Testing	Nov 10, 2018 – Nov 24, 2018	Sep 30, 2018 -May 18, 2019
Number of specimens tested	76	225
Number of positive specimens	1	3
Influenza A	1(100.0%)	3 (100.0%)
A(H1N1)pdm09	1	2
H3N2	0	1
Influenza B	0 (0.00%)	0 (0.00%)
Yamagata lineage	0	0
Victoria lineage	0	0

## NATIONAL INFLUENZA ASSESSMENT

Influenza activity in the United States increased slightly. The increase in the percentage of patient visits for ILI may be influenced in part by a reduction in routine healthcare visits during the Thanksgiving holidays, as has occurred in previous seasons. 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 since September 30, 2018. The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold. Two influenza-associated pediatric deaths were reported to CDC during week 47. One death was associated with an influenza A (H1N1) pdm09 virus and occurred during week 46. One death was associated with an influenza A (H3) virus and occurred during week 47. A total of five influenza-associated pediatric deaths have been reported for the 2018-2019 season. During week 47, 374 specimens were tested by public health laboratories, of which 88 were positive. Of the 88 respiratory specimens that tested positive during week 47, 84 (95.5%) were Influenza A and 4(4.5%) were Influenza B. Of the Influenza A samples, 60(83.3%) were 2009 H1N1, 12(16.7%) were H3N2, and no subtyping was performed for 12 specimens.

Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, October 1, 2017 – November 24, 2018



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