

Influenza Surveillance Report

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

2018-2019 Influenza Season Week 50 (December 09, 2018 – December 15, 2018)

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

SUMMARY

- 14 new cases of influenza were reported by hospitals
- Zero pediatric deaths were reported
- To date, 99 influenza cases have been reported for the 2018-2019 influenza season
- DC Public Health Laboratory has completed testing for 40 specimens during week 50 and a total of 361 specimens this season
- 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.

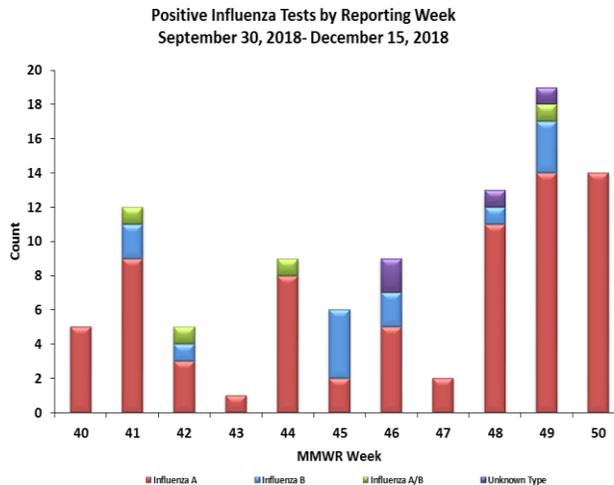
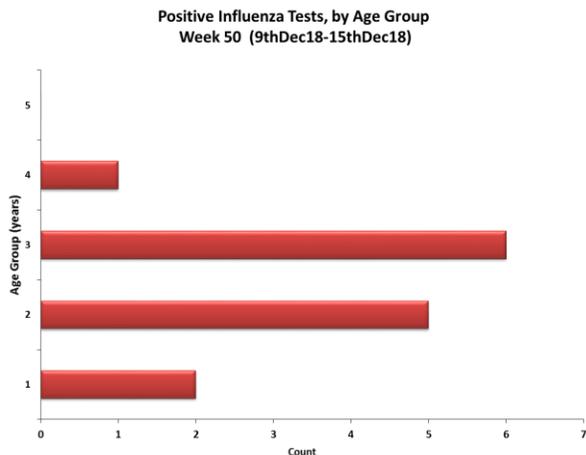
The table below summarizes weekly and cumulative cases of influenza for the 2018-2019 Season. Data are also presented by age group and by number of cases reported weekly. During week 50 (December 9th, 2018 –December 15th, 2018), there were 14 new cases of influenza reported. A total of 582 tests were performed during week 50. To date, there are 99 positive influenza cases reported by all nine hospitals in DC.

Surveillance of Influenza Cases Reported By Influenza Type

	Week 50 (Dec 09, 2018- Dec 15,2018)		Cumulative Positive Cases for Weeks 40–20 (September 30, 2018–May 18, 2019)	
Influenza A	14	(100.00%)	78	(78.79%)
Influenza B	0	(0.00%)	13	(13.13%)
Influenza A/B	0	(0.00%)	4	(4.04%)
Influenza (not typed)	0	(0.00%)	4	(4.04%)
Total	14*	(100.00%)	99*	(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)



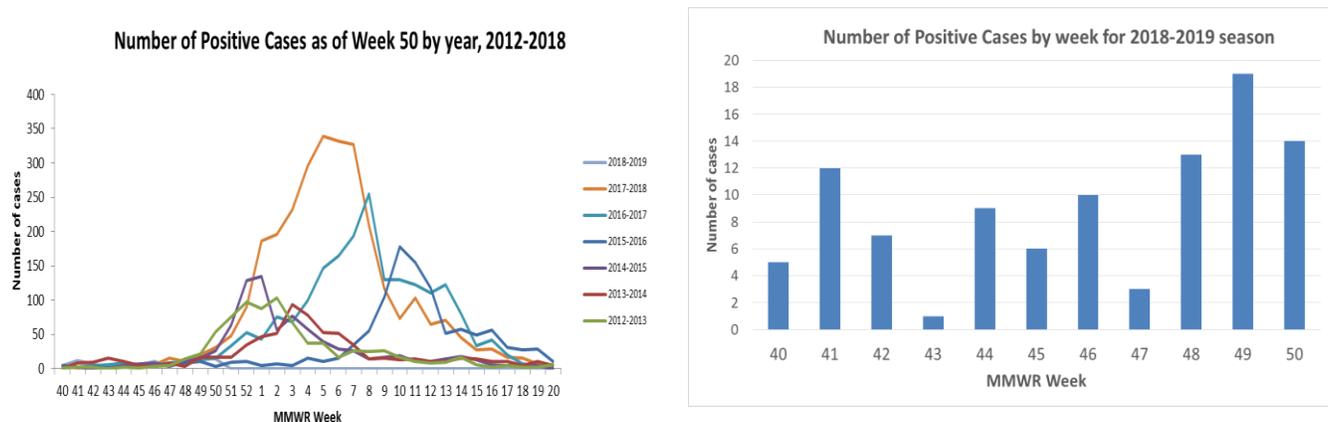
RAPID DIAGNOSTIC TESTING

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 50, 252 out of a total of 582 tests were performed using rapid diagnostic testing in clinical laboratories. Of these, 5(2.0%) were identified as positive using rapid diagnostics.

Week: 50 (December 09, 2018 – December 15,2018)	
No. of specimens tested Rapid Diagnostics	252
No. of positive specimens (%)	5 (2.0%)
Positive specimens by type/subtype	
Influenza A	5(100.00%)
Influenza B	0 (0.00%)
Influenza A/B	0 (0.00%)
Influenza – unknown type	0 (0.00%)

WEEK 50 COMPARISON WITH PREVIOUS SEASONS

For week 50, there were 14 new influenza cases reported in the current season, 31 in the previous 2017-2018 season, 15 cases in the 2016-2017 season, 3 cases in the 2015-2016 season, 26 in the 2014-2015 season, 16 in 2013-2014 and 54 in the 2012-2013 season.



Cumulatively, there are a total of 99 cases reported up to week 50 for the current season. For the previous seasons, 104 cases were reported during the 2017-2018 season, 82 during the 2016-2017 season, 48 in the 2015-2016 season, 78 in the 2014-2015 season, 93 in 2013-2014 season and 105 in the 2012-2013 season.

INFLUENZA-LIKE ILLNESS (ILI) SURVEILLANCE

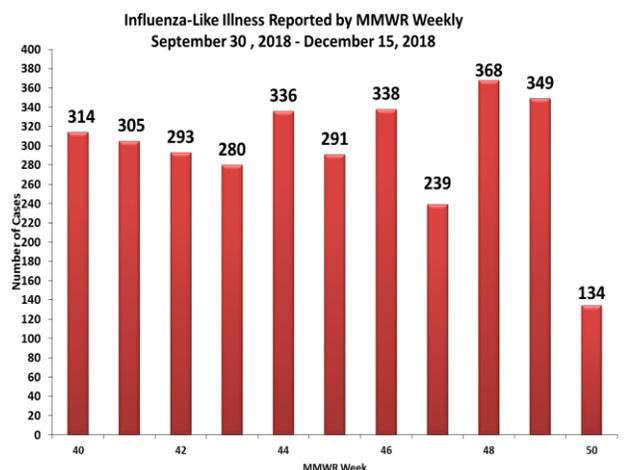
Sentinel surveillance for ILI consists of five outpatient reporting sites for the District of Columbia. The sentinel surveillance sites report the total number of ILI cases encountered per week and the total number of patients seen at the clinic during that same week. For this system, ILI is defined 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 50, sentinel providers reported 134 out of 11854 visits (1.13%) that met the criteria for ILI.

Geographic Spread of Influenza for Washington, DC

Week of	Activity *
Dec 09- Dec 15	<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 DC PHL by hospitals and commercial laboratories on a regular basis. The DC PHL has completed testing for 40 specimens during week 50. For the 2018-2019 season, a total of 361 specimens have been tested by the Laboratory.

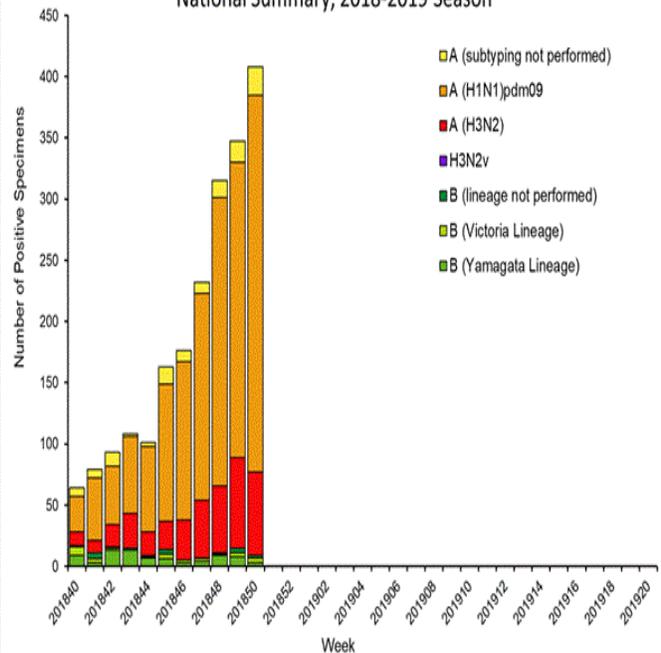
DC PHL Surveillance of Influenza Cases Reported By Influenza Subtype*

DC PHL Influenza Testing	Dec 09, 2018 – Dec 15, 2018	Sep 30, 2018 – Dec 15, 2018
Number of specimens tested	40	361
Number of positive specimens	1	6
Influenza A	1(100.0%)	6 (100.0%)
A(H1N1)pdm09	1	5
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 is increasing. Influenza A (H1N1) pdm09, Influenza A (H3N2), and influenza B viruses continue to co-circulate. The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold. One influenza-associated pediatric death was reported to CDC during week 50. This death was associated with an influenza A virus for which no subtyping was performed and occurred during week 49. A total of seven influenza-associated pediatric deaths have been reported for the 2018-2019 season. During week 50, 1154 specimens were tested by public health laboratories, of which 408 were positive. Of the 408 respiratory specimens that tested positive during week 50, 399 (97.8%) were Influenza A and 9(2.2%) were Influenza B. Of the Influenza A samples, 308 (81.9%) were 2009 H1N1, 68(18.1%) were H3N2, and no subtyping was performed for 23 specimens. Of the Influenza B samples, 3 (42.9%) were Yamagata, 4(57.1%) Victoria and lineage not performed for 2 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) 442-8141 or email flu.epi@dc.gov