

Influenza Surveillance Report

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

2018-2019 Influenza Season Week 9 (February 24, 2019 – March 02, 2019)

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

SUMMARY

- 113 new cases of influenza were reported by hospitals
- Zero pediatric deaths were reported
- To date, 1105 influenza cases have been reported for the 2018-2019 influenza season
- DC Public Health Laboratory has completed testing for 28 specimens during week 9
- Flu activity continues to remain elevated

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.

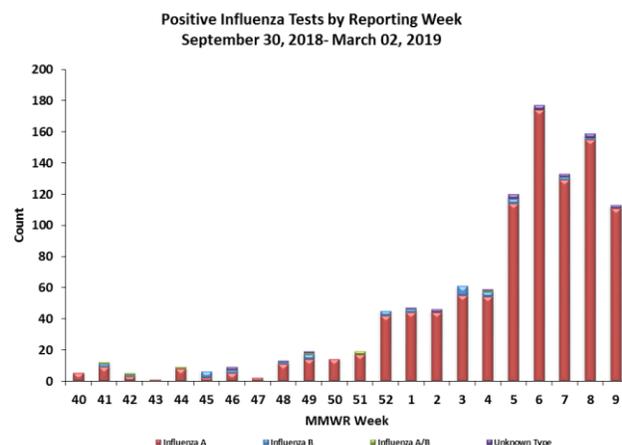
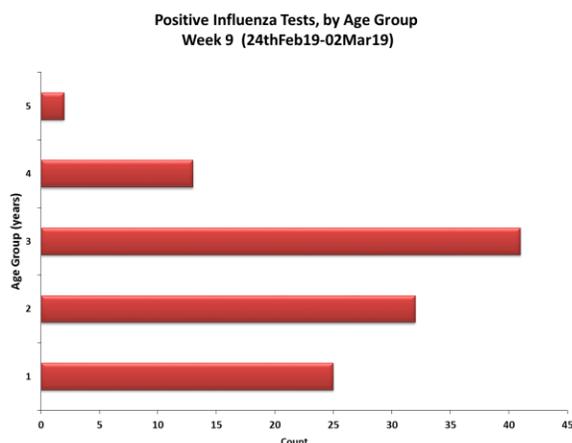
The table below summarizes weekly and cumulative cases of influenza for the 2018-2019 Season. Data are also presented by age group and by number of cases reported weekly. During week 9 (February 24th, 2019 – March 2nd, 2019), there were 113 new cases of influenza reported. A total of 597 tests were performed during week 9. To date, there are 1105 positive influenza cases reported by all nine hospitals in DC.

Surveillance of Influenza Cases Reported By Influenza Type

	Week 9 (Feb 24, 2019- March 02,2019)		Cumulative Positive Cases for Weeks 40–20 (September 30, 2018–May 18, 2019)	
Influenza A	111	(98.23%)	1044	(94.47%)
Influenza B	0	(0.00%)	30	(2.73%)
Influenza A/B	0	(0.00%)	10	(0.90%)
Influenza (not typed)	2	(1.77%)	21	(1.90%)
Total	113*	(100.00%)	1105*	(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)



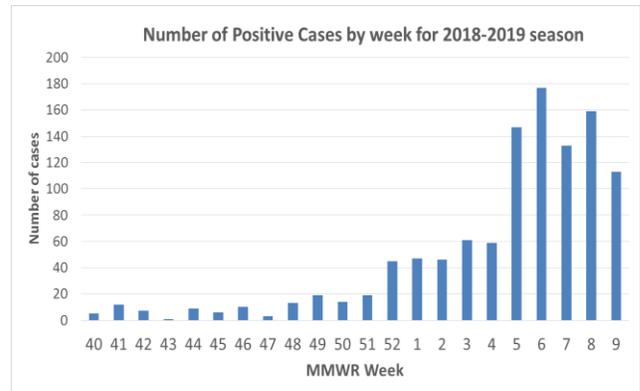
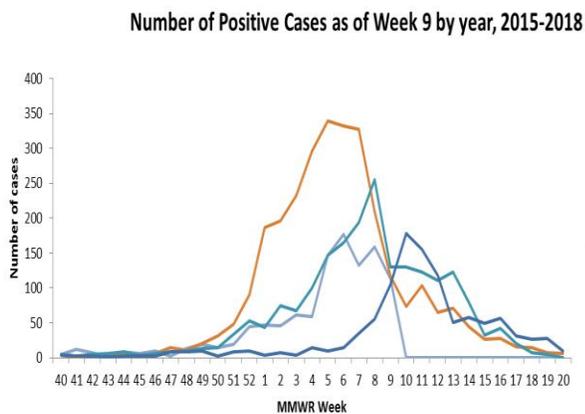
RAPID DIAGNOSTIC TESTING

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 9, 188 out of a total of 597 tests were performed using rapid diagnostic testing in clinical laboratories. Of these, 24(12.76%) were identified as positive using rapid diagnostics.

Week: 9 (February 24, 2019 – March 02, 2019)	
No. of specimens tested Rapid Diagnostics	188
No. of positive specimens (%)	24(12.76%)
Positive specimens by type/subtype	
Influenza A	22 (91.67%)
Influenza B	0 (0.00%)
Influenza A/B	0 (0.00%)
Influenza – unknown type	2 (8.33%)

WEEK 9 COMPARISON WITH PREVIOUS SEASONS

For week 9, there were 113 new influenza cases reported in the current season, 117 in the previous 2017-2018 season, 130 cases in the 2016-2017 season, 105 cases in the 2015-2016 season, 17 in the 2014-2015 season, 15 in 2013-2014 and 26 in the 2012-2013 season.



Cumulatively, there are a total of 1105 cases reported up to week 9 for the current season. For the previous seasons, 2476 cases were reported during the 2017-2018 season, 1346 during the 2016-2017 season, 317 in the 2015-2016 season, 721 in the 2014-2015 season, 584 in 2013-2014 season and 702 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 9, sentinel providers reported 406 out of 15281 visits (2.65%) that met the criteria for ILI.

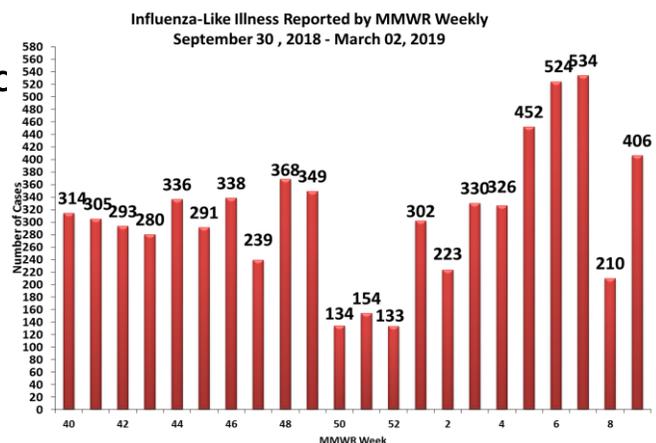
Geographic Spread of Influenza for Washington, DC

Week of	Activity *
Feb 24 – Mar 02	Local

***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 28 specimens during week 9.

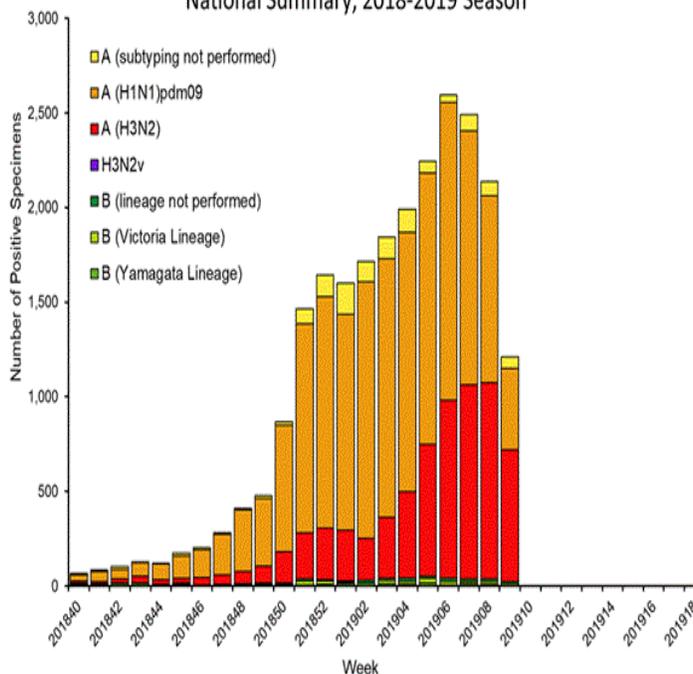
DC PHL Surveillance of Influenza Cases Reported By Influenza Subtype*

DC PHL Influenza Testing	Feb 24, 2019 – Mar 02, 2019	Sep 30, 2018 –Mar 02, 2019
Number of specimens tested	28	822
Number of positive specimens	13	103
Influenza A	13(100.00%)	102(99.02%)
A(H1N1)pdm09	8	74
H3N2	5	28
Influenza B	0 (0.00%)	1 (0.98%)
Yamagata lineage	0	1
Victoria lineage	0	0

NATIONAL INFLUENZA ASSESSMENT

Influenza activity remains elevated in the United States. The proportion of deaths attributed to pneumonia and influenza (P&I) was above the system-specific epidemic threshold. Nine influenza-associated pediatric deaths were reported to CDC during week 9. Four deaths were associated with influenza A (H1N1) pdm09 virus and occurred during weeks 7, 8 and 9. One death was associated with an influenza A (H3) virus and occurred during week 9. Two deaths were associated with an influenza A virus for which no subtyping was performed and occurred during weeks 6 and 9. One death was associated with an influenza B virus and occurred during week 6. A total of 64 influenza-associated pediatric deaths have been reported for the 2018-2019 season. An additional death that occurred in 2015-2016 was reported to CDC this week. During week 9, 1995 specimens were tested by public health laboratories, of which 1209 were positive. Of the 1209 respiratory specimens that tested positive during week 9, 1186 (98.1%) were Influenza A and 23 (1.9%) were Influenza B. Of the Influenza A samples, 429 (38.0%) were 2009 H1N1, 699 (62.0%) were H3N2, and no subtyping was performed for 58 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