

Influenza Surveillance Report

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

2011-2012 Influenza Season Weeks 12 – 13 (March 18, 2012 – March 31, 2012)

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

SUMMARY

- 12 cases of Influenza were reported by hospitals during this reporting period.
- Zero pediatric-deaths associated with Influenza were recorded during this reporting period.
- During this reporting period, one hospitalization for Influenza was recorded, with six to-date.
- For the 2011-2012 Influenza Season to-date, 57 positive Influenza cases have been reported.

INFLUENZA SURVEILLANCE FROM HOSPITALS & AMBULATORY CARE FACILITIES

District of Columbia hospitals and laboratories report detailed information on cases of Influenza on a daily basis. However, in accordance with CDC guidelines, only Influenza-associated deaths in cases <18 years of age and Novel Influenza A infections are reportable.

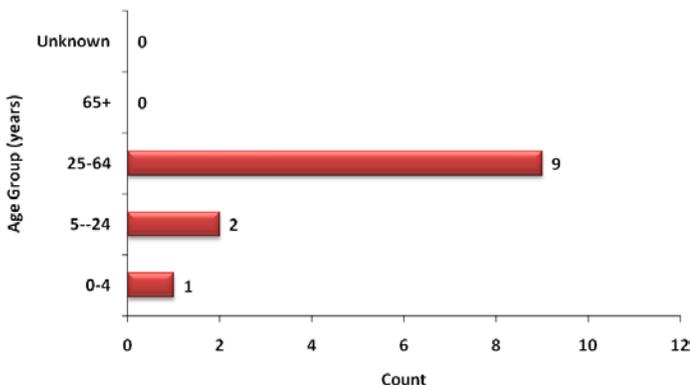
The table below summarizes weekly and cumulative cases of Influenza for the 2011-2012 Season. Data are also presented by age group and by number of cases reported weekly. During weeks 12 – 13 (March 18, 2012 – March 31, 2012), there were twelve new cases of Influenza reported. To date, the District has received 57 positive Influenza cases among DC residents reported by hospitals.

Surveillance of Influenza Cases Reported By Influenza Type

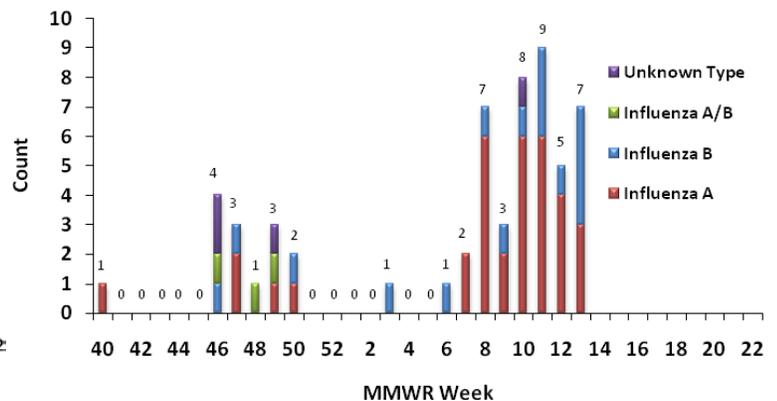
	Weeks 12 – 13 (18 March 2012 – 31 March 2012)		Cumulative Cases for Weeks 40 – 22 (2 October 2011 – 2 June 2012)	
Influenza A	7	(58.3%)	34	(59.6%)
Influenza B	5	(41.7%)	16	(28.1%)
Influenza A/B	0	(0%)	3	(5.3%)
Influenza (not typed)	0	(0%)	4	(7.0%)
Total	12*	(100%)	57*	(100.0%)

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

Positive Influenza Tests, by Age Group
 Weeks 12 - 13 (18 March 2012- 31 March 2012)



Positive Influenza Tests by Week
 October 2, 2011 - June 2, 2012



RAPID DIAGNOSTIC TESTING

Rapid Diagnostic Tests are screening tests used to detect the Influenza virus in a short period of time. While initially less accurate than PCR and viral culture, rapid diagnostics are more accurate as the Influenza season progresses. During weeks 12 – 13, 152 tests out of a total of 157 were performed using Rapid Diagnostic Testing in clinical laboratories. Of these, nine (5.9%) positive Influenza specimens were identified during weeks 12 – 13 using rapid diagnostics. Three of the other tests were performed using serology, and the remaining two were performed using viral culture.

Weeks: 12 – 13 (18 March 2012 – 31 March 2012)	
No. of specimens tested	152
No. of positive specimens (%)	9 (5.9%)
Positive specimens by type/subtype	
Influenza A	6 (66.7%)
Influenza B	3 (33.3%)
Influenza A/B	0 (0%)
Influenza – unknown type	0 (0%)

INFLUENZA-LIKE ILLNESS (ILI) SURVEILLANCE

Sentinel surveillance for ILI consists of three 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 weeks 12 – 13, sentinel providers reported that 133 out of 4,750 visits (2.8%) met the criteria for ILI.

Sentinel Surveillance ILI Activity for Washington, DC

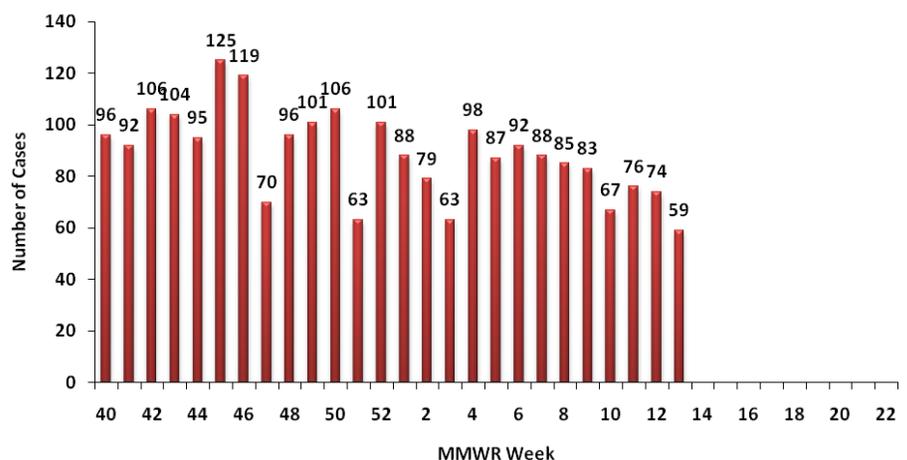
Week of	Activity *
March 18 – March 24	<i>Sporadic</i>
March 25 – March 31	<i>Sporadic</i>

***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.

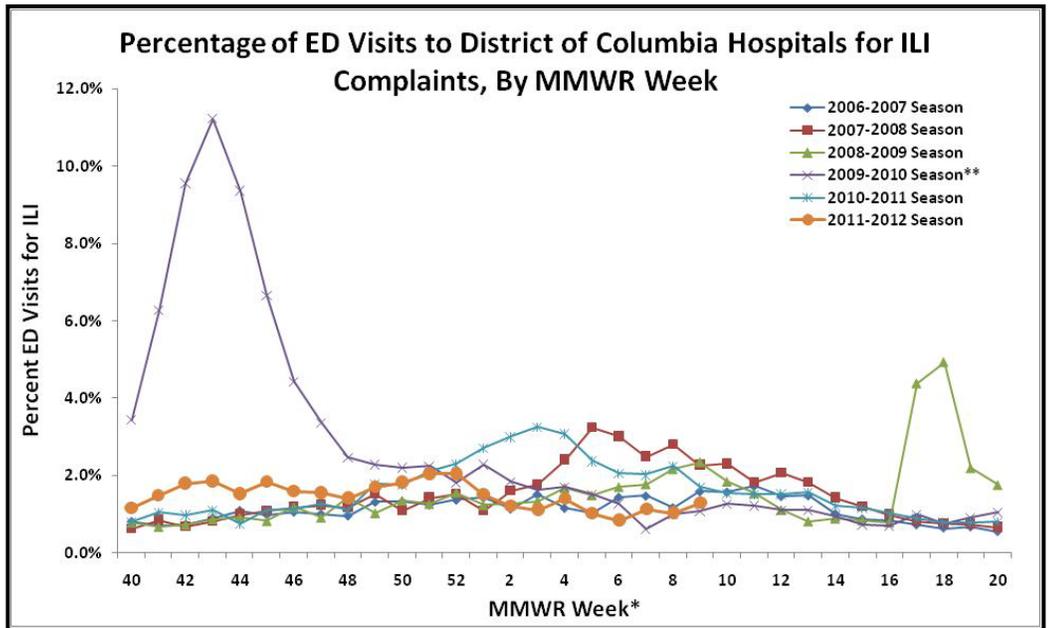
Influenza-Like Illness Reported by MMWR Weekly October 2, 2011 - June 2, 2012



SYNDROMIC SURVEILLANCE FOR THE DISTRICT OF COLUMBIA

The Electronic Surveillance System for Early Notification of Community Epidemics (ESSENCE) is a valuable tool for early detection of naturally occurring and induced health events throughout the National Capital Region (NCR). Syndromic surveillance involves the parsing of a patient’s emergency department (ED) chief complaints into pre-determined syndromes and subsyndromes. Influenza-like illness (ILI) is a subsyndrome in ESSENCE that is defined by the presence of “Influenza,” or “Fever” plus “Cough” or “Sore Throat.” By tracking ILI, the severity of the Influenza season can be monitored and compared to that of previous years.

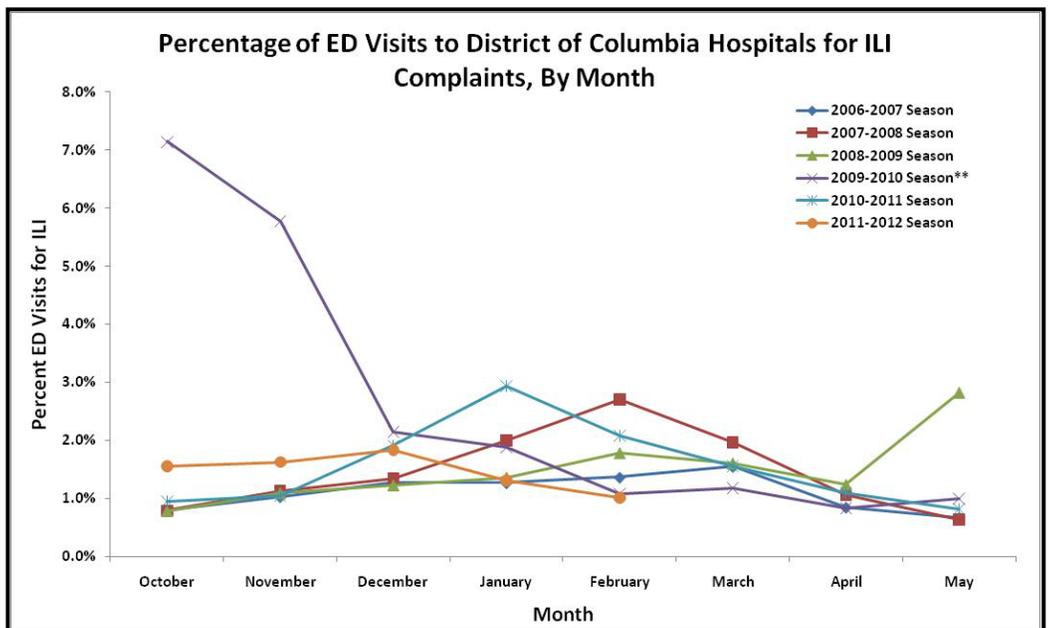
The percentage of visits to EDs by week for ILI is shown in orange for the current 2011-2012 Influenza Season. The percentage of ILI visits made to hospital EDs for the past five Influenza seasons are also plotted for comparison. Data since weeks 10-11 are not available in ESSENCE, and therefore the graph depicts only data through week 9. The graph will be updated when data are available.



* CDC defines the Influenza season as beginning in October and ending mid-May (Weeks 40 – 21)

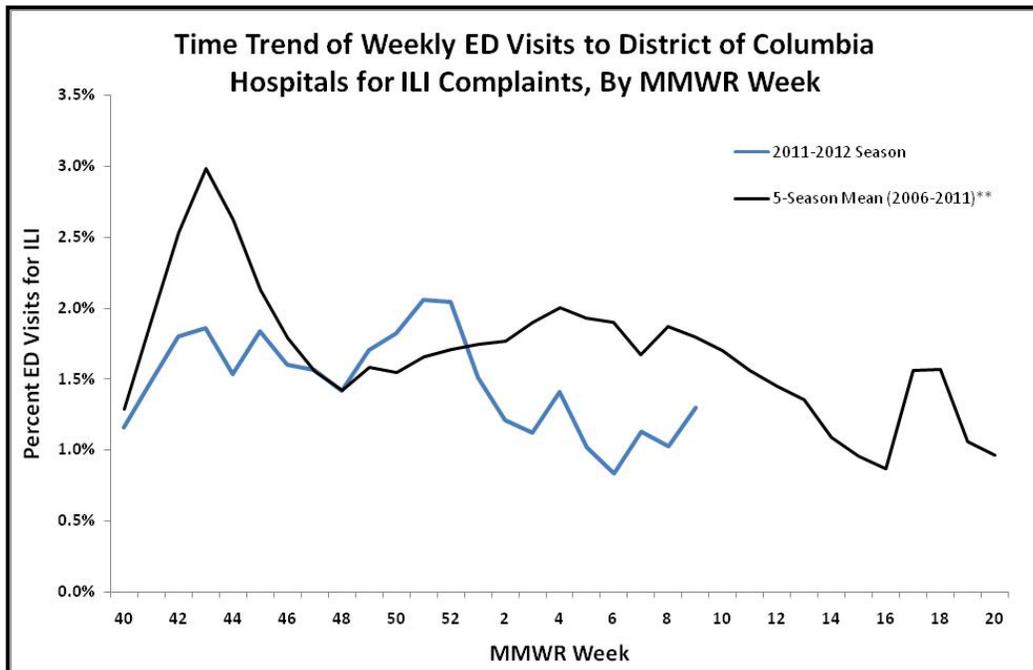
** The 2009-2010 Influenza Season featured an unusual pattern of illness with the emergence of Novel H1N1 Influenza A.

The percentage of visits to EDs by month for ILI is shown in orange for the current 2011-2012 Influenza Season, plotted against the past five Influenza Seasons. The data for March and April will be reported when data are available.



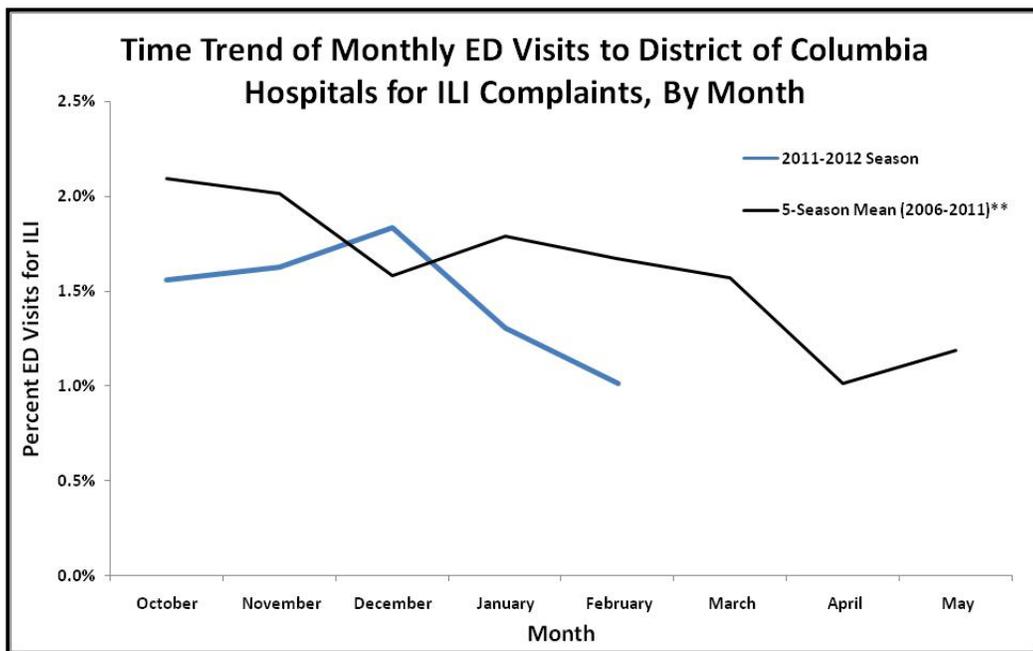
** The 2009-2010 Influenza Season featured an unusual pattern of illness with the emergence of Novel H1N1 Influenza A.

The percentage of visits to EDs for ILI is shown in blue for the current 2011-2012 Influenza Season by MMWR week. The mean percentage of ILI visits made to hospital EDs for the past five Influenza seasons is also plotted for comparison. Data since weeks 10-11 are not available in ESSENCE, and therefore the graph depicts only data through week 9. The graph will be updated when data are available.



** The 2009-2010 Influenza Season, included in the 5-Season mean, featured an unusual pattern of illness with the emergence of Novel H1N1 Influenza A.

The percentage of visits to EDs for ILI is shown in blue for the current 2011-2012 Influenza Season by month, plotted against the mean from the past five Influenza Seasons. The data for March and April will be reported when data are available.



** The 2009-2010 Influenza Season, included in the 5-Season mean, featured an unusual pattern of illness with the emergence of Novel H1N1 Influenza A.

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. To date, sixteen out of forty-four specimens sent to the DC PHL have tested positive for Influenza. Cumulatively, eight of these isolates were subtyped as Influenza A/H3, five were subtyped as Influenza A/H1, and three were Influenza B.

DC PHL Surveillance of Influenza Cases Reported By Influenza Subtype

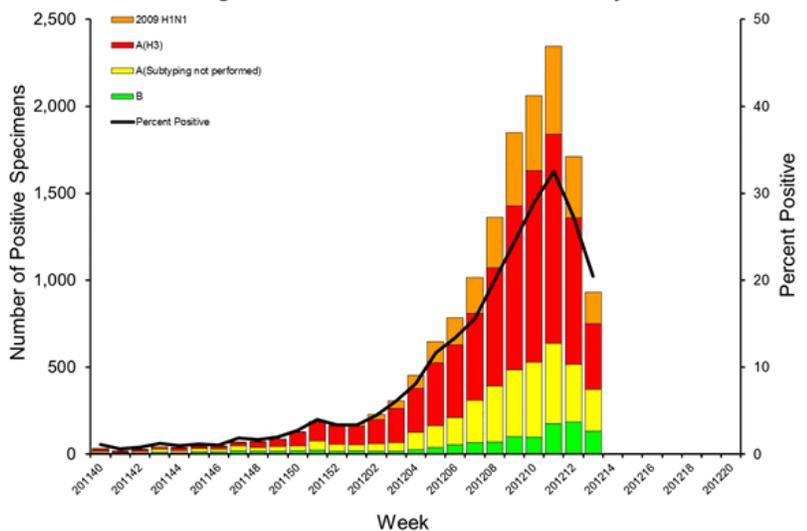
	Weeks 12 – 13* (18 March 2012 – 31 March 2012)	Cumulative Cases for Weeks 40 – 22 (2 Oct 2011 – 2 June 2012)
Number of specimens	7	44
◆ Number of specimens positive for Influenza:	3/7 (43.9%)	16/44 (36.4%)
● Influenza A	3/3 (100%)	13/16 (81.3%)
▪ H1	2/3 (66.7%)	5/13 (38.5%)
▪ H3	1/3 (33.3%)	8/13 (61.5%)
● Influenza B	0/3 (0%)	3/16 (18.8%)

* Week designation for this data is based on the date that the isolate was received by DC PHL.

NATIONAL INFLUENZA ASSESSMENT

The CDC's weekly seasonal Influenza surveillance report for weeks 12 – 13 noted that Influenza-like illness (ILI) activity among outpatients in the United States remained elevated but on the decline nationally and in most regions. The proportion of deaths due to Influenza and pneumonia in the US was below the epidemic threshold, and four Influenza-associated pediatric deaths were recorded in the US during week 12, one due to Influenza A (2009 H1N1) and three due to untyped Influenza A, and one death in week 13 due to untyped Influenza A. Of the 1,840 respiratory specimens that tested positive during weeks 12–13, 87.4% were Influenza A viruses. Of the Influenza A samples, 46.9% were Influenza A (H3), 19.7% were Influenza A (2009 H1N1), and 33.4% of the sample viruses were not subtyped.

Influenza Positive Tests Reported to CDC by U.S. WHO/NREVSS Collaborating Laboratories, National Summary, 2011-12



Get Vaccinated!

To find an Influenza vaccine provider, visit the District of Columbia Flu Resource Center at

<http://doh.dc.gov/doh/cwp/view,a,1370,q,604320.asp>



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 gabrielle.ray@dc.gov.