Influenza Surveillance Report

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

2015-2016 Influenza Season Week 2 (January 10, 2016 – January 16, 2016)

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

SUMMARY

- 7 cases of Influenza were reported by hospitals during this reporting period
- Zero pediatric-deaths associated with Influenza were recorded during this reporting period
- For the 2015-2016 Influenza Season to-date, 78 positive Influenza cases have been reported
- DC PHL did not report any specimens tested for week 2
- This week's activity increased slightly since last week, but the current season's flu activity still remains lower than it has been for the previous three seasons

INFLUENZA SURVEILLANCE FROM HOSPITALS & AMBULATORY CARE FACILITIES

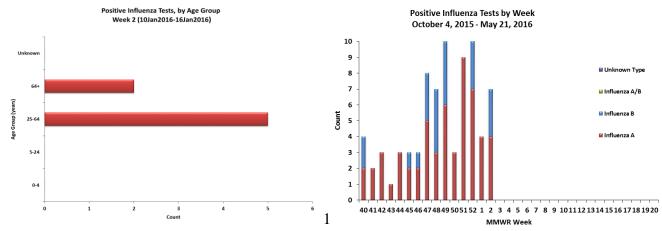
District of Columbia hospitals and laboratories report detailed information on cases of Influenza on a daily basis. However, in accordance with CDC guidelines, only Influenza-associated deaths in cases <18 years of age and Novel Influenza A infections are reportable.

The table below summarizes weekly and cumulative cases of Influenza for the 2015-2016 Season. Data are also presented by age group and by number of cases reported weekly. During week 2 (January 10, 2016–January 16, 2016), there were 7 new cases of Influenza reported. To date, the District has received 78 positive Influenza cases reported by hospitals.

Surveillance of Influenza Cases Reported By Influenza Type

	Week 2 (January 10, 2016– January 16, 2016)			Cases for Weeks 40 - 20 2015 - May 21, 2016)
Influenza A	4	(57.14%)	57	(73.08%)
Influenza B	3	(42.86%)	21	(26.92%)
Influenza A/B	0	(0%)	0	(0%)
Influenza (not typed)	0	(0%)	0	(0%)
Total	7*	(100%)	78*	(100.00%)

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



RAPID DIAGNOSTIC TESTING

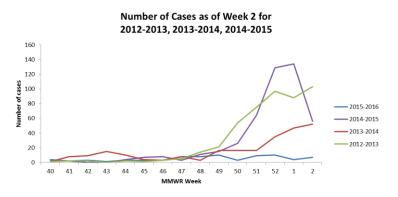
Rapid Diagnostic Tests are screening tests used to detect the Influenza virus in a short period of time. While initially less accurate than PCR and viral culture, rapid diagnostics are more accurate as the Influenza season progresses. During week 2, 91 out of a total of 232 tests were performed using rapid diagnostic testing in clinical laboratories. Of these, 4 positive Influenza specimen was identified during week 2 using rapid diagnostics.

Week: 2 (Jan 10, 2016 – Jan 16, 2016)				
No. of specimens tested Rapid Diagnostics	91			
No. of positive specimens (%)	4 (4.4%)			
Positive specimens by type/subtype				
Influenza A	2 (50%)			
Influenza B	2 (50%)			
Influenza A/B	0 (0%)			
Influenza – unknown type	0 (0%)			

WEEK 2 COMPARISON WITH PREVIOUS SEASONS

For week 2, there were 7 cases in the current 2015-2016 season, 56 cases in last year's week 2, 2014-2015 season, 52 cases during week 2 in the 2013-2014 season, and 103 in the 2012-2013 season.

Cumulatively, there are a total of 78 cases in the district up to week 2 for the current season, 461 during the 2014-2015 season, 243 in the 2013-2014 season, and 468 in the 2012-2013 season.



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 week 2, sentinel providers reported 185 of 2967 (6.24%) visits that met the criteria for ILI.

Sentinel Surveillance ILI Activity for

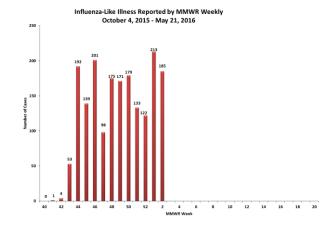
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Week of	Activity *
Jan 10 – Jan 16	Sporadic

*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. DC PHL did not report any specimens tested for week 2.

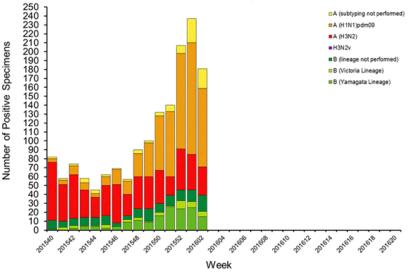
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DC PHL Influenza Testing	January 10, 2016 – January 16, 2016	Total Cases October 4, 2015 – May 21, 2016		
Number of specimens tested	0	26		
 Number of specimens positive for Influenza: 	0 (0%)	5 (19.23%)		
Influenza A	0 (0%)	2 (40%)		
H1 2009 H1N1	0 (0%)	1(50%)		
H1 seasonal	0 (0%)	0 (0%)		
■ H3	0 (0%)	1(50%)		
Influenza B	0 (0%)	3 (60%)		

DC PHL Surveillance of Influenza Cases Reported By Influenza Subtype

NATIONAL INFLUENZA ASSESSMENT

The CDC's weekly seasonal Influenza surveillance report for week 2 noted that influenza activity increased slightly in the United States. The proportion of deaths due to Influenza and pneumonia in the US was below the epidemic threshold. No pediatric deaths were reported to the CDC during week 2. For the 2015-2016 season, a total of 7 pediatric deaths associated with Influenza have been reported in the US. During week 2, 845 specimens were tested by public health laboratories, of which 181 were positive. Of the 181 respiratory specimens that tested positive during week 2, 142 (78.5%) were Influenza A and 39 (21.5%) were Influenza B. Of the Influenza A samples, 88 (62%) were 2009 H1N1, 32 (22.5%) were H3, and 22 (15.5%) were not subtyped.

Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, 2015-2016 Season



Get Vaccinated! To find an Influenza vaccine provider, visit the District of Columbia Immunization Resource Center at <u>http://doh.dc.gov/node/190532</u>

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For additional information about Influenza and Influenza activity in the United States, please visit: <u>http://www.cdc.gov/flu/index.htm</u>. 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) 442-9150 or email <u>keith.li@dc.gov</u>.