Influenza Surveillance Report

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

2015-2016 Influenza Season Week 43 (October 25, 2015 – October 31, 2015)

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

SUMMARY

- 1 case of Influenza was 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, 10 positive Influenza cases have been reported
- DC PHL did not report any specimens tested for week 43.
- The current season has started similarly to previous seasons aside from the unusually severe start for 2013-2014

INFLUENZA SURVEILLANCE FROM HOSPITALS & AMBULATORY CARE FACILITIES

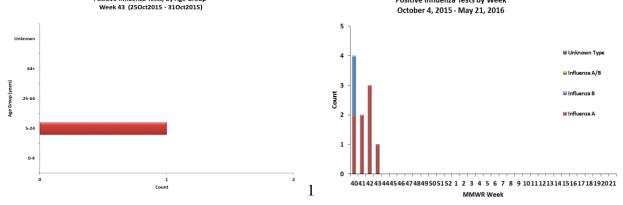
District of Columbia hospitals and laboratories report detailed information on cases of Influenza on a daily basis. However, in accordance with CDC guidelines, only Influenza-associated deaths in cases <18 years of age and Novel Influenza A infections are reportable.

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 43 (October 25, 2015– October 31, 2015), there was 1 new case of Influenza reported. To date, the District has received 10 positive Influenza cases reported by hospitals.

Surveillance of Influenza Cases Reported By Influenza Type

	Week 43 (October 25, 2015– October 31, 2015)			Cases for Weeks 40 – 20 2015 – May 21, 2016)
Influenza A	1	(100%)	8	(80%)
Influenza B	0	(0%)	2	(20%)
Influenza A/B	0	(0%)	0	(0%)
Influenza (not typed)	0	(0%)	0	(0%)
Total	1*	(100%)	10*	(100.00%)

*Includes results from Rapid Diagnostic Testing, Viral Culture, RT-PCR, Serology, and Immunofluorescence. Positive Influenza Tests, by Age Group
Positive Influenza Tests by Week



RAPID DIAGNOSTIC TESTING

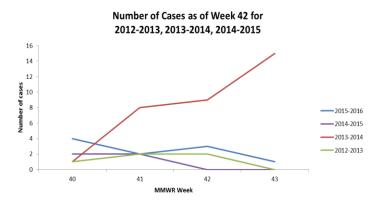
Rapid Diagnostic Tests are screening tests used to detect the Influenza virus in a short period of time. While initially less accurate than PCR and viral culture, rapid diagnostics are more accurate as the Influenza season progresses. During week 43, 135 out of a total of 201 tests were performed using rapid diagnostic testing in clinical laboratories. Of these, 1 positive Influenza specimen was identified during week 43 using rapid diagnostics.

Week: 43 (Oct 25, 2015 – Oct 31, 2015)		
No. of specimens tested Rapid Diagnostics	135	
No. of positive specimens (%)	1 (0.74%)	
Positive specimens by type/subtype		
Influenza A	1 (100%)	
Influenza B	0 (0%)	
Influenza A/B	0 (0%)	
Influenza – unknown type	0 (0%)	

WEEK 43 COMPARISON WITH PREVIOUS SEASONS

For week 43, there was 1 case in the current 2015-2016 season, 0 cases in last year's week 43, 2014-2015 season, 15 cases during week 43 in the 2013-2014 season, and 0 in the 2012-2013 season.

Cumulatively, there are a total of 10 cases in the district up to week 43 for the current season, 4 during the 2014-2015 season, 33 in the 2013-2014 season, and 5 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 43, sentinel providers reported 53 of 2049 (2.59%) visits that met the criteria for ILI.

Sentinel Surveillance ILI Activity for

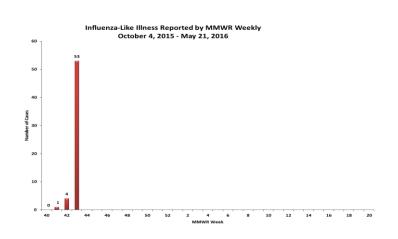
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Week of	Activity *
Oct 25 – Oct 31	No Activity

*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 43.

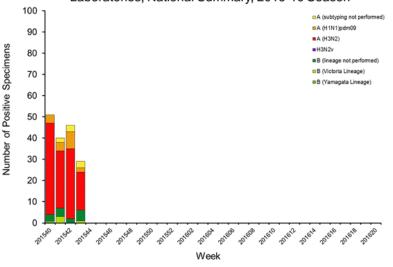
DC PHL Influenza Testing	October 25, 2015 – October 31, 2015	Total Cases October 4, 2015 – May 21, 2016
Number of specimens tested	0	0
 Number of specimens positive for Influenza: 	0 (0%)	0 (0%)
• Influenza A	0 (0%)	0 (0%)
H1 2009 H1N1	0 (0%)	0 (0%)
 H1 seasonal 	0 (0%)	0 (0%)
■ H3	0 (0%)	0 (0%)
Influenza B	0 (0%)	0 (0%)

DC PHL Surveillance of Influenza Cases Rep	ported By Influenza Subtype
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NATIONAL INFLUENZA ASSESSMENT

The CDC's weekly seasonal Influenza surveillance report for week 43 noted that influenza activity was low 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 43, associated with an influenza B virus. For the 2015-2016 season, a total of 1 pediatric death associated with Influenza has been reported in the US. During week 43, 574 specimens were tested, of which 29 were positive. Of the 29 respiratory specimens that tested positive during week 43, 23 (79.3%) were Influenza A and 6 (20.7%) was Influenza B. Of the Influenza A samples, 2 (8.7%) were 2009 H1N1, 18 (78.3%) were H3, and 3 (13.0%) were not subtyped.

Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, 2015-16 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>

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 keith.li@dc.gov.