

# Influenza Surveillance Report

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

## 2017-2018 Influenza Season Week 1 (December 31<sup>st</sup>, 2017 – January 6<sup>th</sup>, 2018)

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

### SUMMARY

- 186 new cases of influenza were reported by hospitals during this reporting period
- Zero pediatric deaths were reported during this period
- 21 additional cases were reported between weeks 50, 51 and 52
- For the 2017-2018 influenza Season to-date, 428 positive Influenza cases have been reported
- DC PHL did not report any specimens tested for week 1
- Flu activity sharply increased since last week, and remains elevated

### 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. We also request that Influenza hospitalizations be reported if possible.

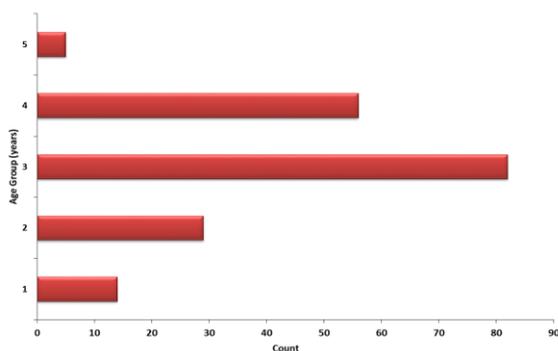
The table below summarizes weekly and cumulative cases of Influenza for the 2017-2018 Season. Data are also presented by age group and by number of cases reported weekly. During week 1 (December 31, 2017–January 06, 2018), there were 186 new cases of influenza reported. 21 additional cases were reported between weeks 50, 51 and 52. To date, the District has received 428 positive influenza cases reported by hospitals.

### Surveillance of Influenza Cases Reported By Influenza Type

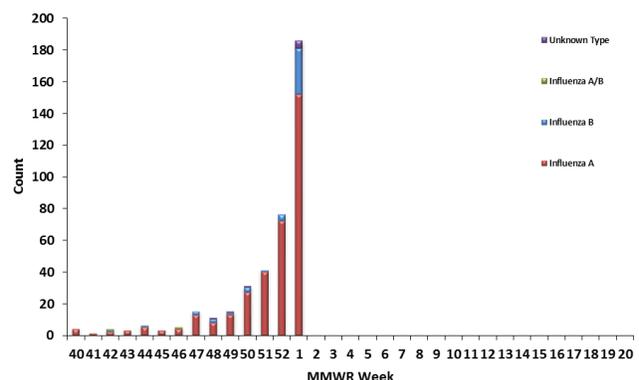
	Week 1 (December 31, 2017–January 06, 2018)		Cumulative Cases for Weeks 40–20 (October 1, 2017–May 19, 2018)	
<b>Influenza A</b>	152	(81.74%)	371	(86.68%)
<b>Influenza B</b>	29	(15.58%)	45	(10.50%)
<b>Influenza A/B</b>	0	(0.00%)	2	(0.46%)
<b>Influenza (not typed)</b>	5	(2.68%)	10	(2.36%)
<b>Total</b>	186*	(100%)	428*	(100.00%)

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

Positive Influenza Tests, by Age Group  
Week 1 (31stDec17-6thJan18)



Positive Influenza Tests by Week  
October 1, 2017 - May 19, 2018



## 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 1, 315 out of a total of 841 tests were performed using rapid diagnostic testing in clinical laboratories. Of these, 62 (19.68%) positive Influenza specimens were identified using rapid diagnostics.

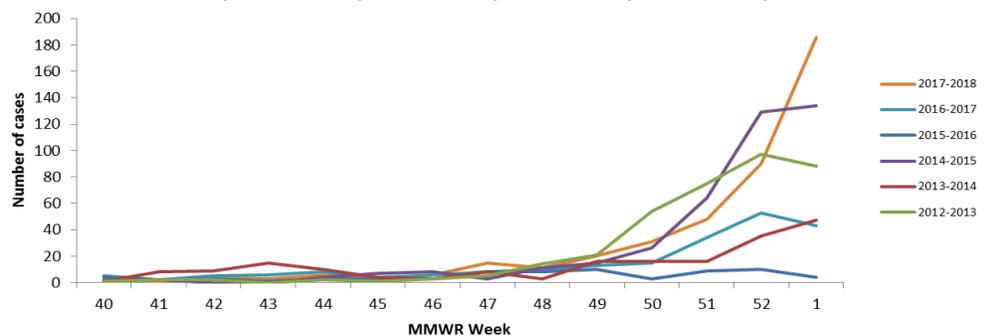
Week: 1 (Dec 31, 2017 – Jan 06, 2018)	
No. of specimens tested Rapid Diagnostics	315
No. of positive specimens (%)	62 (19.68%)
<b>Positive specimens by type/subtype</b>	
Influenza A	48 (77.50%)
Influenza B	9 (14.50 %)
Influenza A/B	0 (0.00%)
Influenza – unknown type	5 (8.00%)

## WEEK 1 COMPARISON WITH PREVIOUS SEASONS

For week 1, there were 186 new cases in the current 2017-2018 season, 43 cases in last year's 2016-2017 season, 4 cases in the 2015-2016 season, 134 cases in the 2014-2015 season, 47 in the 2013-2014 season, and 88 in the 2012-2013 season.

Cumulatively, there are a total of 428 cases in the district up to week 1 for the current season, 212 during the 2016-2017 season, 71 during the 2015-2016 season, 405 in the 2014-2015 season, 191 in the 2013-2014 season, and 365 in the 2012-2013 season.

Number of Cases as of Week 1 for  
2012-2013, 2013-2014, 2014-2015, 2015-2016, 2016-2017, 2017-2018



## 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 1, sentinel providers reported 310 out of 10656 visits (2.90 %) that met the criteria for ILI.

## Geographic Spread of Influenza for Washington, DC

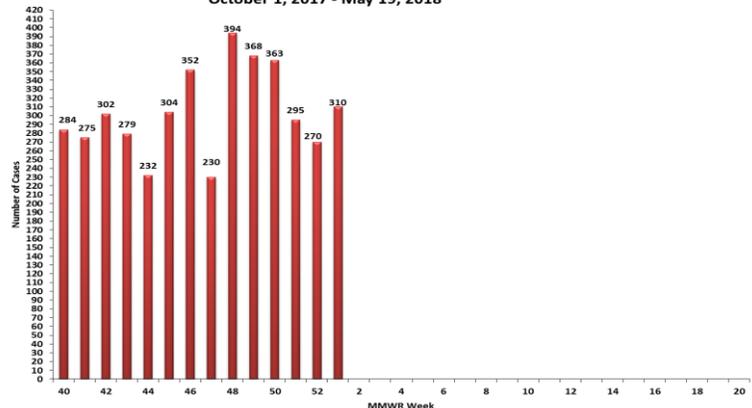
Week of	Activity *
Dec 31 – Jan 06	Local

**\*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-Like Illness Reported by MMWR Weekly  
October 1, 2017 - May 19, 2018



## INFLUENZA TESTING BY THE DISTRICT OF COLUMBIA PUBLIC HEALTH LABORATORY (DC PHL)

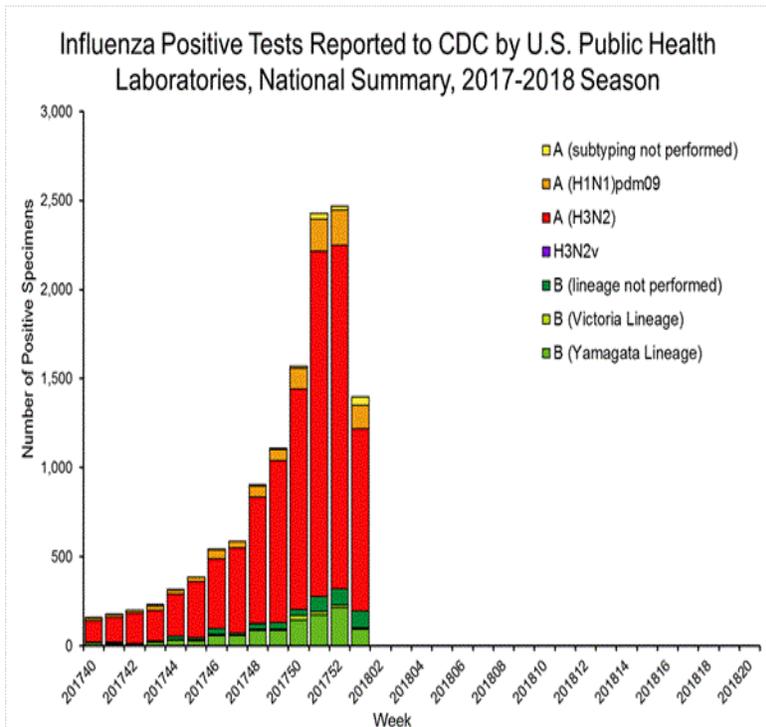
The DC PHL subtypes human isolates to monitor the circulating strains of Influenza. The isolates are submitted to the DC PHL by hospitals and commercial laboratories. DC PHL did not report any specimens tested for week 1.

### DC PHL Surveillance of Influenza Cases Reported By Influenza Subtype

DC PHL Influenza Testing	Dec 31, 2017 – Jan 06, 2018	Total Cases October 1, 2017 – May 19, 2018
<b>Number of specimens tested</b>	0	0
◆ <b>Number of specimens positive for Influenza:</b>	0 (0%)	0 (0%)
● <b>Influenza A</b>	0 (0%)	0 (0%)
▪ <b>H1 2009 H1N1</b>	0 (0%)	0 (0%)
▪ <b>H1 seasonal</b>	0 (0%)	0 (0%)
▪ <b>H3</b>	0 (0%)	0 (0%)
● <b>Influenza B</b>	0 (0%)	0 (0%)

## NATIONAL INFLUENZA ASSESSMENT

The CDC's weekly seasonal Influenza surveillance report for week 1 noted that influenza activity increased sharply in the United States. The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold. Seven pediatric deaths were reported to the CDC during week 1 for the current season. One death was associated with an influenza A (H3) virus, one death was associated with an influenza A (H1N1) pdm09 virus and two deaths were associated with an influenza A virus for which no subtyping was performed during week 1. Three deaths were associated with an influenza B virus and occurred during weeks 50 and 51. For the 2017-2018 season, twenty pediatric deaths associated with Influenza have been reported in the US for this season. During week 1, 2401 specimens were tested by public health laboratories, of which 1,398 were positive. Of the 1,398 respiratory specimens that tested positive during week 1, 1202 (86.0%) were Influenza A and 196 (14.0%) were Influenza B. Of the Influenza A samples, 132 (11.0%) were 2009 H1N1, 1,021(84.9%) were H3, and 49 (4.1%) were un-typed.



Get Vaccinated!

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



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 [preetha.iyengar@dc.gov](mailto:preetha.iyengar@dc.gov)