

# Influenza Surveillance Report

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

## 2016-2017 Influenza Season Week 10 (March 5, 2017 – March 11, 2017) (All data are preliminary and may change as more reports are received)

### SUMMARY

- 114 cases of Influenza were reported by hospitals during this reporting period
- Zero pediatric deaths were reported during this period
- For the 2016-2017 Influenza Season to-date, 1391 positive Influenza cases have been reported
- DC PHL did not report any specimens tested for week 10
- Flu activity remained steady as compared to last week

### INFLUENZA SURVEILLANCE FROM HOSPITALS & AMBULATORY CARE FACILITIES

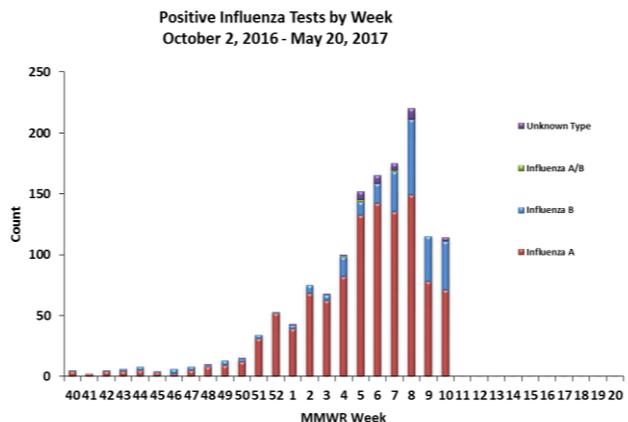
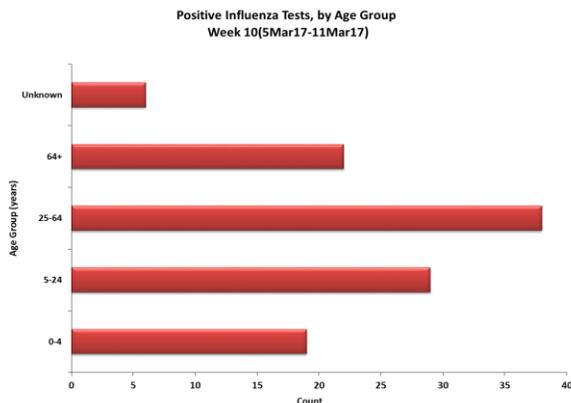
District of Columbia hospitals and laboratories report detailed information on cases of Influenza on a daily basis. However, in accordance with CDC guidelines, only Influenza-associated deaths in cases <18 years of age and Novel Influenza A infections are reportable. We also request that Influenza hospitalizations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

The table below summarizes weekly and cumulative cases of Influenza for the 2016-2017 Season. Data are also presented by age group and by number of cases reported weekly. During week 10 (March 5, 2017–March 11, 2017), there were 114 new cases of Influenza reported. To date, the District has received 1391 positive Influenza cases reported by hospitals.

### Surveillance of Influenza Cases Reported By Influenza Type

	Week 10 (March 5, 2017–March 11, 2017)		Cumulative Cases for Weeks 40–20 (October 2, 2016–May 20, 2017)	
<b>Influenza A</b>	71	(62.28%)	1100	(80.58%)
<b>Influenza B</b>	40	(35.09%)	256	(16.92%)
<b>Influenza A/B</b>	0	(0.00%)	4	(0.31%)
<b>Influenza (not typed)</b>	3	(2.63%)	31	(2.19%)
<b>Total</b>	<b>114*</b>	<b>(100%)</b>	<b>1391*</b>	<b>(100.00%)</b>

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



**RAPID DIAGNOSTIC TESTING**

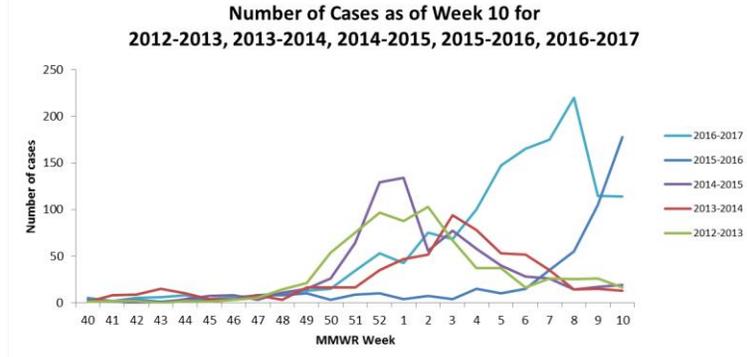
Rapid Diagnostic Tests are screening tests used to detect the Influenza virus in a short period of time. While initially less accurate than PCR and viral culture, rapid diagnostics are more accurate as the Influenza season progresses. During week 10, 234 out of a total of 549 tests were performed using rapid diagnostic testing in clinical laboratories. Of these, 38 (16.24%) positive Influenza specimens were identified using rapid diagnostics.

Week: 10 (March 5, 2017 – March 11, 2017)	
No. of specimens tested Rapid Diagnostics	234
No. of positive specimens (%)	38 (16.24%)
<b>Positive specimens by type/subtype</b>	
Influenza A	21 (55.26%)
Influenza B	14 (36.84%)
Influenza A/B	0 (0%)
Influenza – unknown type	3 (7.90%)

**WEEK 10 COMPARISON WITH PREVIOUS SEASONS**

For week 10, there were 114 cases in the current 2016-2017 season, 178 cases in last year’s 2015-2016 season, 19 cases in the 2014-2015 season, 13 in the 2013-2014 season, and 16 in the 2012-2013 season.

Cumulatively, there are a total of 1391 cases in the district up to week 10 for the current season, 495 during the 2015-2016 season, 740 in the 2014-2015 season, 597 in the 2013-2014 season, and 718 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 10, sentinel providers reported 225 out of 2671 visits (8.42%) that met the criteria for ILI.

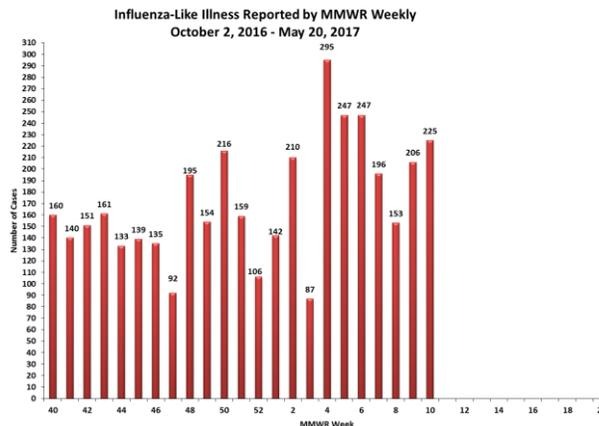
**Sentinel Surveillance ILI Activity for Washington, DC**

Week of	Activity *
Mar 5 – Mar 11	<i>Local</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 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 10.

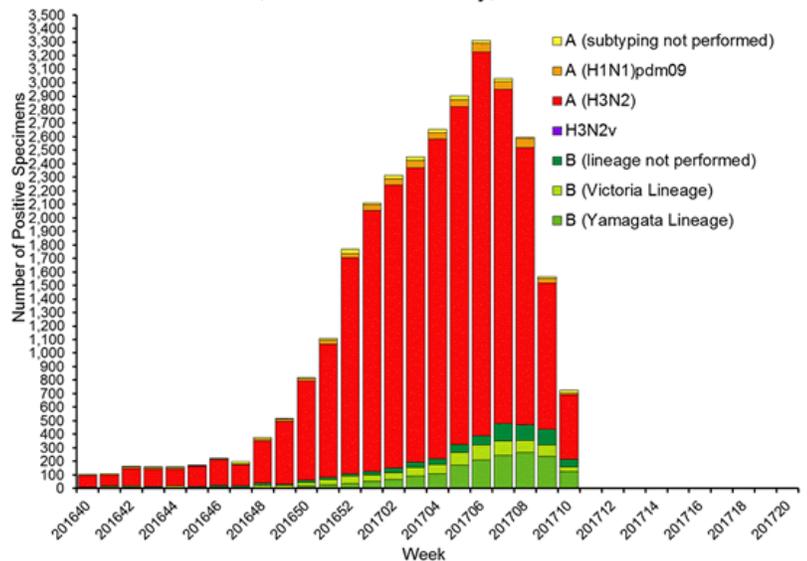
### DC PHL Surveillance of Influenza Cases Reported By Influenza Subtype

DC PHL Influenza Testing	Mar 5, 2017 – Mar 11, 2017	Total Cases October 2, 2016 – May 20, 2017
<b>Number of specimens tested</b>	0	68
◆ <b>Number of specimens positive for Influenza:</b>	0 (0%)	43 (63.24%)
● <b>Influenza A</b>	0 (0%)	43 (100%)
▪ <b>H1 2009 H1N1</b>	0 (0%)	2 (4.65%)
▪ <b>H1 seasonal</b>	0 (0%)	0 (0%)
▪ <b>H3</b>	0 (0%)	41 (95.35%)
● <b>Influenza B</b>	0 (0%)	0 (0%)

## NATIONAL INFLUENZA ASSESSMENT

The CDC's weekly seasonal Influenza surveillance report for week 100 noted that influenza activity decreased, but remained elevated in the United States. The proportion of deaths attributed to pneumonia and influenza (P&I) was above the system-specific epidemic threshold. Five pediatric deaths were reported to the CDC during week 10, two associated with A (H3) viruses, one with an untyped A virus, and two with B viruses. For the 2016-2017 season, a total of 53 pediatric deaths associated with Influenza have been reported in the US. During week 10, 1,511 specimens were tested by public health laboratories, of which 727 were positive. Of the 726 respiratory specimens that tested positive during week 10, 514 (70.7%) were Influenza A and 213 (29.3%) were Influenza B. Of the Influenza A samples, 16 (3.1%) were 2009 H1N1, 476 (92.6%) were H3, and 22 (4.3%) were un-typed.

Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, 2016-2017 Season



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) 442-9150 or email [keith.li@dc.gov](mailto:keith.li@dc.gov).