

Influenza Surveillance Report

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

2016-2017 Influenza Season Week 18 (April 30, 2017 – May 6, 2017)

(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 were reported during this period
- For the 2016-2017 Influenza Season to-date, 2015 positive Influenza cases have been reported
- DC PHL did not report any specimens tested for week 18
- Flu activity decreased since last week and remains low in the District

INFLUENZA SURVEILLANCE FROM HOSPITALS & AMBULATORY CARE FACILITIES

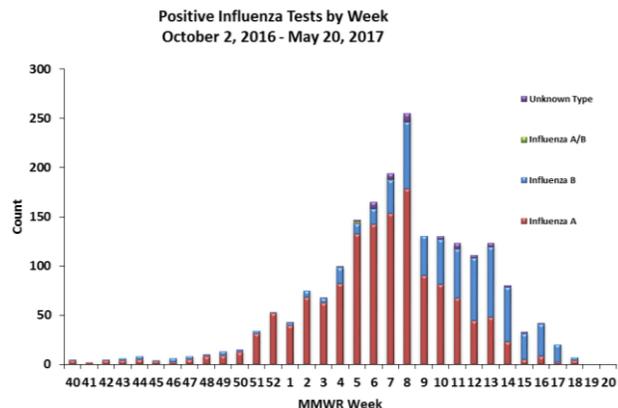
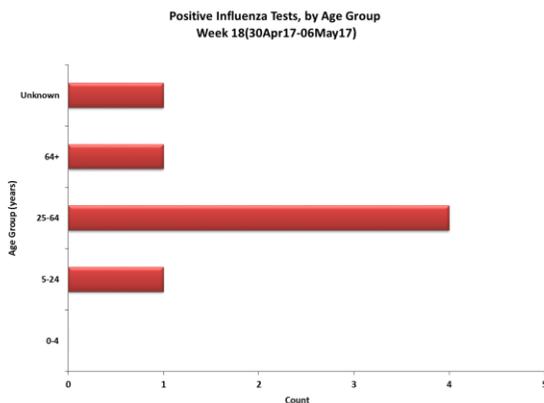
District of Columbia hospitals and laboratories report detailed information on cases of Influenza on a daily basis. However, in accordance with CDC guidelines, only Influenza-associated deaths in cases <18 years of age and Novel Influenza A infections are reportable. We also request that Influenza hospitalizations 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 18 (April 30, 2017– May 6, 2017), there were 7 new cases of Influenza reported. To date, the District has received 2015 positive Influenza cases reported by hospitals.

Surveillance of Influenza Cases Reported By Influenza Type

	Week 18 (April 30, 2017–May 6, 2017)		Cumulative Cases for Weeks 40–20 (October 2, 2016–May 20, 2017)	
Influenza A	4	(57.14%)	1369	(67.94%)
Influenza B	3	(42.86%)	592	(29.38%)
Influenza A/B	0	(0.00%)	4	(0.20%)
Influenza (not typed)	0	(0.00%)	50	(2.48%)
Total	7*	(100%)	2015*	(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 18, 79 out of a total of 198 tests were performed using rapid diagnostic testing in clinical laboratories. Of these, 4 (5.06%) positive Influenza specimens were identified using rapid diagnostics.

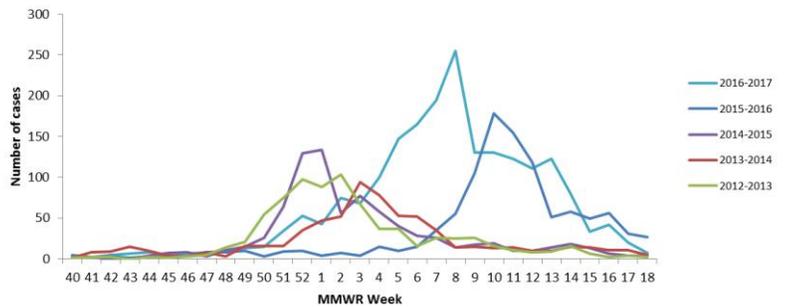
Week: 18 (April 30, 2017 – May 6, 2017)	
No. of specimens tested Rapid Diagnostics	79
No. of positive specimens (%)	4 (5.06%)
Positive specimens by type/subtype	
Influenza A	2(50%)
Influenza B	2(50%)
Influenza A/B	0 (0%)
Influenza – unknown type	0(0%)

WEEK 18 COMPARISON WITH PREVIOUS SEASONS

For week 18, there were 7 cases in the current 2016-2017 season, 27 cases in last year’s 2015-2016 season, 4 cases in the 2014-2015 season, 5 in the 2013-2014 season, and 2 in the 2012-2013 season.

Cumulatively, there are a total of 2015 cases in the district up to week 18 for the current season, 1040 during the 2015-2016 season, 819 in the 2014-2015 season, 687 in the 2013-2014 season, and 776 in the 2012-2013 season.

Number of Cases as of Week 18 for 2012-2013, 2013-2014, 2014-2015, 2015-2016, 2016-2017



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 18, sentinel providers reported 132 out of 2818 visits (4.68%) that met the criteria for ILI.

Sentinel Surveillance ILI Activity for Washington, DC

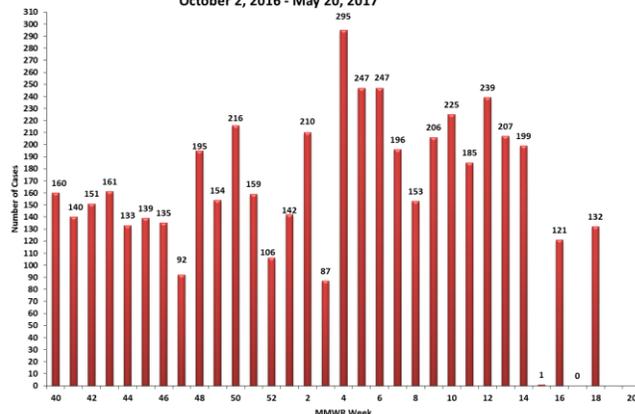
Week of	Activity *
Apr 30 – May 6	<i>Sporadic</i>

***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, 2016 - May 20, 2017



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 18.

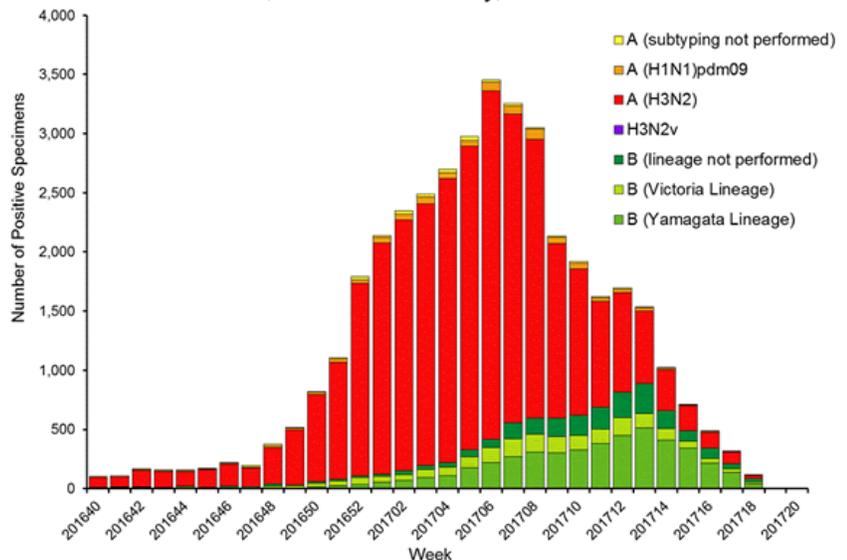
DC PHL Surveillance of Influenza Cases Reported By Influenza Subtype

DC PHL Influenza Testing	Apr 30, 2017 – May 6, 2017	Total Cases October 2, 2016 – May 20, 2017
Number of specimens tested	0	68
◆ Number of specimens positive for Influenza:	0 (0%)	43 (63.24%)
● Influenza A	0 (0%)	43 (100%)
▪ H1 2009 H1N1	0 (0%)	2 (4.65%)
▪ H1 seasonal	0 (0%)	0 (0%)
▪ H3	0 (0%)	41 (95.35%)
● Influenza B	0 (0%)	0 (0%)

NATIONAL INFLUENZA ASSESSMENT

The CDC's weekly seasonal Influenza surveillance report for week 18 noted that influenza activity decreased in the United States. The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold. Two pediatric deaths during this season were reported to the CDC during week 18, one associated with an A (H1N1) virus, one associated with B viruses. For the 2016-2017 season, a total of 91 pediatric deaths associated with Influenza have been reported in the US. During week 18, 402 specimens were tested by public health laboratories, of which 114 were positive. Of the 114 respiratory specimens that tested positive during week 18, 31 (27.2%) were Influenza A and 83 (72.8%) were Influenza B. Of the Influenza A samples, 1 (3.2%) were 2009 H1N1, 30 (96.8%) were H3, and 0 (0%) 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.