

Influenza Surveillance Report

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

2017-2018 Influenza Season Week 49 (December 3, 2017 – December 9, 2017)

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

SUMMARY

- 15 new case of influenza were reported by hospitals during this reporting period
- Zero pediatric deaths were reported during this period
- For the 2017-2018 influenza Season to-date, 68 positive Influenza cases have been reported
- DC PHL did not report any specimens tested for week 49
- Flu activity increased slightly and remains elevated

INFLUENZA SURVEILLANCE FROM HOSPITALS & AMBULATORY CARE FACILITIES

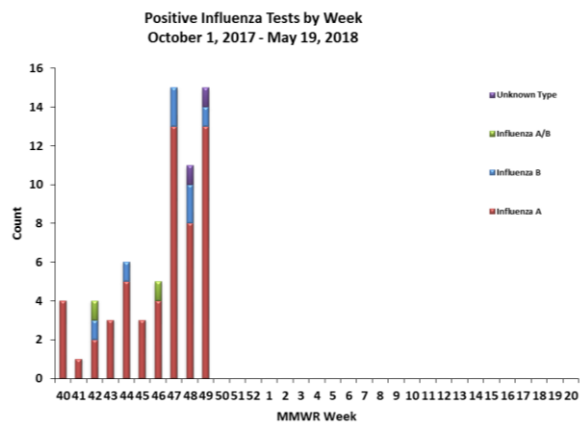
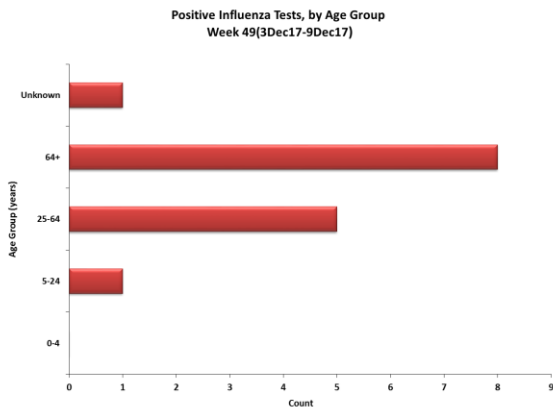
District of Columbia hospitals and laboratories report detailed information on cases of Influenza on a daily basis. However, in accordance with CDC guidelines, only Influenza-associated deaths in cases <18 years of age and Novel Influenza A infections are reportable. We also request that Influenza hospitalizations 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 49 (December 3, 2017–December 9, 2017), there were 15 new cases of influenza reported. To date, the District has received 68 positive influenza cases reported by hospitals.

Surveillance of Influenza Cases Reported By Influenza Type

	Week 49 (December 3, 2017–December 9, 2017)		Cumulative Cases for Weeks 40–20 (October 1, 2017–May 19, 2018)	
Influenza A	13	(86.67%)	56	(82.36%)
Influenza B	1	(6.67%)	8	(11.76%)
Influenza A/B	0	(0.00%)	2	(2.94%)
Influenza (not typed)	1	(6.67%)	2	(2.94%)
Total	15*	(100%)	68*	(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 49, 126 out of a total of 349 tests were performed using rapid diagnostic testing in clinical laboratories. Of these, 7 (5.55%) positive Influenza specimens were identified using rapid diagnostics.

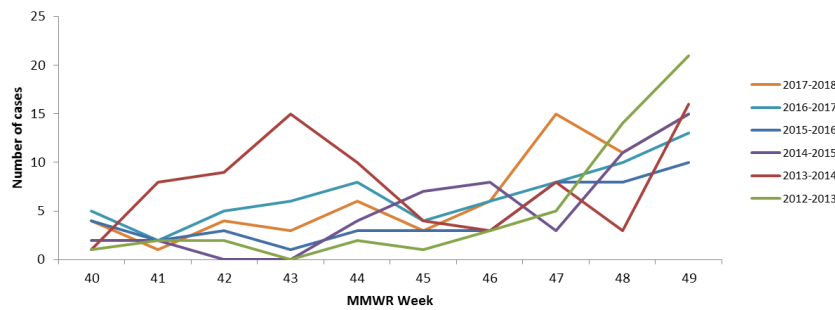
Week: 49 (Dec 3, 2017 – Dec 9, 2017)	
No. of specimens tested Rapid Diagnostics	126
No. of positive specimens (%)	7 (5.55%)
Positive specimens by type/subtype	
Influenza A	6 (85.71%)
Influenza B	0 (0%)
Influenza A/B	0 (0%)
Influenza – unknown type	1 (14.29%)

WEEK 49 COMPARISON WITH PREVIOUS SEASONS

For week 49, there were 15 new cases in the current 2017-2018 season, 13 cases in last year’s 2016-2017 season, 10 cases in the 2015-2016 season, 15 cases in the 2014-2015 season, 16 in the 2013-2014 season, and 21 in the 2012-2013 season.

Cumulatively, there are a total of 68 cases in the district up to week 49 for the current season, 67 during the 2016-2017 season, 45 during the 2015-2016 season, 52 in the 2014-2015 season, 77 in the 2013-2014 season, and 51 in the 2012-2013 season.

Number of Cases as of Week 49 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 49, sentinel providers reported 368 out of 14,735 visits (2.50%) that met the criteria for ILI.

Geographic Spread of Influenza for Washington, DC

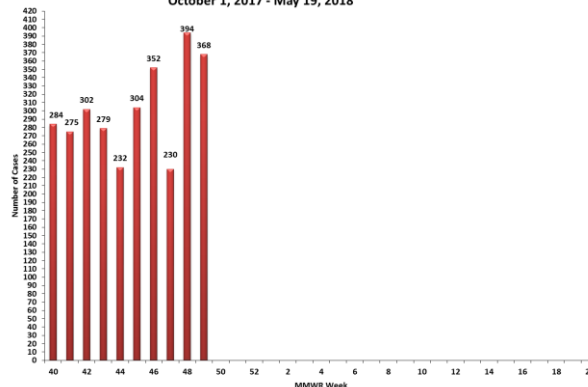
Week of	Activity *
Dec 3 – Dec 9	<i>Sporadic</i>

***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 1, 2017 - May 19, 2018



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

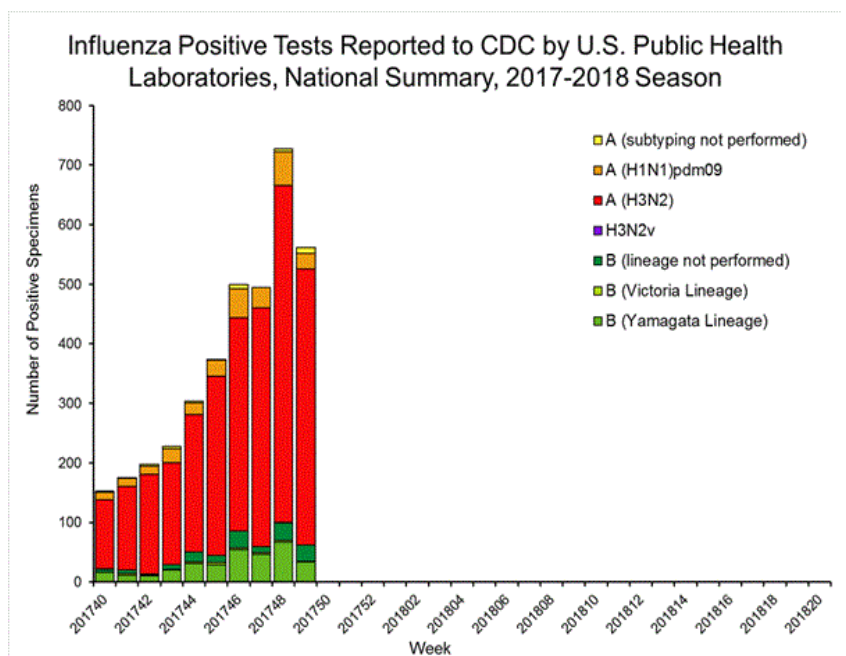
The DC PHL subtypes human isolates to monitor the circulating strains of Influenza. The isolates are submitted to the DC PHL by hospitals and commercial laboratories. DC PHL did not report any specimens tested for week 49.

DC PHL Surveillance of Influenza Cases Reported By Influenza Subtype

DC PHL Influenza Testing	Dec 3, 2017 – Dec 9, 2017	Total Cases October 1, 2017 – May 19, 2018
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%)

NATIONAL INFLUENZA ASSESSMENT

The CDC's weekly seasonal Influenza surveillance report for week 49 noted that influenza activity increased in the United States. The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold. One pediatric deaths were reported to the CDC during week 49 for the current season. One was associate with an un-typed influenza A virus. For the 2017-2018 season, eight pediatric death associated with Influenza has been reported in the US for this season. During week 49, 1,411 specimens were tested by public health laboratories, of which 562 were positive. Of the 562 respiratory specimens that tested positive during week 49, 500 (89.0%) were Influenza A and 62 (11.0%) were Influenza B. Of the Influenza A samples, 26 (5.2%) were 2009 H1N1, 464 (92.8%) were H3, and 10 (2.0%) 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) 442-9150 or email keith.li@dc.gov.