

Influenza Surveillance Report

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

2017-2018 Influenza Season Week 7 (February 11th, 2018 – February 17th, 2018)

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

SUMMARY

- 327 new cases 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, 2150 positive Influenza cases have been reported
- For the 2017-2018 influenza season, DC PHL has completed testing for 91 specimens
- Flu activity is similar to that of the previous 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.

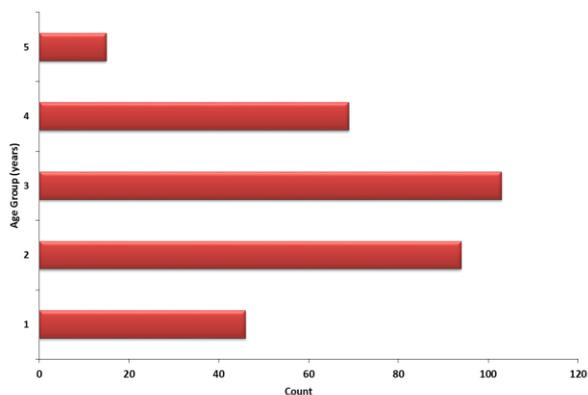
The table below summarizes weekly and cumulative cases of Influenza for the 2017-2018 Season. Data are also presented by age group and by number of cases reported weekly. During week 7 (February 11th, 2018–February 17th, 2018), there were 327 new cases of influenza reported. A total of 1293 tests were performed during week 7. To date, the District has received 2150 positive influenza cases reported by all nine hospitals.

Surveillance of Influenza Cases Reported By Influenza Type

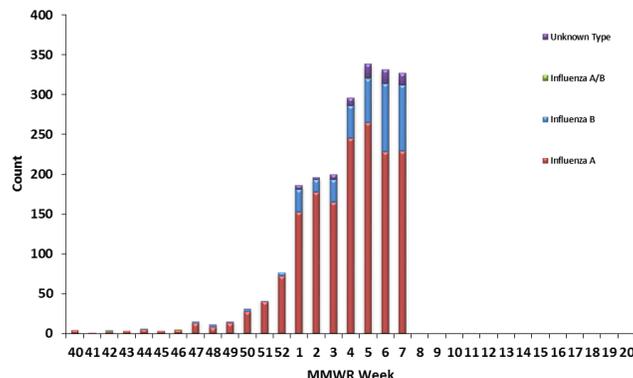
	Week 7 (February 11, 2018- February 17, 2018)		Cumulative Positive Cases for Weeks 40–20 (October 1, 2017–May 19, 2018)	
Influenza A	229	(70.03 %)	1712	(80.00 %)
Influenza B	83	(25.39 %)	354	(16.50 %)
Influenza A/B	0	(0.00 %)	3	(0.60 %)
Influenza (not typed)	15	(4.58 %)	81	(2.90%)
Total	327*	(100.00%)	2150*	(100.00%)

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

Positive Influenza Tests, by Age Group
Week 7 (11thFeb18-17thFeb18)



Positive Influenza Tests by Reporting 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 7, 684 out of a total of 1293 tests were performed using rapid diagnostic testing in clinical laboratories. Of these, 151 (22.94 %) positive Influenza specimens were identified using rapid diagnostics.

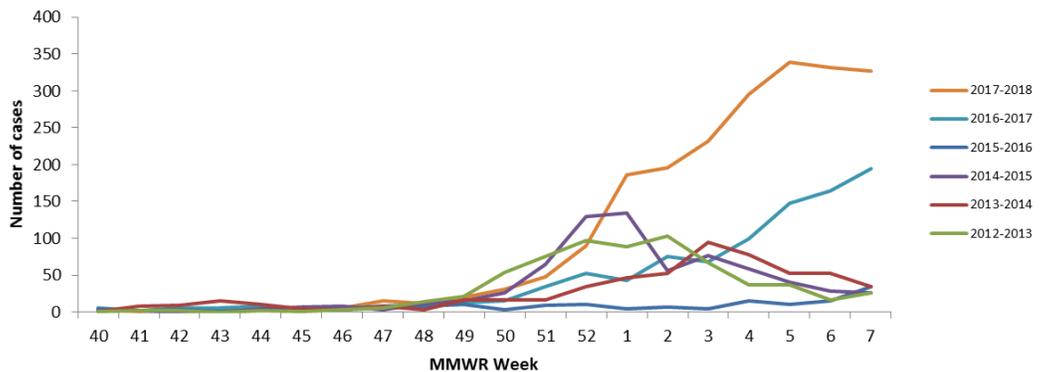
Week: 7 (Feb 11, 2018 – Feb 17, 2018)	
No. of specimens tested Rapid Diagnostics	658
No. of positive specimens (%)	151 (22.94%)
Positive specimens by type/subtype	
Influenza A	101 (66.88 %)
Influenza B	35 (23.17 %)
Influenza A/B	0 (0.00%)
Influenza – unknown type	15 (9.95%)

WEEK 7 COMPARISON WITH PREVIOUS SEASONS

For week 7, there were 327 new cases reported in the current 2017-2018 season, 194 cases in last year’s 2016-2017 season, 35 cases in the 2015-2016 season, 26 cases in the 2014-2015 season, 35 in the 2013-2014 season, and 26 in the 2012-2013 season.

Cumulatively, there are a total of 2150 cases in the District up to week 7 for the current season, 961 during the 2016-2017 season, 157 during the 2015-2016 season, 690 in the 2014-2015 season, 555 in the 2013-2014 season, and 651 in the 2012-2013 season.

Number of Cases as of Week 7 for 2012-2013, 2013-2014, 2014-2015, 2015-2016, 2016-2017, 2017-2018



INFLUENZA-LIKE ILLNESS (ILI) SURVEILLANCE

Sentinel surveillance for ILI consists of five 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 7, sentinel providers reported 790 out of 14906 visits (5.29 %) that met the criteria for ILI.

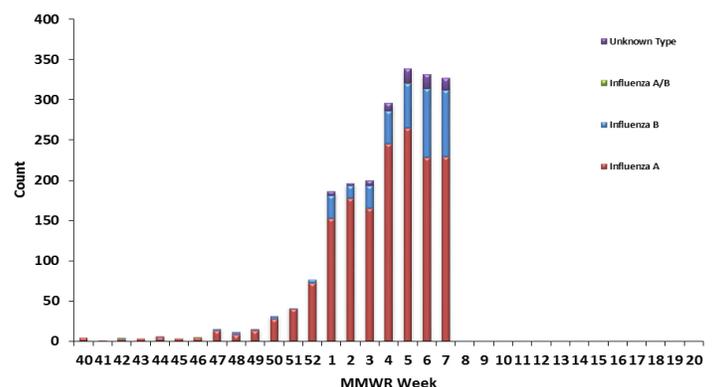
Geographic Spread of Influenza for Washington, DC

Week of	Activity *
Feb 11- Feb 17	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.

Positive Influenza Tests by Reporting Week 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 on a monthly basis. DC PHL has completed testing for 91 specimens submitted through January 30, 2018.

DC PHL Surveillance of Influenza Cases Reported By Influenza Subtype*

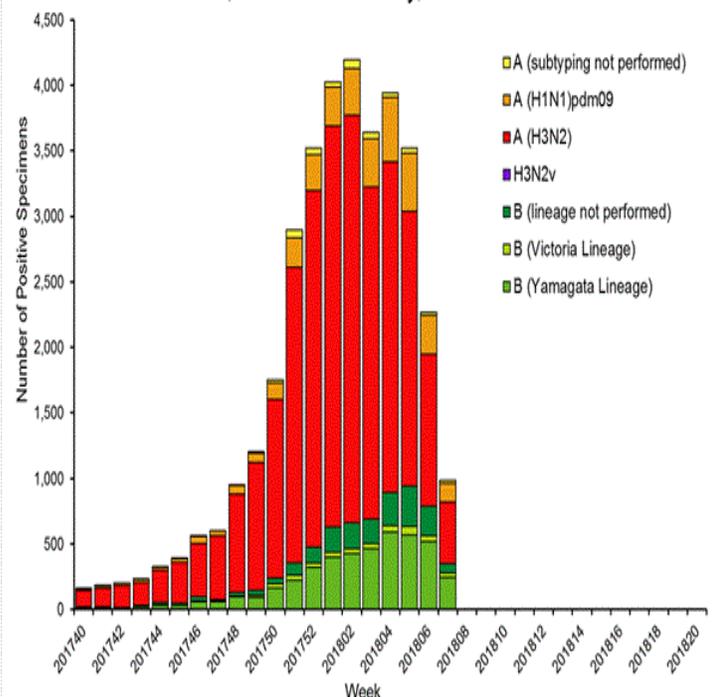
DC PHL Influenza Testing	Nov 22 , 2017-Jan 30 , 2018
Number of specimens tested	91
Number of positive specimens	23
Influenza A	22 (95.65 %)
A(H1N1)pdm09	3(13.63%)
H3N2	19 (86.36%)
Influenza B	1(4.35%)
Yamagata lineage	1 (100.00%)
Victoria lineage	0(0.00%)

* Includes specimens submitted through January 30, 2018

NATIONAL INFLUENZA ASSESSMENT

The CDC's weekly seasonal Influenza surveillance report for week 7 noted that influenza activity increased in the United States. The proportion of deaths attributed to pneumonia and influenza (P&I) was above the system-specific epidemic threshold. Thirteen pediatric deaths were reported to CDC during week 7 for the current season. Two deaths were associated with an influenza A (H3) virus and occurred during weeks 2 and 3. Three deaths were associated with an influenza A (H1N1) pdm09 virus and occurred during weeks 5 and 7. Three deaths were associated with an influenza A virus for which no subtyping was performed and occurred during weeks 1, 4 and 7. Four deaths were associated with an influenza B virus and occurred during weeks 6 and 7. One death was associated with an influenza virus for which type was not determined and occurred during week 4. For the 2017-2018 season, 97 pediatric deaths associated with Influenza have been reported in the US for this season. During week 7, 1681 specimens were tested by public health laboratories, of which 985 were positive. Of the 1,681 respiratory specimens that tested positive during week 7, 636 (64.6% %) were Influenza A and 349 (35.4%) were Influenza B. Of the Influenza A samples, 143 (22.5%) were 2009 H1N1, 469 (73.7%) were H3, and 24 (3.8 %) were un-typed.

Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, 2017-2018 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) 442-8141 or email flu.epi@dc.gov