

Influenza Surveillance Report

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

2013-2014 Influenza Season
 Week 9 (February 23, 2014 – March 1, 2014)
(All data are preliminary and may change as more reports are received)

SUMMARY

- 15 cases of Influenza were reported by hospitals during this reporting period.
- Zero pediatric-deaths associated with Influenza were recorded during this reporting period.
- For the 2013-2014 Influenza season to-date, 584 positive Influenza cases have been reported.

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. Please note that data from hospitals include all cases received by participating hospitals, regardless of residency.

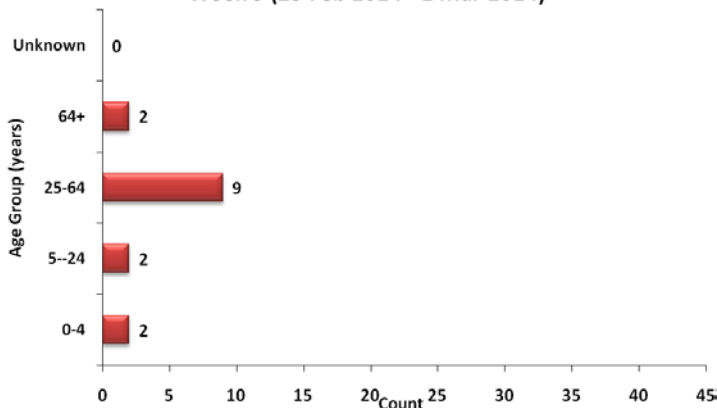
The table below summarizes weekly and cumulative cases of Influenza for the 2013-2014 Season. Data are also presented by age group and by number of cases reported weekly. During week 9 (February 23, 2014– March 1, 2014), there were 15 new cases of Influenza reported. To date, the District has received 584 positive cases reported by hospitals.

Surveillance of Influenza Cases Reported By Influenza Type

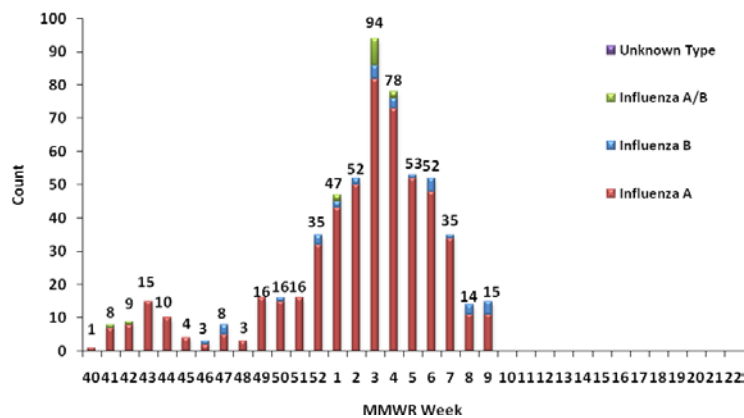
	Week 9 (February 23, 2014 – March 1, 2014)		Cumulative Cases for Weeks 40 – 20 (September 29, 2013 – May 17, 2014)	
Influenza A	11	(73.33%)	539	(92.30%)
Influenza B	4	(26.67%)	32	(5.48%)
Influenza A/B	0	(0%)	13	(2.22%)
Influenza (not typed)	0	(0%)	0	(0%)
Total	15*	(100%)	584*	(100.0%)

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

Positive Influenza Tests, by Age Group
 Week 9 (23 Feb 2014 - 1 Mar 2014)



Positive Influenza Tests by Week
 September 29 2013 - May 17, 2014



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 9, 202 out of a total of 264 tests were performed using rapid diagnostic testing in clinical laboratories. Of these, 15 of the 202 (7.43%) rapid tests tested positive for influenza during week 9.

Week: 9 (February 23, 2014– March 1, 2014)	
No. of specimens tested Rapid Diagnostics	202
No. of positive specimens (%)	15 (7.43%)
+Positive specimens by type/subtype	
Influenza A	11 (73.33%)
Influenza B	4 (26.67%)
Influenza A/B	0 (0%)
Influenza – unknown type	0 (0%)

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 9, sentinel providers reported 150 of 1629 (9.21%) visits met the criteria for ILI.

Sentinel Surveillance ILI Activity for Washington, DC

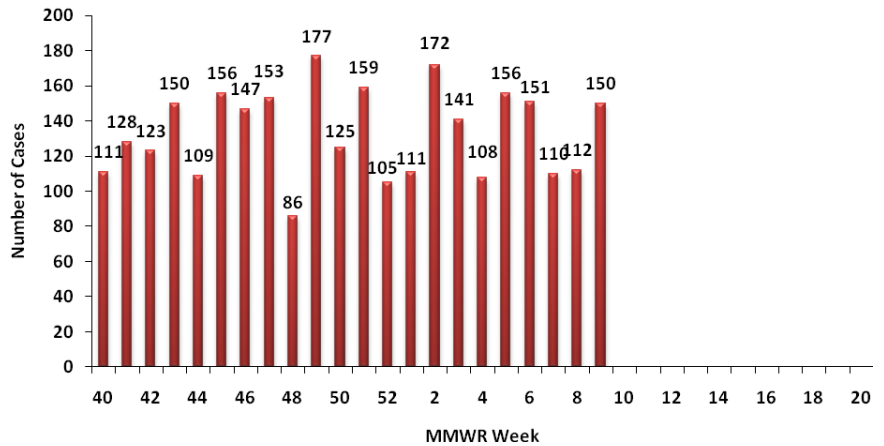
Week of	Activity *
Feb 23 – Mar 1	Local

***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 September 29, 2013 - May 17, 2014



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. In week 8, 11 of 17 specimens sent to the PHL have tested positive for Influenza. To date, 187 specimens have been tested, of which there have been 128 positive specimens. All but 11 of the isolates were subtyped as Influenza A/H1 2009 H1N1, with the remaining 11 being subtyped as Influenza A H3.

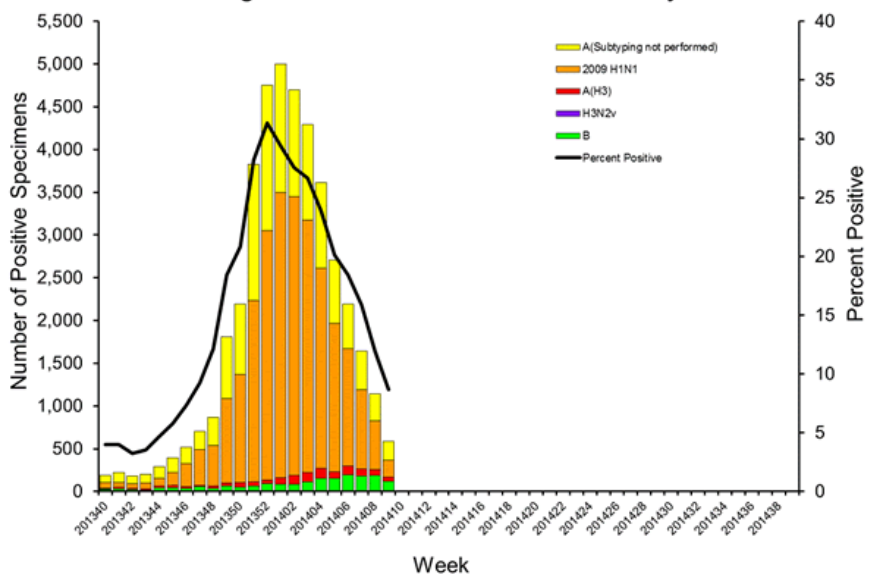
DC PHL Surveillance of Influenza Cases Reported By Influenza Subtype

DC PHL Influenza Testing	Week 8 February 16, 2014 – February 22, 2014	Cumulative Cases for Weeks 40 - 20 October 1, 2013 – May 17, 2014
Number of specimens tested	17	187
◆ Number of specimens positive for Influenza:	11 (64.71%)	128 (68.45%)
● Influenza A	11 (100%)	128 (100%)
▪ H1 2009 H1N1	11 (100%)	117 (91.41%)
▪ H1 seasonal	0 (0%)	0 (0%)
▪ H3	0 (0%)	11 (8.59%)
● Influenza B	0 (0%)	0 (0%)

NATIONAL INFLUENZA ASSESSMENT

The CDC's weekly seasonal Influenza surveillance report for week 9 noted that Influenza activity continued to decrease. The proportion of deaths due to Influenza and pneumonia in the US was above the epidemic threshold. Four Influenza-associated pediatric deaths were reported to the CDC during week 9, with two associated with untyped Influenza A viruses, one with an Influenza B virus, and one associated with an Influenza A-B virus co-infection. For the 2013-2014 season, a total of 65 pediatric deaths associated with Influenza have been reported in the US. During week 9, 6,748 specimens were tested, of which 587 (8.7%) were positive. Of the 587 respiratory specimens that tested positive during week 9, 470 (80.1%) were Influenza A and 117 (19.9%) were Influenza B. Of the Influenza A samples, 204 (43.4%) were 2009 H1N1, 49 (10.4%) were H3, and 217 (46.2%) were not subtyped.

Influenza Positive Tests Reported to CDC by U.S. WHO/NREVSS Collaborating Laboratories, National Summary, 2013-14



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 gabrielle.ray@dc.gov.