

Influenza Surveillance Report

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

2015-2016 Influenza Season Week 12 (March 20, 2016 – March 26, 2016)

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

SUMMARY

- 99 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 2015-2016 Influenza Season to-date, 671 positive Influenza cases have been reported
- DC PHL did not report any specimens tested for week 12
- While activity dropped during week 12, flu activity remains elevated across the District

INFLUENZA SURVEILLANCE FROM HOSPITALS & AMBULATORY CARE FACILITIES

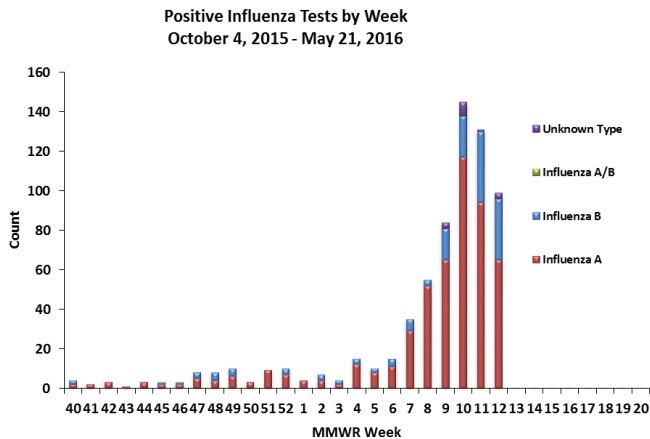
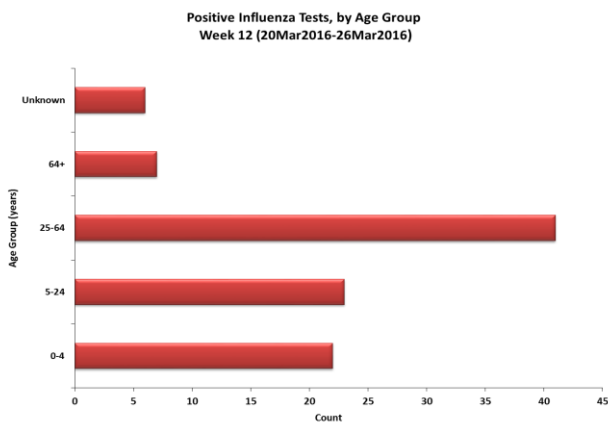
District of Columbia hospitals and laboratories report detailed information on cases of Influenza on a daily basis. However, in accordance with CDC guidelines, only Influenza-associated deaths in cases <18 years of age and Novel Influenza A infections are reportable. We also request that Influenza hospitalizations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

The table below summarizes weekly and cumulative cases of Influenza for the 2015-2016 Season. Data are also presented by age group and by number of cases reported weekly. During week 12 (March 20, 2016– March 26, 2016), there were 99 new cases of Influenza reported. To date, the District has received 671 positive Influenza cases reported by hospitals.

Surveillance of Influenza Cases Reported By Influenza Type

	Week 12 (March 20, 2016– March 26, 2016)		Cumulative Cases for Weeks 40 – 20 (October 4, 2015 – May 21, 2016)	
Influenza A	65	(65.66%)	512	(76.30%)
Influenza B	31	(31.31%)	145	(21.61%)
Influenza A/B	0	(0%)	0	(0%)
Influenza (not typed)	3	(3.03%)	14	(2.09%)
Total	99*	(100%)	671*	(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 12, 175 out of a total of 404 tests were performed using rapid diagnostic testing in clinical laboratories. Of these, 31 (17.71%) positive Influenza specimens were identified during week 12 using rapid diagnostics.

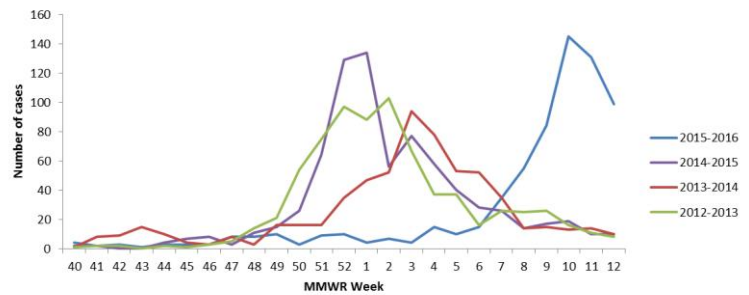
Week: 12 (Mar 20, 2016 – Mar 26, 2016)	
No. of specimens tested Rapid Diagnostics	175
No. of positive specimens (%)	31 (17.71%)
Positive specimens by type/subtype	
Influenza A	21 (67.74%)
Influenza B	7 (22.58%)
Influenza A/B	0 (0%)
Influenza – unknown type	3 (9.68%)

WEEK 12 COMPARISON WITH PREVIOUS SEASONS

For week 12, there were 99 cases in the current 2015-2016 season, 10 cases in last year’s 2014-2015 season, 10 cases in the 2013-2014 season, and 8 in the 2012-2013 season.

Cumulatively, there are a total of 671 cases in the district up to week 12 for the current season, 760 during the 2014-2015 season, 621 in the 2013-2014 season, and 737 in the 2012-2013 season.

Number of Cases as of Week 12 for 2012-2013, 2013-2014, 2014-2015



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 12, sentinel providers reported 217 of 2508 (8.65%) visits that met the criteria for ILI.

Sentinel Surveillance ILI Activity for Washington, DC

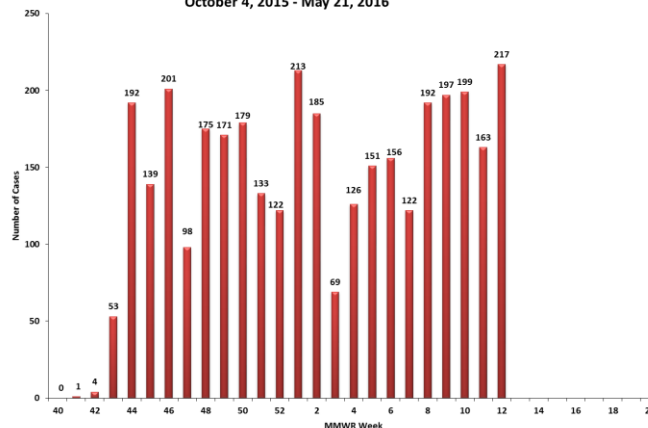
Week of	Activity *
Mar 20 – Mar 26	Local

***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 October 4, 2015 - May 21, 2016



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 12.

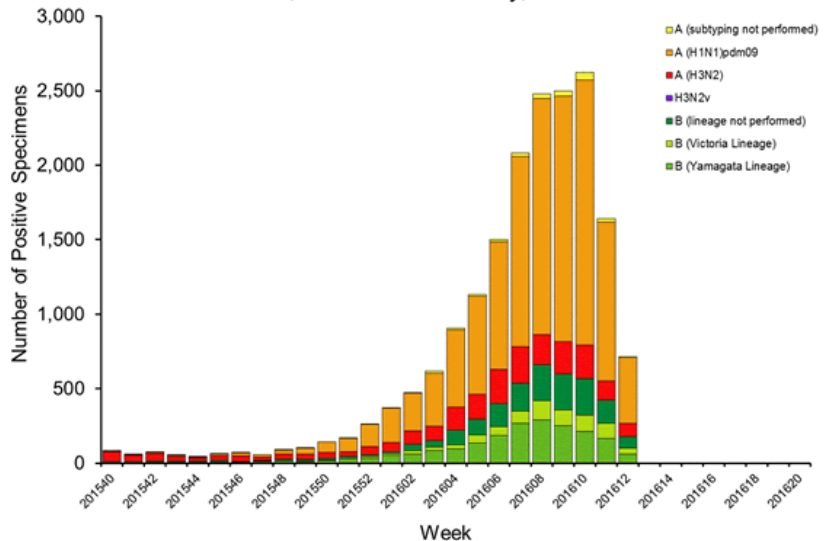
DC PHL Surveillance of Influenza Cases Reported By Influenza Subtype

DC PHL Influenza Testing	March 20, 2016 – March 26, 2016	Total Cases October 4, 2015 – May 21, 2016
Number of specimens tested	0	58
◆ Number of specimens positive for Influenza:	0 (0%)	6 (10.35%)
● Influenza A	0 (0%)	3 (50.0%)
▪ H1 2009 H1N1	0 (0%)	2 (66.7%)
▪ H1 seasonal	0 (0%)	0 (0%)
▪ H3	0 (0%)	1 (33.3%)
● Influenza B	0 (0%)	3 (50.0%)

NATIONAL INFLUENZA ASSESSMENT

The CDC's weekly seasonal Influenza surveillance report for week 12 noted that influenza activity decreased slightly, but remained elevated in the United States. The proportion of deaths due to Influenza and pneumonia in the US was below the epidemic threshold. Three pediatric deaths were reported to the CDC during week 12, one of which was associated with an influenza A H1N1 virus, one with an influenza A H3 virus, and one with an influenza B virus. For the 2015-2016 season, a total of 33 pediatric deaths associated with Influenza have been reported in the US. During week 12, 1,456 specimens were tested by public health laboratories, of which 715 were positive. Of the 715 respiratory specimens that tested positive during week 12, 536 (75.0%) were Influenza A and 179 (25.0%) were Influenza B. Of the Influenza A samples, 439 (81.9%) were 2009 H1N1, 88 (16.4%) were H3, and 9 (1.7%) were not subtyped.

Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, 2015-2016 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.