

Influenza Surveillance Report

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

2015-2016 Influenza Season Week 14 (April 3, 2016 – April 9, 2016)

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

SUMMARY

- 58 cases of Influenza were reported by hospitals during this reporting period
- Zero pediatric-deaths associated with Influenza were recorded during this reporting period
- 111 additional cases between weeks 9 and 13 were reported
- For the 2015-2016 Influenza Season to-date, 877 positive Influenza cases have been reported
- DC PHL did not report any specimens tested for week 14
- Flu activity in week 14 increased slightly since last week

INFLUENZA SURVEILLANCE FROM HOSPITALS & AMBULATORY CARE FACILITIES

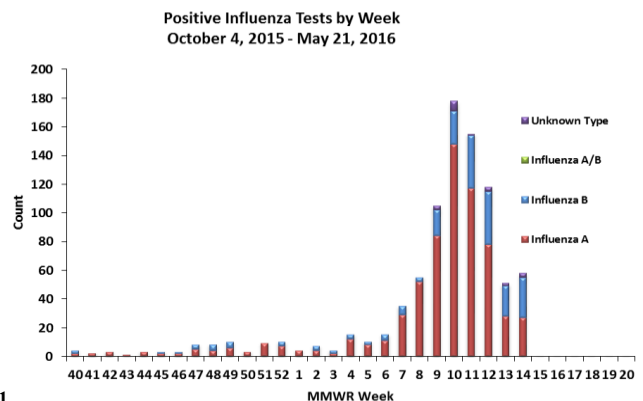
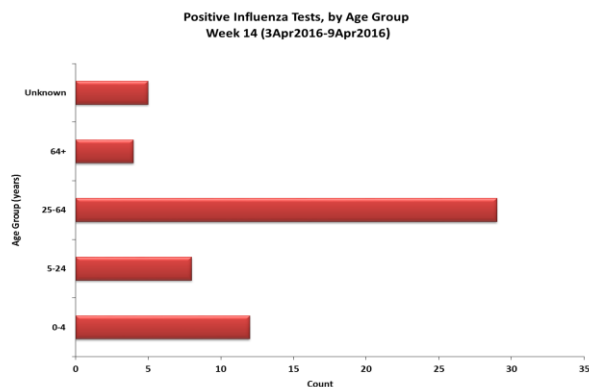
District of Columbia hospitals and laboratories report detailed information on cases of Influenza on a daily basis. However, in accordance with CDC guidelines, only Influenza-associated deaths in cases <18 years of age and Novel Influenza A infections are reportable. We also request that Influenza hospitalizations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

The table below summarizes weekly and cumulative cases of Influenza for the 2015-2016 Season. Data are also presented by age group and by number of cases reported weekly. During week 14 (April 3, 2016– April 9, 2016), there were 58 new cases of Influenza reported. In addition, 111 additional cases between weeks 9 and 13 were reported. To date, the District has received 877 positive Influenza cases reported by hospitals.

Surveillance of Influenza Cases Reported By Influenza Type

	Week 14 (April 3, 2016– April 9, 2016)		Cumulative Cases for Weeks 40 – 20 (October 4, 2015 – May 21, 2016)	
Influenza A	27	(45.95%)	653	(74.72%)
Influenza B	28	(48.65%)	205	(23.02%)
Influenza A/B	0	(0%)	0	(0%)
Influenza (not typed)	3	(5.40%)	19	(2.26%)
Total	58*	(100%)	877*	(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 14, 196 out of a total of 366 tests were performed using rapid diagnostic testing in clinical laboratories. Of these, 25 (12.76%) positive Influenza specimens were identified during week 14 using rapid diagnostics.

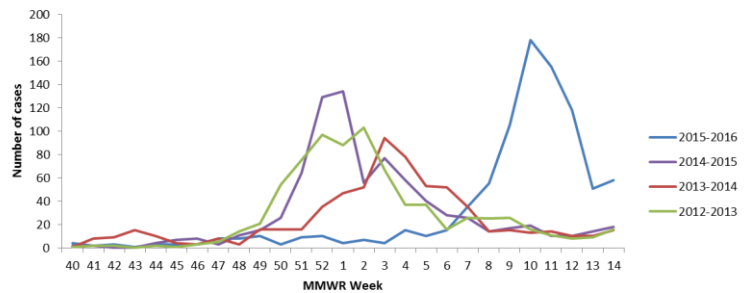
Week: 14 (Apr 3, 2016 – Apr 9, 2016)	
No. of specimens tested Rapid Diagnostics	196
No. of positive specimens (%)	25 (12.76%)
Positive specimens by type/subtype	
Influenza A	8 (32.00%)
Influenza B	14 (56.00%)
Influenza A/B	0 (0%)
Influenza – unknown type	3 (12.00%)

WEEK 14 COMPARISON WITH PREVIOUS SEASONS

For week 14, there were 58 cases in the current 2015-2016 season, 18 cases in last year’s 2014-2015 season, 15 cases in the 2013-2014 season, and 16 in the 2012-2013 season.

Cumulatively, there are a total of 877 cases in the district up to week 14 for the current season, 792 during the 2014-2015 season, 646 in the 2013-2014 season, and 762 in the 2012-2013 season.

Number of Cases as of Week 14 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 14, sentinel providers reported 141 of 2376 (5.93%) visits that met the criteria for ILI.

Sentinel Surveillance ILI Activity for Washington, DC

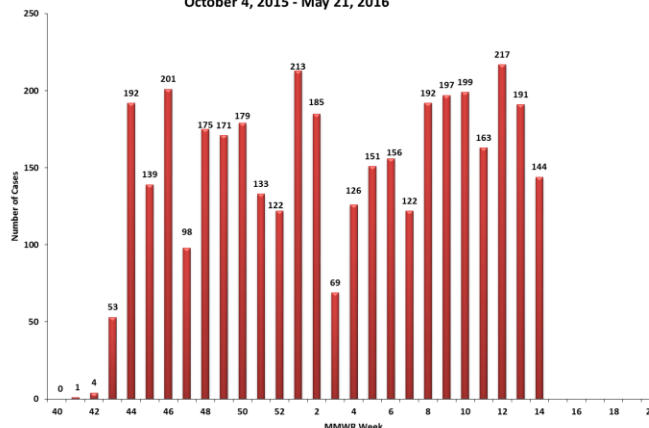
Week of	Activity *
Apr 3 – Apr 9	Local

***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 14.

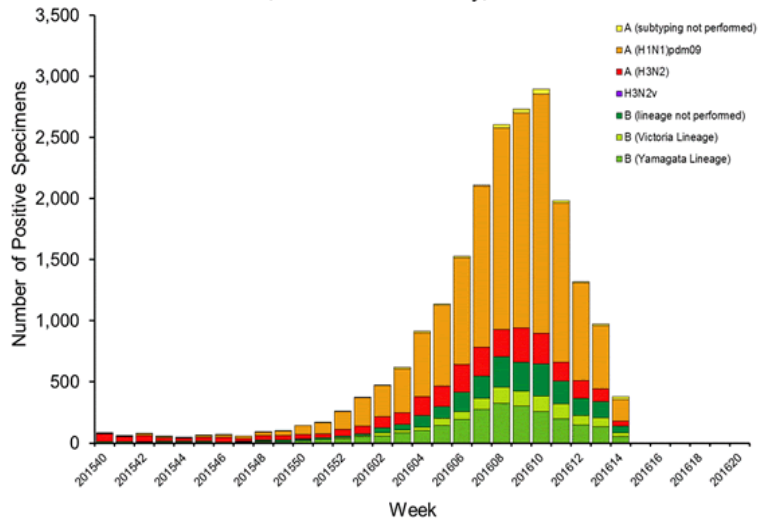
DC PHL Surveillance of Influenza Cases Reported By Influenza Subtype

DC PHL Influenza Testing	April 3, 2016 – April 9, 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 14 noted that influenza activity decreased, but remained elevated in the United States. The proportion of deaths due to Influenza and pneumonia in the US was below the epidemic threshold. Ten pediatric deaths were reported to the CDC during week 14, two of which were associated with influenza A H1N1 viruses, one with an influenza A H3 virus, one with an un-typed influenza A virus, and six with influenza B viruses. For the 2015-2016 season, a total of 50 pediatric deaths associated with Influenza have been reported in the US. During week 14, 955 specimens were tested by public health laboratories, of which 379 were positive. Of the 379 respiratory specimens that tested positive during week 14, 240 (63.3%) were Influenza A and 139 (36.7%) were Influenza B. Of the Influenza A samples, 176 (73.3%) were 2009 H1N1, 42 (17.5%) were H3, and 22 (9.2%) 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.