

Influenza Surveillance Report

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

2015-2016 Influenza Season Week 52 (December 27, 2015 – January 2, 2016)

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

SUMMARY

- 10 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, 67 positive Influenza cases have been reported
- DC PHL did not report any specimens tested for week 52
- While this week has been the most active of the season, the current season's flu activity still remains lower than it has been for the previous three seasons

INFLUENZA SURVEILLANCE FROM HOSPITALS & AMBULATORY CARE FACILITIES

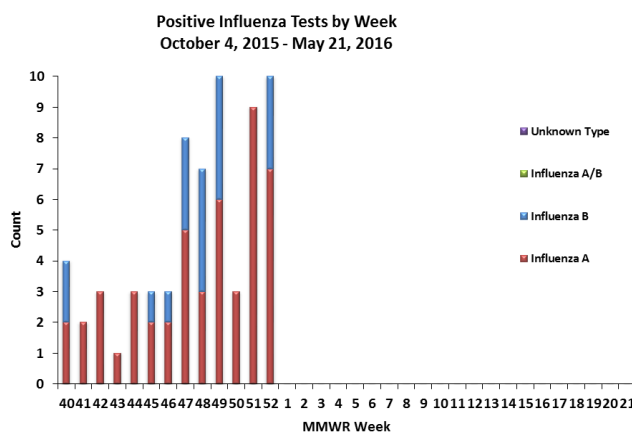
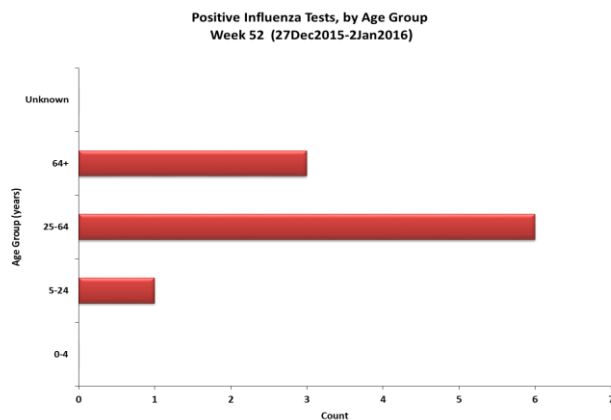
District of Columbia hospitals and laboratories report detailed information on cases of Influenza on a daily basis. However, in accordance with CDC guidelines, only Influenza-associated deaths in cases <18 years of age and Novel Influenza A infections are reportable.

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 52 (December 27, 2015– January 2, 2016), there were 10 new cases of Influenza reported. To date, the District has received 67 positive Influenza cases reported by hospitals.

Surveillance of Influenza Cases Reported By Influenza Type

	Week 52 (December 27, 2015– January 2, 2016)		Cumulative Cases for Weeks 40 – 20 (October 4, 2015 – May 21, 2016)	
Influenza A	7	(70%)	49	(73.68%)
Influenza B	3	(30%)	18	(26.32%)
Influenza A/B	0	(0%)	0	(0%)
Influenza (not typed)	0	(0%)	0	(0%)
Total	10*	(100%)	67*	(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 52, 159 out of a total of 251 tests were performed using rapid diagnostic testing in clinical laboratories. Of these, 9 positive Influenza specimen were identified during week 52 using rapid diagnostics.

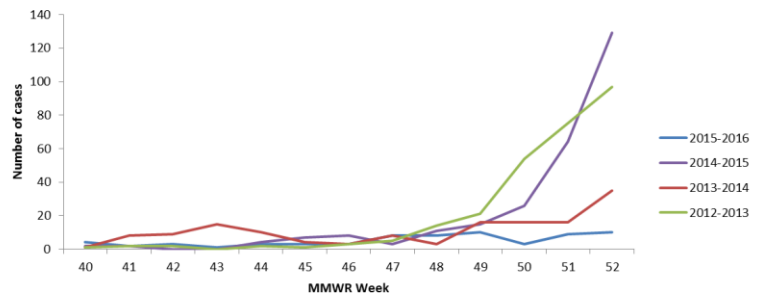
Week: 52 (Dec 27, 2015 – Jan 2, 2016)	
No. of specimens tested Rapid Diagnostics	159
No. of positive specimens (%)	9 (5.7%)
Positive specimens by type/subtype	
Influenza A	6 (66.7%)
Influenza B	3 (33.3%)
Influenza A/B	0 (0%)
Influenza – unknown type	0 (0%)

WEEK 52 COMPARISON WITH PREVIOUS SEASONS

For week 52, there were 10 cases in the current 2015-2016 season, 129 cases in last year’s week 52, 2014-2015 season, 35 cases during week 52 in the 2013-2014 season, and 97 in the 2012-2013 season.

Cumulatively, there are a total of 67 cases in the district up to week 52 for the current season, 271 during the 2014-2015 season, 144 in the 2013-2014 season, and 277 in the 2012-2013 season.

Number of Cases as of Week 52 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 52, sentinel providers reported 122 of 1486 (8.21%) visits that met the criteria for ILI.

Sentinel Surveillance ILI Activity for Washington, DC

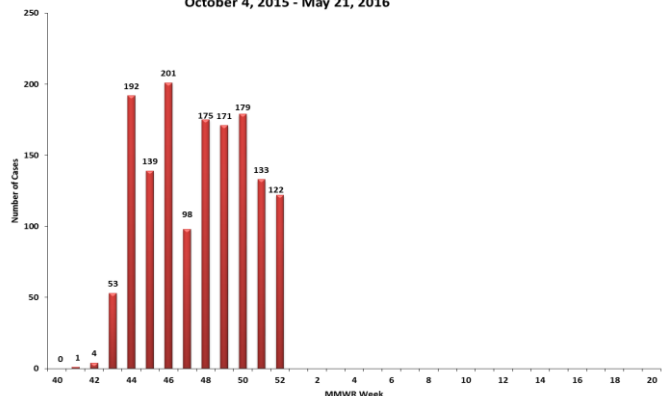
Week of	Activity *
Dec 27 – Jan 2	<i>Sporadic</i>

***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 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 52.

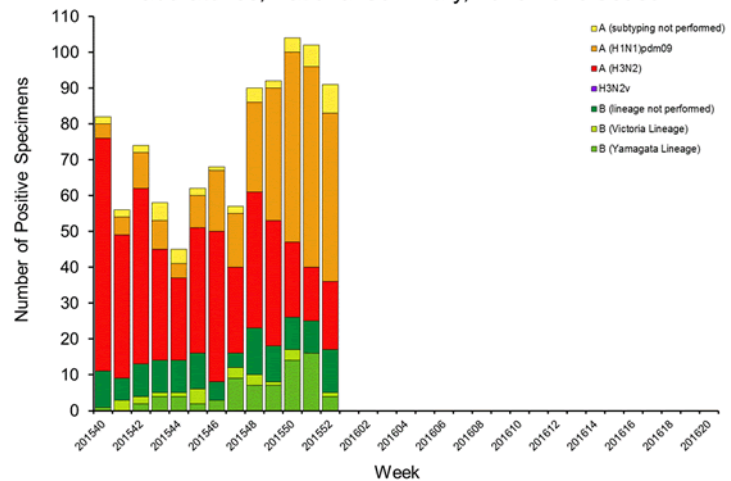
DC PHL Surveillance of Influenza Cases Reported By Influenza Subtype

DC PHL Influenza Testing	December 27, 2015 – January 2, 2016	Total Cases October 4, 2015 – May 21, 2016
Number of specimens tested	0	26
◆ Number of specimens positive for Influenza:	0 (0%)	5 (19.23%)
● Influenza A	0 (0%)	2 (40%)
▪ H1 2009 H1N1	0 (0%)	1(50%)
▪ H1 seasonal	0 (0%)	0 (0%)
▪ H3	0 (0%)	1(50%)
● Influenza B	0 (0%)	3 (60%)

NATIONAL INFLUENZA ASSESSMENT

The CDC's weekly seasonal Influenza surveillance report for week 52 noted that influenza activity increased slightly in the United States. The proportion of deaths due to Influenza and pneumonia in the US was below the epidemic threshold. Two pediatric deaths were reported to the CDC during week 52, one associated with an influenza A (H3) virus and one associated with a 2009 H1N1 virus. For the 2015-2016 season, a total of 6 pediatric death associated with Influenza has been reported in the US. During week 52, 759 specimens were tested, of which 91 were positive. Of the 91 respiratory specimens that tested positive during week 52, 74 (81.3%) were Influenza A and 17 (18.7%) were Influenza B. Of the Influenza A samples, 47 (63.5%) were 2009 H1N1, 19 (25.7%) were H3, and 8 (10.8%) 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.