

Influenza Surveillance Report

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

2015-2016 Influenza Season Week 7 (February 14, 2016 – February 20, 2016)

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

SUMMARY

- 35 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, 157 positive Influenza cases have been reported
- DC PHL did not report any specimens tested for week 7
- Flu activity in week 7 has increased significantly, and has been the most severe of the season yet

INFLUENZA SURVEILLANCE FROM HOSPITALS & AMBULATORY CARE FACILITIES

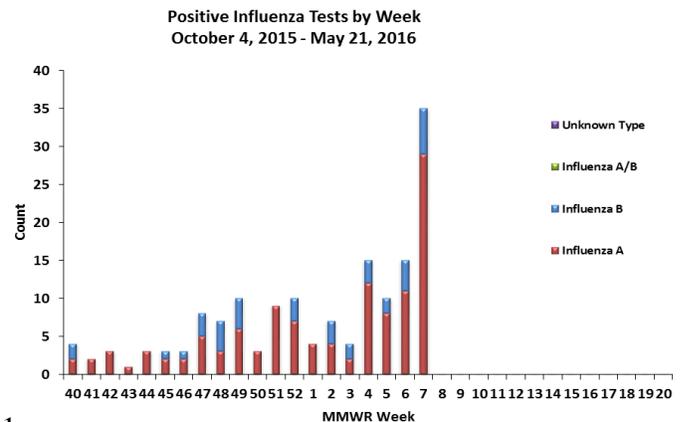
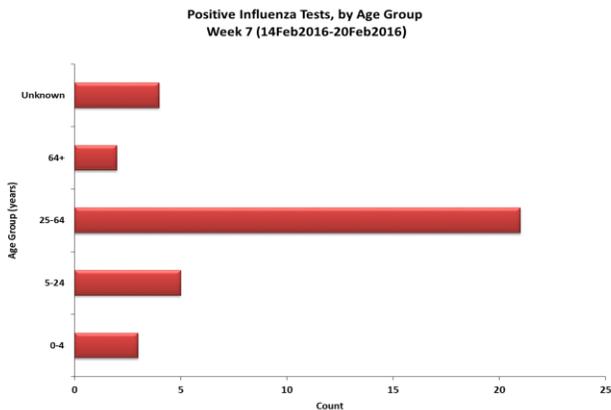
District of Columbia hospitals and laboratories report detailed information on cases of Influenza on a daily basis. However, in accordance with CDC guidelines, only Influenza-associated deaths in cases <18 years of age and Novel Influenza A infections are reportable. We also request that Influenza hospitalizations 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 7 (February 14, 2016– February 20, 2016), there were 35 new cases of Influenza reported. To date, the District has received 157 positive Influenza cases reported by hospitals.

Surveillance of Influenza Cases Reported By Influenza Type

	Week 7 (February 14, 2016– February 20, 2016)		Cumulative Cases for Weeks 40 – 20 (October 4, 2015 – May 21, 2016)	
Influenza A	29	(73.33%)	119	(75.80%)
Influenza B	6	(26.67%)	38	(24.20%)
Influenza A/B	0	(0%)	0	(0%)
Influenza (not typed)	0	(0%)	0	(0%)
Total	35*	(100%)	157*	(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 7, 107 out of a total of 217 tests were performed using rapid diagnostic testing in clinical laboratories. Of these, 21 (19.63%) positive Influenza specimen was identified during week 7 using rapid diagnostics.

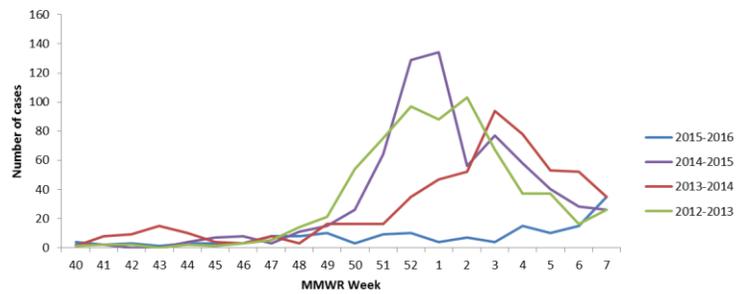
Week: 7 (Feb 14, 2016 – Feb 20, 2016)	
No. of specimens tested Rapid Diagnostics	107
No. of positive specimens (%)	21 (19.63%)
Positive specimens by type/subtype	
Influenza A	16 (76.19%)
Influenza B	5 (23.81%)
Influenza A/B	0 (0%)
Influenza – unknown type	0 (0%)

WEEK 7 COMPARISON WITH PREVIOUS SEASONS

For week 7, there were 35 cases in the current 2015-2016 season, 26 cases in last year’s week 7, 2014-2015 season, 35 cases during week 7 in the 2013-2014 season, and 26 in the 2012-2013 season.

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

Number of Cases as of Week 6 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 7, sentinel providers reported 122 of 2036 (5.99%) visits that met the criteria for ILI.

Sentinel Surveillance ILI Activity for Washington, DC

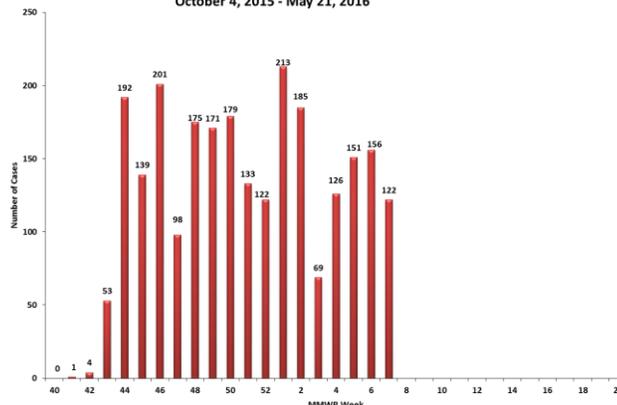
Week of	Activity *
Feb 14 – Feb 20	<i>Local</i>

***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 7.

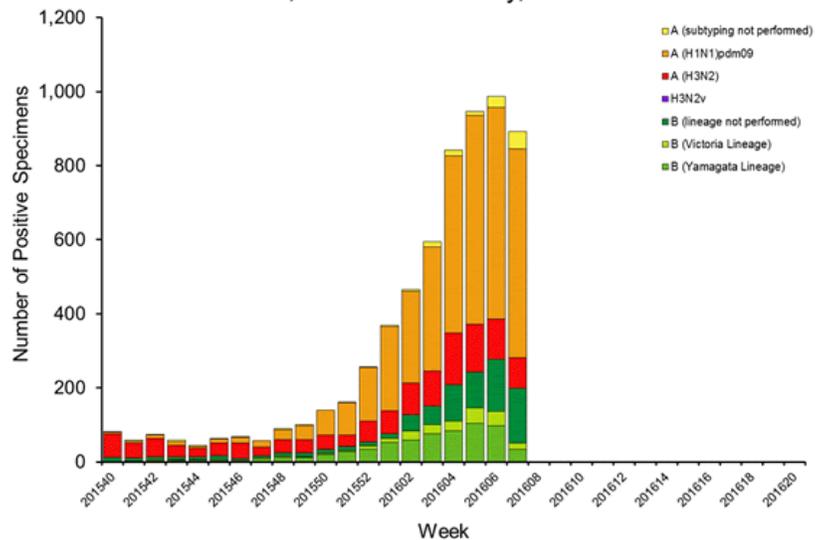
DC PHL Surveillance of Influenza Cases Reported By Influenza Subtype

DC PHL Influenza Testing	February 14, 2016 – February 20, 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 7 noted that influenza activity increased in the United States. The proportion of deaths due to Influenza and pneumonia in the US was below the epidemic threshold. One pediatric death was reported to the CDC during week 7, associated with an influenza B virus. For the 2015-2016 season, a total of 14 pediatric deaths associated with Influenza have been reported in the US. During week 7, 1,807 specimens were tested by public health laboratories, of which 694 were positive. Of the 694 respiratory specimens that tested positive during week 7, 564 (81.3%) were Influenza A and 198 (22.2%) were Influenza B. Of the Influenza A samples, 564 (81.3%) were 2009 H1N1, 83 (11.9%) were H3, and 47 (6.8%) 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.