Influenza Surveillance Report

Division of Epidemiology - Disease Surveillance and Investigation

District of Columbia Department of Health

2012-2013 Influenza Season
Week 9 (February 24, 2013– March 2, 2013)

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

SUMMARY

- 26 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 2012-2013 Influenza Season to-date, 702 positive Influenza cases have been reported.

INFLUENZA SURVEILLANCE FROM HOSPITALS & AMBULATORY CARE FACILITIES

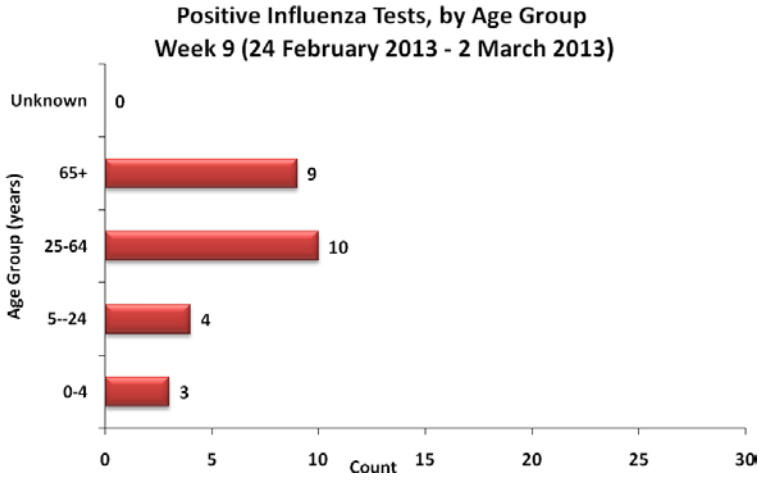
District of Columbia hospitals and laboratories report detailed information on cases of Influenza on a daily basis. However, in accordance with CDC guidelines, only Influenza-associated deaths in cases <18 years of age and Novel Influenza A infections are reportable.

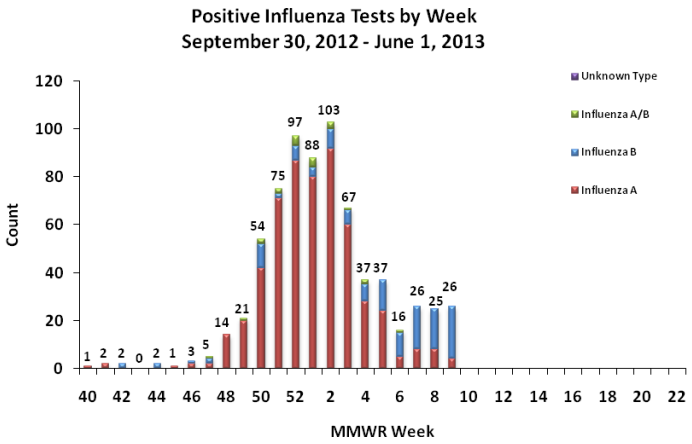
The table below summarizes weekly and cumulative cases of Influenza for the 2012-2013 Season. Data are also presented by age group and by number of cases reported weekly. During week 9 (February 24, 2013–March 2, 2013), there were 26 new cases of Influenza reported. To date, the District has received 702 positive Influenza cases among DC residents reported by hospitals.

Surveillance of Influenza Cases Reported By Influenza Type

	Week 9 (February 24, 2013– March 2, 2013)		Cumulative Cases for Weeks 40 – 22 (30 September 2012 – 1 June 2013)	
Influenza A	4	(15.4%)	551	(78.5%)
Influenza B	22	(84.6%)	130	(18.5%)
Influenza A/B	0	(0%)	21	(3.0%)
Influenza (not typed)	0	(0%)	0	(0%)
Total	26*	(100%)	702*	(100.0%)

**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 9, 155 tests out of a total of 172 were performed using Rapid Diagnostic Testing in clinical laboratories. Of these, 21 (13.5%) positive Influenza specimens were identified during week 9 using rapid diagnostics. The other 5 positive tests during week 9 were performed using RT-PCR and Serology.

Week: 9 (February 24, 2013– March 2, 2013)	
No. of specimens tested Rapid Diagnostics	155
No. of positive specimens (%)	21 (13.5%)
Positive specimens by type/subtype	
Influenza A	4 (19%)
Influenza B	17 (81%)
Influenza A/B	0 (0%)
Influenza – unknown type	0 (0%)

INFLUENZA-LIKE ILLNESS (ILI) SURVEILLANCE

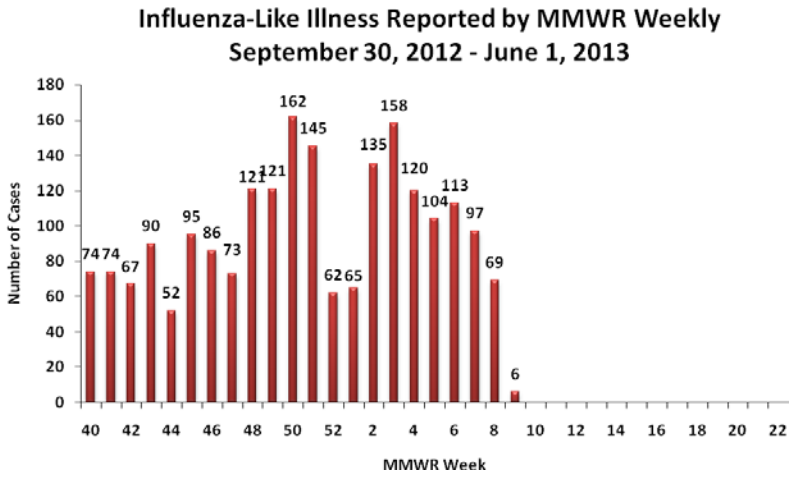
Sentinel surveillance for ILI consists of three outpatient reporting sites for the District of Columbia. The sentinel surveillance sites report the total number of ILI cases encountered per week and the total number of patients seen at the clinic during that same week. For this system, ILI is defined 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 that 6 out of 728 visits (0.8%) met the criteria for ILI.

Sentinel Surveillance ILI Activity for Washington, DC

Week of	Activity *
February 24 – March 2	*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 TESTING BY THE DISTRICT OF COLUMBIA PUBLIC HEALTH LABORATORY (DC PHL)

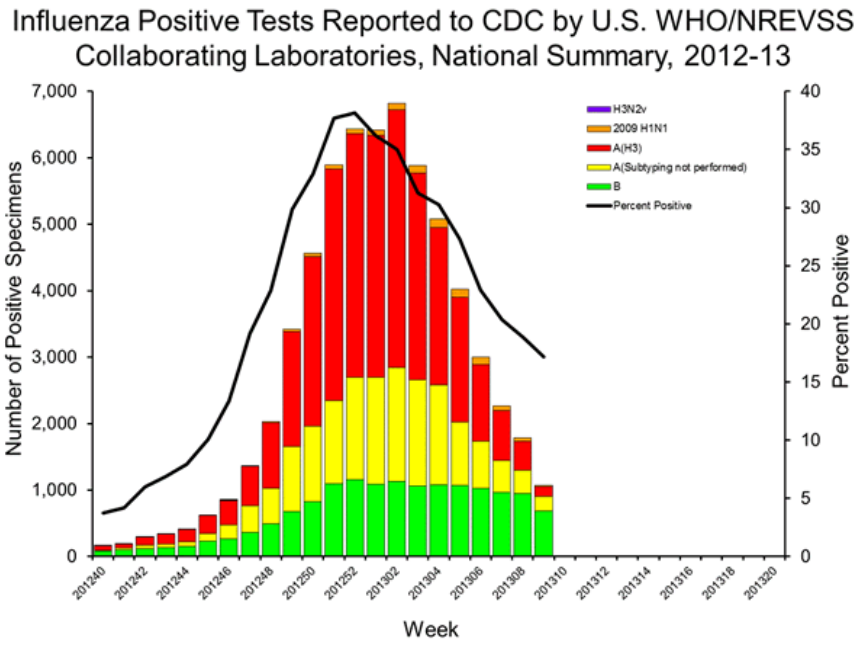
The DC PHL subtypes human isolates to monitor the circulating strains of Influenza. The isolates are submitted to the DC PHL by hospitals and commercial laboratories. From October 1 – December 31, 2012, 25 out of 44 specimens sent to the DC PHL have tested positive for Influenza. Cumulatively, 22 of these isolates were subtyped as Influenza A/H3, one was subtyped as Influenza A/H1, and two were Influenza B.

DC PHL Surveillance of Influenza Cases Reported By Influenza Subtype

DC PHL Influenza Testing	October 1- December 31, 2012
Number of specimens tested	44
♦ **Number of specimens positive for Influenza:**	25/44 (57%)
• **Influenza A**	23/25 (92%)
▪ **H1**	1/23 (4%)
▪ **H3**	22/23 (96%)
• **Influenza B**	2/25 (8%)

NATIONAL INFLUENZA ASSESSMENT

The CDC's weekly seasonal Influenza surveillance report for week 9 noted that Influenza-like illness (ILI) activity among outpatients in the United States remained elevated, but decreased in most areas. The proportion of deaths due to Influenza and pneumonia in the US remained above the epidemic threshold. Six Influenza-associated pediatric deaths were reported in the US during week 9, including three due to Influenza A (H3), one due to Influenza A that was not subtyped, and two were due to Influenza B. For the 2012-2013 Influenza season, a total of 87 pediatric deaths associated with influenza have been reported in the US. Of the 1,074 respiratory specimens that tested positive during week 9, 35.8% were Influenza A viruses and the remaining 64.2% were Influenza B viruses. Of the Influenza A samples, 38.7% were Influenza A (H3), 5.7% were Influenza A (2009 H1N1), and 55.6% of the viruses were not subtyped.



Get Vaccinated!
To find an Influenza vaccine provider, visit the District of Columbia Flu Resource Center at
http://doh.dc.gov/doh/cwp/view,a,1370,q,604320.asp

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.