Washington State Influenza Update

Week 36

August 30 – September 5, 2020

Washington State Department of Health, Communicable Disease Epidemiology

Quick facts are below. See full report on pages 1-10 for details.

Flu activity in Washington is currently

Low

Number of reported lab-confirmed deaths

2019-2020 season to date

109

6 children

103 adults

Take Me To:

- Strains page 1
- Trends page 2
- Other viruses page 7
- Deaths page 8

How do you stop the spread of flu?

Get vaccinated! After getting vaccinated, also:

1. Wash your hands often
2. Cover your cough
3. Stay home when you're sick

More information:

Learn about flu and flu activity in Washington:

www.knockoutflu.org

National flu report from the CDC

Washington flu resources for providers

Read detailed Washington weekly flu report following this page.

Find Washington flu and flu vaccine information at www.KnockOutFlu.org.

Washington State Department of Health

DOH 420-100

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Washington State Influenza Update

Week 36: August 30 - September 5, 2020

Washington State Department of Health, Communicable Disease Epidemiology

Please note all data are preliminary and may change as data are updated.
Laboratory confirmed flu activity as reported by clinical laboratories continues to decrease; however, influenza-like illness activity is increasing. Influenza severity indicators remain moderate to low overall, but hospitalization rates differ by age group. These trends may reflect overlapping influenza and COVID-19 epidemics and/or surveillance artifact associated with changes in health-care seeking behaviours and limited availability of testing supplies.

The Washington State Department of Health Influenza Update reports will be produced monthly for weeks 21-39 this summer, and will resume a weekly reporting cadence beginning on week 40 this fall.

State Summary: Flu activity is low

- One hundred and nine lab-confirmed influenza deaths have been reported for the 2019-2020 season to date.
- Ninety one influenza-like illness outbreaks in long term care facilities have been reported for the 2019-2020 season to date.
- During week 36, 0.6 percent of visits among Influenza-like illness Network participants were for influenza-like illness, below the baseline of 1.5 percent.
- During week 36, 0 percent of specimens tested by WHO/NREVSS collaborating laboratories in Washington were positive for influenza.
- Influenza was not reported during week 36.

Influenza Laboratory Surveillance Data

Laboratory Data: World Health Organization (WHO) & National Respiratory and Enteric Virus Surveillance System (NREVSS) Data Reported to CDC

CDC has generated separate graphs of data reported to CDC by public health laboratories (Figure 1) and commercial laboratories (Figure 2). Table 1 combines the data from the public health and commercial laboratories.

Table 1: WA Influenza Specimens Reported to CDC, Public Health Laboratories and Commercial Laboratories

Week	A (H1)	A (2009 H1N1)	A (H3N2)	A (Unable to Subtype)	A (Subtyping not performed)	B	BYam	BVic	Total Tested	% Flu Positive
31	0	0	0	0	0	0	0	0	138	0
32	0	0	0	0	0	0	0	0	133	0
33	0	0	0	0	0	0	0	0	136	0
34	0	0	0	0	0	0	0	0	181	0

Figure 1: Influenza Positive Tests Reported to CDC, WA Public Health Laboratories

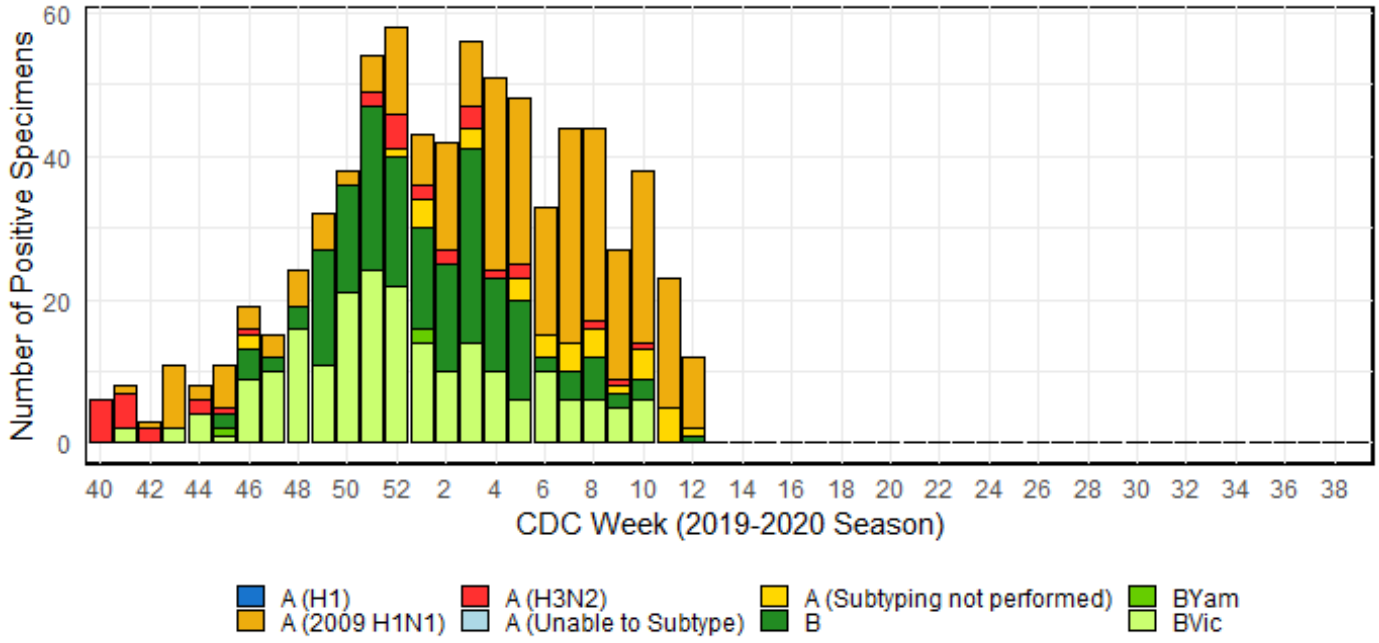
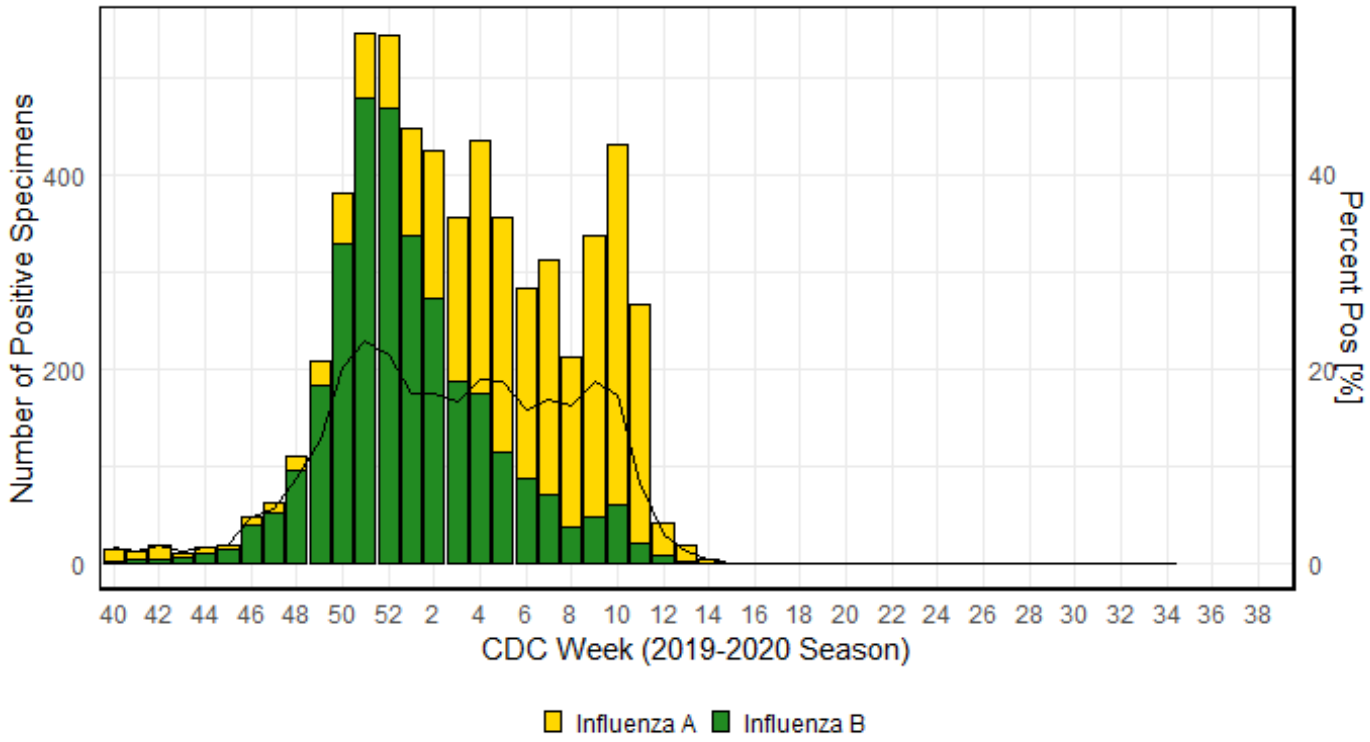


Figure 2: Influenza Positive Tests Reported to CDC, WA Commercial Laboratories



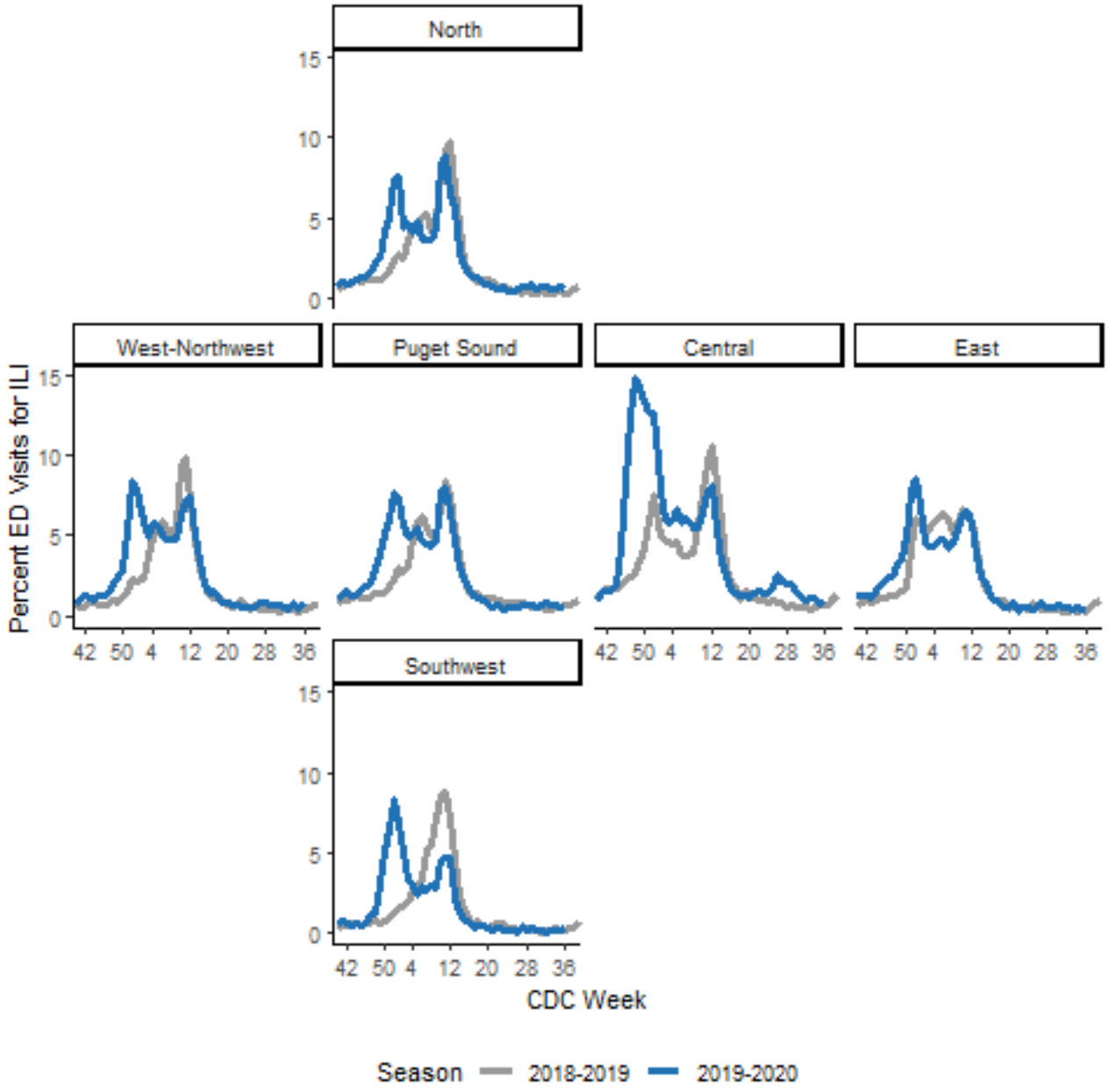
Outpatient Influenza-like Illness Surveillance

Influenza-like Illness Surveillance By Region

Figure 3 shows the percent of Emergency Department visits for a chief complaint of ILI or a discharge diagnosis of Influenza for each geographic region in Washington State.

Regions: West-Northwest: Clallam, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, Thurston Southwest: Clark, Cowlitz, Skamania, Wahkiakum Puget Sound: King, Pierce North: Island, San Juan, Skagit, Snohomish, Whatcom Central: Benton, Chelan, Douglas, Franklin, Grant, Kittitas, Klickitat, Okanogan, Walla Walla, Yakima East: Adams, Asotin, Columbia, Ferry, Garfield, Lincoln, Pend Oreille, Spokane, Stevens, Whitman

Figure 3: Percent of Emergency Department Visits for ILI by Region, Washington



Outpatient Influenza-like Illness Surveillance Network (ILINet) Data

ILI is defined as fever (temp 100°F/37.8°C or higher) plus cough and/or sore throat. During week 36, 43 sentinel providers in Washington reported data through the U.S. Outpatient Influenza-like Illness Surveillance Network Surveillance Network (ILINet). Of 16653 visits reported, 99 (0.6%) were due to ILI, below the baseline of 1.5%.

In Figure 4, the baseline is for Region 10 (Alaska, Idaho, Oregon, and Washington). For the 2019-2020 season, the baseline is calculated differently than in previous seasons.
http://www.cdc.gov/flu/weekly/overview.htm

Figure 4: Percentage of ILI Visits Reported by Sentinel Providers, Washington, 2019

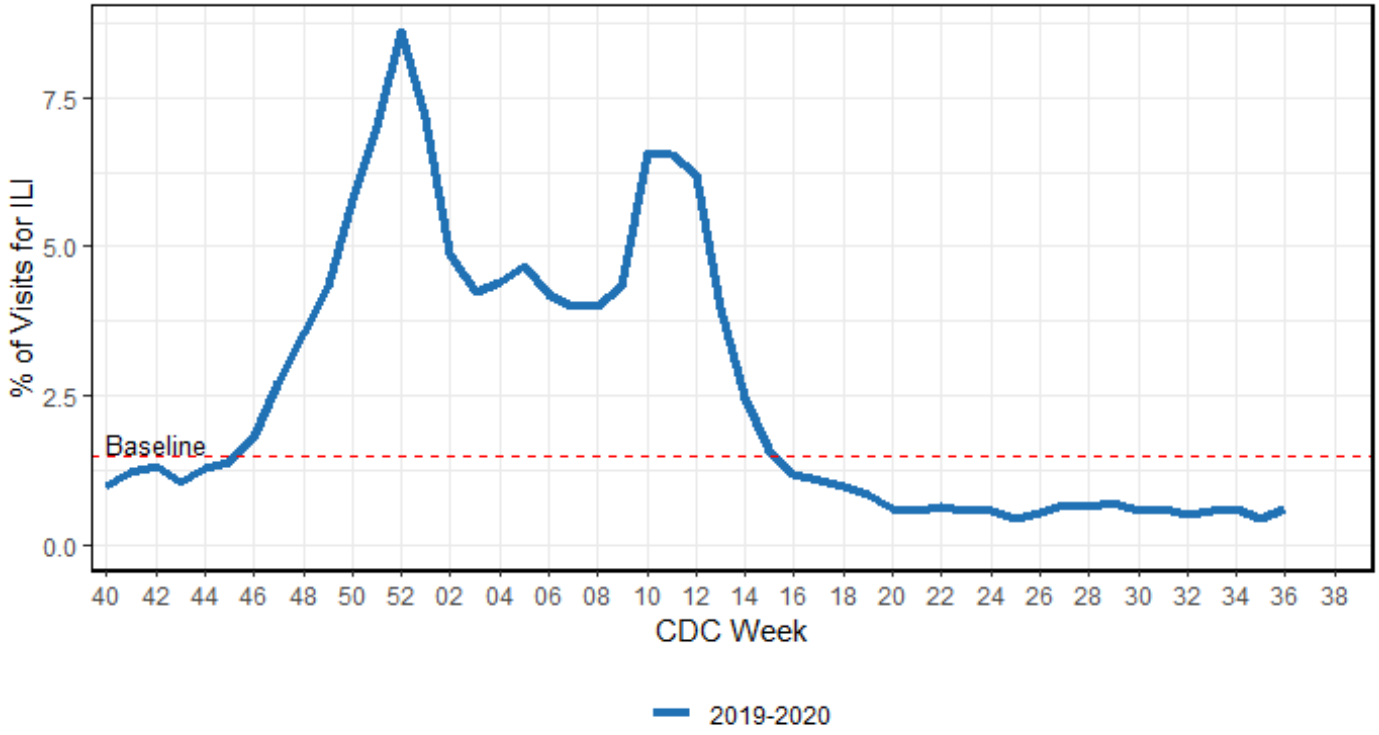


Table 2: Number of ILI Visits Reported by Sentinel Providers by Age Group, Washington

Week	Sentinel Providers	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Over 64	Total ILI	Total Patients	Percent ILI
33	44	10	18	35	18	16	97	16,961	0.6
34	44	14	28	37	16	11	106	17,765	0.6
35	43	11	14	36	7	8	76	17,155	0.4
36	43	11	35	26	12	15	99	16,653	0.6

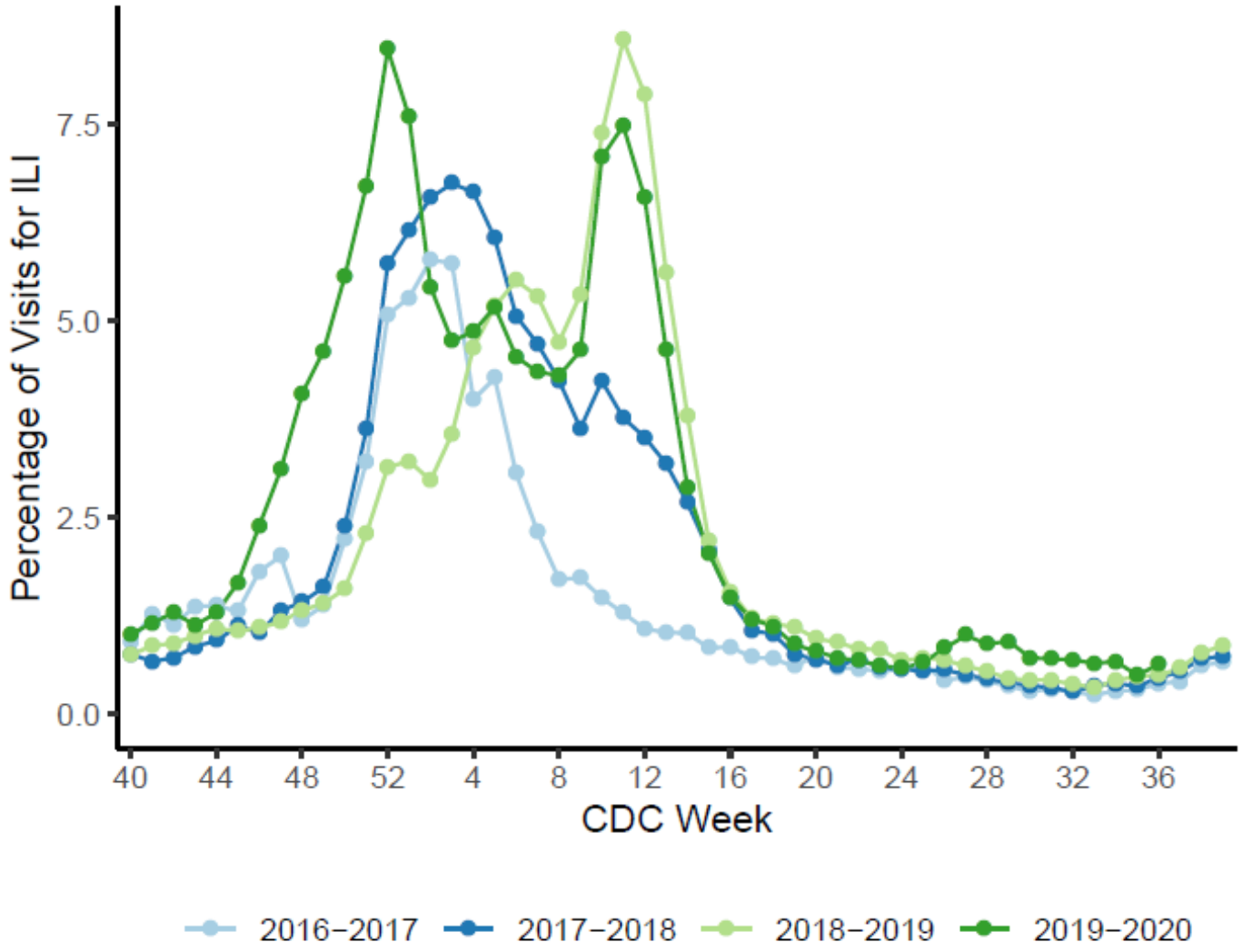
Influenza-like Illness Syndromic Surveillance Data

ESSENCE Syndromic Surveillance Data

Figure 5 shows the proportion of visits at a subset of emergency departments across Washington for a chief complaint of influenza-like illness, or discharge diagnosis of influenza, by CDC week. For this purpose, ILI is defined as “influenza” or fever with cough or fever with sore throat.

For more information about Syndromic Surveillance in Washington State, see www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/DataReportingandRetrieval/ElectronicHealthRecordsMeaningfulUse/SyndromicSurveillance.

Figure 5: Syndromic Surveillance, Percentage of Hospital Visits for a Chief Complaint of ILI, or Discharge Diagnosis of Influenza, by CDC Week, Washington, 2016-2019



Influenza-like Illness Outbreaks in Long Term Care Facilities

Long term care facilities are required to report all suspected and confirmed outbreaks to their local health jurisdiction per Washington Administrative Code (WAC) 246-101-305. Long-term care facilities are required to report the following:

- A sudden increase in acute febrile respiratory illness over the normal background rate (e.g., 2 or more cases of acute respiratory illness occurring within 72 hours of each other) OR
- Any resident who tests positive for influenza

Recommendations for prevention and control of influenza outbreaks in long-term care facilities are available at: http://www.doh.wa.gov/Portals/1/Documents/5100/fluoutbrk-LTCF.pdf

Local health jurisdictions in turn report long-term care facility influenza-like illness outbreaks to the Washington State Department of Health.

Since Week 40 of 2019, 91 influenza-like illness outbreaks in long-term care facilities have been reported to the Washington State Department of Health.

Seasonal Baselines and Epidemic Thresholds

Figures 6 and 7 are courtesy of Elaine Nsoesie of the University of Washington Institute for Health Metrics and Evaluation and Al Ozonoff of Harvard Medical School. Methods are based on the work of Robert E Serfling (1963). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1915276/

Figure 6 shows the percentage of specimens tested for influenza at WHO/NREVSS labs that are positive for influenza by week. For week 36, the percentage of specimens positive for influenza is below the epidemic threshold.

Figure 7 shows the percentage of visits that are for influenza like illness among ILINet providers. ILINet data are not directly comparable season to season. The providers who report vary season to season. For week 36, the percentage of visits for ILI is below both the seasonal baseline and the epidemic threshold. Due to technical issues, data for this graph were last updated 8/8/2020.

The seasonal baseline is calculated using data from the previous five years, and the epidemic threshold is 1.645 standard deviations above the seasonal baseline. This method is similar to that used by CDC when calculating pneumonia and influenza mortality, as described in http://www.cdc.gov/flu/weekly/overview.htm.

The intention of these models is to provide a data driven approach to determining when influenza has reached an epidemic level. Under these models, influenza is considered to be epidemic when the percentage of specimens positive for influenza is at or above the epidemic threshold, and the percentage of visits for ILI is also at or above the epidemic threshold.

Taken together, these figures show that influenza activity is below both the seasonal baseline and the epidemic threshold for week 36. Feedback on the use of these models is welcomed.

Figure 6: Percentage of Specimens Positive for Influenza, WHO/NREVSS labs

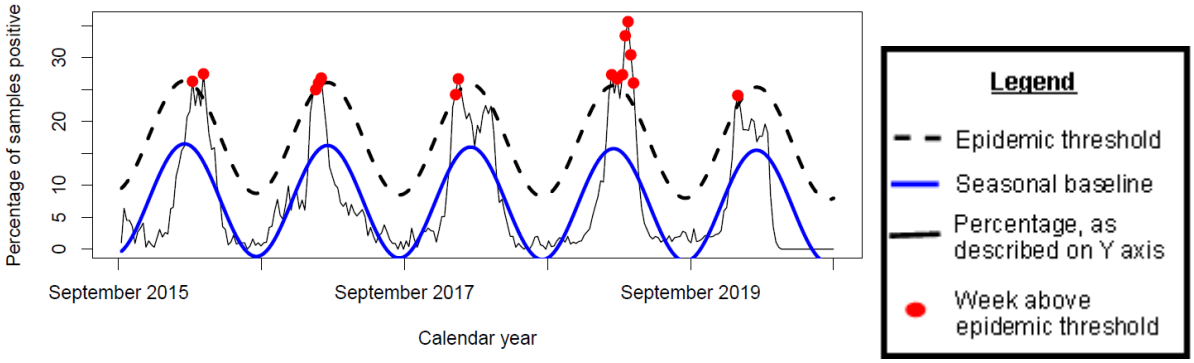
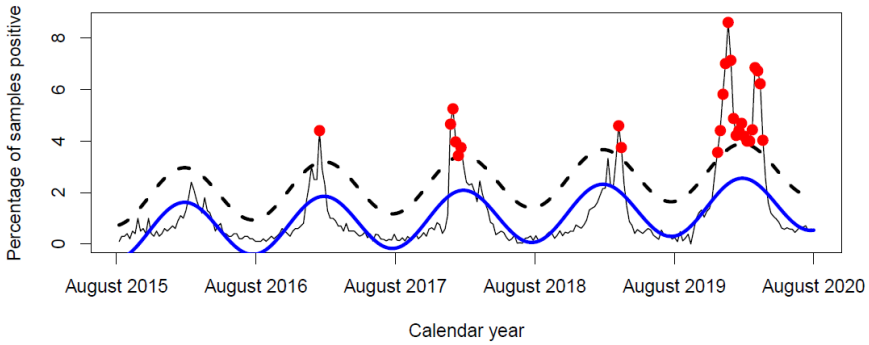


Figure 7: Percentage of Visits for ILI, Sentinel Providers



Other Causes of Respiratory Infections

During the 2019-2020 season, the following non-influenza respiratory viruses were reported to the National Respiratory and Enteric Surveillance System (NREVSS). Please note, Coronavirus data does not reflect number of COVID-19 cases. For more information on COVID-19, see https://www.doh.wa.gov/Emergencies/Coronavirus.

For more information about NREVSS, see https://www.cdc.gov/surveillance/nrevss/index.html.

Figure 8: Respiratory and Enteric Viruses, Washington, 2019-2020 Season to Date

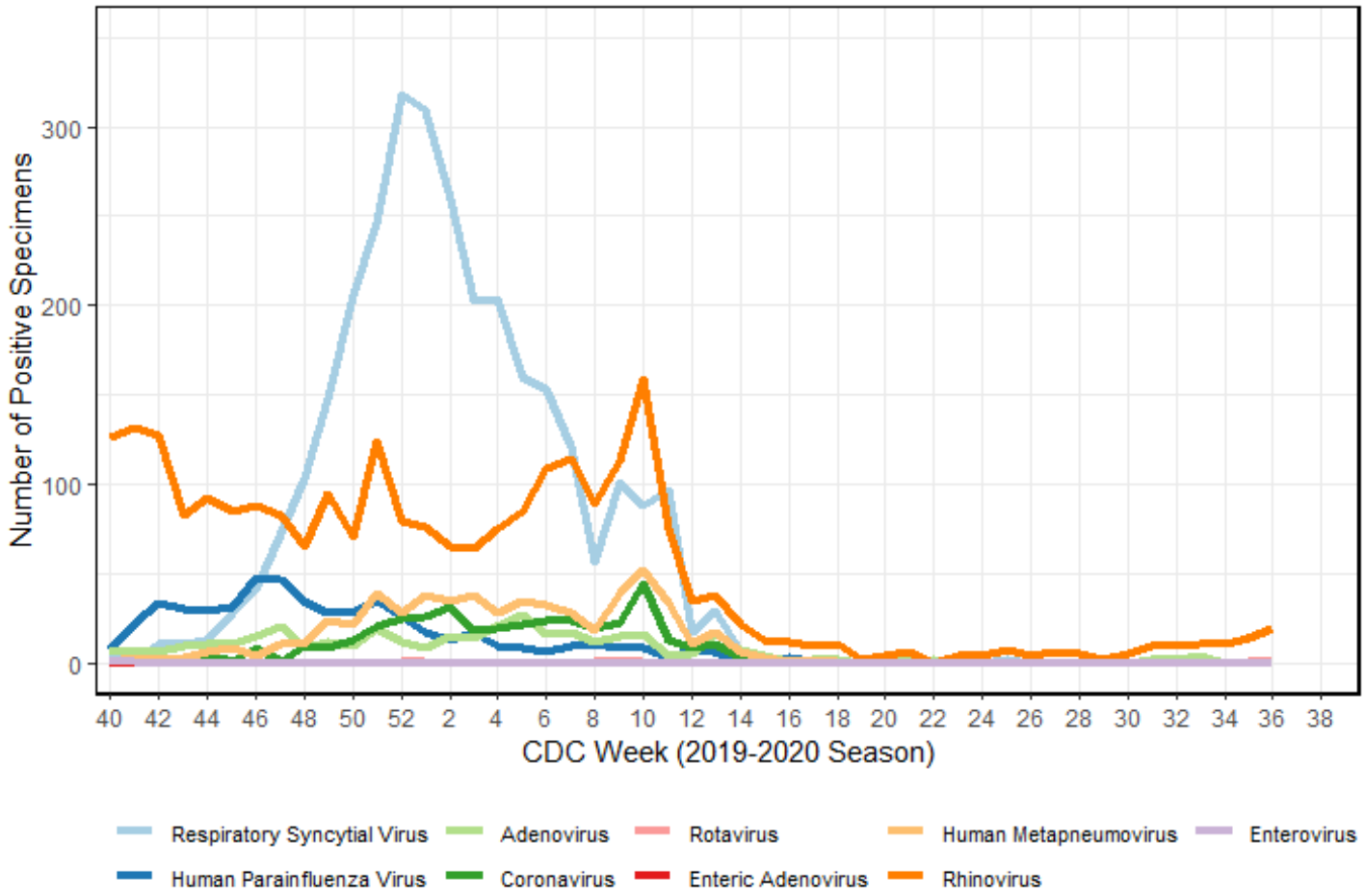


Table 3: Respiratory and Enteric Viruses, 2019-2020 Season to Date

Week	Reporters	Respiratory Syncytial Virus	Human Parainfluenza Virus	Adenovirus	Coronavirus	Rotavirus	Enteric Adenovirus	Human Metapneumovirus	Rhinovirus	Enterovirus
33	13	1	2	4	0	0	0	0	10	0
34	13	0	0	0	0	0	0	0	11	0
35	13	0	0	0	0	1	0	0	14	0
36	11	0	1	0	0	1	0	0	19	0

Laboratory Confirmed Influenza-Associated Deaths

Reported Laboratory-Confirmed Influenza Associated Deaths

Note that these counts reflect only deaths officially reported to the Washington State Department of Health.
Note that each influenza season is reported as week 40 through week 39 of the following year.

One hundred and nine laboratory-confirmed influenza deaths have been reported since week 40 of 2019, 55 influenza A, 54 influenza B, and 0 type unknown. Most deaths have occurred in people with underlying health conditions, or in people with no pre-existing conditions but who were elderly. Six deaths have occurred in children.

Table 4: Count and rate of reported laboratory-confirmed influenza-associated deaths by age group, Washington, 2019-2020 season to date

Age Group (in years)	Count of Deaths	Death Rate (per 100,000 population)
0-4	4	0.88
5-17	2	0.17
18-29	5	0.42
30-49	7	0.36
50-64	29	2.02
65+	62	5.28
Total	109	1.47

Reported Laboratory-Confirmed Influenza-Associated Deaths, Past Seasons

For reference, lab-confirmed influenza death totals reported to the Department of Health for past seasons are presented below in Table 5. Note that for the purposes of tables 4 and 5, each influenza season runs from week 40 of one year to week 39 of the next (roughly October to October).

Past season summaries are available:
http://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/CommunicableDiseaseSurveillanceData/InfluenzaSurveillanceData

Note that influenza deaths are likely under-reported. The reasons for this under-reporting vary. Influenza may not be listed as a cause of death, influenza testing may not have occurred in a timely fashion to identify the virus, or may not have been performed at all, and lab-confirmed influenza deaths may not have been appropriately reported to public health.

CDC has published information about estimating seasonal influenza-associated deaths:
http://www.cdc.gov/flu/about/disease/us_flu-related_deaths.htm?mobile=nocontent

Table 5: Count of Reported Laboratory-Confirmed Influenza-Associated Deaths, Past Seasons to Week 36 and Total

Season	Count of Deaths as of Week 36 of Season	Count of Deaths Reported for the Entire Season (week 40 to week 39)
2019-2020, to date	109	109
2018-2019	241	245
2017-2018	294	296
2016-2017	275	278
2015-2016	66	67
2014-2015	152	156
2013-2014	80	80
2012-2013	54	54
2011-2012	19	20

Table 6: Count of Deaths Reported to WA DOH by County of Residence

Table 6 shows the count of laboratory-confirmed influenza deaths reported to the Washington State Department of Health by county of residence. Deaths are from week 40 of 2019 through the present. Note that due to reporting lag, counts may be different at the county level. Only deaths reported by the county as "investigation complete" are included in the official Washington State Department of Health counts.

Note that due to reporting lag, counts may be different at the county level

County	Count of Deaths Reported to WA DOH from week 40 of 2019 to present
Adams	1
Benton	3
Chelan	1
Clark	1
Franklin	1
Grant	4
King	30
Kitsap	7
Kittitas	1
Lincoln	1
Okanogan	1
Pend Oreille	1
Pierce	14
Skagit	1
Snohomish	9
Spokane	17
Stevens	3
Thurston	6
Whatcom	4
Whitman	1
Yakima	2

Additional Resources

International Influenza Data: http://www.who.int/topics/influenza/en/
National Influenza Surveillance Report: http://www.cdc.gov/flu/weekly/

Washington DOH Influenza Information for Public Health and Healthcare Providers:
http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/InfluenzaFluInformation#recommendation

Washington Local Health Department Influenza Surveillance Reports:

Clark County: https://www.clark.wa.gov/public-health/flu

King County: http://www.kingcounty.gov/healthservices/health/communicable/diseases/Influenza.aspx

Kitsap County: http://www.kitsappublichealth.org/Respiratory.pdf

Pierce County: https://www.tpchd.org/healthy-people/provider-resources/disease-information-for-providers/influenza/influenza-reports

Whatcom County: http://www.co.whatcom.wa.us/967/Influenza

Yakima County: http://www.yakimacounty.us/365/RSV-Flu-Stats