

2017-2018 Influenza Summary

Public Health — Seattle & King County

At a glance

As of 04/21/2018, influenza activity had returned to baseline levels in King County. The 2017-18 influenza season locally was more severe than four of the five past seasons by several measures, with more reported laboratory-confirmed influenza deaths and more influenza outbreaks in long-term care facilities (LTCFs) than were reported on average over the past five years. As defined by rises from baseline across multiple influenza activity indicators, the 2017-18 flu season had two distinct waves: the first increase in emergency department visits for influenza-like illness (ED ILI) beginning at the end of 2017 and lasting approximately 12 weeks, and a second increase with smaller magnitude beginning at the end of February. For the season as a whole, the percent of visits for ILI among all ages combined exceeded levels observed during each of the previous 10 influenza seasons. However, the percent of ED admissions for ILI was below levels observed in the previous five influenza seasons.

Respiratory disease outbreaks at long-term care facilities (LTCFs)				
	2017-2018		5-year average	
Total	67		49	
Influenza Type:				
A	15	22%	34	70%
B	6	9%	3	7%
A and B	5	7%	2	4%
Typing N/A	41	61%	9	19%

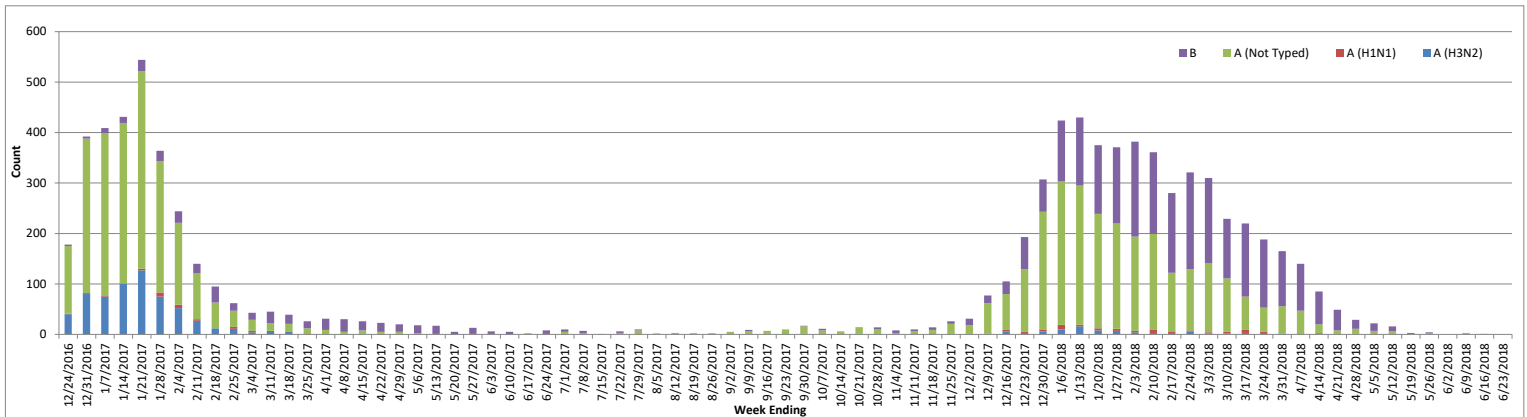
Sixty-seven outbreaks were reported from LTCFs, all of which identified at least one laboratory-confirmed case of influenza. This was higher than the 5-year average, where the number of LTCF outbreaks reported ranged from 15 to 92 (average 49).

Laboratory-confirmed influenza deaths				
	2017-2018		5-year average	
Total	50		38	
Influenza Type				
A	33	66%	33	87%
H1N1	1	2%	3	7%
H3	6	12%	5	14%
A (not typed)	26	52%	25	66%
B	11	22%	4	11%
Not typed	6	12%	0	1%

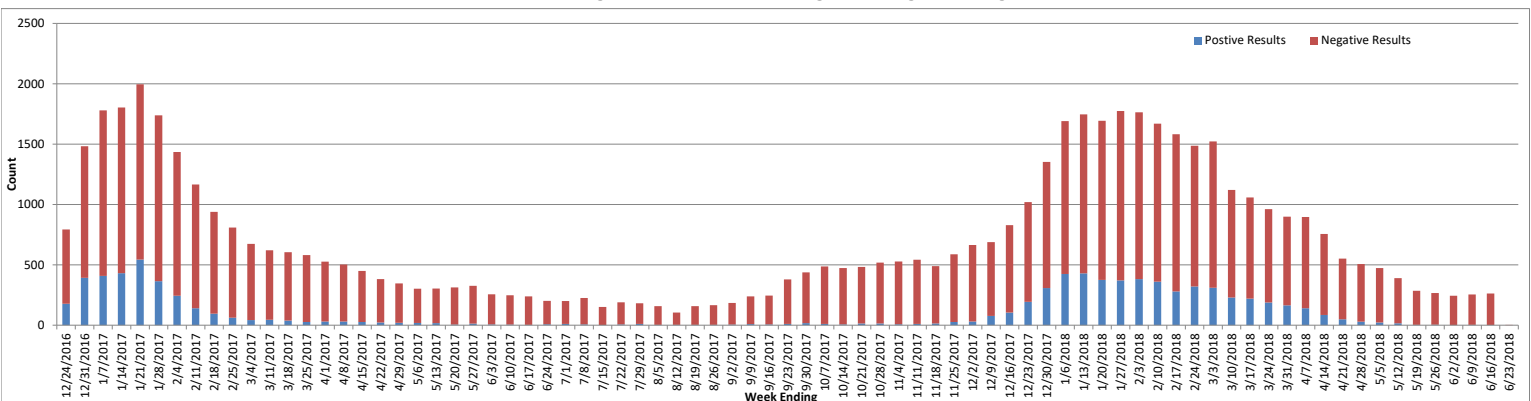
A total of 50 laboratory-confirmed influenza-related deaths have been reported in King County through 06/23/2018. This is the second highest number of reported deaths since the 2012-13 season. Between 2012 and 2017, there was an average of 38 influenza-related deaths reported each season (range of 16-84). Sixty-six percent of cases were female, and 86% were over age 65 (average 81 years). No pediatric deaths were reported. Over 66% of deaths were attributable to influenza A. Twenty-two percent of deaths were attributed to influenza B, almost double the 5-year average (11%). All had contributing underlying conditions. Forty-eight percent had no evidence of influenza vaccination for this season. It is likely that the number of influenza related deaths in King County is much higher since seasonal influenza is infrequently listed as a cause of death and not all people with severe illness are tested for influenza.

Submissions to NREVSS by King County labs and sentinel providers, PCR Testing Only

Positive Influenza Results by Subtype, Using PCR Testing Methodologies

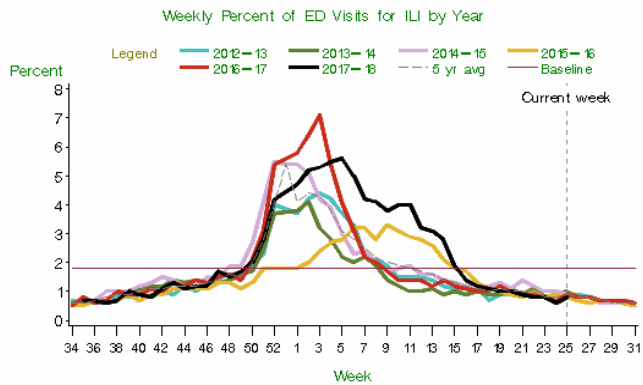


Positive and Negative Influenza Results, Using PCR Testing Methodologies

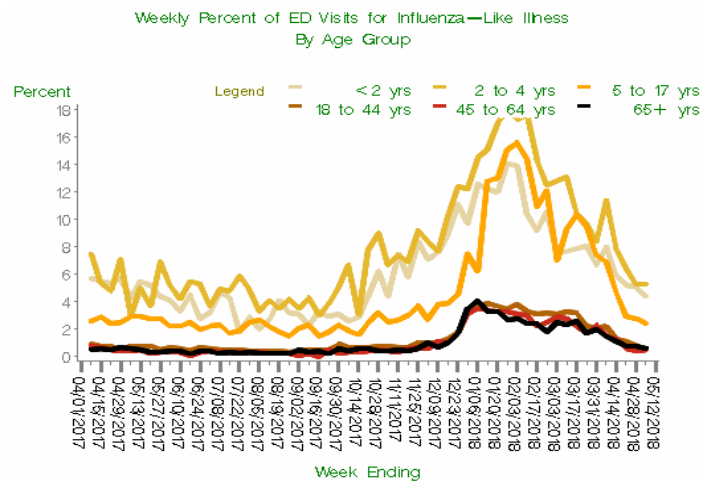


King County Syndromic Surveillance

The peak volume of ED visits for ILI was approximately 5.6%, lower than the past season but higher than the average of the past five seasons. Peak activity occurred in late-January and early February 2018. ED volume was highest among pediatric age groups.



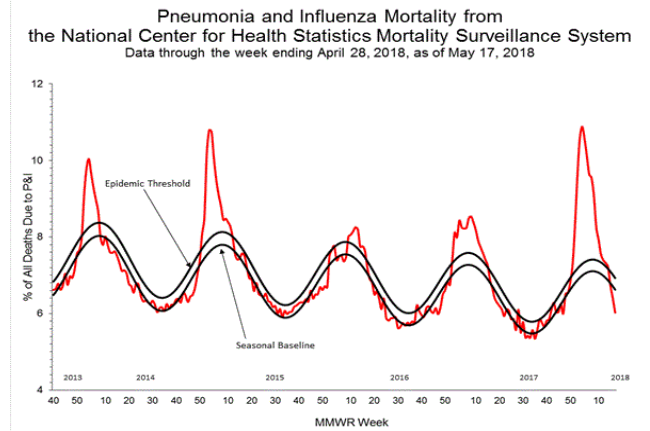
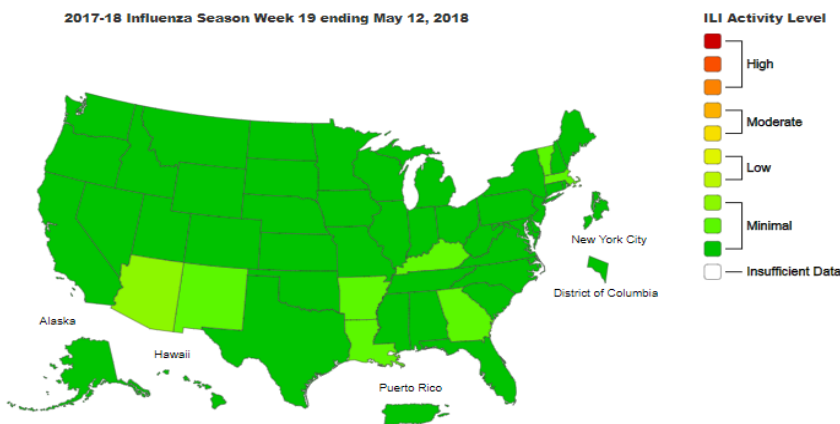
Note: The change from ICD-9 to ICD-10 codes in October 2015 may impact trends.
 Last updated Jun 24, 2018 ; 'current week' is week ending Jun 23, 2018
 Baseline: Mean % ILI during non-flu weeks for previous three seasons, adding two standard deviations.
 Using rapid antigen data, a non-flu week is a period of 2+ consecutive weeks where each one accounted for < 2% of the season's total number of specimens that tested positive for influenza.



ALLHOSPITALS, Last Updated May 7, 2018

National Data from CDC

Influenza vaccine effectiveness: Based on data through February 3, 2018, the National Vaccine Effectiveness (VE) Network estimates vaccine effectiveness at 25% for influenza A H3N2 viruses (95% CI: 13%-36%), and 42% for influenza B (95% CI: 25%-56%). Across all strains, the combined vaccine effectiveness is estimated at 36% (95% CI: 27%-44%).



Please report any of the following:

- Laboratory-Confirmed influenza-associated deaths
- Patients with novel or unsubtypable influenza viruses
- Outbreaks of influenza-like illness in a long-term care facility

Reporting Timeframe

Within 3 business days
 Immediately
 Immediately

Contact Information

Phone: (206) 296-4774
 Fax: (206) 296-4803
 Email: cdimms_data@kingcounty.gov

Additional Resources:

[Additional King County Flu Information, Resources, and Surveillance](#)
[UW Virology Laboratory Respiratory Virus Surveillance](#)
[Washington State Influenza Surveillance Update](#)

[National Influenza Update](#)
[Global Influenza Update](#)

Public Health
 Seattle & King County



Reported Updated

9/18/2018

Public Health - Seattle & King County

Summary of Influenza Deaths and Long-Term Care Facility (LTCF) Influenza Outbreaks

Updated Tuesday, September 18, 2018													
Current Week #: 38													
Flu Season Week #: 52 Ending: Saturday, September 22, 2018													
Last Week: 51 Ending: Saturday, September 15, 2018													
	2017-2018		2016-2017		2015-2016		2014-2015		2013-2014		2012-2013		5-year avg
New Investigations Flu Week 52													
Influenza Deaths	0		1		0		0		0		0		
LTCF Outbreaks	0		0		0		0		0		0		
Confirmed Cases as of 09/15/18													
Influenza Deaths Flu Week 51	0		0		0		0		0		0		0.0
Influenza Deaths Season-to-date	50		83		16		43		20		26		37.6
LTCF Outbreaks Flu Week 51	0		0		0		0		0		0		0.0
LTCF Outbreaks Season-to-date	67		93		17		63		15		53		48.2
	2017-2018		2016-2017		2015-2016		2014-2015		2013-2014		2012-2013		5-year avg
Total Seasonal LTCF Outbreaks	67		92		18		65		15		54		48.8
Flu type:													
A	15	22%	62	67%	7	39%	49	75%	9	60%	44	81%	34.2 70%
B	6	9%	3	3%	7	39%	4	6%	1	7%	2	4%	3.4 7%
A and B	5	7%	4	4%	0	0%	2	3%	2	13%	1	2%	1.8 4%
Info not available	41	61%	23	25%	4	22%	10	15%	3	20%	7	13%	9.4 19%
	2017-2018		2016-2017		2015-2016		2014-2015		2013-2014		2012-2013		5-year avg
Total Seasonal Influenza Deaths	50		84		16		43		22		24		37.8
Flu type:													
A	33	66%	74	88%	10	63%	40	93%	20	91%	21	88%	33 87%
H1N1	1	2%	0	0%	6	38%	0	0%	7	32%	0	0%	2.6 7%
H3	6	12%	18	21%	1	6%	7	16%	0	0%	1	4%	5.4 14%
A (not typed)	26	52%	56	67%	3	19%	33	77%	13	59%	20	83%	25 66%
B	11	22%	7	8%	6	38%	3	7%	2	9%	3	13%	4.2 11%
Not typed	6	12%	1	1%	0	0%	0	0%	0	0%	0	0%	0.2 1%
Sex:													
Male	17	34%	41	49%	7	44%	17	40%	11	50%	8	33%	16.8 44%
Female	33	66%	43	51%	9	56%	26	60%	11	50%	16	67%	21 56%
Age:													
Under 5 years	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0 0%
5 - 17	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0 0%
18 - 44	0	0%	1	1%	3	19%	1	2%	2	9%	0	0%	1.4 4%
45 - 64	7	14%	5	6%	5	31%	6	14%	5	23%	2	8%	4.6 12%
65+ years	43	86%	78	93%	8	50%	36	84%	15	68%	22	92%	31.8 84%
<i>Average</i>	81.1		81.9		64.9		81.7		71.5		84.3		76.9
Race:													
White	32	64%	54	64%	12	75%	35	81%	16	73%	22	92%	27.8 74%
Asian	1	2%	13	15%	2	13%	1	2%	3	14%	2	8%	4.2 11%
Black	3	6%	4	5%	2	13%	5	12%	1	5%	0	0%	2.4 6%
Amer Indian	0	0%	0	0%	0	0%	0	0%	1	5%	0	0%	0.2 1%
Hispanic/Latino	2	4%	3	4%	0	0%	1	2%	0	0%	0	0%	0.8 2%
Other	1	2%	1	1%	0	0%	1	2%	1	5%	0	0%	0.6 2%
Unknown	10	20%	9	11%	0	0%	0	0%	0	0%	0	0%	1.8 5%
Flu vaccine status													
Up to date	26	52%	39	46%	6	38%	21	49%	8	36%	19	79%	18.6 49%
Not up to date	9	18%	20	24%	8	50%	5	12%	6	27%	3	13%	8.4 22%
Unk/NA	15	30%	25	30%	2	13%	17	40%	8	36%	2	8%	10.8 29%