## Influenza Update: December 28, 2019

#### During the week ending December 28, 2019:

- There were no new influenza-related deaths and one new outbreaks reported this week. Four deaths and eight outbreaks at long-term care facilities have been reported this season (since 9/29/2019).
- One additional death has been reported during the week beginning December 29th, but is not reflected in the numbers of this report (which covers 9/29/2019 through 12/28/2019). This will be reflected in next week's report.
- Based on data from King County laboratories, influenza was the most commonly identified respiratory pathogen, followed by RSV and rhinovirus. The percent of positive tests for respiratory viral pathogens was comparable to rates observed this time of year and at or below peak levels observed during the previous five seasons.
- The percent of emergency department (ED) visits for influenza-like illness (ILI) is on an increasing trend, and is at or above baseline levels among all ages combined, as well as among every age group. The percent of ED ILI visits is highest in the pediatric population.
- Among children ages 5-17 years, the percent of ED ILI visits exceeded peak levels observed during four out of the five previous seasons.

At a glance						
	Week Ending			5-Year Average to		
	<u>12/28/2019</u>	Since 09/29/2019		<u>Date</u>		
Laboratory-confirmed influenza deaths	0	4		2.4		
Respiratory disease outbreaks at long-term care facilities (LTCFs)	1	8		9		
Percentage positive influenza tests by PCR <sup>1</sup>	20.6%	Season Peak	25.3%			
Number of labs reporting	5	Weekly Average	7			
Number of specimens tested	1474	Weekly Average	1087			
Percentage of emergency department (ED) visits for ILI <sup>2</sup>	5.91%	Season Peak	5.91%	5-Year Average to Date	2.01%	

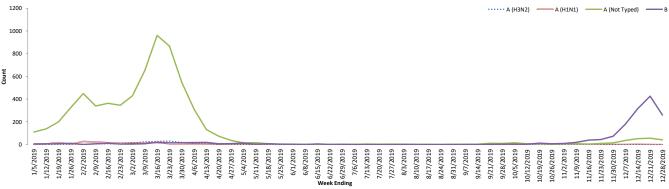
<sup>1</sup>Based on King County hospital laboratory and sentinel provider submissions to CDC's National Respiratory and Enteric Virus Surveillance System (NREVSS). NREVSS data not available for all previous seasons due to change in reporting procedures. Changes in facilities reporting to NREVSS may impact counts.

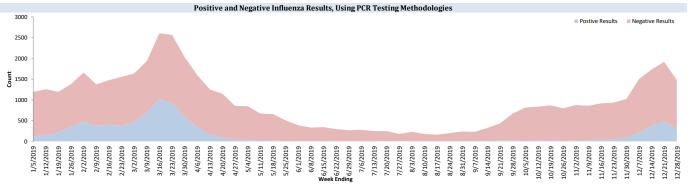
<sup>2</sup>Based on Public Health - Seattle & King County's syndromic surveillance data representing aggregate percent of visits to King County EDs.

Submissi	Submissions to NREVSS by King County labs, PCR testing only										
Week#	Week ending	# Labs reporting	A (H1N1)	A (H3N2)	A (Not typed)	В	# Tested	% Flu positive			
49	12/7/2019	7	1	0	36	181	1505	14.5%			
50	12/14/2019	7	2	0	53	317	1736	21.4%			
51	12/21/2019	6	1	0	57	426	1916	25.3%			
52	12/28/2019	5	0	1	42	260	1474	20.6%			



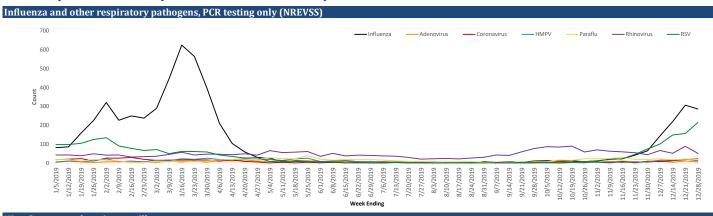


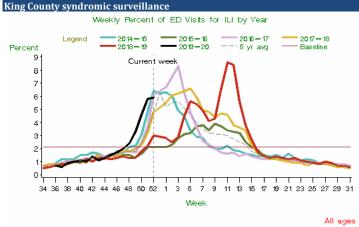




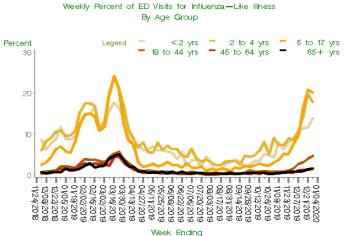
## **Public Health - Seattle & King County**

## Summary of Influenza Syndromic and Laboratory Surveillance





Note: The change from ICD-9 to ICD-10 codes in October 2015 may impact trends. Last updated Dec 29, 2019 ; 'current week' is week ending Dec 28, 2019 Baseline: Mean % ILI during non—flu weeks for previous three seasons, adding two standard deviations 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 by PCR.



ALLHOSPITALS, Last Updated Dec 31, 2019

### National data from CDC

## FLUVIEW



- Insufficient Data

A Weekly Influenza Surveillance Report Prepared by the Influenza Division Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet 2019-20 Influenza Season Week 51 ending Dec 21, 2019

\*This map uses the proportion of outpatient visits to healthcare providers for influenza-like illness to measure the ILI activity level within a state. does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels. \*Data collected in ILINet may disproportionately represent certain populations within a state, and therefore may not accurately depict the full

picture of influenza activity for the whole state. \*Data displayed in this map are based on data collected in ILINet, whereas the State and Territorial flu activity map are based on reports from State and territorial epidemiologists. The data presented in this map is preliminary and may change as more data is received.

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#### 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 Immediately

#### **Reporting Timeframe** Within 3 business days Immediately

**Contact Information** Phone: (206) 296-4774 (206) 296-4803 Fax:



#### **Additional Resources:**

Additional King County Flu Information, Resources, and Surveillance UW Virology Laboratory Respiratory Virus Surveillance Washington State Influenza Surveillance Undate

National Influenza Update Global Influenza Update

Report updated on 12/31/2019

# Public Health - Seattle & King County Summary of Influenza Deaths and Long-Term Care Facility (LTCF) Influenza Outbreaks

Confirmed cases as of week 52 (ending 12/28/19)															
	201	9-2020	2018	3-2019	2017	7-2018	2016	-2017	2015	-2016	2014-2015		5-yea	ar avg	
Influenza Deaths in Week 52		0		0		2		2		0		0	0	.8	
Influenza deaths, season to date (since 9/29/2019)		4		0		3		5		2		2	2.4		
									_						
LTCF Outbreaks in Week 52		1		0		5		9		1	3		3.6		
LTCF Outbreaks, season to date (since 9/29/2019)		8		2	9		18		4		13		9.2		
	201	9-2020	2018-2019		2017-2018		2016-2017		2015-2016		2014-2015		5-year avg		
Total Seasonal LTCF Outbreaks		8	43		68		92		18		65		57.2		
Elutype															
Flu type: A	4	50%	37	86%	15	22%	62	67%	7	39%	49	75%	34	59%	
В	2	25%	0	0%	6	9%	3	3%	7	39%	4	6%	4	7%	
A and B	0	0%	1	2%	5	7%	4	4%	0	0%	2	3%	2.4	4%	
Info not available	2	25%	5	12%	42	62%	23	25%	4	22%	10	15%	16.8	29%	
into not available		2370		12/0		0270				22/0	10	1370	10.0	2370	
	2019-2020		2018-2019		2017-2018		2016-2017		2015-2016		2014-2015		5-year avg		
Total Seasonal Influenza Deaths	4		52		50		84		16		43		49		
Flu type:															
A	1	25%	48	92%	33	66%	75	89%	10	63%	40	93%	41.2	84%	
H1/H1N1	0	0%	11	21%	1	2%	1	1%	6	38%	0	0%	3.8	8%	
Н3	0	0%	5	10%	6	12%	18	21%	1	6%	7	16%	7.4	15%	
A (not typed)	1	25%	32	62%	26	52%	56	67%	3	19%	33	77%	30	61%	
B	3	75%	2	4%	11	22%	7	8%	6	38%	3	7%	5.8	12%	
Not typed	0	0%	2	4%	6	12%	1	1%	0	0%	0	0%	1.8	4%	
1101 17700		0,0	_	.,,			_	-/-		0,0		0,0	2.0	.,,	
Sex:															
Male	2	50%	27	52%	17	34%	41	49%	7	44%	17	40%	21.8	44%	
Female	2	50%	25	48%	33	66%	43	51%	9	56%	26	60%	27.2	56%	
Ago															
Age: Under 5 years	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
5 - 17	1	25%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
18 - 44	0	0%	1	2%	0	0%	1	1%	3	19%	1	2%	1.2	2%	
45 - 64	1	25%	13	25%	7	14%	5	6%	5	31%	6	14%	7.2	15%	
65+ years	2	50%	38	73%	43	86%	78	93%	8	50%	36	84%	40.6	83%	
Average		55.5		3.6	_	1.1		1.9	_	4.9		1.7		5.6	
Race:															
White	3	75%	35	67%	33	66%	54	64%	12	75%	35	81%	33.8	69%	
Asian	0	0%	5	10%	2	4%	13	15%	2	13%	1	2%	4.6	9%	
Black	0	0%	1	2%	3	6%	4	5%	2	13%	5	12%	3	6%	
Amer Indian	0	0%	1	2%	0	0%	0	0%	0	0%	0	0%	0.2	0%	
Hispanic/Latino	1	25%	2	4%	2	4%	3	4%	0	0%	1	2%	1.6	3%	
Other	0	0%	0	0%	1	2%	1	1%	0	0%	1	2%	0.6	1%	
Unknown	0	0%	8	15%	9	18%	9	11%	0	0%	0	0%	5.2	11%	
Flu vaccine status															
Up to date	0	0%	16	31%	26	52%	39	46%	6	38%	21	49%	21.6	44%	
Not up to date	4	100%	19	37%	10	20%	20	24%	8	50%	5	12%	12.4	25%	
Unknown	0	0%	17	33%	14	28%	25	30%	2	13%	17	40%	15	31%	
									Repor	t upda	ted on	12/31	1/2019	)	