

**Communicable Disease Epidemiology  
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**November 2, 2009**

**INFLUENZA SITUATION REPORT** for CDC Week 43 (ending 10/31/09)

**Snapshot (updated 11/2/09):**

Several indicators continue to show rising influenza activity in King County. Emergency department visits for influenza-like illness have been increasing since the beginning of September and now exceed levels observed during the spring H1N1 outbreak. Hospital admits for 2009 H1N1 flu also currently exceed levels seen at the height of the spring outbreak. Clinics that are part of Public Health's outpatient surveillance system show an increase in both the number of specimens and the percentage of positive tests for influenza; levels of both are unusually high for this time of year. Local hospital laboratories have reported increased requests for rapid flu testing, and an increased proportion testing positive for flu. School absenteeism has been increasing in recent weeks across all age groups. However, information from past school years is not yet available for most school districts, so it usually cannot be determined whether the observed absenteeism is abnormal for this time of year.

For information on current surveillance and testing guidelines for 2009 H1N1 influenza, see:  
<http://www.kingcounty.gov/healthservices/health/preparedness/pandemicflu/swineflu/providers.aspx>.

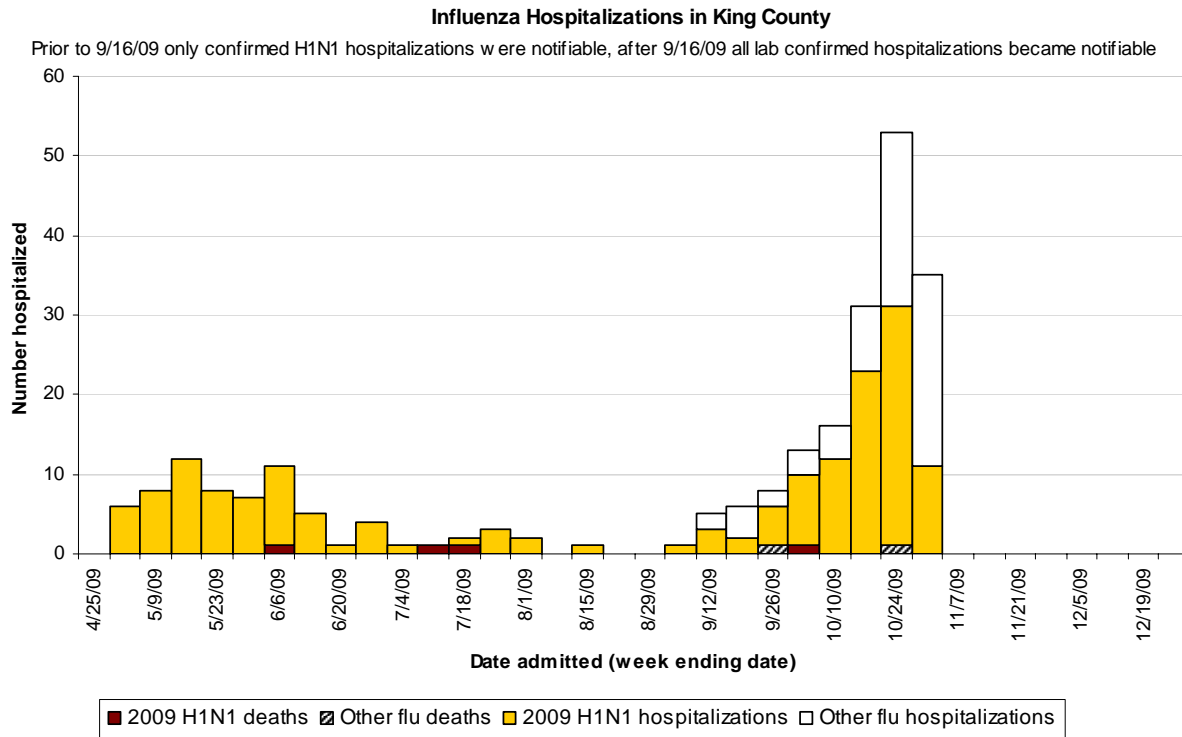
**Case counts, 2009-2010 flu season (updated 11/2/09).**

**2009-2010 Influenza Season (starting October 5<sup>th</sup>):**

|                             |    |   |    |
|-----------------------------|----|---|----|
| 2009 H1N1 Hospitalizations: | 87 | Hospitalizations, non-H1N1 or not tested: | 58 |
| 2009 H1N1 Deaths:           | 1  | Deaths, non-H1N1 or not tested:           | 1  |

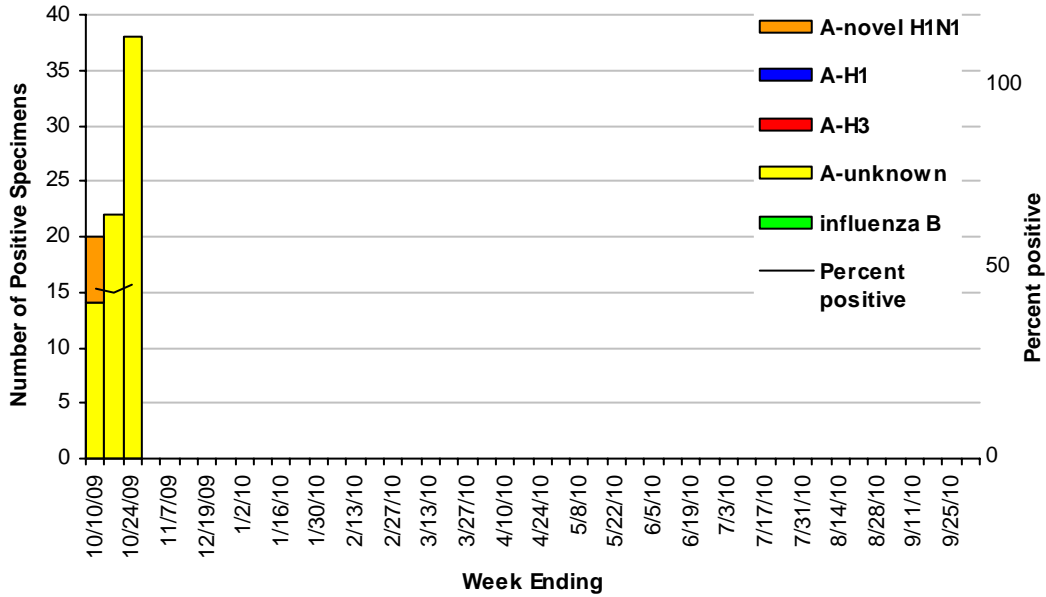
**2008-2009 Influenza Season:**

|                             |    |   |    |
|-----------------------------|----|---|----|
| 2009 H1N1 Hospitalizations: | 82 | Hospitalizations, non-H1N1 or not tested: | 12 |
| 2009 H1N1 Deaths:           | 3  | Deaths, non-H1N1 or not tested:           | 1  |

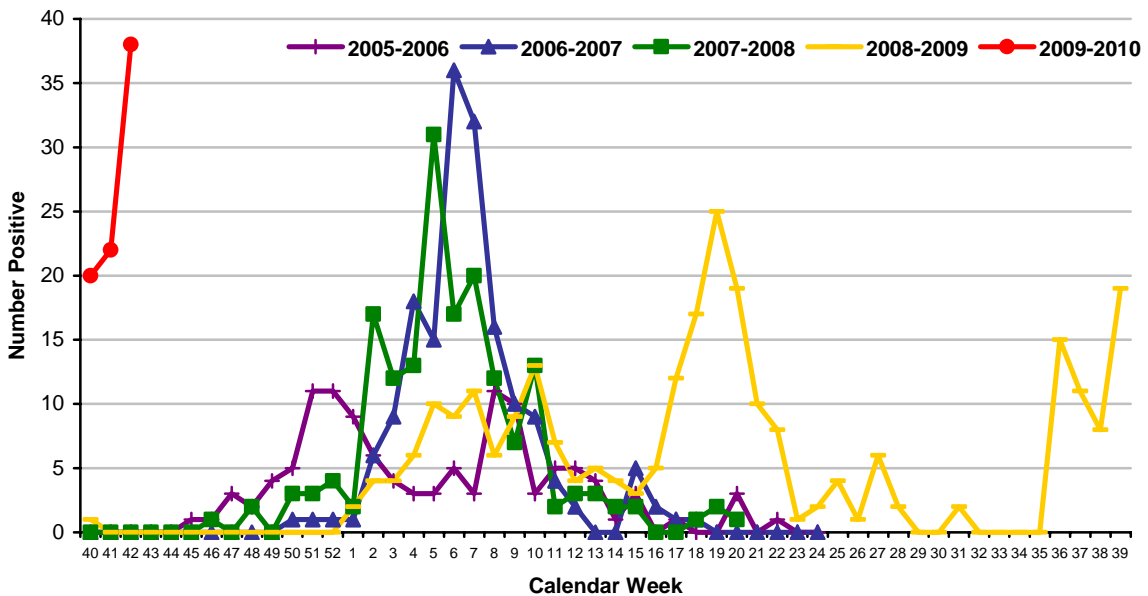


**Sentinel Provider Surveillance through the Public Health Laboratory (updated 10/29/09):** During week 42, 73 specimens were submitted by sentinel providers for flu testing, 38 of which were positive for influenza (subtyping not yet performed). To compare the current flu season with previous years, see graphs below.

**Public Health - Seattle and King County  
Sentinel Provider Influenza Surveillance  
Laboratory Confirmed Isolates**

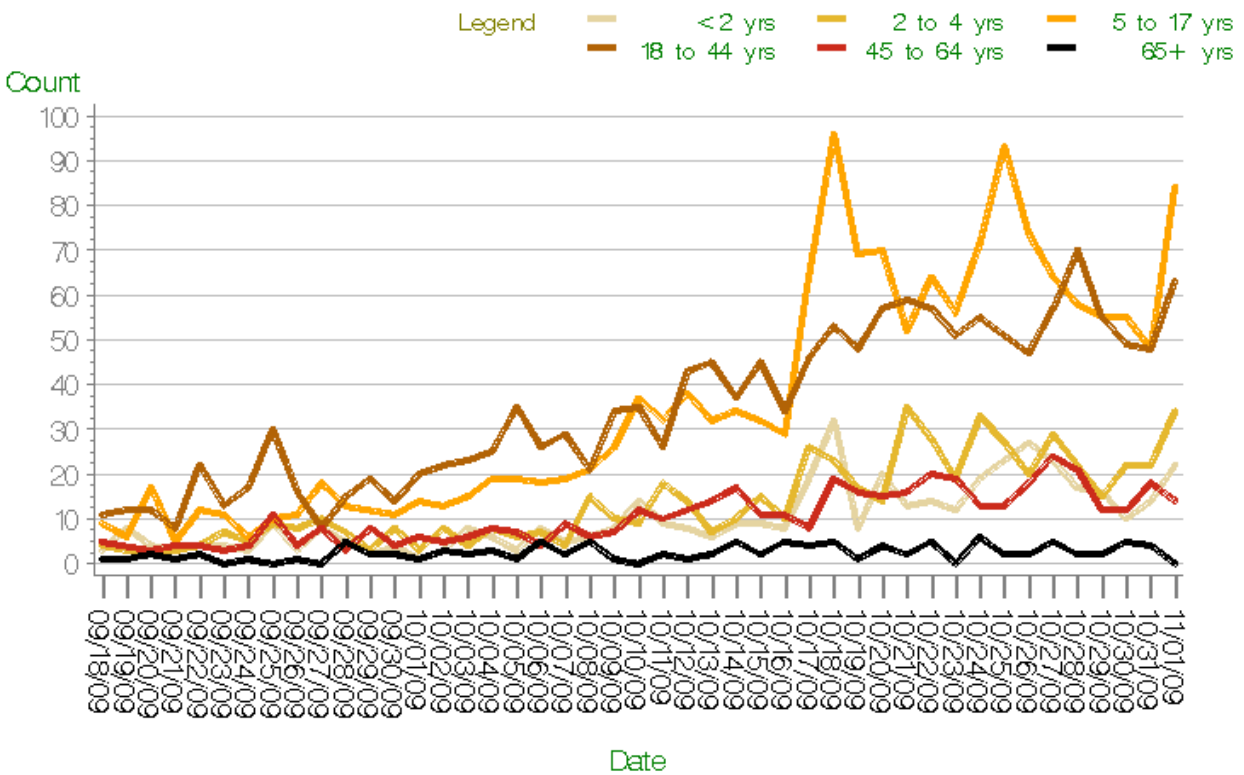


**Public Health - Seattle and King County  
Sentinel Provider Influenza Surveillance  
Influenza A by Season**



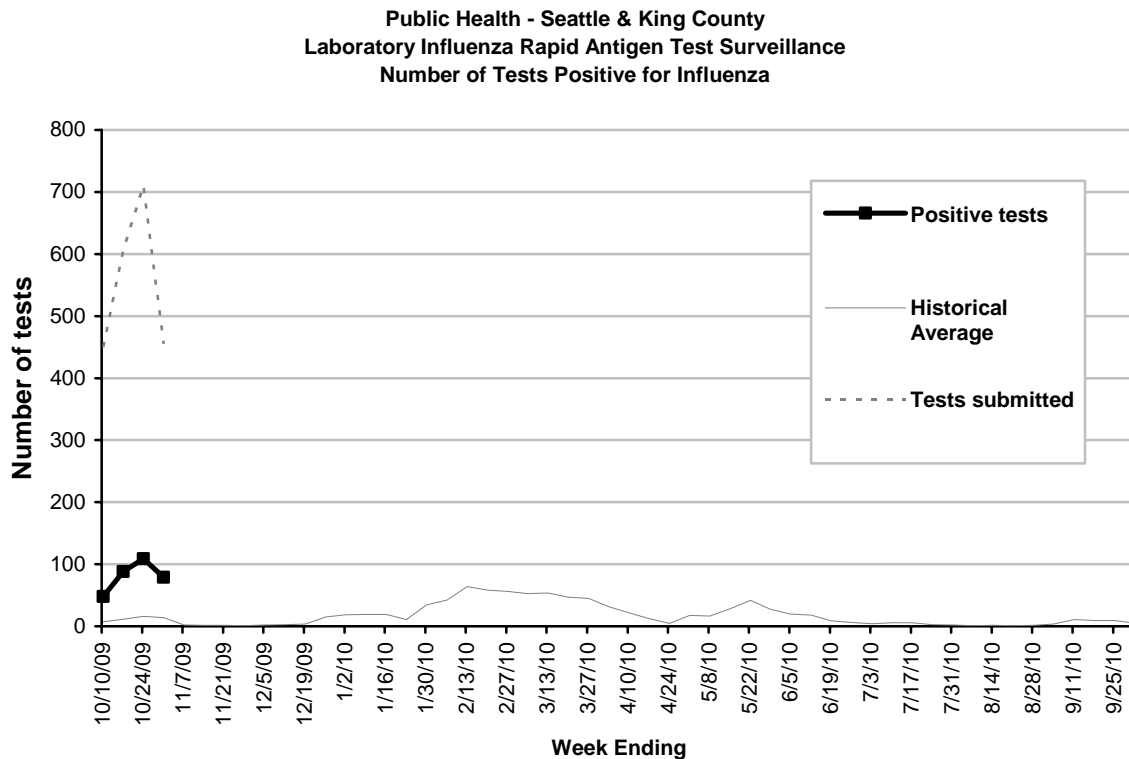
**Syndromic Surveillance (updated 11/2/09):** Compared with the 2009 seasonal influenza period and the peak of the spring 2009 H1N1 outbreak, the count of ED ILI visits was elevated among every age group during the week ending 10/31/09 (week 43). The weekly volume of ED ILI visits is currently highest among children ages 5-17 years and adults ages 18-44 years. The weekly count of ED admissions for ILI has been increasing for 6 consecutive weeks, and is currently higher than the peak count observed during the 2008-09 seasonal influenza period and the peak count recorded during the 2009 H1N1 outbreak. For the week ending 10/31/09, the highest volume of ED ILI admissions was among children ages 5-17 years and adults ages 45-64 years. Overall, the weekly count of ED admissions for pneumonia was on a downward trend from the peak in March 2009 through the end of September 2009, but began to increase in early October 2009. ED pneumonia admissions have been steadily increasing during the past 6 weeks among children 5-17 years of age; for the week ending 10/31/09, the weekly volume was comparable to the peak count observed at the end of March 2009.

Daily Count of ED Visits for Influenza—Like Illness  
By Age Group



ALLHOSPITALS, Last Updated Nov 2, 2009

**Rapid Antigen Surveillance (updated 11/2/09):** During week 43, 17.4% of rapid antigen tests reported by hospital laboratories were positive for influenza, which is about twice the average proportion observed this time of year. Rapid test result levels have been elevated since the end of August, when 2-5% of tests were positive for flu. Note that rapid antigen tests are only 10-70% sensitive in detecting 2009 H1N1 influenza. For information on respiratory virus detections conducted at University of Washington's Clinical Virology Lab, see: <http://depts.washington.edu/rspvirus>

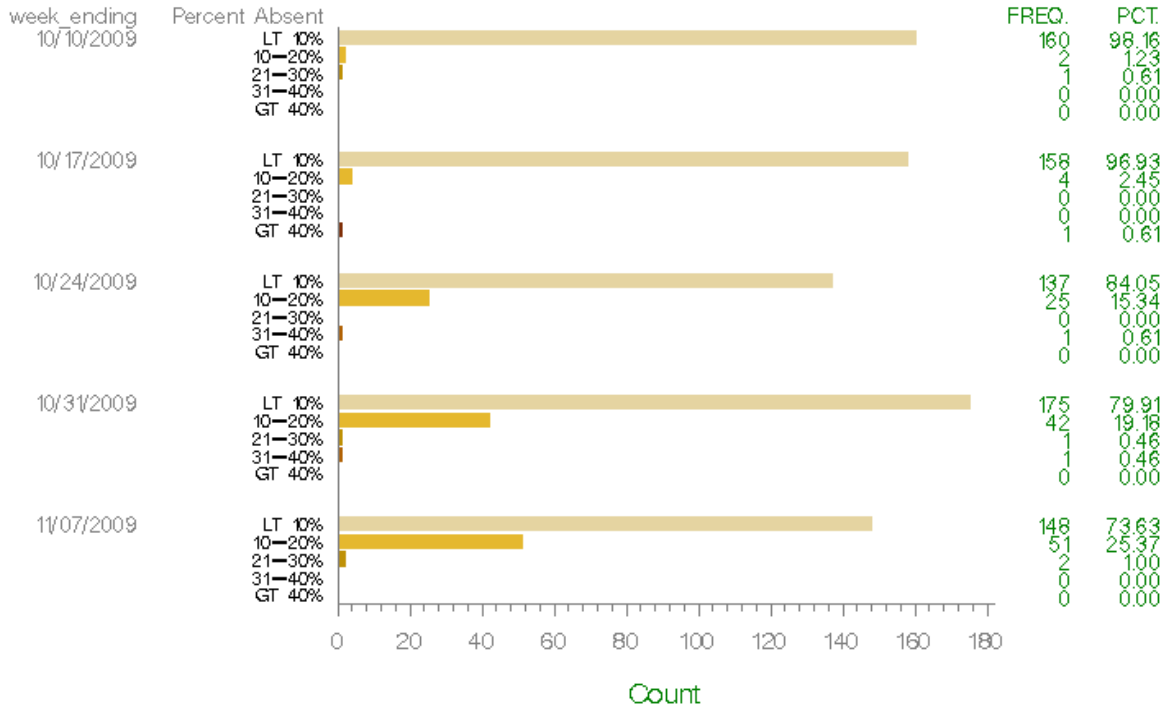


**P & I (Pneumonia and Influenza) Deaths (updated 11/2/09):** 3.7% of deaths were attributed to pneumonia and influenza during week 43 (national threshold not yet available). During the peak of flu season, the national epidemic threshold typically ranges from 7.5 – 8.0%. The last week the national threshold was exceeded was in mid-September (6.4% vs. 6.3%).

**Long-term Care Facilities (updated 11/2/09):** Public Health is currently working with two long-term care facilities reporting influenza-like activity; one of the facilities has had a positive test for 2009 H1N1. Confirmatory testing for the other facility is pending. In recent weeks, one long-term care facility reported a resident with a rapid flu test positive for influenza B; viral cultures were subsequently negative for influenza.

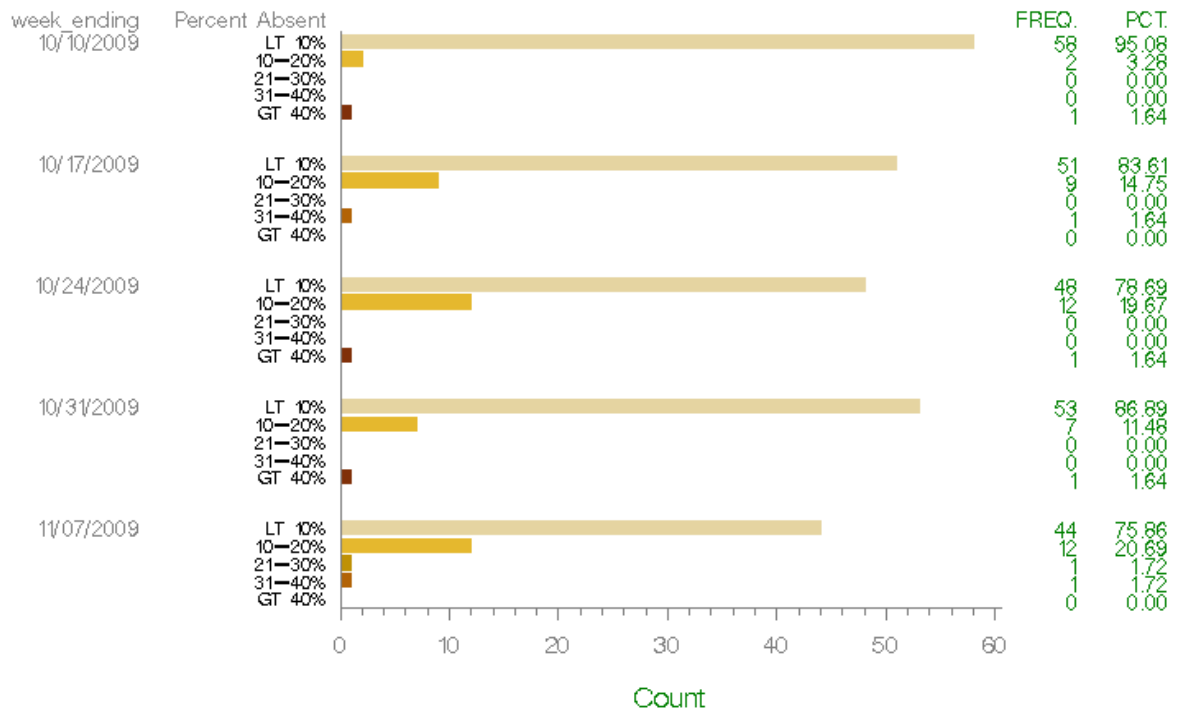
**School Absenteeism (updated 11/2/09):** Seventeen of 19 King County school districts are reporting absenteeism through our automated system. Schools for all age-groups reported increased absenteeism during week 43 (see graphs). Historical data are currently only available for 2 of the 17 reporting school districts. There has been an increase in absenteeism in one of these school districts over the past several weeks compared with the same time period the last two years. Few severe illnesses are being reported.

Distribution of Absenteeism by Grade Level  
Elementary Schools



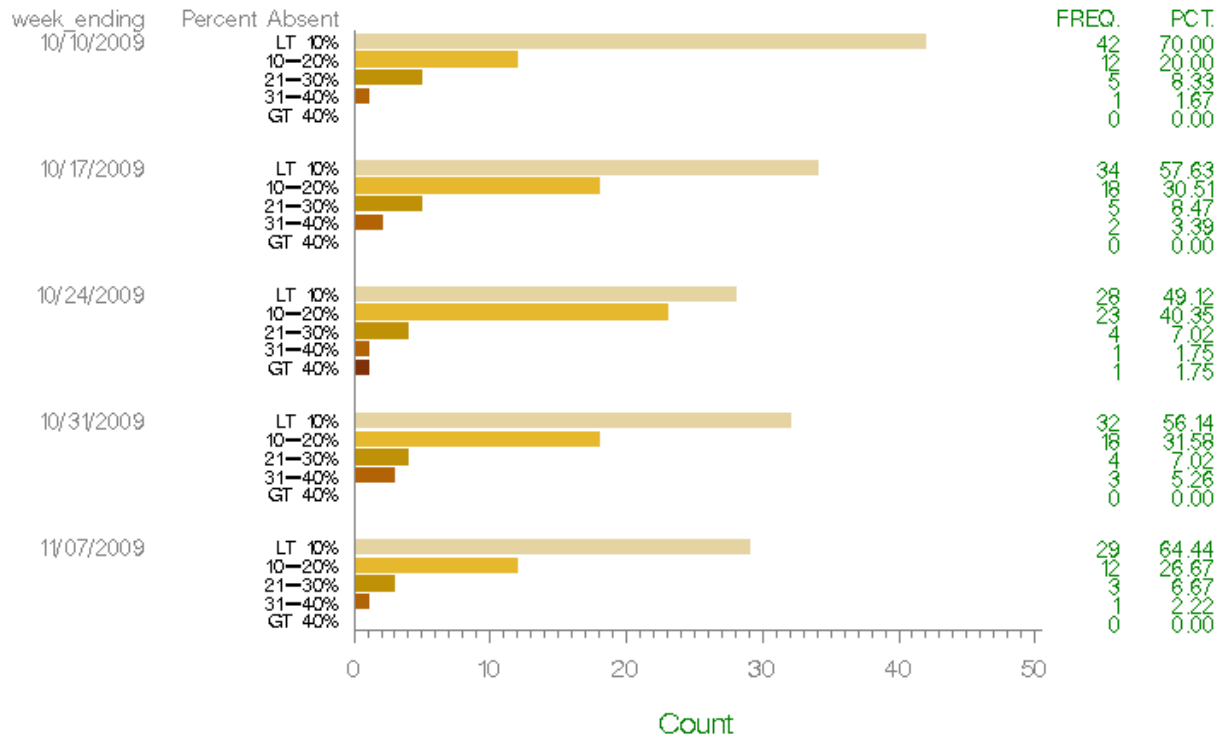
\_ALL\_, Last Updated Nov 3, 2009

Distribution of Absenteeism by Grade Level  
Middle Schools



\_ALL\_, Last Updated Nov 3, 2009

Distribution of Absenteeism by Grade Level  
High Schools



\_ALL\_, Last Updated Nov 3, 2009

## **Beyond King County**

**United States (updated 10/27/09):** During week 42 (October 18-24, 2009), influenza activity increased in the U.S.

- 8,268 (42.1%) specimens tested by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories and reported to CDC/Influenza Division were positive for influenza.
- All subtyped influenza A viruses being reported to CDC were 2009 influenza A (H1N1) viruses.
- The proportion of deaths attributed to pneumonia and influenza (P&I) was above the epidemic threshold.
- Twenty-two influenza-associated pediatric deaths were reported. Nineteen of these deaths were associated with 2009 influenza A (H1N1) virus infection and three were associated with an influenza A virus for which the subtype was undetermined.
- The proportion of outpatient visits for influenza-like illness (ILI) was above the national baseline. All 10 regions reported ILI above region-specific baseline levels.
- Forty-eight states reported geographically widespread influenza activity, Guam and two states reported regional influenza activity, the District of Columbia and Puerto Rico reported local influenza activity, and the U.S. Virgin Islands did not report.

For more on nationwide flu activity, visit the following site: <http://www.cdc.gov/flu/weekly/>

## **Washington State (updated 10/27/09):**

- During October 18–24 (week 42), the number of severe influenza cases reported to the Department of Health (DOH) increased from 176 in week 41 to 214 in week 42. Of the 214 severe cases reported during week 42, 90 reside east and 124 reside west of the Cascade Mountains.
- From September 19–October 24, DOH received reports of 540 hospitalized and 13 fatal cases of laboratory-confirmed influenza.
- Almost all circulating influenza viruses in Washington are 2009 H1N1 viruses. Infections with influenza B are being reported sporadically.
- Influenza activity is currently high in both western and eastern Washington. Influenza activity is increasing in western Washington. Emergency room data suggest activity may be leveling off in eastern Washington.
- The geographic distribution of influenza activity in Washington was classified as widespread which means influenza activity is elevated in over half of the regions in the state.

For more information on statewide flu activity, visit the following site: <http://www.doh.wa.gov/EHSPHL/Epidemiology/CD/fluupdate.pdf>.