Public Health - Seattle & King County
Summary of Influenza Syndromic and Laboratory Surveillance

Influenza Update: January 11, 2020

During the week ending January 11, 2020:

• There were two new influenza-related deaths and two new outbreaks reported this week. Nine deaths and ten outbreaks at long-term care facilities have been reported this season (since 9/29/2019).

• 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.

•For the week ending January 11th, 2020, the percent of emergency department (ED) visits for influenza-like illness (ILI) was above baseline levels in every age group and among all ages combined, but below peak levels observed during each of the previous five influenza seasons, with a downward trend observed for the past 1-2 weeks. Among every age group except adults ages 45 years and older, the percent of ED ILI visits overall this season is higher than observed during each of the previous 5 influenza seasons. The percent of ED ILI visits has been highest among pediatric age groups, peaking at or above four of the previous five influenza seasons. This season, the percent of admissions for influenza has been highest among adults ages 65 years and older, but below levels observed during each of the previous five influenza seasons.

At a glance

	Week Ending 01/11/2020	Since 09/29/2019		5-Year Average to Date	
Laboratory-confirmed influenza deaths	2	9		8	
Respiratory disease outbreaks at long-term care facilities (LTCFs)	2	10		23	
Percentage positive influenza tests by PCR[1]	19.4%	Season Peak	25.3%		
Number of labs reporting	5	Weekly Average	7		
Number of specimens tested	1590	Weekly Average	1230		
Percentage of emergency department (ED) visits for ILI[2]	4.55%	Season Peak	6.75%	5-Year Average to Date	2.45%

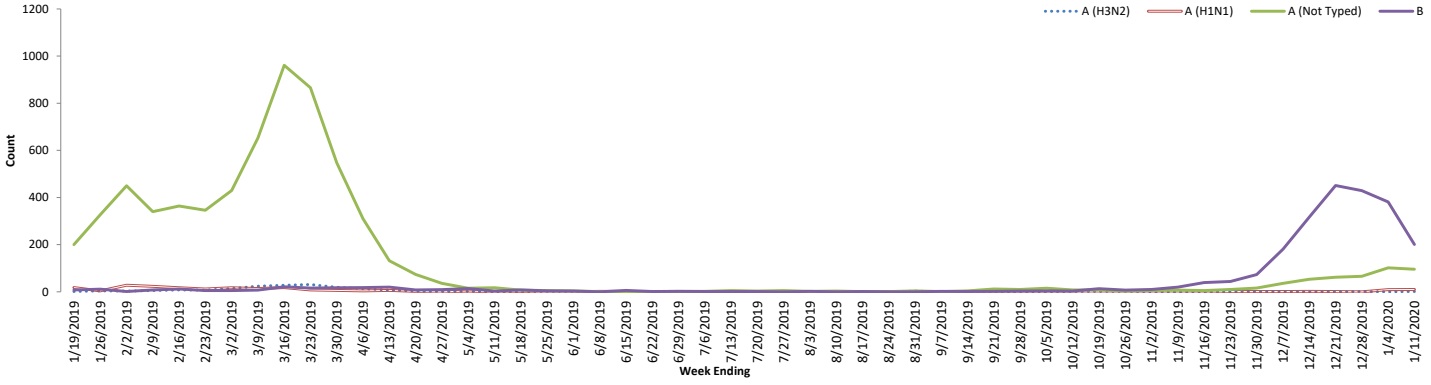
[1]Based on King County hospital laboratory and sentinel provider submissions to CDC's National Respiratory and Enteric Virus Surveillance System (NREVSS).
NREVSS data not available for all previous seasons due to change in reporting procedures. Changes in facilities reporting to NREVSS may impact counts.
[2]Based on Public Health - Seattle & King County's syndromic surveillance data representing aggregate percent of visits to King County EDs.

Submissions to NREVSS by King County labs, PCR testing only

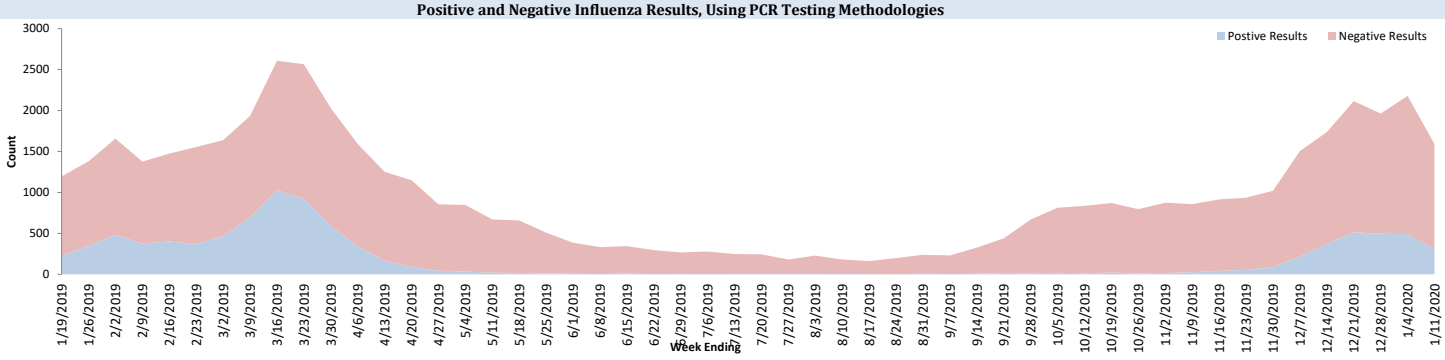
Week #	Week ending	# Labs reporting	A (H1N1)	A (H3N2)	A (Not typed)	B	# Tested	% Flu positive
51	12/21/2019	7	1	0	62	451	2115	24.3%
52	12/28/2019	6	0	1	66	429	1963	25.3%
1	1/4/2020	6	9	0	102	381	2178	22.6%
2	1/11/2020	5	10	1	96	201	1590	19.4%

Influenza results by subtype, PCR testing only (NREVSS)

Positive Influenza Results by Subtype, Using PCR Testing Methodologies

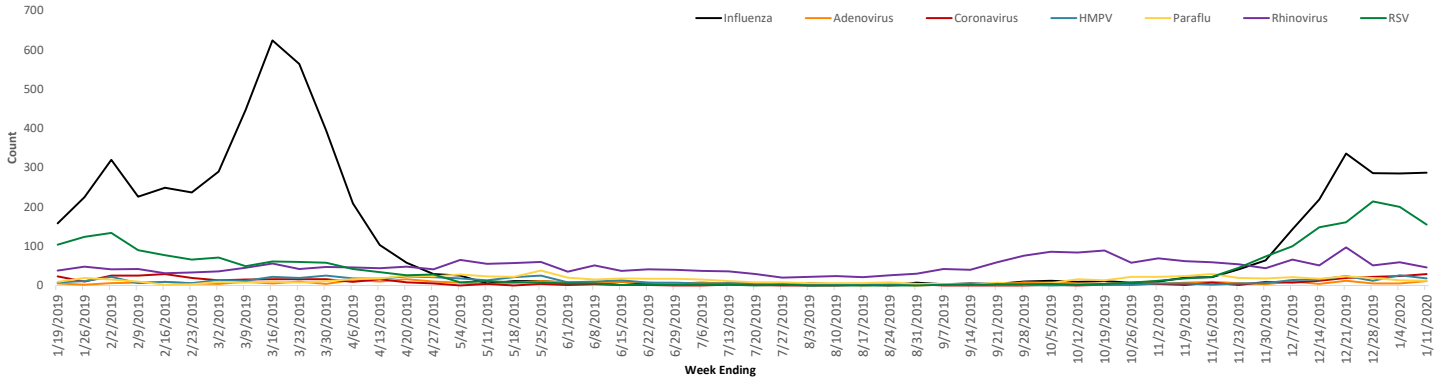


Positive and Negative Influenza Results, Using PCR Testing Methodologies

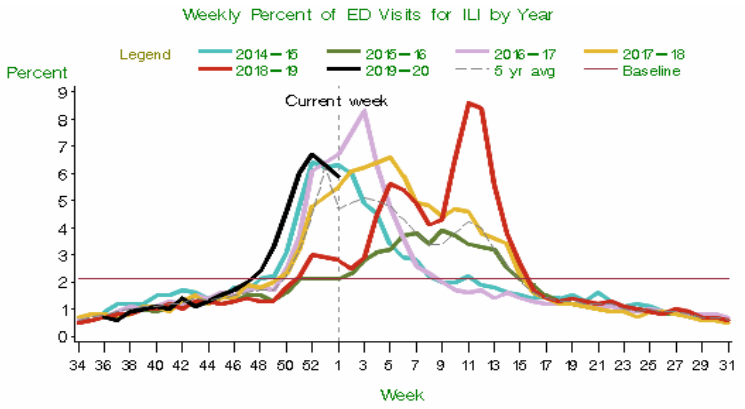


Public Health - Seattle & King County
Summary of Influenza Syndromic and Laboratory Surveillance

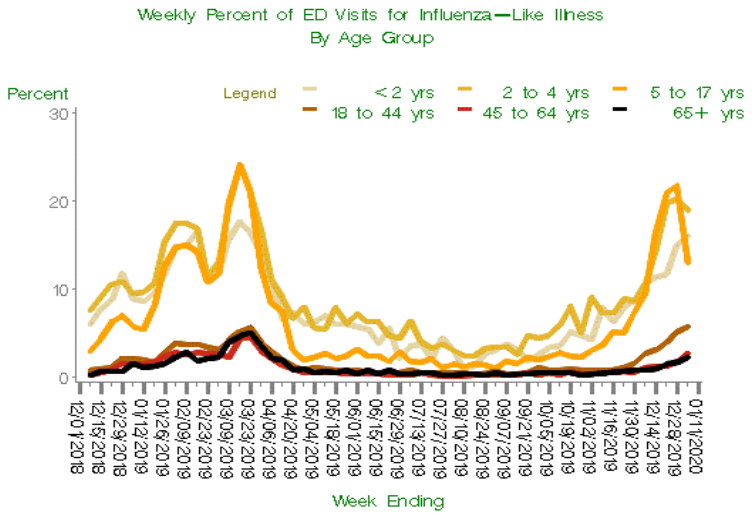
Influenza and other respiratory pathogens, PCR testing only (NREVSS)



King County syndromic surveillance

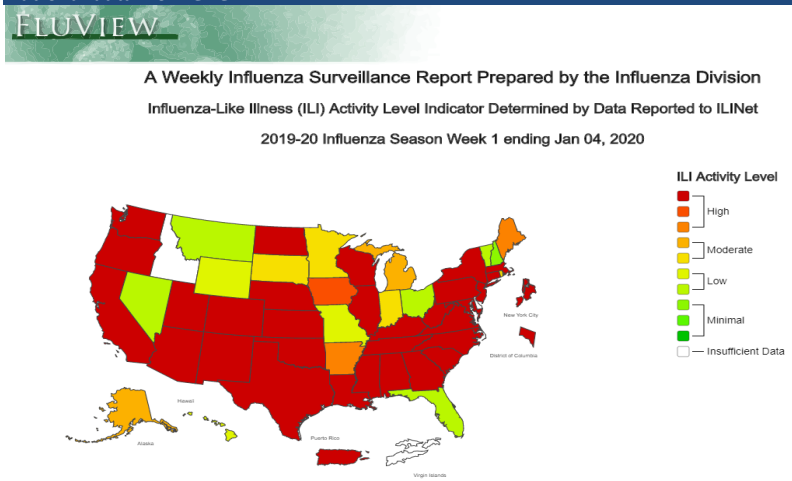


Note: The change from ICD–9 to ICD–10 codes in October 2015 may impact trends.
Last updated Jan 5, 2020 ; 'current week' is week ending Jan 4, 2020
Baseline: Mean % ILI during non–flu weeks for previous three seasons, adding two standard deviations.
A non–flu week is a period of 2+ consecutive weeks where each one accounted for <2% of the season's total number of specimens that tested positive for influenza by PCR.



ALLHOSPITALS, Last Updated Jan 8, 2020

National data from CDC



*This map uses the proportion of outpatient visits to healthcare providers for influenza-like illness to measure the ILI activity level within a state. It 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.
*Differences in the data presented by CDC and state health departments likely represent differing levels of data completeness with data presented by the state likely being the more complete.
*For the data download you can use Activity Level for the number and Activity Level Label for the text description.

Please report any of the following:
- Laboratory-Confirmed influenza-associated deaths — Reporting Timeframe: Within 3 business days
- Patients with novel or unsubtypable influenza viruses — Immediately
- Outbreaks of influenza-like illness in a long-term care facility — Immediately

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

Public Health
Seattle & King County

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

Report updated on 1/16/2020

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

Confirmed cases as of week 2 (ending 01/11/20)	2019-2020	2018-2019	2017-2018	2016-2017	2015-2016	2014-2015	5-year avg
Influenza Deaths in Week 2	2	1	4	9	0	8	4.4
Influenza deaths, season to date (since 9/29/2019)	9	1	9	17	2	11	8.0
LTCF Outbreaks in Week 2	2	1	5	15	1	20	8.4
LTCF Outbreaks, season to date (since 9/29/2019)	10	4	17	50	6	37	22.8

	2019-2020		2018-2019		2017-2018		2016-2017		2015-2016		2014-2015		5-year avg	
Total Seasonal LTCF Outbreaks	10		43		68		92		18		65		57.2	
Flu type:														
A	6	60%	37	86%	15	22%	62	67%	7	39%	49	75%	34	59%
B	3	30%	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	1	10%	5	12%	42	62%	23	25%	4	22%	10	15%	16.8	29%

	2019-2020		2018-2019		2017-2018		2016-2017		2015-2016		2014-2015		5-year avg	
Total Seasonal Influenza Deaths	9		52		50		84		16		43		49	
Flu type:														
A	4	44%	48	92%	33	66%	75	89%	10	63%	40	93%	41.2	84%
H1/H1N1	1	11%	11	21%	1	2%	1	1%	6	38%	0	0%	3.8	8%
H3	0	0%	5	10%	6	12%	18	21%	1	6%	7	16%	7.4	15%
A (not typed)	3	33%	32	62%	26	52%	56	67%	3	19%	33	77%	30	61%
B	5	56%	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%
Sex:														
Male	4	44%	27	52%	17	34%	41	49%	7	44%	17	40%	21.8	44%
Female	5	56%	25	48%	33	66%	43	51%	9	56%	26	60%	27.2	56%
Age:														
Under 5 years	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
5 - 17	1	11%	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	11%	13	25%	7	14%	5	6%	5	31%	6	14%	7.2	15%
65+ years	7	78%	38	73%	43	86%	78	93%	8	50%	36	84%	40.6	83%
Average	*72.6*		*73.6*		*81.1*		*81.9*		*64.9*		*81.7*		*76.6*	
Race:														
White	5	56%	35	67%	33	66%	54	64%	12	75%	35	81%	33.8	69%
Asian	1	11%	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	11%	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	2	22%	8	15%	9	18%	9	11%	0	0%	0	0%	5.2	11%
Flu vaccine status														
Up to date	4	44%	16	31%	26	52%	39	46%	6	38%	21	49%	21.6	44%
Not up to date	5	56%	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%

Report updated on 1/16/2020