

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

Influenza Update: February 29, 2020

During the week ending February 29, 2020:

- There were two new influenza-related deaths and no new outbreaks reported this week. Thirty deaths and 19 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 rhinovirus and RSV. The percent of positive tests for respiratory viral pathogens was at or below rates observed this time of year and below peak levels observed during the previous five seasons.
- For the week ending February 29th, 2020, the percent of emergency department (ED) visits for influenza-like illness (ILI) was at or above baseline levels among all ages combined, but below peak levels observed during four of the previous five influenza seasons. 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 02/29/2020	Since 09/29/2019	5-Year Average to Date
Laboratory-confirmed influenza deaths	2	30	30.4
Respiratory disease outbreaks at long-term care facilities (LTCFs)	0	19	44
Percentage positive influenza tests by PCR ¹	23.9%	Season Peak	25.1%
Number of labs reporting	5	Weekly Average	7
Number of specimens tested	1761	Weekly Average	1481
Percentage of emergency department (ED) visits for ILI ²	4.22%	Season Peak	6.75%
		5-Year Average to Date	3.19%

¹Based 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.

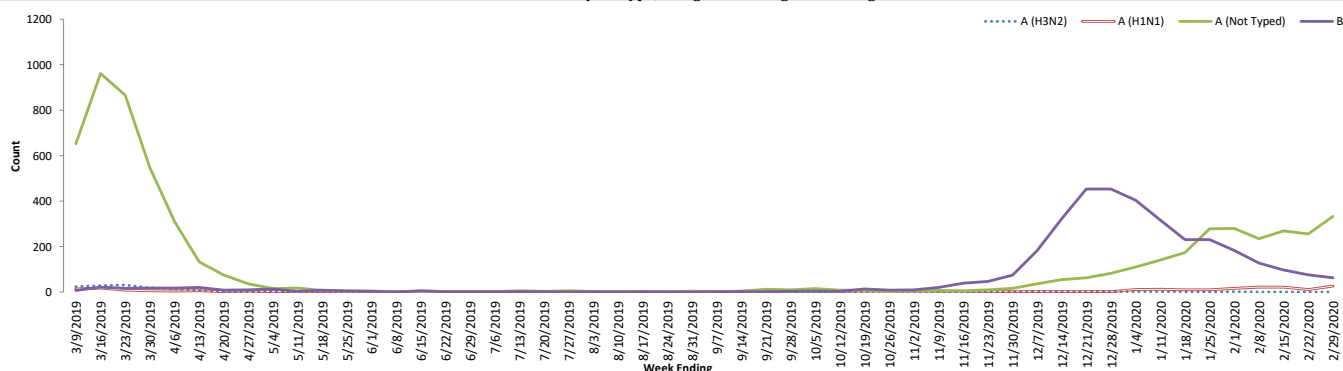
²Based on Public Health - Seattle & King County's syndromic surveillance data representing aggregate percent of visits to King County EDs.

Submissions to NREVSS by King County labs, PCR testing only

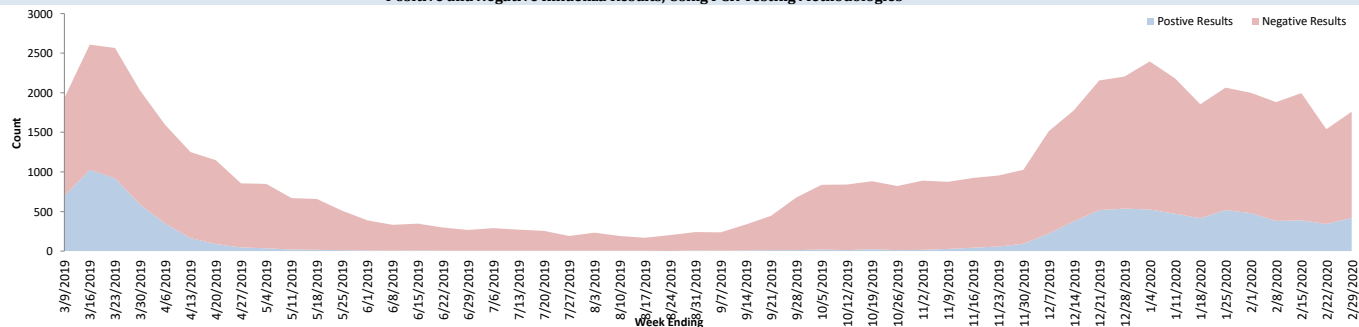
Week #	Week ending	# Labs reporting	A (H1N1)	A (H3N2)	A (Not typed)	B	# Tested	% Flu positive
6	2/8/2020	7	21	0	234	127	1883	20.3%
7	2/15/2020	7	21	0	269	97	1994	19.4%
8	2/22/2020	5	11	0	255	76	1541	22.2%
9	2/29/2020	5	26	0	332	62	1761	23.9%

Influenza results by subtype, PCR testing only (NREVSS)

Positive Influenza Results by Subtype, Using PCR Testing Methodologies



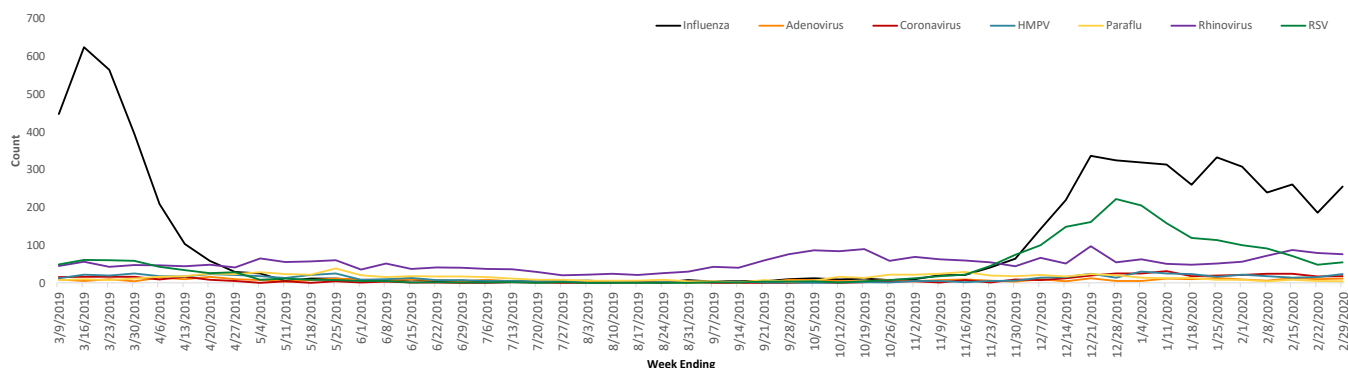
Positive and Negative Influenza Results, Using PCR Testing Methodologies



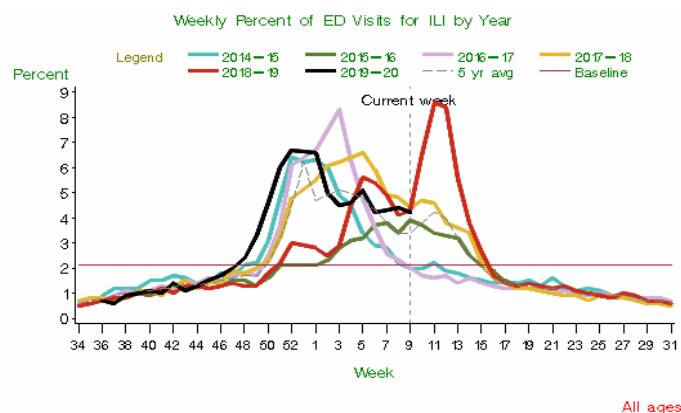
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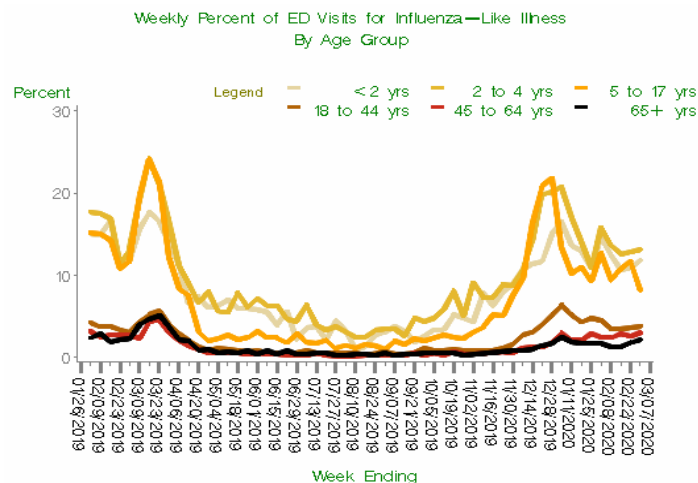
Influenza and other respiratory pathogens, PCR testing only (NREVSS)



King County syndromic surveillance



Note: The change from ICD-9 to ICD-10 codes in October 2015 may impact trends.
 Last updated Mar 1, 2020 ; 'current week' is week ending Feb 29, 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.

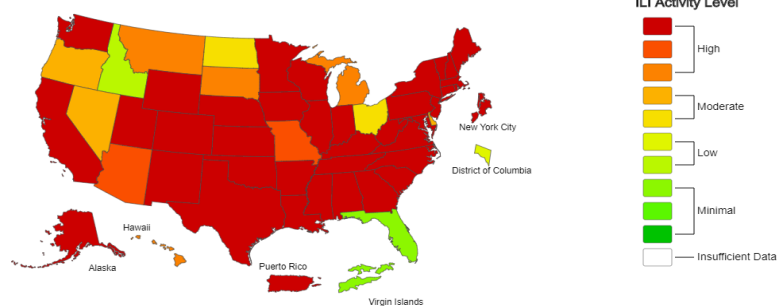


ALLHOSPITALS, Last Updated Mar 4, 2020

National data from CDC



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 8 ending Feb 22, 2020



*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.

Please report any of the following:

- Laboratory-Confirmed influenza-associated deaths
- Patients with novel or unsubtypeable 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

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 3/5/2020

Public Health - Seattle & King County

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

Confirmed cases as of week 9 (ending 02/29/20)													
	2019-2020		2018-2019		2017-2018		2016-2017		2015-2016		2014-2015		5-year avg
Influenza Deaths in Week 9	2		2		2		6		1		1		2.4
Influenza deaths, season to date (since 9/29/2019)	30		11		29		73		7		32		30.4
LTCF Outbreaks in Week 9	0		3		3		1		1		2		2.0
LTCF Outbreaks, season to date (since 9/29/2019)	19		22		42		88		10		58		44.0
	2019-2020		2018-2019		2017-2018		2016-2017		2015-2016		2014-2015		5-year avg
Total Seasonal LTCF Outbreaks	19		43		68		92		18		65		57.2
Flu type:													
A	10	53%	37	86%	15	22%	62	67%	7	39%	49	75%	34 59%
B	4	21%	0	0%	6	9%	3	3%	7	39%	4	6%	4 7%
A and B	2	11%	1	2%	5	7%	4	4%	0	0%	2	3%	2.4 4%
Info not available	3	16%	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	30		52		50		84		16		43		49
Flu type:													
A	18	60%	48	92%	33	66%	75	89%	10	63%	40	93%	41.2 84%
H1/H1N1	7	23%	11	21%	1	2%	1	1%	6	38%	0	0%	3.8 8%
H3	1	3%	5	10%	6	12%	18	21%	1	6%	7	16%	7.4 15%
A (not typed)	10	33%	32	62%	26	52%	56	67%	3	19%	33	77%	30 61%
B	12	40%	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	17	57%	27	52%	17	34%	41	49%	7	44%	17	40%	21.8 44%
Female	12	40%	25	48%	33	66%	43	51%	9	56%	26	60%	27.2 56%
Age:													
Under 5 years	1	3%	0	0%	0	0%	0	0%	0	0%	0	0%	0 0%
5 - 17	1	3%	0	0%	0	0%	0	0%	0	0%	0	0%	0 0%
18 - 44	4	13%	1	2%	0	0%	1	1%	3	19%	1	2%	1.2 2%
45 - 64	4	13%	13	25%	7	14%	5	6%	5	31%	6	14%	7.2 15%
65+ years	20	67%	38	73%	43	86%	78	93%	8	50%	36	84%	40.6 83%
Average	64.7		73.6		81.1		81.9		64.9		81.7		76.6
Race:													
White	17	57%	35	67%	33	66%	54	64%	12	75%	35	81%	33.8 69%
Asian	2	7%	5	10%	2	4%	13	15%	2	13%	1	2%	4.6 9%
Black	1	3%	1	2%	3	6%	4	5%	2	13%	5	12%	3 6%
Amer Indian	1	3%	1	2%	0	0%	0	0%	0	0%	0	0%	0.2 0%
Hispanic/Latino	3	10%	2	4%	2	4%	3	4%	0	0%	1	2%	1.6 3%
Other	1	3%	0	0%	1	2%	1	1%	0	0%	1	2%	0.6 1%
Unknown	5	17%	8	15%	9	18%	9	11%	0	0%	0	0%	5.2 11%
Flu vaccine status													
Up to date	11	37%	16	31%	26	52%	39	46%	6	38%	21	49%	21.6 44%
Not up to date	15	50%	19	37%	10	20%	20	24%	8	50%	5	12%	12.4 25%
Unknown	4	13%	17	33%	14	28%	25	30%	2	13%	17	40%	15 31%
Report updated on 3/5/2020													