

Influenza Update: November 23, 2019

During the week ending November 23, 2019:

- There was one new influenza-related death and no new outbreaks reported this week. Two deaths and three outbreaks at long-term care facilities have been reported this season (since 9/29/2019).
- Based on data from King County laboratories, rhinovirus was the most commonly identified respiratory pathogen, followed by RSV and influenza. The percent of positive tests for respiratory viral pathogens was comparable to or below rates observed this time of year and below peak levels observed during the previous five seasons.
- The percent of visits to King County emergency departments (ED) for influenza-like illness (ILI) was below baseline levels, and below peak levels observed during the previous 5 influenza seasons. The magnitude of ED ILI visits relative to the total number of ED visits was highest among the pediatric population, but comparable to trends observed at this time of the year during each of the past 5 seasons.

At a glance

	<u>Week Ending</u> <u>11/23/2019</u>	<u>Since 09/29/2019</u>	<u>5-Year Average to</u> <u>Date</u>	
Laboratory-confirmed influenza deaths	1	2	0.6	
Respiratory disease outbreaks at long-term care facilities (LTCFs)	0	3	2	
Percentage positive influenza tests by PCR ¹	5.9%	Season Peak	5.9%	
Number of labs reporting	5	Weekly Average	6	
Number of specimens tested	777	Weekly Average	791	
Percentage of emergency department (ED) visits for ILI ²	1.76%	Season Peak	1.76%	5-Year Average to Date 1.34%

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.

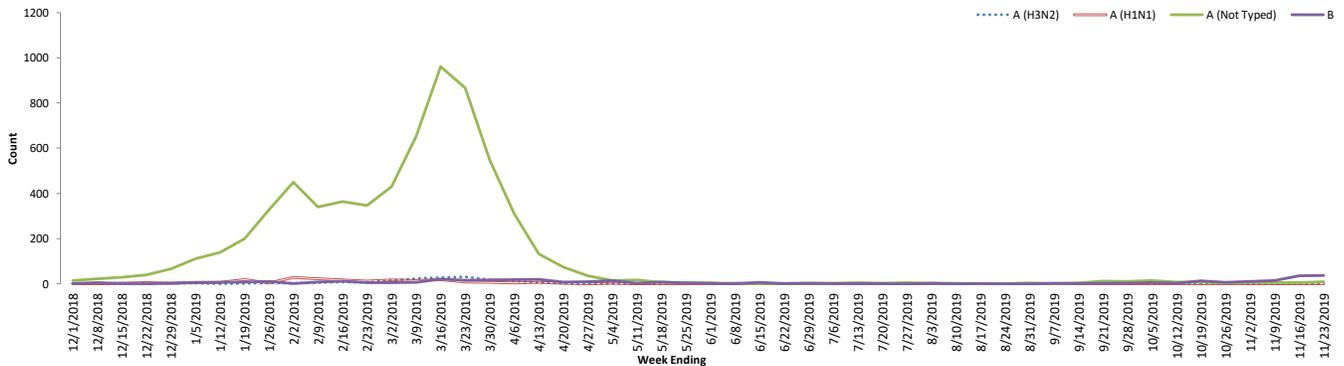
²Based on Public Health - Seattle & King County's syndromic surveillance data representing aggregate percent of visits to King County EDs.

Submissions to NREVSS by King County labs, PCR testing only

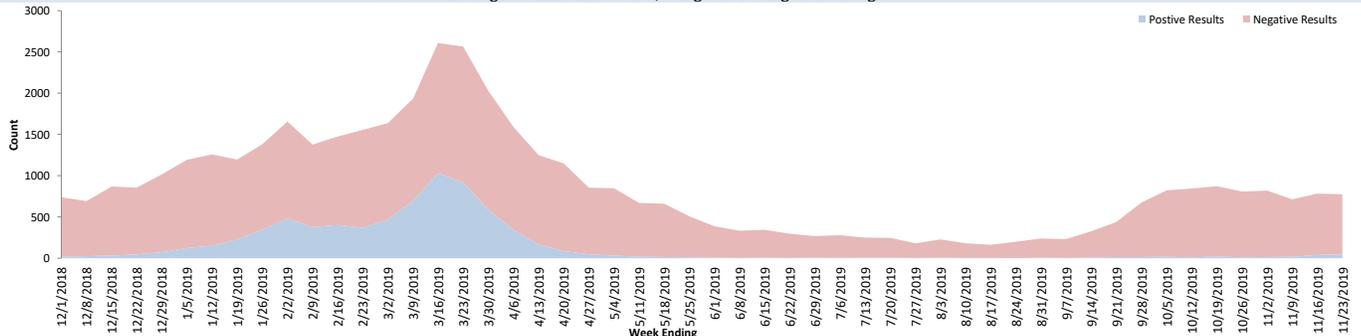
Week #	Week ending	# Labs reporting	A (H1N1)	A (H3N2)	A (Not typed)	B	# Tested	% Flu positive
44	11/2/2019	6	0	0	6	10	821	1.9%
45	11/9/2019	5	0	0	5	15	715	2.8%
46	11/16/2019	5	0	0	5	36	784	5.2%
47	11/23/2019	5	0	0	9	37	777	5.9%

Influenza results by subtype, PCR testing only (NREVSS)

Positive Influenza Results by Subtype, Using PCR Testing Methodologies



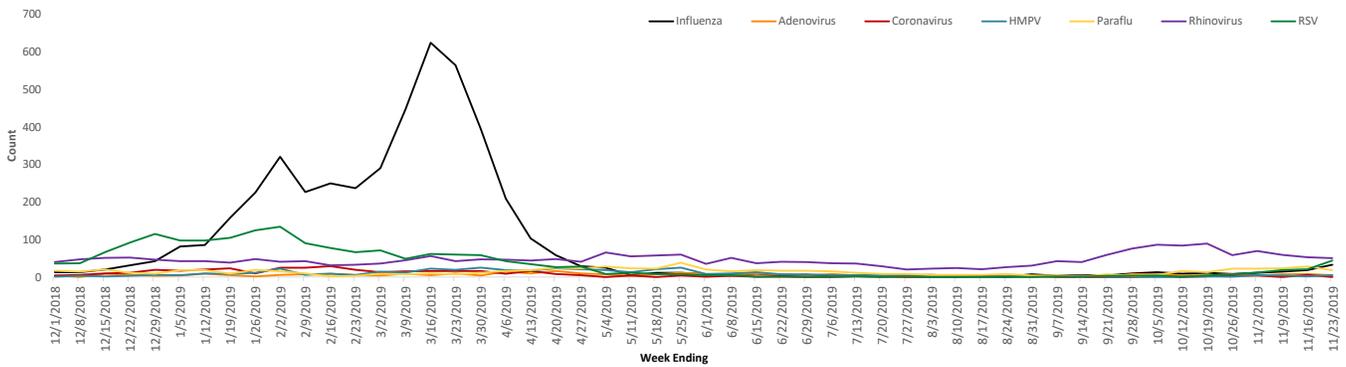
Positive and Negative Influenza Results, Using PCR Testing Methodologies



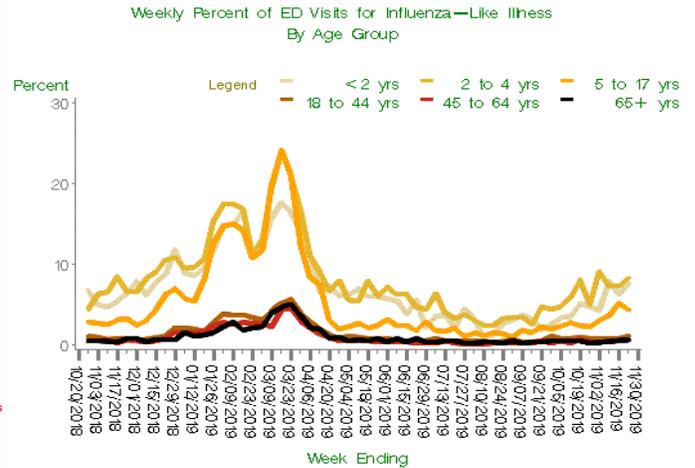
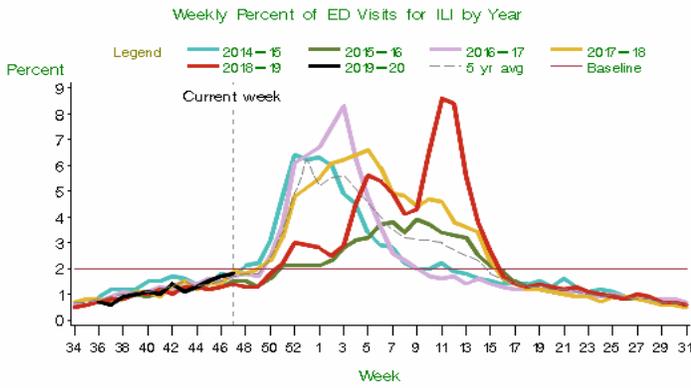
Public Health - Seattle & King County

Summary of Influenza Syndromic and Laboratory Surveillance

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



King County syndromic surveillance



Note: The change from ICD-9 to ICD-10 codes in October 2015 may impact trends.
 Last updated Nov 24, 2019 ; 'current week' is week ending Nov 23, 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 Nov 26, 2019

National data from CDC

FLUVIEW

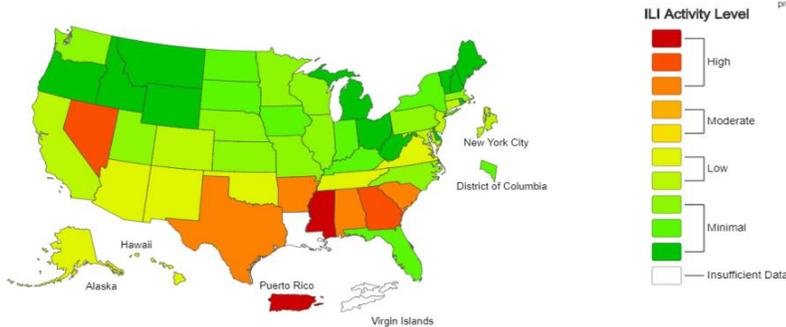
CDC

A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Influenza-Like Illness (ILI) Activity Level Determined by Data Reported to ILINet

2019-20 Influenza Season Week 46 ending Nov 16, 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. 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 11/27/2019

Public Health - Seattle & King County

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

Confirmed cases as of week 47 (ending 11/23/19)														
	2019-2020		2018-2019		2017-2018		2016-2017		2015-2016		2014-2015		5-year avg	
Influenza Deaths in Week 47	1		0		0		0		0		0		0.0	
Influenza deaths, season to date (since 9/29/2019)	2		0		0		2		1		0		0.6	
LTCF Outbreaks in Week 47	0		0		0		1		0		0		0.2	
LTCF Outbreaks, season to date (since 9/29/2019)	3		1		1		8		1		0		2.2	
Total Seasonal LTCF Outbreaks	3		43		68		92		18		65		57.2	
<u>Flu type:</u>														
A	2	67%	37	86%	15	22%	62	67%	7	39%	49	75%	34	59%
B	1	33%	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	0	0%	5	12%	42	62%	23	25%	4	22%	10	15%	16.8	29%
Total Seasonal Influenza Deaths	2		52		50		84		16		43		49	
<u>Flu type:</u>														
A	1	50%	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%
H3	0	0%	5	10%	6	12%	18	21%	1	6%	7	16%	7.4	15%
A (not typed)	1	50%	32	62%	26	52%	56	67%	3	19%	33	77%	30	61%
B	1	50%	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%
<u>Sex:</u>														
Male	2	100%	27	52%	17	34%	41	49%	7	44%	17	40%	21.8	44%
Female	0	0%	25	48%	33	66%	43	51%	9	56%	26	60%	27.2	56%
<u>Age:</u>														
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	2%	0	0%	1	1%	3	19%	1	2%	1.2	2%
45 - 64	0	0%	13	25%	7	14%	5	6%	5	31%	6	14%	7.2	15%
65+ years	2	100%	38	73%	43	86%	78	93%	8	50%	36	84%	40.6	83%
<i>Average</i>	79		73.6		81.1		81.9		64.9		81.7		76.6	
<u>Race:</u>														
White	2	100%	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	0	0%	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%
<u>Flu vaccine status</u>														
Up to date	0	0%	16	31%	26	52%	39	46%	6	38%	21	49%	21.6	44%
Not up to date	2	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%

Report updated on 11/27/2019