## Influenza Update: December 21, 2019

#### During the week ending December 21, 2019:

- There was one new influenza-related death and no new outbreaks reported this week. Four deaths and five 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.
- 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			
	<u>Week Ending</u> 12/21/2019	Since 09/29/2019	<u>5-Year Average to</u> <u>Date</u>
Laboratory-confirmed influenza deaths	1	4	1.6
Respiratory disease outbreaks at long-term care facilities (LTCFs)	0	5	6
Percentage positive influenza tests by PCR <sup>1</sup>	30.8%	Season Peak 30	0.8%
Number of labs reporting	4	Weekly Average 7	•
Number of specimens tested	1417	Weekly Average 10	.009
Percentage of emergency department (ED) visits for ILI <sup>2</sup>	5.3%	Season Peak 5.	5.3% 5-Year Average to Date 1.92%

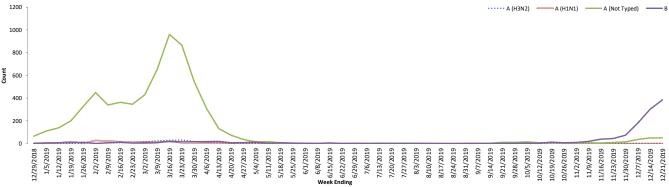
<sup>1</sup>Based on King County hospital laboratory and sentinel provider submissions to CDC's National Respiratory and Enteric Virus Surveillance System (NREVSS). NREVSS data not available for all previous seasons due to change in reporting procedures. Changes in facilities reporting to NREVSS may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

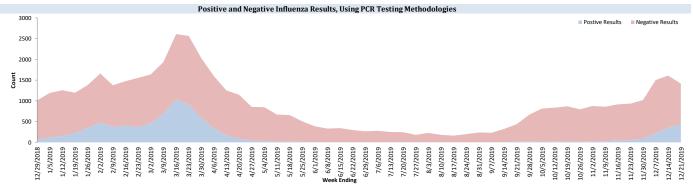
<sup>2</sup>Based on Public Health - Seattle & King County's syndromic surveillance data representing aggregate percent of visits to King County EDs.

Submiss	ions to NREVSS b	y King County labs, P	CR testing only					
Week#	Week ending	# Labs reporting	A (H1N1)	A (H3N2)	A (Not typed)	В	# Tested	% Flu positive
48	11/30/2019	7	1	0	16	73	1021	8.8%
49	12/7/2019	7	1	0	36	181	1505	14.5%
50	12/14/2019	6	1	0	50	303	1608	22%
51	12/21/2019	4	1	0	50	385	1417	30.8%



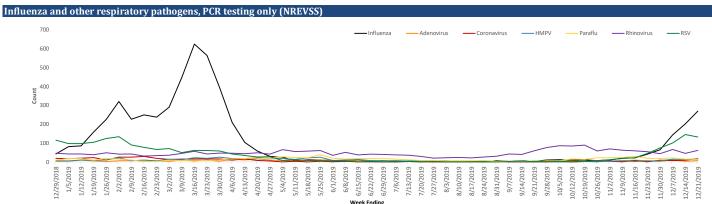




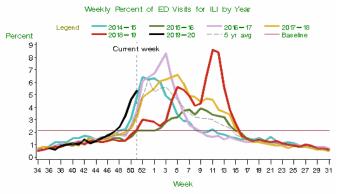


## **Public Health - Seattle & King County**

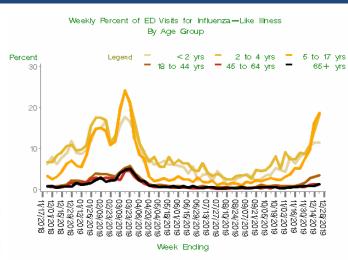
#### **Summary of Influenza Syndromic and Laboratory Surveillance**



#### King County syndromic surveillance



All ages Note: The change from ICD=9 to ICD=10 codes in October 2015 may impact trends. Last updated Dec 22, 2019 ; 'current week' is week ending Dec 21, 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 24, 2019

#### National data from CDC

#### FLUVIEW



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 50 ending Dec 14, 2019

ILI Activity Level



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 codected in ILINet may disproportionately represent certain populations within a state, and therefore may not accurately depict the full

"Data colected in LINet 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 prign are based on data collected in ILINE4, whereas the State and Terminal his activity may are based on data collected in ILINE4, whereas the State and Terminal his activity may are based on the state presented by the calcal presented in this may be presented and may be some data for science of the state presented by the calcal presented by the calcal presented by the state likely being the more complete.

#### 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

## • Outbreaks of influenza-like iline Additional Resources:

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

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

Within 3 business days Immediately Immediately

> National Influenza Update Global Influenza Update

#### Contact Information

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



Popert undated on 12/2/

Report updated on 12/24/2019

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

Confirmed cases as of week 51 (ending 12/21/19)															
	201	9-2020	2018	3-2019	2017	7-2018	2016	5-2017	2015	-2016	2014	1-2015	5-ye	ar avg	
Influenza Deaths in Week 51		1		0		0		0		0		1	0	).2	
Influenza deaths, season to date (since 9/29/2019)		4		0		1		3		2		2	1	1.6	
								_		_					
LTCF Outbreaks in Week 51		0		0		3		1		0		5		1.8	
LTCF Outbreaks, season to date (since 9/29/2019)		5		2		4		9		3		10	5	5.6	
		i l													
	201	9-2020	2018-2019		2017-2018		2016-2017		2015-2016		2014-2015		5-year avg		
Total Seasonal LTCF Outbreaks		5		43		68		92		18		65		57.2	
Flu type:															
A	4	80%	37	86%	15	22%	62	67%	7	39%	49	75%	34	59%	
В	1	20%	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%	
and not available															
	201	2019-2020		2018-2019		2017-2018		2016-2017		2015-2016		2014-2015		5-year avg	
Total Seasonal Influenza Deaths		4		52 50		50	:	84	16		43		4	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%	
В	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%	
<u>Sex:</u>															
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%	
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		73.6		81.1		81.9		64.9		81.7		76.6	
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%	
-									<u> </u>		1	12/2			