

Washington State Influenza Update

Week 20

May 14 - May 20, 2023

Washington State Department of Health, Communicable Disease Epidemiology

Quick facts are below. See full report on pages 1-9 for details.

Influenza-like illness activity in Washington is currently

Minimal

Number of reported lab- confirmed deaths

2022-2023 season to date

262

5 children
257 adults

Most common type this week




A

Take Me To:

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- Trends page 2
- Other viruses page 7
- Deaths page 8

How do you stop the spread of flu?

Get vaccinated! After getting vaccinated, also:

-  1. Wash your hands often
-  2. Cover your cough
-  3. Stay home when you're sick

More information:

Learn about flu and flu activity in Washington:

www.knockoutflu.org

[National flu report](#) from the CDC

Washington [flu resources for providers](#)

Read detailed Washington weekly flu report following this page.

Find Washington flu and flu vaccine information at
www.KnockOutFlu.org.



DOH 420-100

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Washington State Influenza Update

Week 20: May 14 - May 20, 2023

Washington State Department of Health, Communicable Disease Epidemiology

Please note all data are preliminary and may change as data are updated. Due to the COVID-19 pandemic, data reported from the various influenza surveillance systems may not represent an accurate reflection of influenza activity. Results should be interpreted with caution, especially where comparisons are made to previous influenza seasons.

State Summary

- Influenza-like illness activity is minimal during week 20.
- Two hundred and sixty two lab-confirmed influenza deaths have been reported for the 2022-2023 season to date.
- One hundred thirty-eight influenza-like illness outbreaks in long term care facilities have been reported for the 2022-2023 season to date.
- During week 20, 1.1 percent of visits among Influenza-like Illness Network participants were for influenza-like illness, below the baseline of 1.8 percent.
- During week 20, 0.6 percent of specimens tested by WHO/NREVSS collaborating laboratories in Washington were positive for influenza.
- Influenza A and Influenza B were reported to the ILINet surveillance system during week 20.

Influenza Laboratory Surveillance Data

Laboratory Data: World Health Organization (WHO) & National Respiratory and Enteric Virus Surveillance System (NREVSS) Data Reported to CDC

Influenza testing data is received through the World Health Organization (WHO) & National Respiratory and Enteric Virus Surveillance System (NREVSS) laboratory networks. Public health and commercial laboratories voluntarily report influenza testing data to CDC. The figures below display data reported to CDC by public health laboratories (Figure 1) and commercial laboratories (Figure 2). Table 1 combines the data from the public health and commercial laboratories.

Table 1: WA Influenza Specimens Reported to CDC, Public Health Laboratories and Commercial Laboratories

| Week | A (H1) | A (2009 H1N1) | A (H3N2) | A (Unable to Subtype) | A (Subtyping not performed) | B | BYam | BVic | Total Tested | % Flu Positive |
|------|--------|---------------|----------|-----------------------|-----------------------------|---|------|------|--------------|----------------|
| 17 | 0 | 4 | 0 | 0 | 4 | 4 | 0 | 1 | 3,547 | 0.4 |
| 18 | 0 | 4 | 0 | 0 | 5 | 3 | 0 | 1 | 3,346 | 0.4 |
| 19 | 0 | 1 | 1 | 0 | 7 | 2 | 0 | 0 | 2,289 | 0.5 |
| 20 | 0 | 3 | 0 | 0 | 7 | 2 | 0 | 0 | 2,020 | 0.6 |

Figure 1: Influenza Positive Tests Reported to CDC, WA Public Health Laboratories

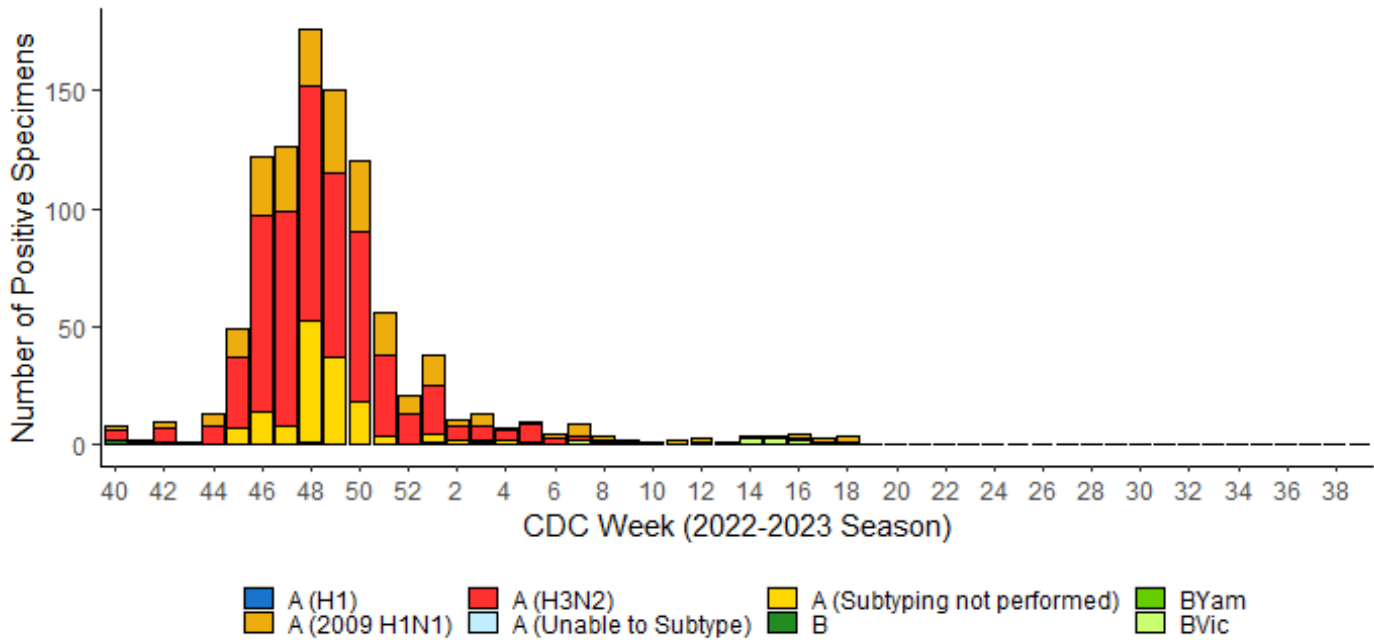
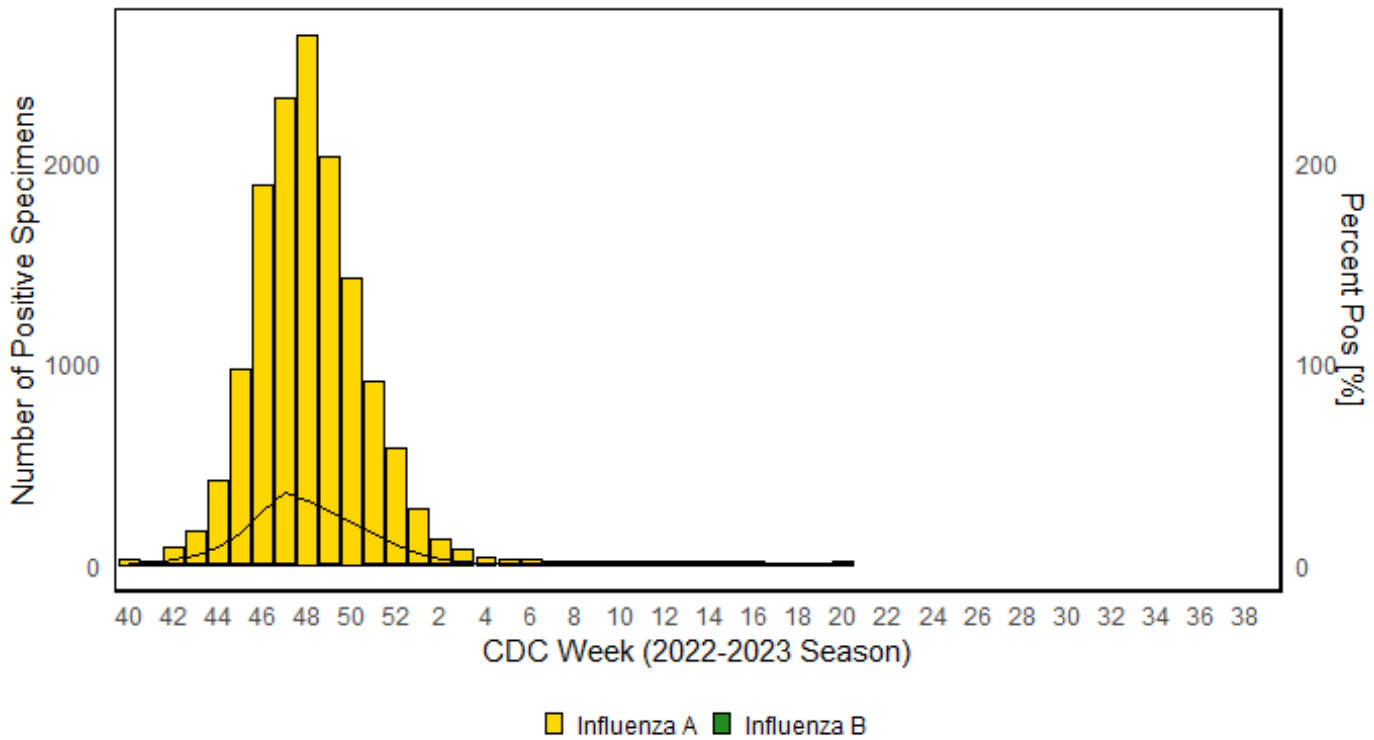


Figure 2: Influenza Positive Tests Reported to CDC, WA Commercial Laboratories



Outpatient Influenza-like Illness Surveillance

Outpatient Influenza-like Illness Surveillance Network (ILINet) Data

The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) monitors outpatient visits for influenza-like illness [ILI (fever (temp 100°F/37.8°C or higher) plus cough and/or sore throat)]. During week 20, 71 sentinel providers in Washington reported data through ILINet. Of 46,732 visits reported, 492 (1.1%) were due to ILI, below the baseline of 1.8%.

ILINet monitors outpatient visits for influenza-like illness [ILI (fever plus cough or sore throat)], not laboratory-confirmed influenza, and will therefore capture respiratory illness visits due to infection with any pathogen that can present with similar symptoms, including influenza, SARS-CoV-2, and RSV. Due to the COVID-19 pandemic, health care-seeking behaviors have changed, and people may be accessing the health care system in alternative settings not captured as a part of ILINet or at a different point in their illness than they might have before the pandemic. Therefore, it is important to evaluate data, including that from ILINet, in the context of other sources of surveillance data to obtain a complete and accurate picture of influenza, SARS-CoV-2, and other respiratory virus activity.

In Figure 3, the baseline is for Region 10 (Alaska, Idaho, Oregon, and Washington). For the 2022-2023 season, the baseline is calculated differently than in previous seasons.

<http://www.cdc.gov/flu/weekly/overview.htm>

Figure 3: Percentage of ILI Visits Reported by Sentinel Providers, Washington, 2022-2023

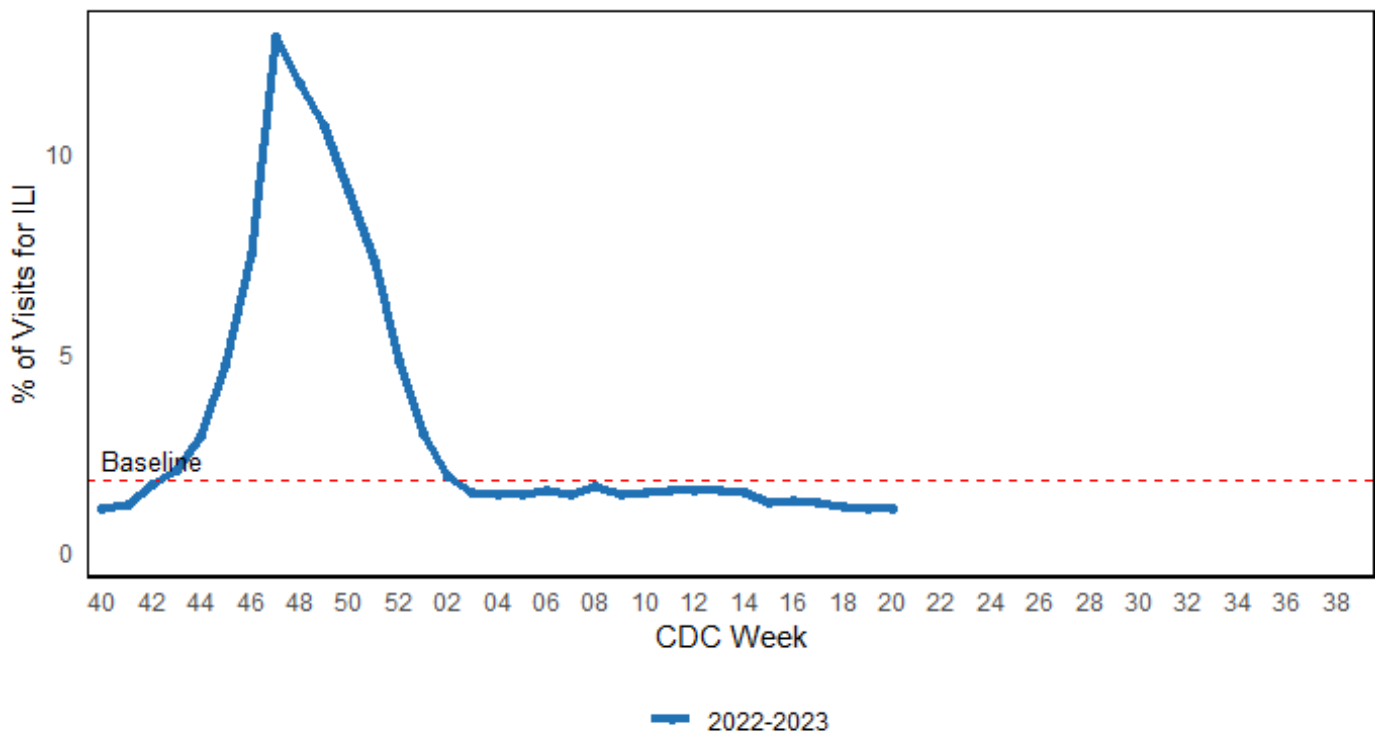


Table 2: Number of ILI Visits Reported by Sentinel Providers by Age Group, Washington

| Week | Sentinel Providers | Age 0-4 | Age 5-24 | Age 25-49 | Age 50-64 | Over 64 | Total ILI | Total Patients | Percent ILI |
|------|--------------------|---------|----------|-----------|-----------|---------|-----------|----------------|-------------|
| 17 | 72 | 138 | 182 | 131 | 57 | 40 | 548 | 45,809 | 1.2 |
| 18 | 72 | 116 | 191 | 116 | 47 | 40 | 510 | 45,862 | 1.1 |
| 19 | 72 | 103 | 204 | 108 | 42 | 38 | 495 | 45,548 | 1.1 |
| 20 | 71 | 119 | 185 | 102 | 46 | 40 | 492 | 46,732 | 1.1 |

Influenza-like Illness Syndromic Surveillance Data

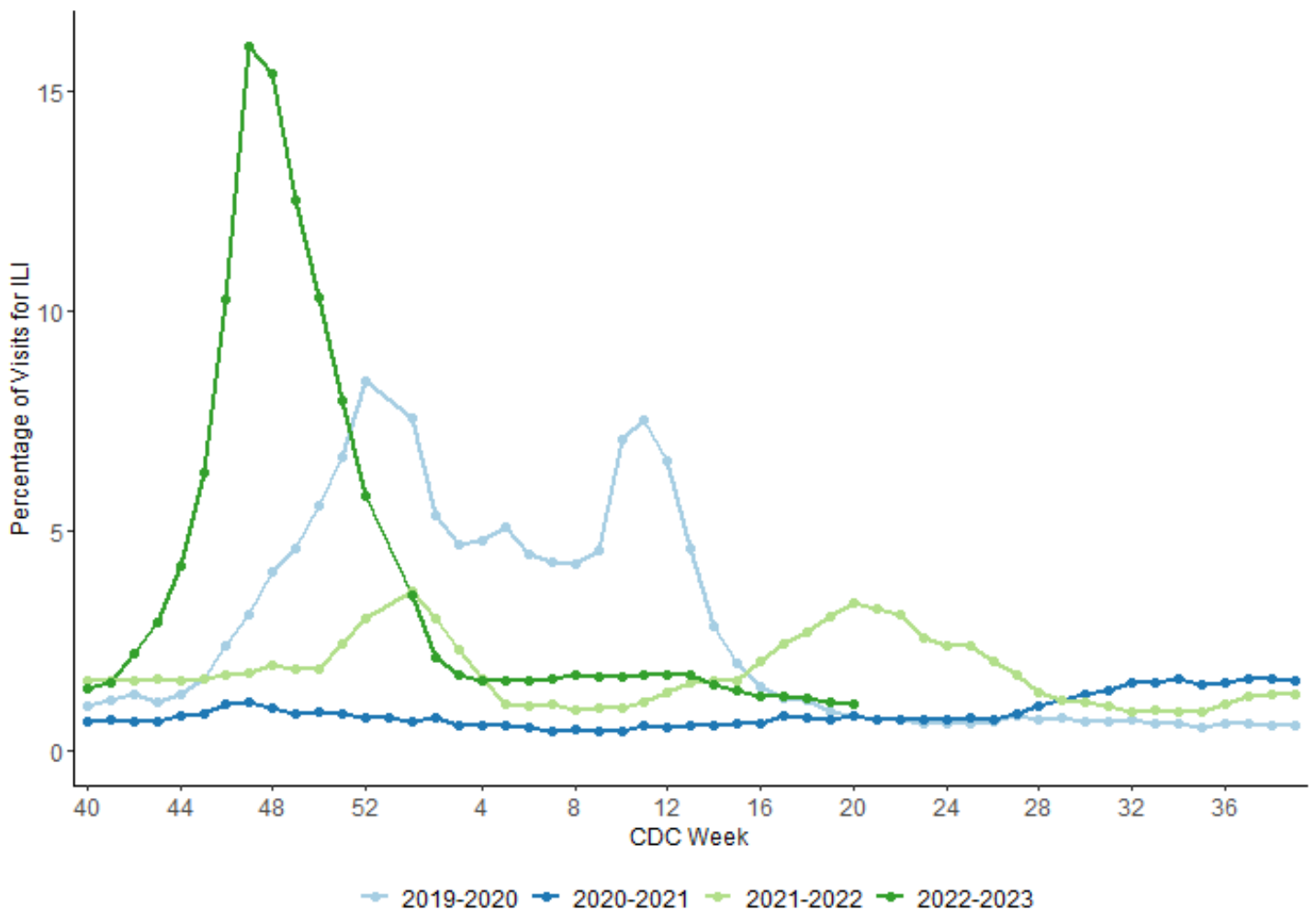
ESSENCE Syndromic Surveillance Data

The figures below use data from a system called ESSENCE (Electronic Surveillance System from the Early Notification of Community-based Epidemics) to track and monitor syndromic surveillance for ILI. ILI is classified as a chief complaint of fever (greater than or equal to 100°F) with cough and/or sore throat or complaining of “influenza”. For more information about Syndromic Surveillance in Washington State, see:

<https://doh.wa.gov/public-health-healthcare-providers/healthcare-professions-and-facilities/data-exchange-0/syndromic-surveillance-rhino>

Figure 4 shows the proportion of visits at a subset of emergency departments across Washington for a chief complaint of influenza-like illness, or discharge diagnosis of influenza, by CDC week. For this purpose, ILI is defined as “influenza” or fever with cough or fever with sore throat.

Figure 4: Syndromic Surveillance, Percentage of Hospital Visits for a Chief Complaint of ILI, or Discharge Diagnosis of Influenza, by CDC Week, Washington, 2019-2023



Influenza-like Illness Surveillance By Region

Figure 5 shows the percent of Emergency Department visits for a chief complaint of ILI or a discharge diagnosis of Influenza for each geographic region in Washington state.

Regions:

West-Northwest: Clallam, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, Thurston

Southwest: Clark, Cowlitz, Skamania, Wahkiakum

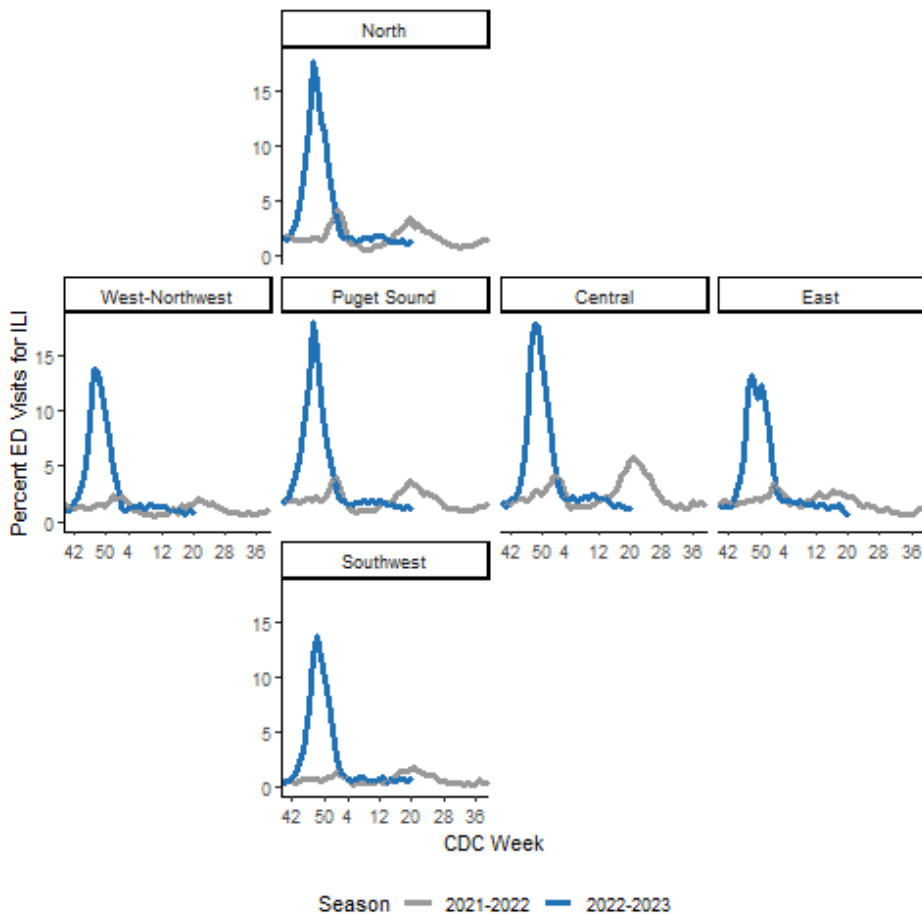
Puget Sound: King, Pierce

North: Island, San Juan, Skagit, Snohomish, Whatcom

Central: Benton, Chelan, Douglas, Franklin, Grant, Kittitas, Klickitat, Okanogan, Walla Walla, Yakima

East: Adams, Asotin, Columbia, Ferry, Garfield, Lincoln, Pend Oreille, Spokane, Stevens, Whitman

Figure 5: Percent of Emergency Department Visits for ILI by Region, Washington



Influenza-like Illness Outbreaks in Long Term Care Facilities

Long term care facilities are required to report all suspected and confirmed outbreaks to their [local health jurisdiction](#) per Washington Administrative Code (WAC) [246-101-305](#). Long-term care facilities are required to report the following:

- A sudden increase in acute febrile respiratory illness over the normal background rate (e.g., 2 or more cases of acute respiratory illness occurring within 72 hours of each other) OR
- Any resident who tests positive for influenza

This count of Influenza-like Illness Outbreaks does not include lab-confirmed COVID-19 outbreaks. For more information on COVID-19 outbreaks, see the WA DOH Long-term care COVID-19 report:

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/data-tables/Weekly-COVID-19-Long-Term-Care-Report.pdf>

Recommendations for prevention and control of influenza outbreaks in long-term care facilities are available at:

<http://www.doh.wa.gov/Portals/1/Documents/5100/fluoutbrk-LTCF.pdf>

Local health jurisdictions in turn report long-term care facility influenza-like illness outbreaks to the Washington State Department of Health.

Since Week 40 of 2022, 138 influenza-like illness outbreaks in long-term care facilities have been reported to the Washington State Department of Health.

Other Causes of Respiratory Infections

The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based system that monitors temporal and geographic circulation patterns (patterns occurring in time and place) of respiratory syncytial virus (RSV), human parainfluenza viruses (HPIV), human metapneumovirus (HMPV), respiratory adenoviruses, human coronavirus, rotavirus, and norovirus. In this surveillance system, participating U.S. laboratories voluntarily report weekly to CDC the total number of weekly aggregate tests performed to detect these viruses, and the weekly aggregate positive tests. For more information about NREVSS, see <https://www.cdc.gov/surveillance/nrevss/index.html>.

Figure 6 shows the respiratory viruses reported to NREVSS during the 2022-2023 season. In the figure below Coronavirus does not capture SARS-CoV-2 testing. For more information on COVID-19, see <https://www.doh.wa.gov/Emergencies/Coronavirus>.

Figure 6: Respiratory and Enteric Viruses, Washington, 2022-2023 Season to Date

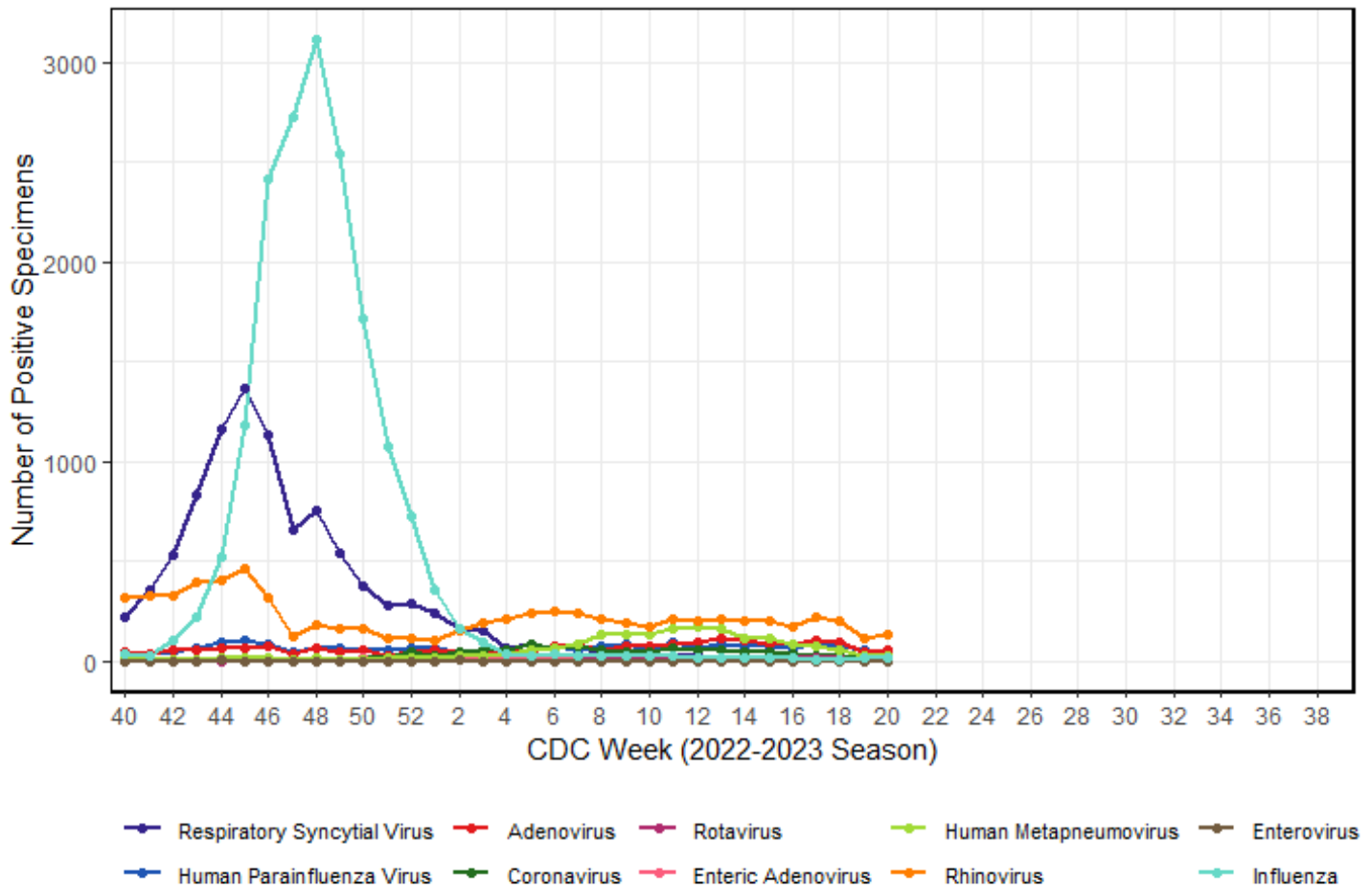


Table 3: Respiratory and Enteric Viruses, 2022-2023 Season to Date

| Week | Reporters | Respiratory Syncytial Virus | Human Parainfluenza Virus | Adenovirus | Coronavirus | Rotavirus | Enteric Adenovirus | Human Metapneumovirus | Rhinovirus | Enterovirus | Influenza |
|------|-----------|--------------------------------|---------------------------------|------------|-------------|-----------|-----------------------|--------------------------|------------|-------------|-----------|
| 17 | 12 | 2 | 79 | 100 | 27 | 17 | 7 | 73 | 216 | 1 | 10 |
| 18 | 12 | 6 | 70 | 96 | 25 | 17 | 3 | 57 | 202 | 0 | 10 |
| 19 | 11 | 8 | 58 | 43 | 16 | 9 | 0 | 27 | 109 | 0 | 13 |
| 20 | 9 | 5 | 39 | 54 | 15 | 8 | 0 | 22 | 135 | 0 | 12 |

Laboratory Confirmed Influenza-Associated Deaths

Reported Laboratory-Confirmed Influenza Associated Deaths

Note that these counts reflect only deaths officially reported to the Washington State Department of Health. Each influenza season is reported as week 40 through week 39 of the following year.

Two hundred and sixty two laboratory-confirmed influenza-associated deaths have been reported since week 40 of 2022, 261 influenza A, 1 influenza B, and 0 type unknown. Most deaths have occurred in people with underlying health conditions, or in people with no pre-existing conditions but who were elderly. Five deaths have occurred in children.

Table 4: Count and rate of reported laboratory-confirmed influenza-associated deaths by age group, Washington, 2022-2023 season to date

| Age Group (in years) | Count of Deaths | Death Rate (per 100,000 population) |
|----------------------|-----------------|-------------------------------------|
| 0-4 | 2 | 0.44 |
| 5-17 | 3 | 0.25 |
| 18-29 | 2 | 0.17 |
| 30-49 | 15 | 0.77 |
| 50-64 | 41 | 2.86 |
| 65+ | 199 | 16.96 |
| Total | 262 | 3.53 |

Reported Laboratory-Confirmed Influenza-Associated Deaths, Past Seasons

For reference, lab-confirmed influenza-associated death totals reported to the Department of Health for past seasons are presented below in Table 5. Note that for the purposes of tables 4 and 5, each influenza season runs from week 40 of one year to week 39 of the next (roughly October to October).

Past season summaries are available:

<http://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/CommunicableDiseaseSurveillanceData/InfluenzaSurveillanceData>

Note that influenza deaths are likely under-reported. The reasons for this under-reporting vary. Influenza may not be listed as a cause of death, influenza testing may not have occurred in a timely fashion to identify the virus, or may not have been performed at all, and lab-confirmed influenza-associated deaths may not have been appropriately reported to public health.

CDC has published information about estimating seasonal influenza-associated deaths:

http://www.cdc.gov/flu/about/disease/us_flu-related_deaths.htm?mobile=nocontent

Table 5: Count of Reported Laboratory-Confirmed Influenza-Associated Deaths, Past Seasons to Week 20 and Total

| Season | Count of Deaths as of Week 20 of Season | Count of Deaths Reported for the Entire Season (week 40 to week 39) |
|--------------------|---|---|
| 2022-2023, to date | 262 | 262 |
| 2021-2022 | 16 | 26 |
| 2020-2021 | 0 | 0 |
| 2019-2020 | 103 | 114 |
| 2018-2019 | 225 | 245 |
| 2017-2018 | 287 | 296 |
| 2016-2017 | 277 | 278 |
| 2015-2016 | 65 | 67 |
| 2014-2015 | 149 | 156 |

Table 6 shows the count of laboratory-confirmed influenza-associated deaths reported to the Washington State Department of Health by region. Deaths are from week 40 of 2022 through the present. Note that due to reporting lag, counts may be different at the county or region level. Only deaths reported by the county as “investigation complete” are included in the official Washington State Department of Health counts.

Note that due to reporting lag, counts may be different at the county level

Table 6: Count of Deaths Reported to WA DOH by Region of Residence

Regions:

West-Northwest: Clallam, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, Thurston

Southwest: Clark, Cowlitz, Skamania, Wahkiakum

Puget Sound: King, Pierce

North: Island, San Juan, Skagit, Snohomish, Whatcom

Central: Benton, Chelan, Douglas, Franklin, Grant, Kittitas, Klickitat, Okanogan, Walla Walla, Yakima

East: Adams, Asotin, Columbia, Ferry, Garfield, Lincoln, Pend Oreille, Spokane, Stevens, Whitman

| Region | Count of Deaths Reported to WA DOH from week 40 of 2021 to present |
|---------------|---|
| Central | 36 |
| East | 29 |
| North | 31 |
| Puget Sound | 92 |
| Southwest | 38 |
| West | 36 |
| Northwest | |

Additional Resources

International Influenza Data: <https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-updates/current-influenza-update>

National Influenza Surveillance Report: <http://www.cdc.gov/flu/weekly/>

Washington DOH Influenza Information for Public Health and Healthcare Providers:

<http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/InfluenzaFluInformation>

Washington Local Health Department Influenza Surveillance Reports:

Clark County: <https://clark.wa.gov/public-health/health-topic-data>

King County: <https://kingcounty.gov/depts/health/communicable-diseases/disease-control/influenza.aspx>

Kitsap County: <https://kitsappublichealth.org/Respiratory.pdf>

Pierce County: <https://www.tpchd.org/healthy-people/provider-resources/disease-information-for-providers/influenza/influenza-reports>

Whatcom County: <https://www.whatcomcounty.us/3532/Whatcom-County-Weekly-Influenza-Report>

Yakima County: <http://www.yakimacounty.us/365/RSV-Flu-Stats>