

Washington State Influenza Update

Week 10: March 3 – March 9, 2024

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

Influenza-like illness activity in Washington is currently

Low

Number of reported lab-confirmed deaths

99

**1 child
98 adults**

Most common type this week

A

Take Me to:

Strains and Trends
Other Viruses
Deaths

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How do you stop the flu?

Get vaccinated! After getting vaccinated, also:



Wash your hands often



Cover your cough



Stay home when you're sick

More Information:

Learn about flu and flu activity in Washington:

www.FluFreeWA.org

[National flu report](#) from the CDC

Washington [flu resources for providers](#)

Read detailed Washington weekly flu report following this page.

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 was low during week 10.
- To date, 99 lab-confirmed influenza deaths have been reported for the 2023-2024 season.
- To date, 71 influenza-like illness outbreaks in long term care facilities have been reported for the 2023-2024 season.
- During week 10, 1.9 percent of visits among Influenza-like Illness Network (ILINet) participants were for influenza-like illness, which was equal to the baseline of 1.9 percent.
- During week 10, 5.4 percent of specimens tested by WHO (World Health Organization) and NREVSS (National Respiratory and Enteric Virus Surveillance System) collaborating laboratories in Washington were positive for influenza.
- Influenza A and Influenza B were reported to the ILINet surveillance system during week 10.

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 WHO & NREVSS laboratory networks. Public health and commercial laboratories voluntarily report influenza testing data to the CDC. The figures below display data reported to the 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 the CDC from 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
07	0	24	3	0	243	61	0	1	4,800	6.9
08	0	19	11	0	220	61	0	0	4,765	6.5
09	0	15	4	0	174	59	0	1	4,565	5.5
10	0	11	6	0	136	30	0	0	3,369	5.4

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

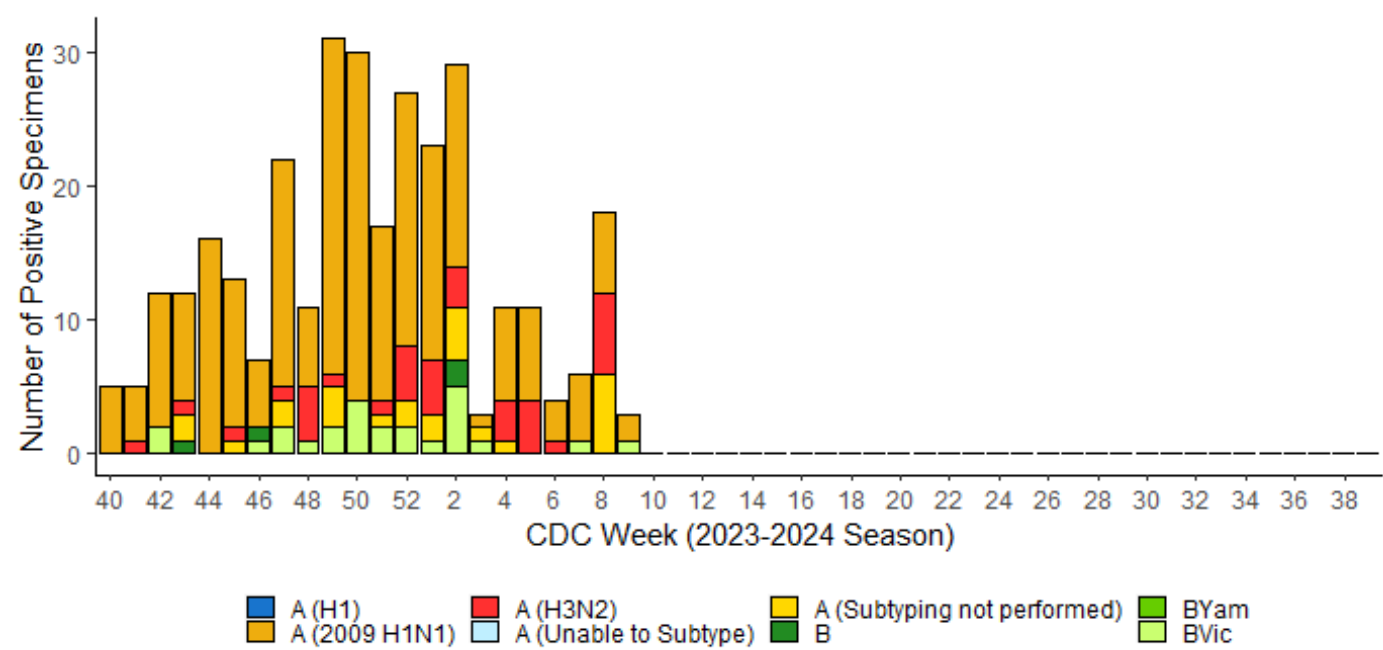
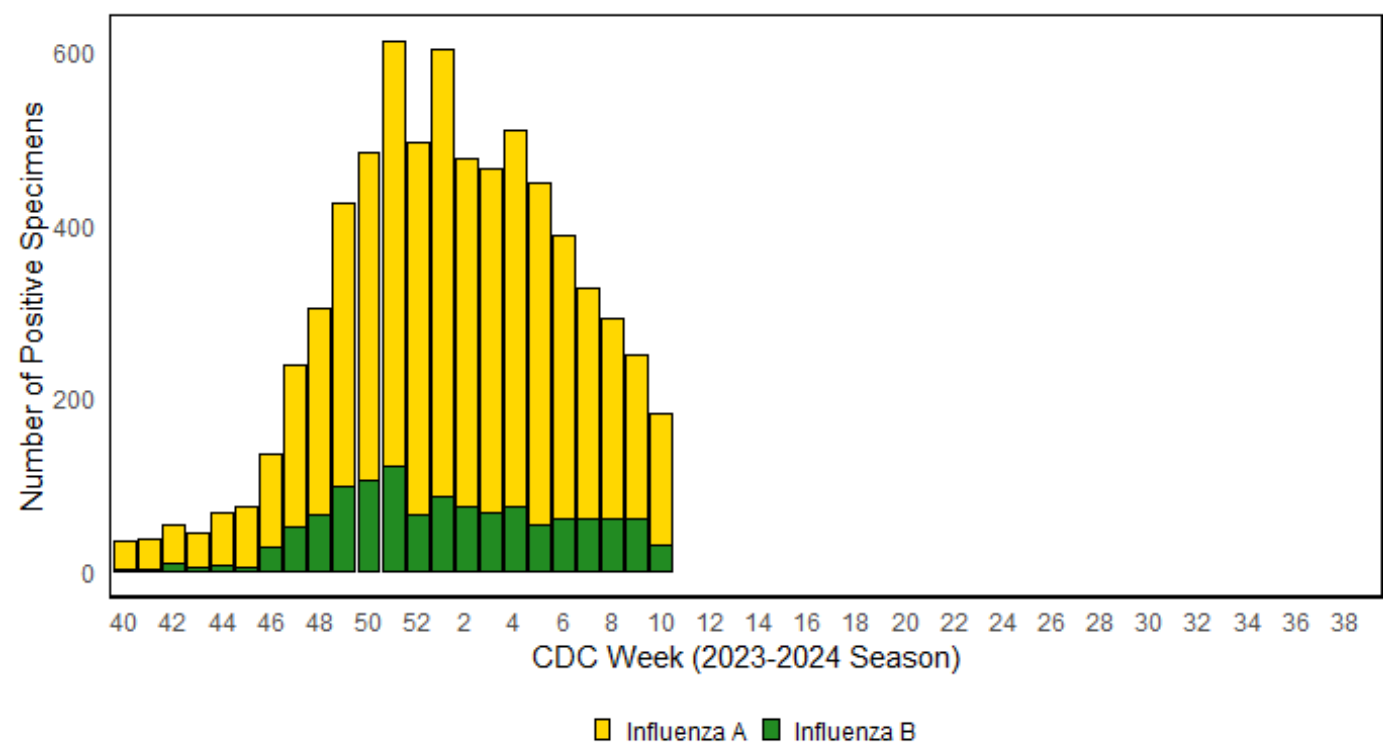


Figure 2: Influenza Positive Tests Reported to the CDC from WA Commercial Laboratories



Outpatient Influenza-like Illness Surveillance

Outpatient Influenza-like Illness Surveillance Network (ILINet) Data

The U.S. Outpatient ILINet monitors outpatient visits for influenza-like illness (ILI), which includes symptoms of fever (temperature of 100°F/37.8°C or higher) accompanied by a cough and/or sore throat. During week 10, 109 sentinel providers in Washington reported data through ILINet. Of the 74483 visits reported, 1402 (1.9 percent) were due to ILI, which was equal to the baseline of 1.9 percent.

ILINet monitors outpatient visits for influenza-like illness, not laboratory-confirmed influenza. Because of this, these figures 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 that are not captured by ILINet. Patients may also access the healthcare system at a different point in their illness than they did before the pandemic. As a result, 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 2023-2024 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, 2023-2024

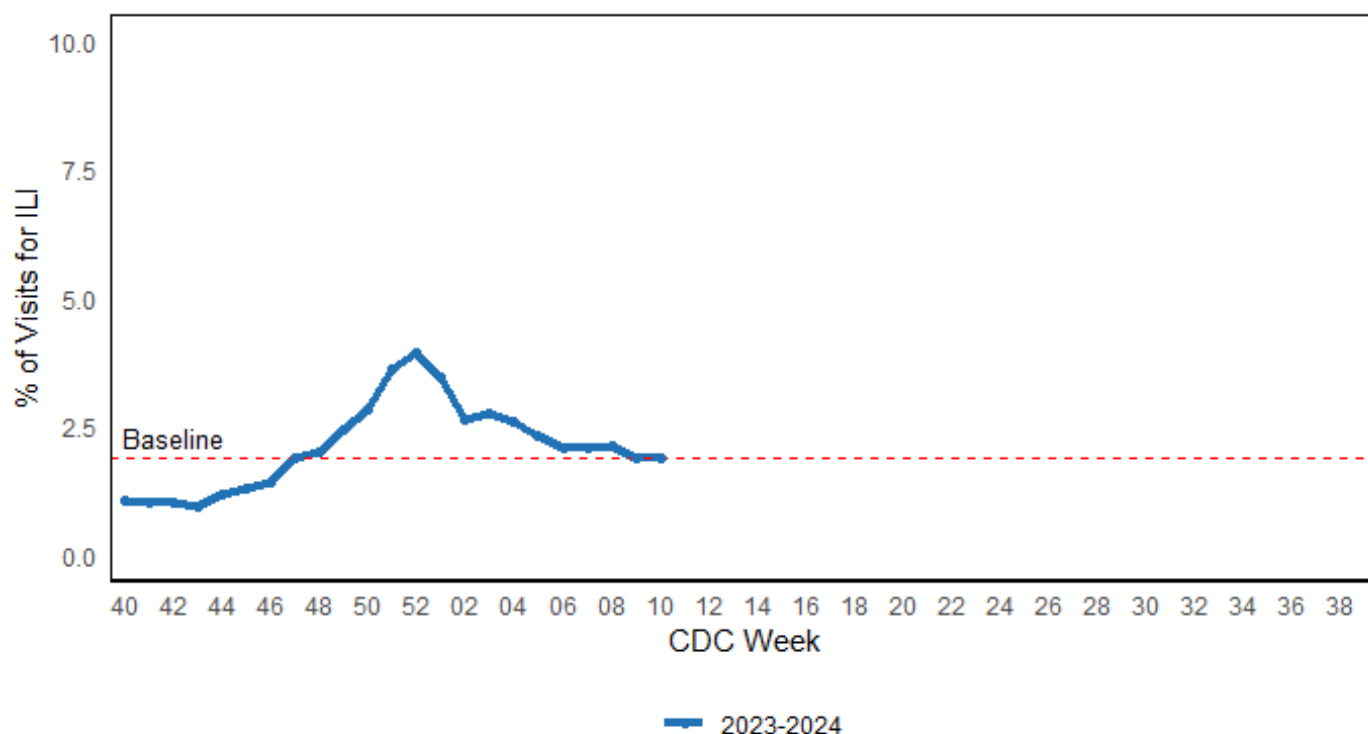


Table 2: Number of ILI Visits Reported by Sentinel Providers by Age Group, Washington

Week	Sentinel Providers	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Over 64	Total ILI	Total Patients	Percent ILI
07	109	201	541	467	175	130	1,514	72,803	2.1
08	109	215	559	497	156	127	1,554	72,839	2.1
09	109	204	514	435	134	117	1,404	74,645	1.9
10	109	186	535	397	163	121	1,402	74,483	1.9

Influenza-like Illness Syndromic Surveillance Data

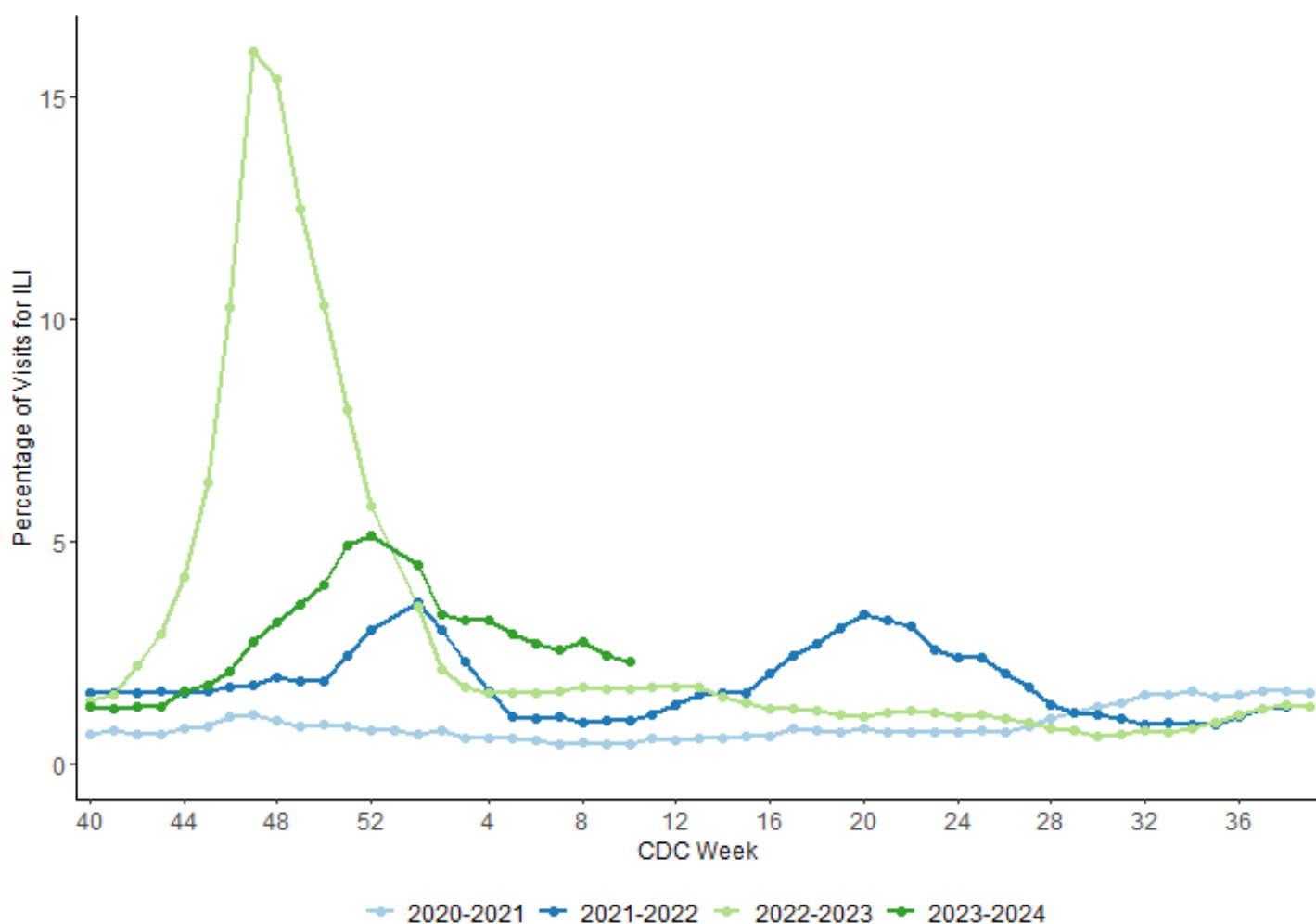
ESSENCE Syndromic Surveillance Data

The figures below use data from a system called ESSENCE (Electronic Surveillance System from the Early Notification of Community-based Epidemics) that conducts 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 as well as complaints 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 where patients had a chief complaint of influenza-like illness, or were given a discharge diagnosis of influenza, by CDC week. For this purpose, ILI is defined as “influenza”, 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, 2020-2024



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

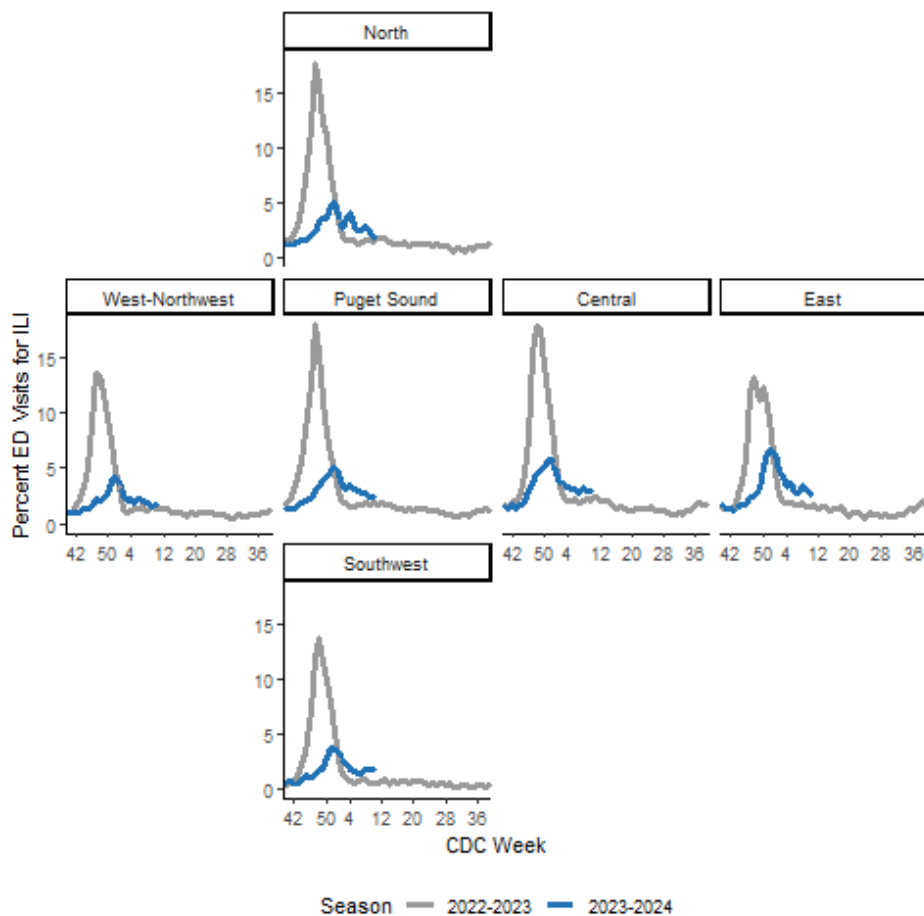
Puget Sound: King, Pierce

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](#). They 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

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 2023, 71 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 the total number of weekly aggregate tests performed to detect these viruses and weekly aggregate positive tests. For more information about NREVSS, see

<https://www.cdc.gov/surveillance/nrevss/index.html>.

Figure 6 shows more common respiratory viruses reported to NREVSS during the 2023-2024 season including Influenza, Respiratory Syncytial Virus, and Other Viruses. Figure 7 shows less common respiratory viruses reported to NREVSS during the 2023-2024 season including Adenovirus, Seasonal Coronavirus, Rotavirus, Enteric Adenovirus, Human Metapneumovirus, Rhinovirus/Enterovirus.

Figure 6: More Common Respiratory and Enteric Viruses, Washington, 2023-2024 Season to Date

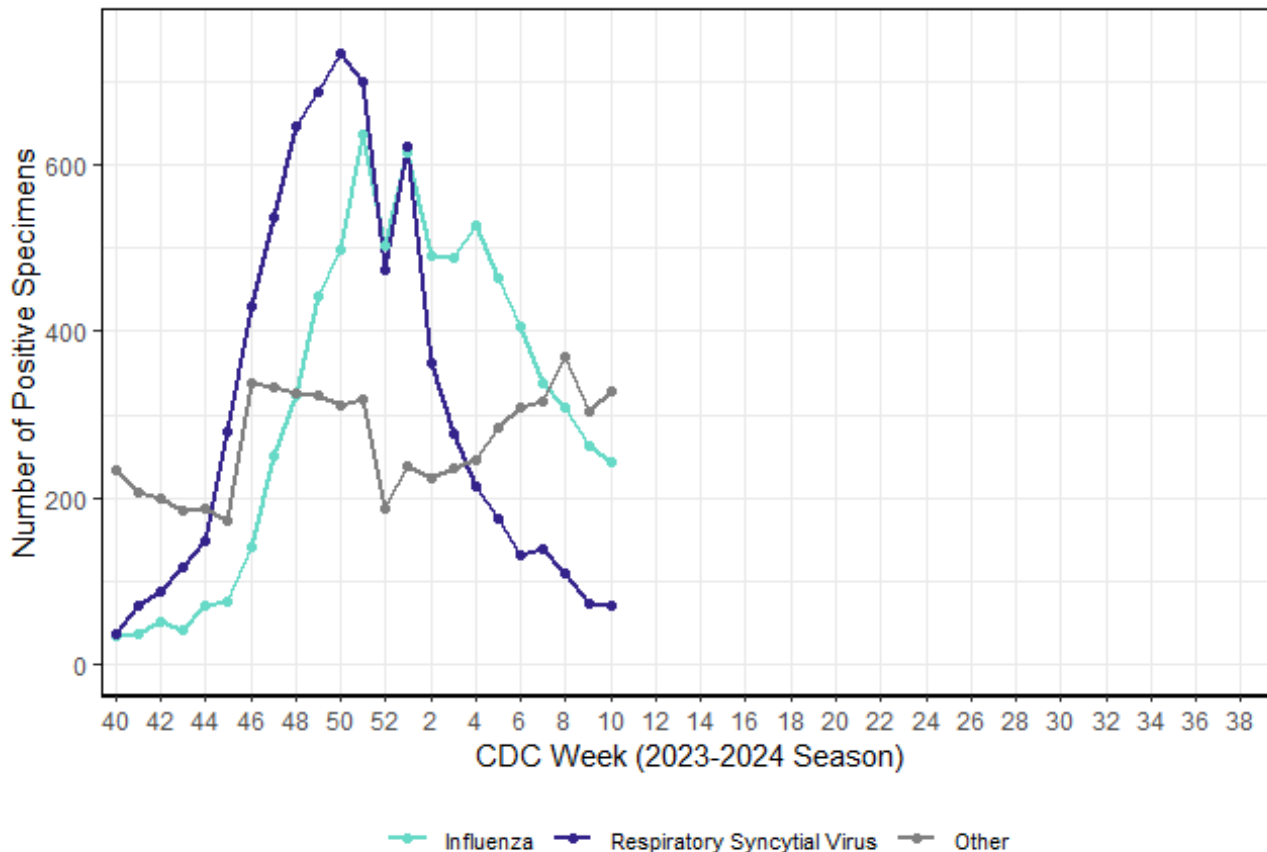


Table 3: More Common Respiratory and Enteric Viruses, 2023-2024 Season to Date

Week	Reporters	Influenza	Respiratory Syncytial Virus	Other
07	13	339	139	317
08	14	308	109	369
09	12	262	73	305
10	12	244	72	328

“Other” includes less common viruses including Adenovirus, Seasonal Coronavirus, Rotavirus, Enteric Adenovirus, Human Metapneumovirus, Rhinovirus/Enterovirus. 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/covid-19>.

Figure 7: Less Common Respiratory and Enteric Viruses, Washington, 2023-2024 Season to Date

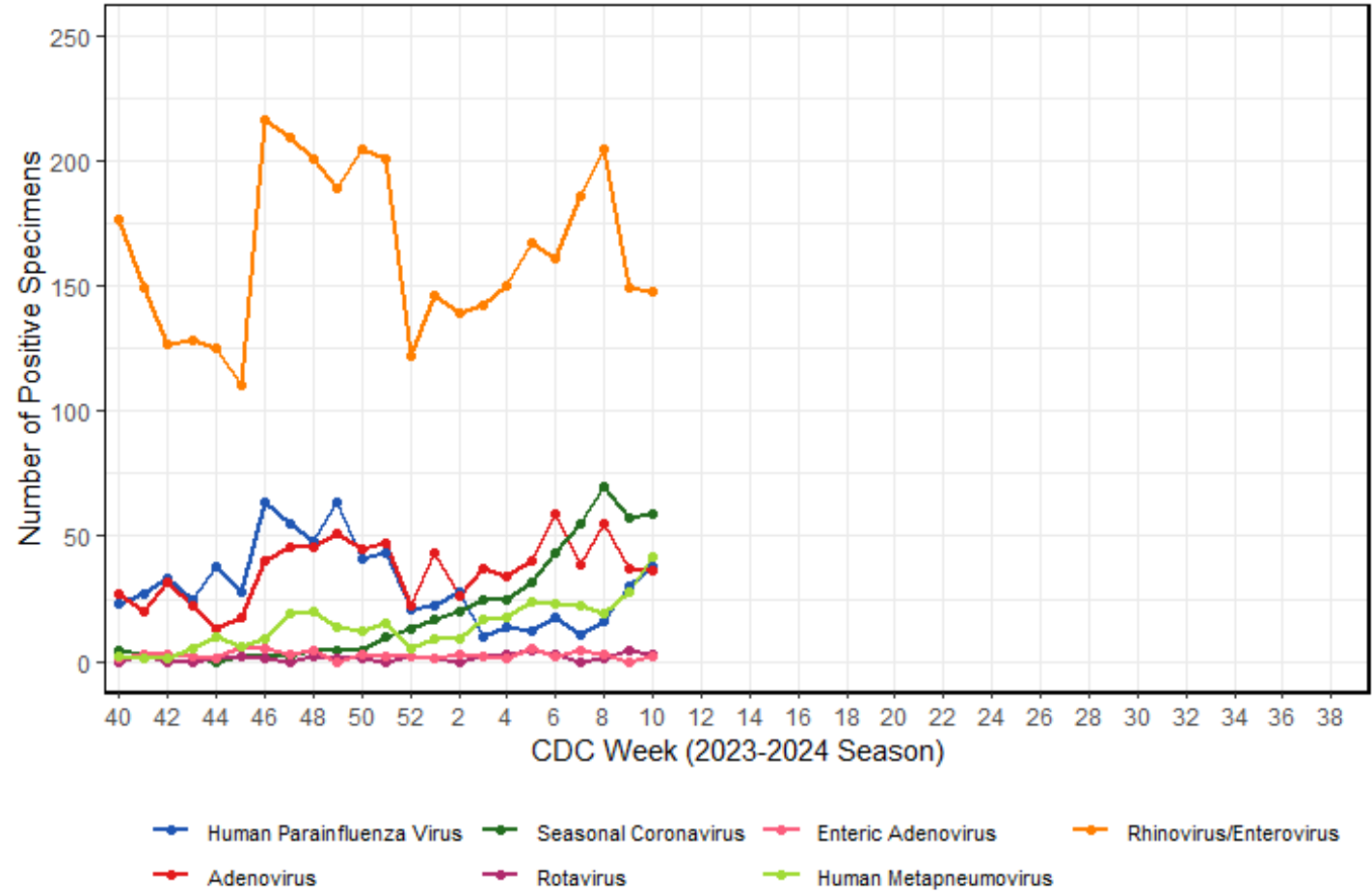


Table 4: Less Common Respiratory and Enteric Viruses, 2023-2024 Season to Date

Week	Reporters	Human Parainfluenza Virus	Adenovirus	Seasonal Coronavirus	Rotavirus	Enteric Adenovirus	Human Metapneumovirus	Rhinovirus/ Enterovirus
07	13	11	39	55	0	4	22	186
08	14	16	55	70	1	3	19	205
09	12	30	37	57	4	0	28	149
10	12	38	36	59	3	2	42	148

Laboratory Confirmed Influenza-Associated Deaths

Reported Laboratory-Confirmed Influenza Associated Deaths

Since week 40 of 2023, 99 laboratory-confirmed influenza-associated deaths have been reported. This figure includes 94 influenza A, 5 influenza B, and 0 type unknown. Most of the deceased were elderly or had underlying health conditions. One of the deceased was a child.

Table 5: Count of Reported Laboratory-Confirmed Influenza-Associated Deaths by Age Group, Washington, 2023-2024 season to date

Age Group (in years)	Count of Deaths
0-4	0
5-17	1
18-29	1
30-49	9
50-64	24
65+	64
Total	99

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.

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 5 and 6, 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 testing not have been performed at all. Lab-confirmed influenza-associated deaths may not have been appropriately reported to public health.

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

<https://www.cdc.gov/flu/about/burden/index.html>

Table 6: Count of Reported Laboratory-Confirmed Influenza-Associated Deaths, Past Seasons to Week 10 and Total

Season	Count of Deaths as of Current Week of Season	Count of Deaths Reported for the Entire Season (week 40 to week 39)
2023-2024, to date	99	99
2022-2023	259	272
2021-2022	7	26
2020-2021	0	0
2019-2020	80	114
2018-2019	93	241
2017-2018	221	296
2016-2017	247	276
2015-2016	36	67

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 Joint Respiratory Disease Dashboard: <https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/respiratory-illness-data-dashboard>

Washington Local Health Department Influenza Surveillance Reports:

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/4281/Respiratory-Virus-Data-Dashboards>

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



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