

Washington State Influenza Update

Week 19

May 8-May 14, 2022

Washington State Department of Health, Communicable Disease Epidemiology

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

Flu activity in Washington is
currently

Increasing

Number of reported lab-
confirmed deaths

2021-2022 season to date

14
deaths

Most common type this week

A

Take Me To:

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- 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.

Washington State Influenza Update

Week 19: May 8 - May 14, 2022

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: Flu activity is increasing

- Fourteen lab-confirmed influenza deaths have been reported for the 2021-2022 season to date.
- Ten influenza-like illness outbreaks in long term care facilities have been reported for the 2021-2022 season to date.
- During week 19, 2.7 percent of visits among Influenza-like illness Network participants were for influenza-like illness, above the baseline of 1.8 percent.
- During week 19, 4 percent of specimens tested by WHO/NREVSS collaborating laboratories in Washington were positive for influenza.
- Influenza A and B were reported to the ILINet surveillance system during week 19.

Influenza Laboratory Surveillance Data

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

CDC has generated separate graphs of 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
16	0	0	31	0	82	0	0	0	2,300	4.9
17	0	0	32	0	90	0	0	0	2,485	4.9
18	0	0	24	0	108	0	0	0	3,124	4.2
19	0	0	8	0	118	5	0	0	3,274	4.0

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

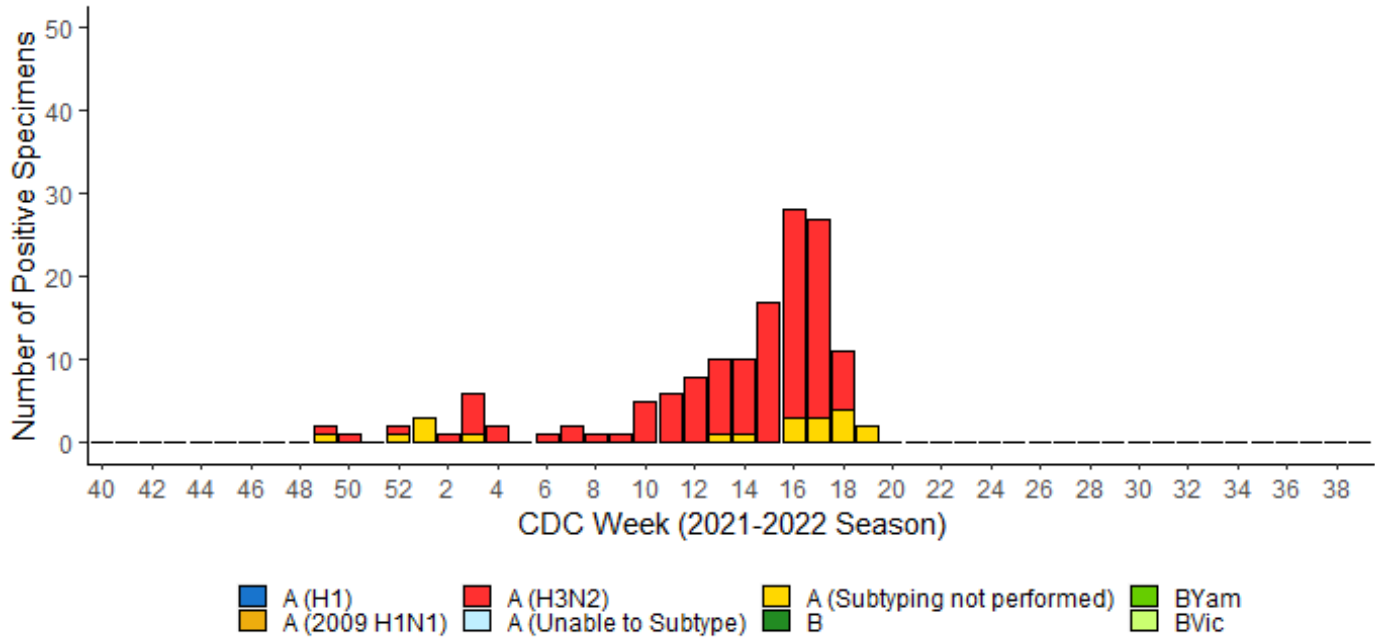
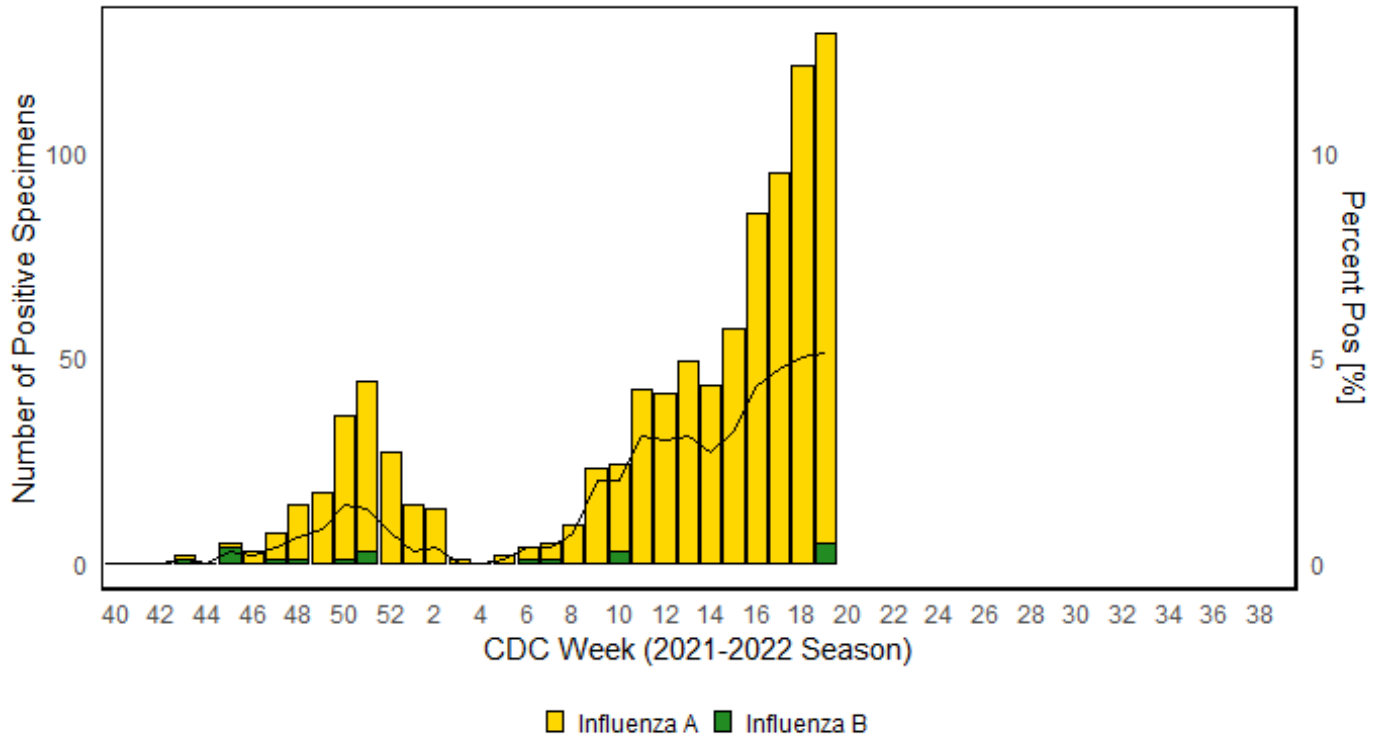


Figure 2: Influenza Positive Tests Reported to CDC, WA Commercial Laboratories



Outpatient Influenza-like Illness Surveillance

Influenza-like Illness Surveillance By Region

ILI is defined as fever (temp 100°F/37.8°C or higher) plus cough and/or sore throat. During week 19, 70 sentinel providers in Washington reported data through the U.S. Outpatient Influenza-like Illness Surveillance Network Surveillance Network (ILINet). Of 37,198 visits reported, 992 (2.7%) were due to ILI, above the baseline of 1.8%.

It should be noted that in addition to the overarching impacts of COVID-19 on influenza surveillance systems, interpretation of ILINet data for the 2021-2022 influenza season should take into account the following COVID-19 impacts: changes in the health seeking behavior at ILINet sentinel sites, changes to provider swabbing at ILINet sentinel sites due to the availability of telehealth and respiratory clinics, and limited ability to distinguish between ILI and COVID-19 symptoms.

Figure 3 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

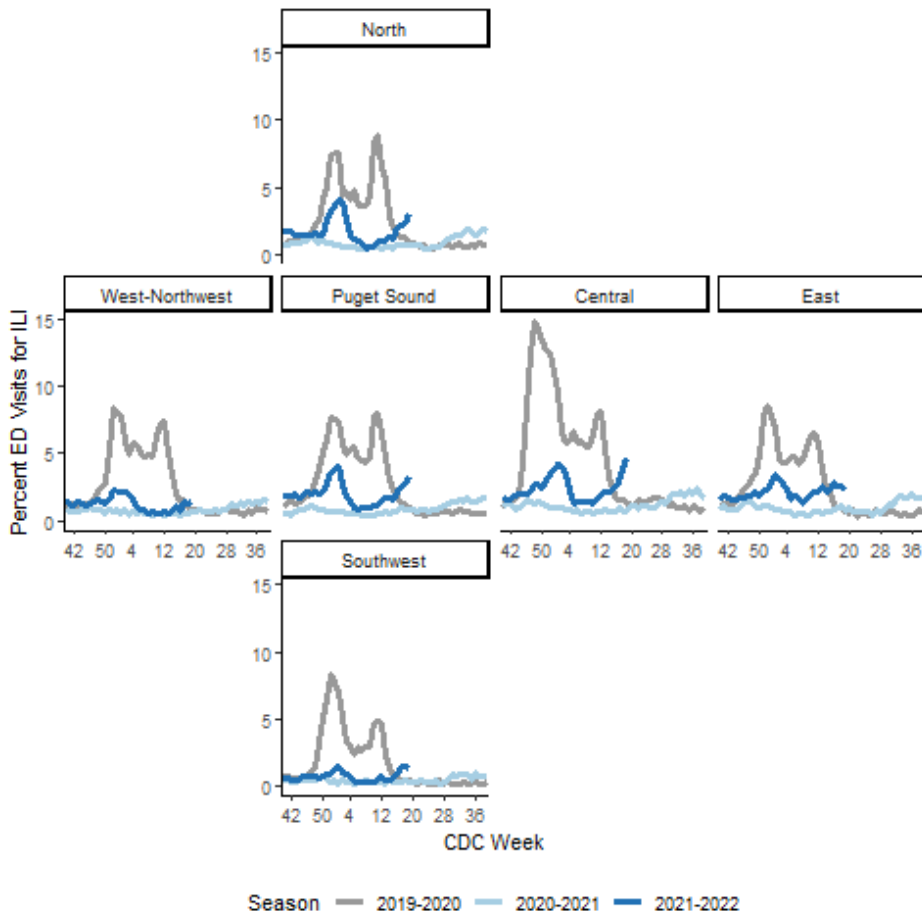
Puget Sound: King, Pierce

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



Outpatient Influenza-like Illness Surveillance Network (ILINet) Data

In Figure 4, the baseline is for Region 10 (Alaska, Idaho, Oregon, and Washington). For the 2021-2022 season, the baseline is calculated differently than in previous seasons.

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

Figure 4: Percentage of ILI Visits Reported by Sentinel Providers, Washington, 2021-2022

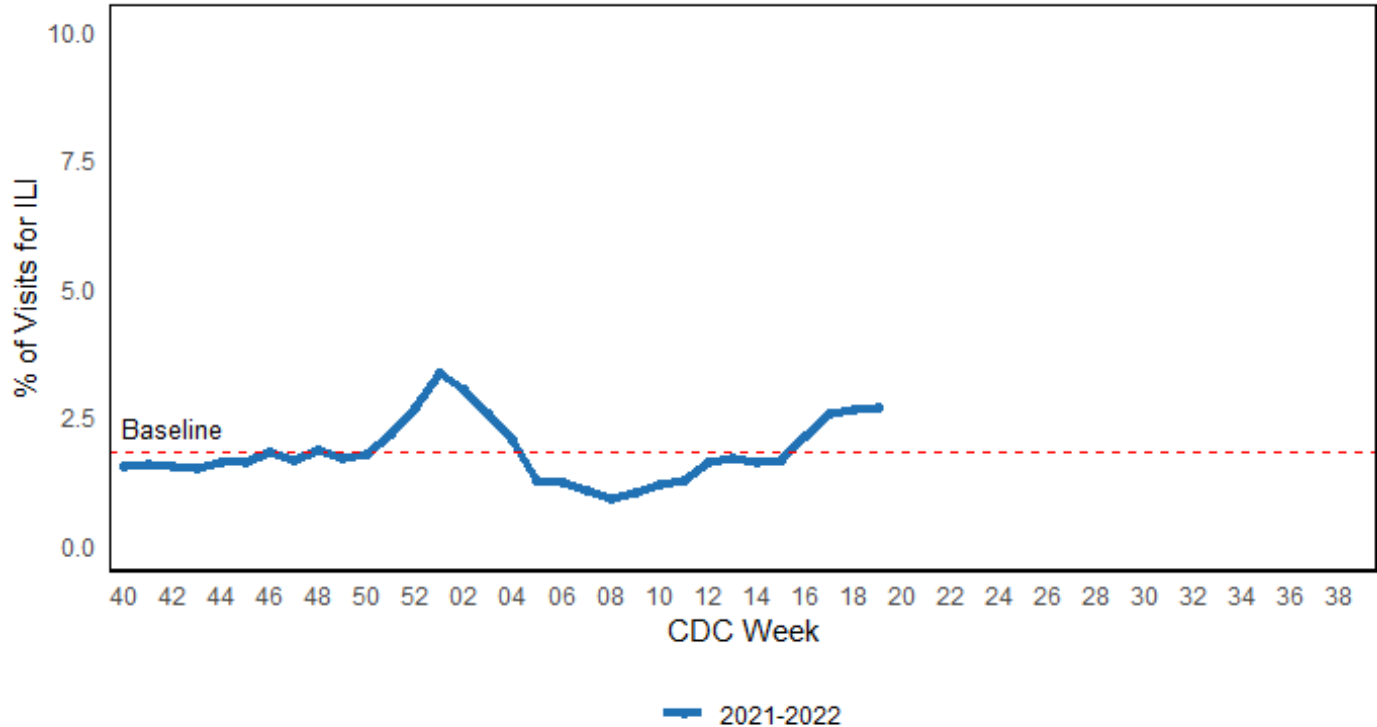


Table 2: Number of ILI Visits Reported by Sentinel Providers by Age Group, Washington

Week	Sentinel Providers	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Over 64	Total ILI	Total Patients	Percent ILI
16	73	173	305	185	52	49	764	35,995	2.1
17	72	236	366	231	59	59	951	37,064	2.6
18	73	206	424	201	84	56	971	36,985	2.6
19	70	233	392	231	72	64	992	37,198	2.7

Influenza-like Illness Syndromic Surveillance Data

ESSENCE Syndromic Surveillance Data

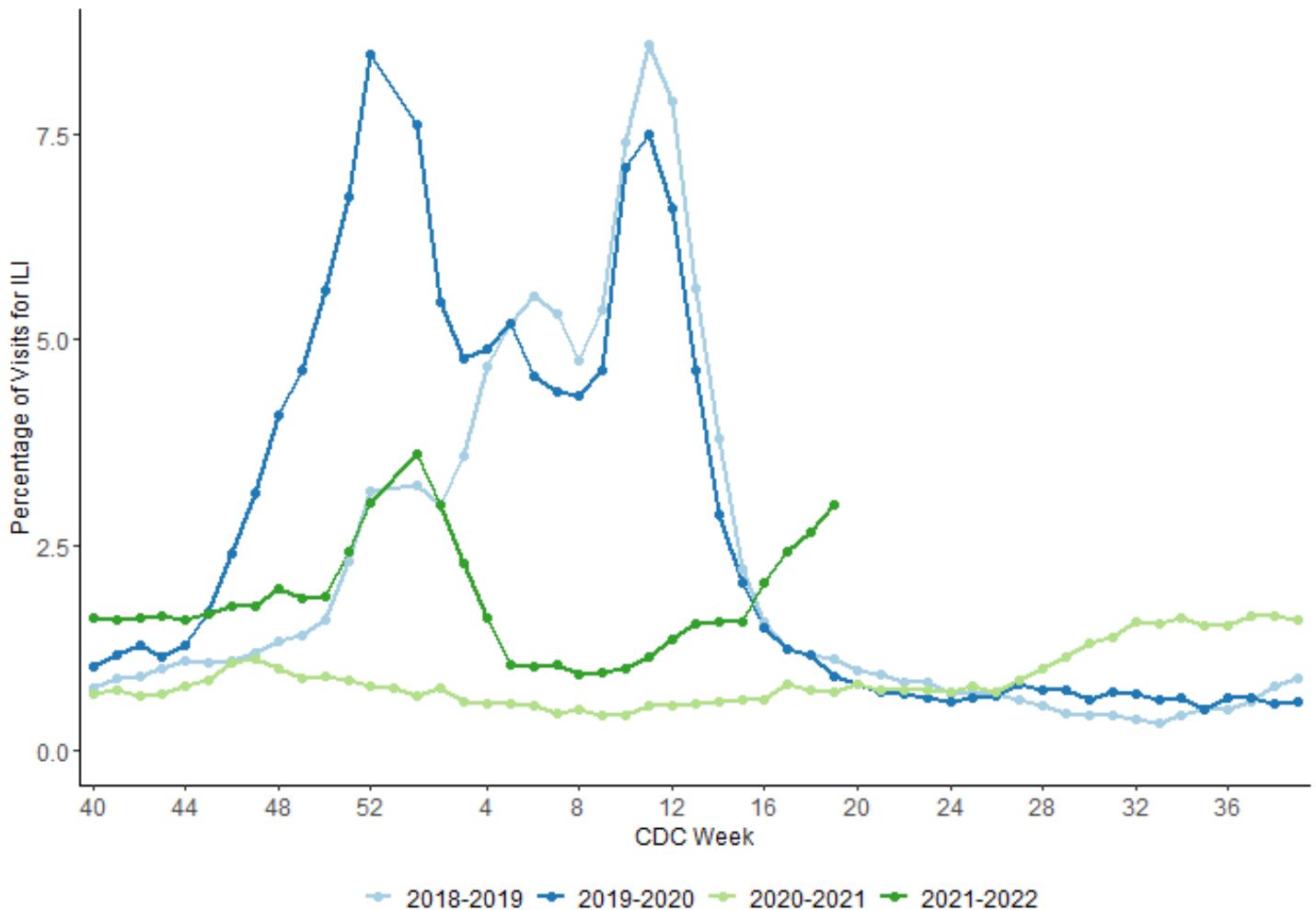
Figure 5 shows the proportion of visits at a subset of emergency departments across Washington for a chief complaint of influenza-like illness, or discharge diagnosis of influenza, by CDC week. For this purpose, ILI is defined as “influenza” or fever with cough or fever with sore throat.

It should be noted that in addition to the overarching impacts of COVID-19 on influenza surveillance systems, interpretation of syndromic surveillance data for the 2021-2022 influenza season should take into account the following COVID-19 impacts: changes in the health seeking behavior at syndromic surveillance sites and limited ability to distinguish between ILI and COVID-19 symptoms.

For more information about Syndromic Surveillance in Washington State, see:

www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionalsandFacilities/DataReportingandRetrieval/ElectronicHealthRecordsMeaningfulUse/SyndromicSurveillance

Figure 5: Syndromic Surveillance, Percentage of Hospital Visits for a Chief Complaint of ILI, or Discharge Diagnosis of Influenza, by CDC Week, Washington, 2018-2022



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 2021, 10 influenza-like illness outbreaks in long-term care facilities have been reported to the Washington State Department of Health.

Other Causes of Respiratory Infections

During the 2021-2022 season, the following respiratory viruses were reported to the National Respiratory and Enteric Surveillance System (NREVSS). NREVSS does not capture COVID-19 testing data. For more information on COVID-19, see <https://www.doh.wa.gov/Emergencies/Coronavirus>.

For more information about NREVSS, see <https://www.cdc.gov/surveillance/nrevss/index.html>.

Figure 6: Respiratory and Enteric Viruses, Washington, 2021-2022 Season to Date

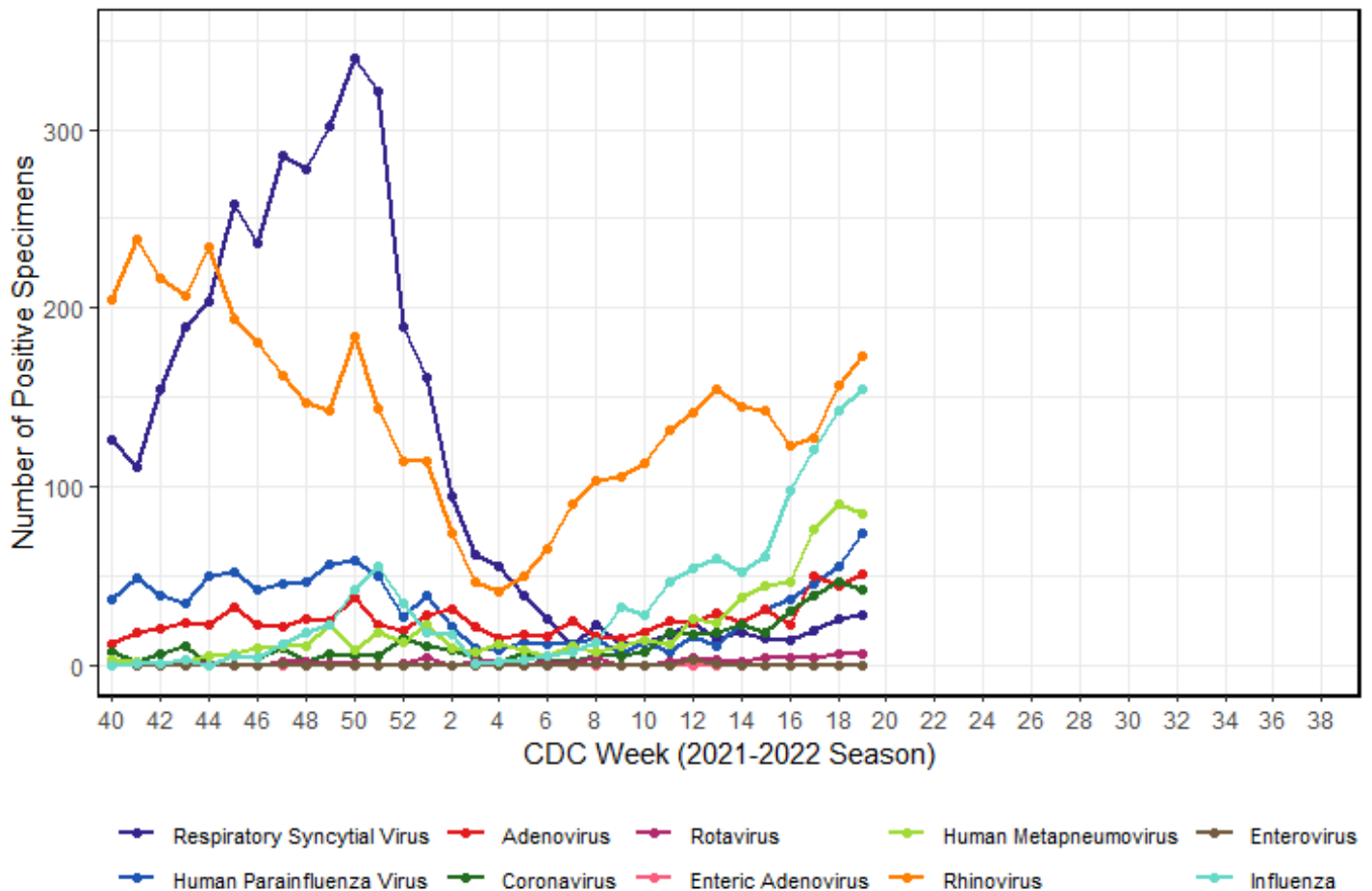


Table 3: Respiratory and Enteric Viruses, 2021-2022 Season to Date

Week	Reporters	Respiratory Syncytial Virus	Human Parainfluenza Virus	Adenovirus	Coronavirus	Rotavirus	Enteric Adenovirus	Human Metapneumovirus	Rhinovirus	Enterovirus	Influenza
16	14	14	37	23	30	4	0	46	123	0	98
17	14	19	45	50	39	4	0	76	127	0	121
18	13	26	55	44	47	6	0	90	157	0	143
19	12	28	74	51	42	6	0	85	173	0	155

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.

Fourteen laboratory-confirmed influenza deaths have been reported since week 40 of 2021, 14 influenza A, 0 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. No deaths have occurred in children.

Table 4: Count and rate of reported laboratory-confirmed influenza-associated deaths by age group, Washington, 2021-2022 season to date

Age Group (in years)	Count of Deaths	Death Rate (per 100,000 population)
0-4	0	0.00
5-17	0	0.00
18-29	0	0.00
30-49	0	0.00
50-64	1	0.07
65+	13	1.11
Total	14	0.19

Reported Laboratory-Confirmed Influenza-Associated Deaths, Past Seasons

For reference, lab-confirmed influenza 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 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 19 and Total

Season	Count of Deaths as of Week 19 of Season	Count of Deaths Reported for the Entire Season (week 40 to week 39)
2021-2022, to date	14	14
2020-2021	0	0
2019-2020	103	114
2018-2019	222	245
2017-2018	287	296
2016-2017	274	278
2015-2016	65	67
2014-2015	148	156
2013-2014	77	81

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/sites/default/files/media/document/2021-05/Clark%20County%20Weekly%20Influenza%20Update.pdf>

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: <http://www.co.whatcom.wa.us/967/Influenza>

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