

Washington State Influenza Summary

2019-2020 Season

Washington State Department of Health, Communicable Disease Epidemiology

The Department of Health (DOH), in collaboration with local health jurisdictions and the Centers Disease Control and Prevention (CDC), performed surveillance for influenza during the 2019 to 2020 season using several different systems. This report summarizes data collected through key systems from September 29, 2019 to September 26, 2020 (week 40 of 2019 through week 39 of 2020).

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.

National Summary

Influenza activity in the United States during the 2019–2020 season began to increase in November and was consistently high through January and February. The season was characterized by two consecutive waves of activity, beginning with influenza B viruses and followed by A(H1N1)pdm09 viruses. Activity began to decline in March, perhaps associated with community prevention measures for COVID-19. The 2019-20 season is described as having moderate severity; however, the effect of influenza differed by age group and the severity of the season in some age groups was higher. Hospitalization rates among children 0-4 years old and adults 18-49 years old were higher than observed during the 2009 H1N1 pandemic.

<https://www.cdc.gov/flu/about/burden/2019-2020.html>

Washington State Summary

In Washington State, one hundred and fourteen lab-confirmed influenza deaths and ninety-one influenza-like illness outbreaks in long term care facilities were reported for the 2019-2020 season. Illness attributed to influenza B viruses predominated early, followed by an increase in illness attributed to influenza A viruses.

Influenza Laboratory Surveillance Data

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

For the 2019-2020 influenza season, CDC has generated separate graphs of data reported to CDC by public health laboratories (Figure 1) and commercial laboratories (Figure 2).

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

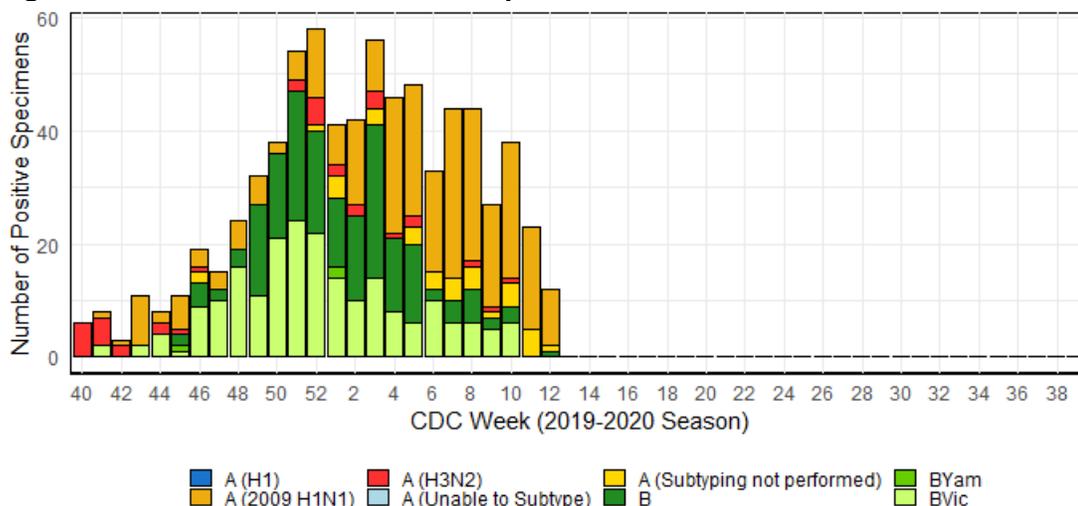
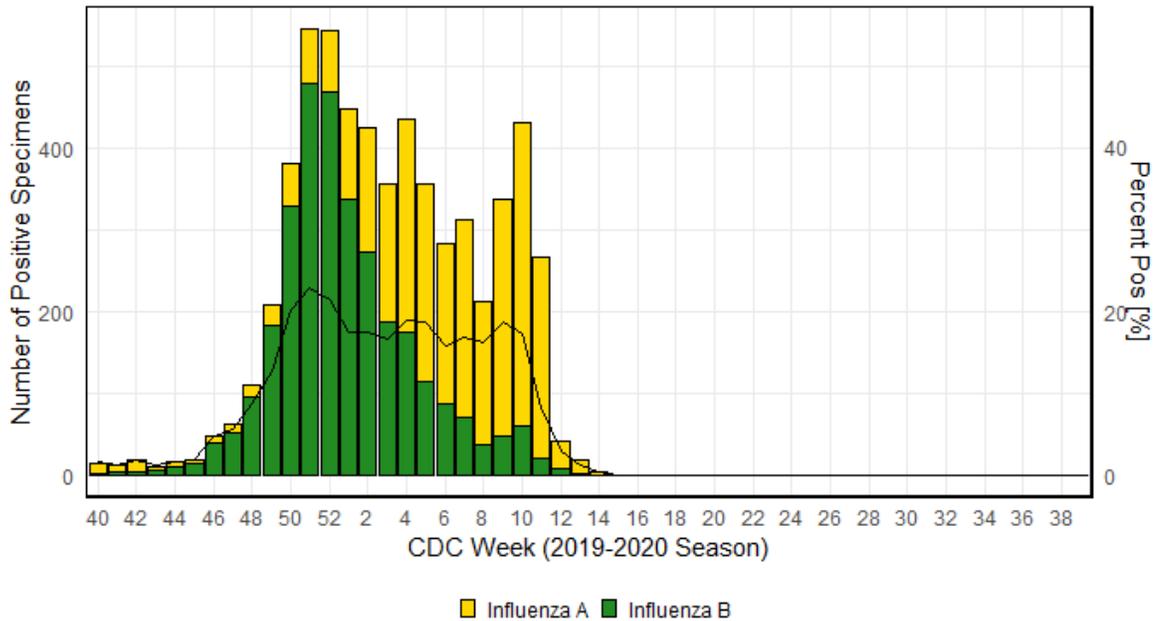


Figure 2: Influenza Positive Tests Reported to CDC, WA Commercial Laboratories



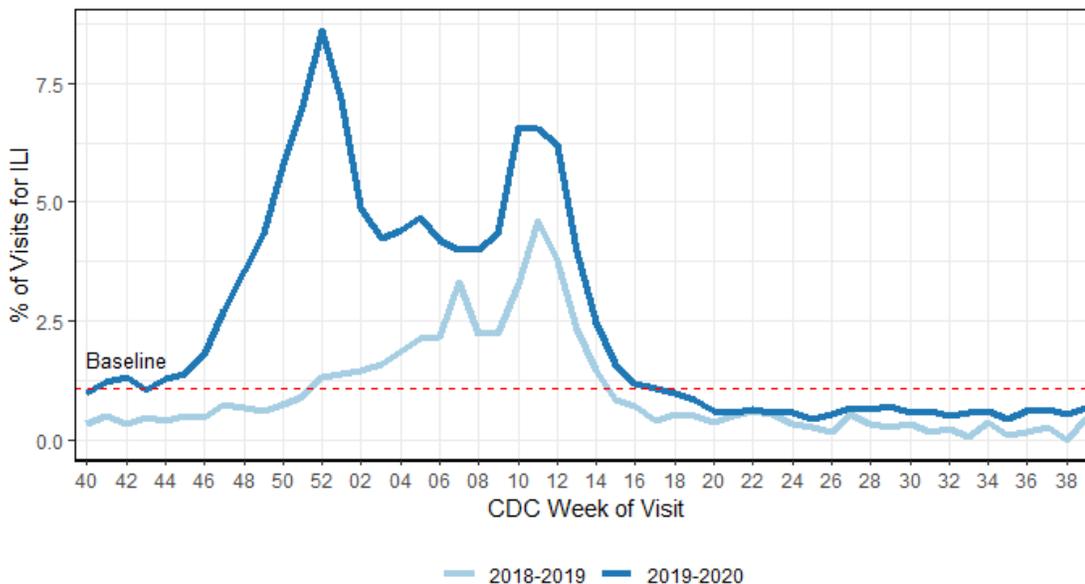
Outpatient Influenza-like Illness Surveillance

Outpatient Influenza-like Illness Surveillance Network (ILINet) Data

Information on patient visits to health care providers for influenza-like illness is collected through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet). Each week, healthcare providers in Washington reported data to CDC on the total number of patients seen and the number of those patients with influenza-like illness (ILI) by age group. For the purposes of ILINet, ILI is defined as fever (temp 100°F/37.8°C or higher) plus cough and/or sore throat. More information about ILINet is available [here](#).

It should be noted that in addition to the overarching impacts of COVID-19 on influenza surveillance systems, interpretation of ILINet 2019-2020 influenza data 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: Percentage of ILI Visits Reported by Sentinel Providers, Washington, 2018-2020



Influenza-like Illness Syndromic Surveillance Data

ESSENCE Syndromic Surveillance Data

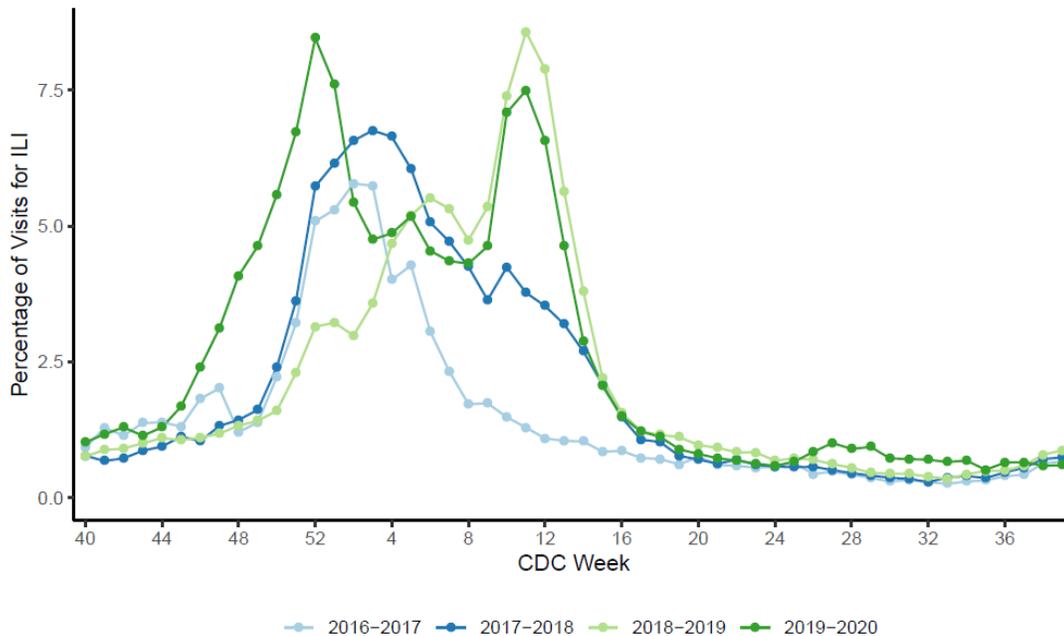
Figure 4 shows the proportion of visits at a subset of emergency departments across Washington for a chief complaint of influenza-like illness, or discharge diagnosis of influenza, by CDC week. For this purpose, ILI is defined as “influenza” or fever with cough or fever with sore throat.

It should be noted that in addition to the overarching impacts of COVID-19 on influenza surveillance systems, interpretation of Syndromic Surveillance Data 2019-2020 influenza data 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

<http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionalsandFacilities/DataReportingandRetrieval/ElectronicHealthRecordsMeaningfulUse/SyndromicSurveillance>.

Figure 4: Syndromic Surveillance, Percentage of Hospital Visits for a Chief Complaint of ILI, or Discharge Diagnosis of Influenza, by CDC Week, Washington, 2016-2020



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.

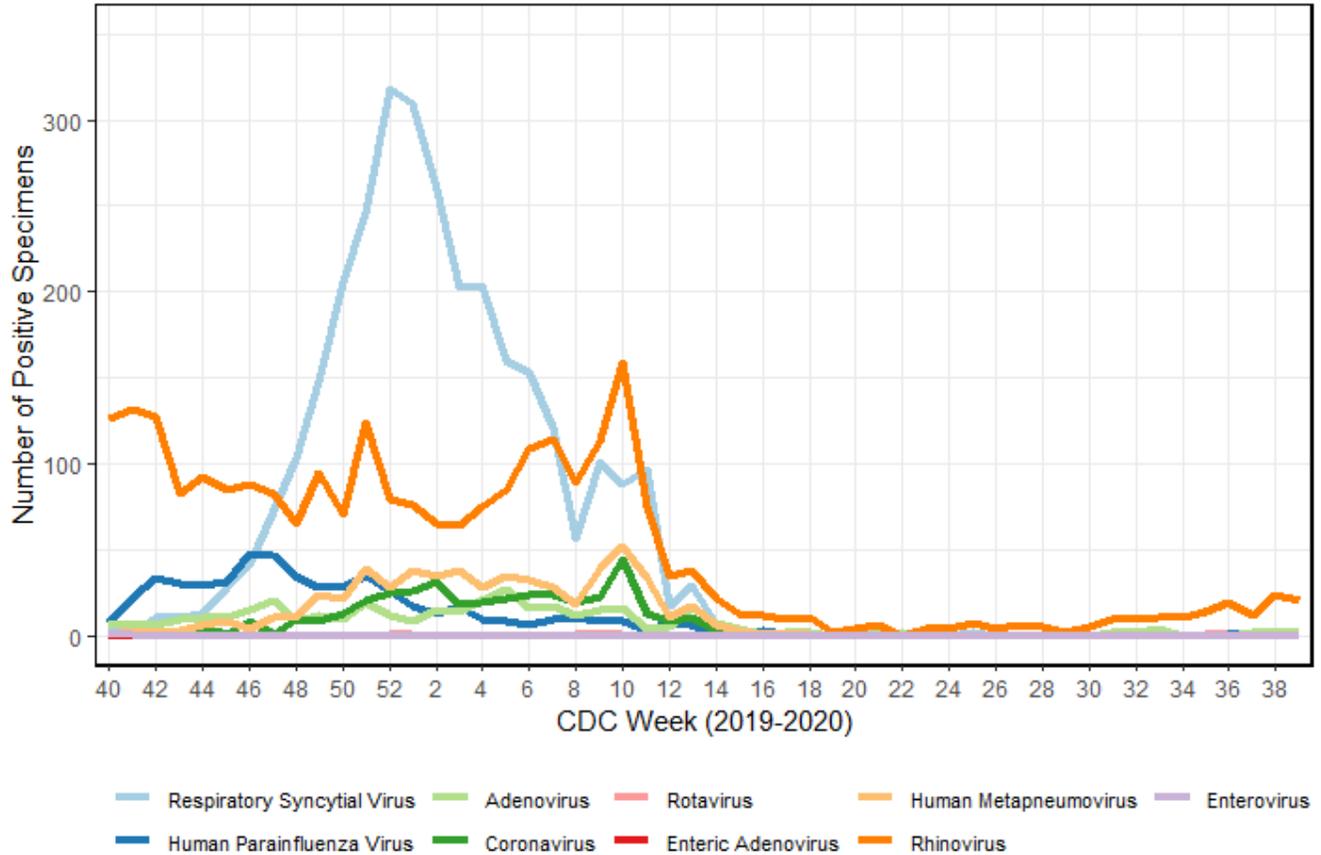
For the 2019-2020 season, 91 influenza-like illness outbreaks in long-term care facilities have been reported to the Washington State Department of Health.

Other Causes of Respiratory Infections

During the 2019-2020 season, the following non-influenza respiratory viruses were reported to the National Respiratory and Enteric Surveillance System (NREVSS). Please note, Coronavirus data does not reflect number of COVID-19 cases. 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 5: Respiratory and Enteric Viruses, Washington, 2019-2020 Season to Date



Lab 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 and are likely under-reported for a variety of reasons. Influenza may not be listed as a cause of death, influenza testing may not have been performed, and lab-confirmed influenza deaths may not have been appropriately reported to public health. CDC has published information about estimating seasonal influenza-associated deaths: www.cdc.gov/flu/about/burden/how-cdcestimates.htm

One hundred and fourteen laboratory-confirmed influenza deaths have been reported during the 2019-2020 season: 59 influenza A, 55 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. Six deaths have occurred in children.

Table 1: Count and rate of reported laboratory-confirmed influenza-associated deaths by age group, Washington, 2019-2020

Age Group (in years)	Count of Deaths	Death Rate (per 100,000 population)
0-4	4	0.88
5-17	2	0.17
18-29	5	0.42
30-49	8	0.36
50-64	30	2.09
65+	65	5.54
Total	114	1.52

Reported Laboratory-Confirmed Influenza-Associated Deaths, Past Seasons

Lab-confirmed influenza death totals reported to the Department of Health for past seasons are presented below in Table 2. Note that for the purposes of tables 2 and 3, 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 on the [Department of Health website](#).

Table 2: Count of Reported Laboratory-Confirmed Influenza-Associated Deaths by Year

Season	Count of Deaths Reported for the Entire Season (week 40 to week 39)
2019-2020	114
2018-2019	245
2017-2018	296
2016-2017	278
2015-2016	67
2014-2015	156
2013-2014	80
2012-2013	54
2011-2012	20

Table 3: Count of Deaths Reported to WA DOH by County of Residence

Table 3 shows the count of laboratory-confirmed influenza deaths reported to the Washington State Department of Health by county of residence.

County	Count of Deaths Reported for the 2019-2020 Season
Adams	1
Benton	3
Chelan	1
Clark	1
Franklin	1
Grant	4
King	34
Kitsap	7
Kittitas	1
Lincoln	1
Okanogan	1
Pend Oreille	1
Pierce	14
Skagit	1
Snohomish	9
Spokane	17
Stevens	3
Thurston	6
Whatcom	4
Whitman	1
Yakima	3

Additional Resources

International Influenza Data: <http://www.who.int/topics/influenza/en/>

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#recommendation>

Washington Local Health Department Influenza Surveillance Reports:

Clark County: <https://www.clark.wa.gov/public-health/flu>

King County: <http://www.kingcounty.gov/healthservices/health/communicable/diseases/Influenza.aspx>

Kitsap County: <http://www.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>