



DOH 420-258

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Using RHINO Data to Monitor Emergency  
Department Visits for Sexual Violence  
Amanda Dylina Morse, MPH

# Agenda

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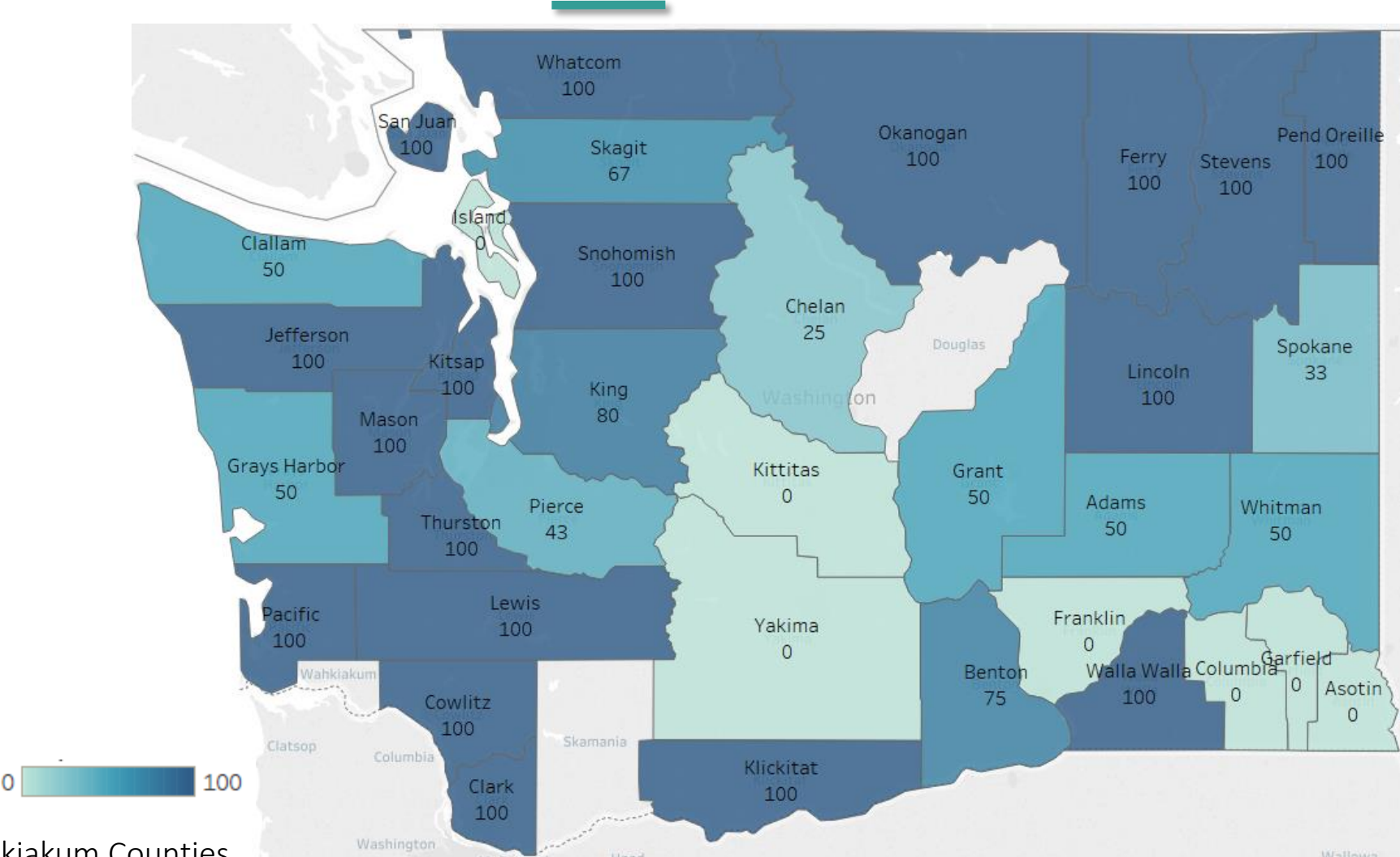
- Updates
  - New facilities
  - Data coverage
  - Other updates
- Monitoring emergency department visits for sexual violence
- ESSENCE refresher using influenza-like illness
- Questions

# New Facilities

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- Valley Medical Center
- MultiCare
  - Allenmore
  - Covington
  - Mary Bridge
  - Deaconess North Emergency Department

# Percentage of Emergency Departments Available in NSSP ESSENCE (by County)



\*Douglas, Skamania, and Wahkiakum Counties do not have emergency departments

# Other Updates of Note

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- RHINO is working with partners at DOH to produce automated reports of emergency department visits for opioid overdoses
  - The project is still in its early stages, but we should have more to share in the near future
- Kacey Potis will be staying with RHINO as a surveillance and validation epidemiologist focusing on our opioid surveillance work
- RHINO has two graduate students from the COPHP program at UW helping us with a qualitative analysis project
  - Ayla Ervin will be focusing on firearm injuries
  - Tovah King will be focusing on motor vehicle collision injuries
- RHINO staff will be out of the office the last week of January while we attend ISDS
  - If you have urgent needs, Kacey will be available and you can [contact her directly](#) or via the [Syndromic Mailbox](#)

Conducting Surveillance

SEXUAL VIOLENCE

# Sexual Violence – Background

- Risk for experiencing sexual violence is highest for trans and non-binary people, women, and individuals between 12-34 years<sup>1</sup>
- Not all sexual violence is reported to law enforcement—of 1,000 rapes
  - 310 will be reported to the police<sup>2</sup>
  - 57 reports will lead to an arrest<sup>2</sup>
  - 6 rapists will be incarcerated<sup>2</sup>
- There are many reasons a person may choose not to report *and all of them are valid*
  - Fear of retaliation
  - Expectation law enforcement cannot or will not help
  - Shame from social stigmatization
- Even if an individual does not want to report their assault, they may want or need to seek medical care
  - Using syndromic surveillance data provides a way to better understand sexual violence without burdening patients or healthcare providers

# Challenges to Using Syndromic Data

- Original chief complaint may not be the true reason for the patient's visit
  - Patient flow practices may have the original chief complaint gathered in a more public space where the patient does not feel comfortable disclosing
- Difficult to identify trans and non-binary patients
  - Washington now has option to send "X" in lieu of M or F
- Triage notes contain rich context about patient experiences, but may also have highly identifiable information
  - Patient names
  - Patient street addresses and phone numbers
- ICD-10 codes are used less consistently than for communicable diseases and may be indicating a history of sexual assault rather than being treated for one at that visit
  - Particularly common in obstetric and antenatal visits
  - Z56.81 Sexual harassment on the job
  - Z62.810 Personal history of physical and sexual abuse in childhood
  - Z91.410 Personal history of adult physical and sexual abuse



# Sexual Violence

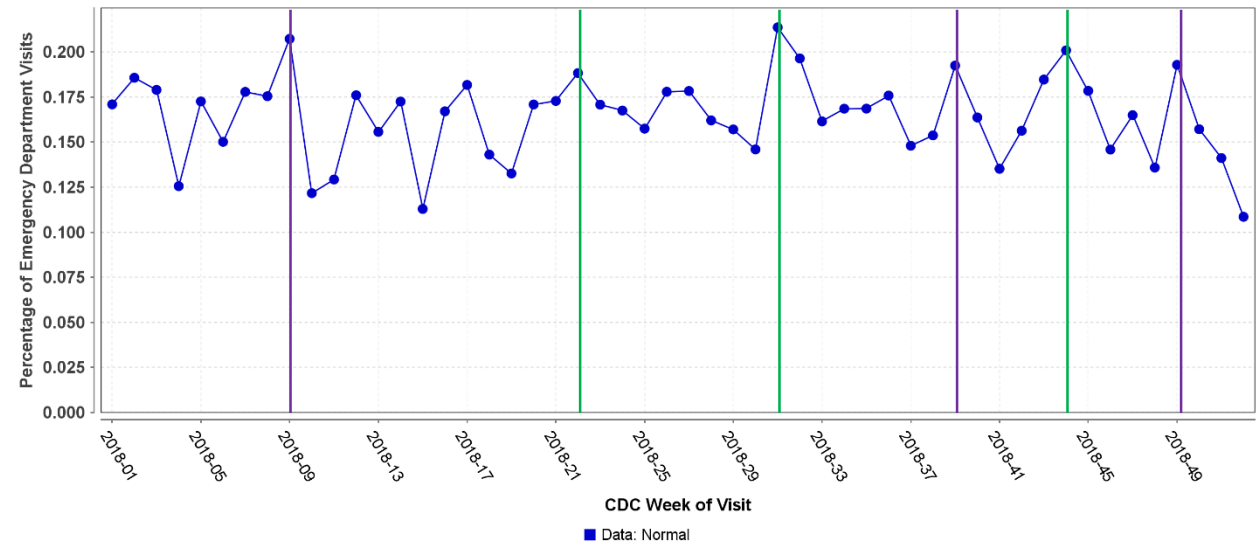
- Time frame
  - January – December 2018
- Data source
  - Facility location (full details)
- Facility types
  - Emergency care
  - Inpatient practice setting
- Fields included
  - Chief complaint history
  - Discharge diagnosis
- Triage notes particularly valuable for validating the query
- Submitted for index as Sexual Violence v3
  - v1 and v2 available in Nssp ESSENCE

Query Composition			
Chief Complaint Terms		ICD-10 Codes	
Included	Excluded	Included	Excluded
Sexual assault	Grape	T74.2	
Sexual assault	Scrape	T76.2	
Sexual abuse		Z56.81	
Rape		Z62.810	
Forensic nurse exam		Z04.41	
Sane exam			

# Results – Weekly Percentage of Visits (All Ages)

- 2,715 emergency department visits identified\*
  - 0.16% of all emergency department visits
  - 0.11%-0.21% of weekly emergency department visits
- Several periods with elevated visits throughout the year
  - Late February (Midwinter Break)
  - Memorial Day
  - Last week of July
  - Late September (Beginning of Autumn Term)
  - Halloween

Weekly Percentage of Emergency Department Visits for a Chief Complaint or Discharge Diagnosis Indicating Sexual Violence in Washington State, by CDC Week, 2018



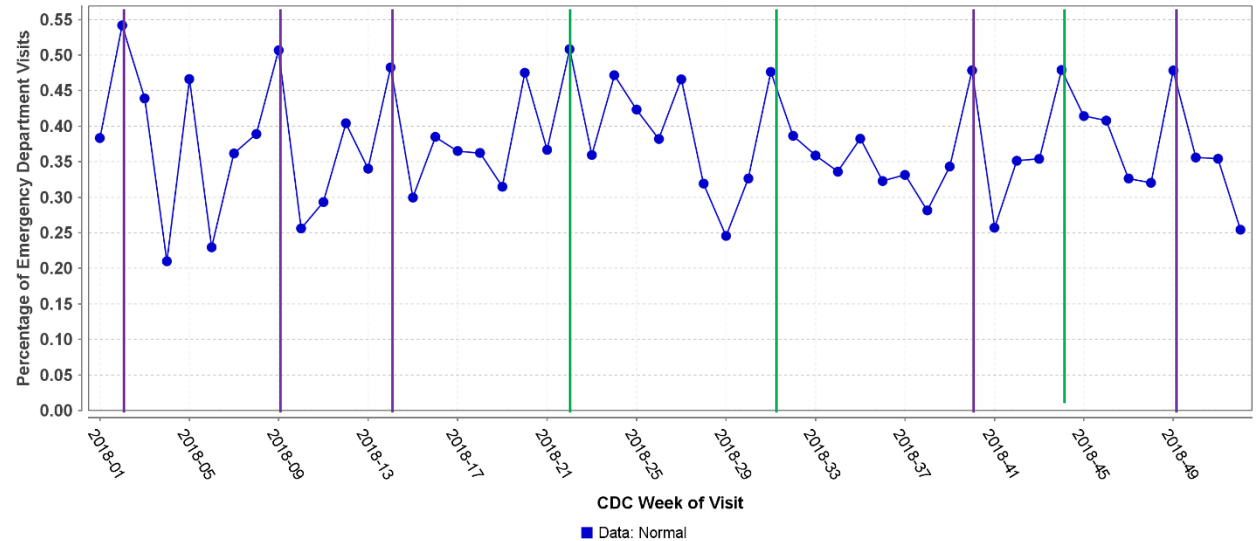
— Visit Increase (General)  
— Visit Increase (Academic Calendar)

\* Facility counts changed over data period

# Results – Weekly Percentage of Visits (12-28 Years)

- 1,234 emergency department visits identified\*
  - 0.37% of all emergency department visits
  - 0.21%-0.60% of weekly emergency department visits
- Some peaks match general population
  - Memorial Day
  - Last week of July
  - Halloween
- Additional (smaller) peaks at some points in the academic calendar
  - Beginning of Winter Term (Week 2)
  - Mid-Winter Break (Week 9)
  - Spring Break (Week 14)
  - Start of Autumn Term (Week 39-40)
  - End of Autumn Term (Week 49)

Weekly Percentage of Emergency Department Visits for a Chief Complaint or Discharge Diagnosis Indicating Sexual Violence in Washington State Among Patient 12-28 Years, by CDC Week, 2018



— Visit Increase (General)  
— Visit Increase (Academic Calendar)

\* Facility counts changed over data period

# Results – Triage Notes (2017-2018)

- Triage notes were present for 68.69% of visits
  - Although an optional data element, Washington strongly encourages facilities to submit triage notes
- Triage note content varies widely between facilities
  - Some only bed number and patient chief complaint
  - Others full social determinants of health
- Identifying information present for many visits
  - Special care for protecting patient data
- Many visits contain information about substance use
  - Predominantly stimulants and alcohol

<b>Contextual Information in Triage Notes</b>	<b>Presence in Triage Notes</b>
<i>Time of assault</i>	42.57%
<i>Place of assault</i>	21.43%
<i>Identity of person doing harm</i>	19.71%
<i>"Jail health" or intake</i>	6.57%
<i>Mental health crisis</i>	6.00%
<i>Patient suspects was drugged</i>	3.43%
<i>Homelessness or insufficient housing</i>	3.14%
<i>Power relationship between assailant and patient</i>	2.86%

# Results – Sex and Age Group

- Female patients over-represented across all age groups
  - 88.14% of all visits
  - Female patients aged 18-44 years were 52.23% of visits – more than double usual representation
- Age distribution was consistent with other sources of sexual violence data regarding years of highest risk
  - Majority of patients were 18-44 years (58.53%) or 05-17 years (20.55%)
  - Smaller numbers of visits very young (under 5 years) and older (45+ years) patients

Patient Age Group	Sexual Violence Visits		All Visits	
	Female	Male	Female	Male
00-04	6.85%	1.99%	2.57%	3.09%
05-17	18.01%	2.54%	4.16%	4.08%
18-44	52.23%	6.30%	21.54%	16.34%
45+	9.24%	0.81%	12.36%	12.27%
Total	88.14%	11.86%	53.48%	46.51%

\* Facility counts changed over data period

# Results – Sex and Age Group

- Among female patients, rate per 10,000 visits for sexual violence more than five times rate among male patients
  - Rate is higher across age groups
- Rate per 10,000 visits highest among patients 05-17 years
  - Higher than anticipated based on percentage of total visits

Rate per 10,000 Visits			
Patient Age Group	Female	Male	Overall
00 - 04	43.65	10.52	54.17
05 - 17	70.92	10.21	81.13
18 - 44	39.71	6.31	46.02
45+	7.16	0.73	7.89
Overall	26.99	4.17	43.48

\* Facility counts changed over data period

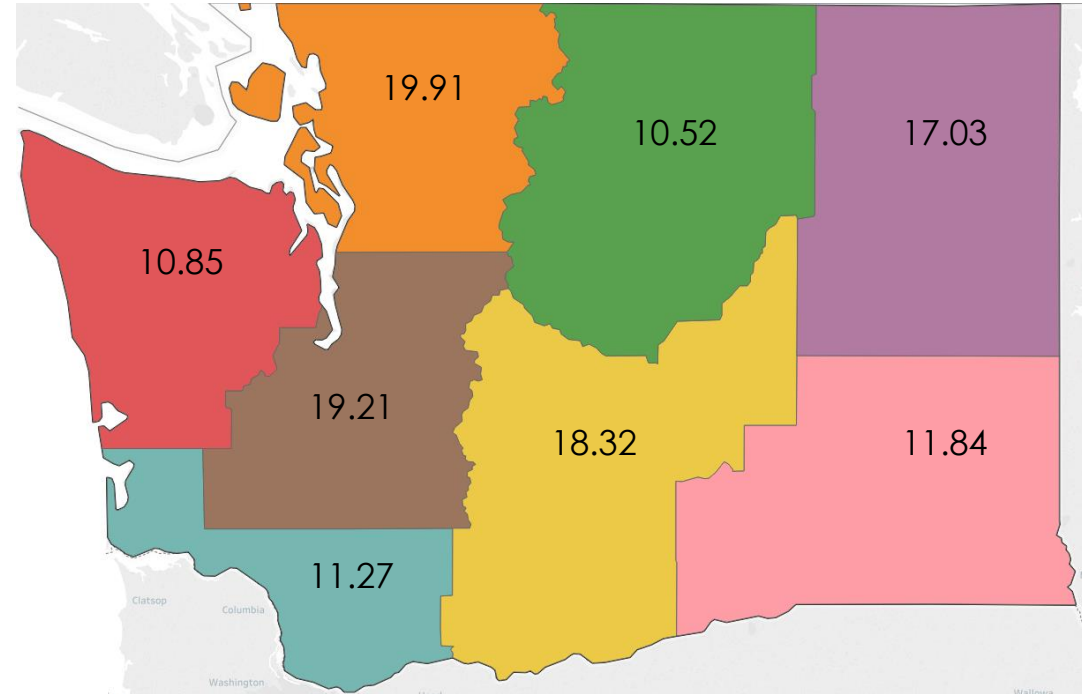
# Results – Race and Ethnicity

- Female patients were over-represented across all racial and ethnic groups
- Sexual violence disproportionately affects some communities
  - AIAN and Black or African American patients seen at higher rate than other racial groups
    - Consistent with data from Urban Indian Health Institute → 94% of AIAN women in Seattle area experience sexual violence<sup>4</sup>
- White and Native Hawaiian or Other Pacific Islander patients had lowest rates of visits for sexual violence
- Fewer than 10% of visits did not report race or ethnicity

Patient Demographic	Rate per 10,000 Visits
<b>Patient Race</b>	
<i>American Indian or Alaska Native (AIAN)</i>	27.52
<i>Asian</i>	17.53
<i>Black or African American</i>	23.32
<i>Native Hawaiian or Other Pacific Islander</i>	13.75
<i>Not Reported</i>	18.82
<i>Other Race</i>	18.64
<i>White</i>	15.41
<b>Patient Ethnicity</b>	
<i>Hispanic or Latinx</i>	18.87
<i>Not Hispanic or Latinx</i>	16.21
<i>Not Reported</i>	13.66

# Results – Patient Location

County Grouping	Rate per 10,000 Visits
Clallam, Grays Harbor, Jefferson, Kitsap, Mason,	10.85
Island, San Juan, Skagit, Snohomish, Whatcom	19.91
King, Lewis, Pierce, Thurston	19.21
Clark, Cowlitz, Pacific, Skamania, Wahkiakum	11.27
Chelan, Douglas, Okanogan	10.52
Grant, Kittitas, Klickitat, Yakima	18.32
Ferry, Lincoln, Pend Oreille, Spokane, Stevens	17.03
Adams, Asotin, Benton, Columbia, Franklin, Garfield, Walla Walla, Whitman	11.84



Average Home to Facility Distance (in Miles)
29.69



# What's Next?

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# Making Data Actionable

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- Syndromic data are most useful when they are actionable
  - What do we do when we find something?
- Cross-discipline partnerships are key to translating syndromic data into health promotion
  - Your organization's injury and violence staff are best placed to connect your data with community partners who can use it
- Possible applications for sexual violence data
  - Inform conversations with academic institutions about campus and teen dating violence
  - Identifying recurring events coinciding with increased visit volume
  - Monitor trends in communities where consent curricula are taught
  - Designing more effective communication campaigns

# References

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1. Victims of Sexual Violence: Statistics. RAINN | The nation's largest anti-sexual violence organization. <https://www.rainn.org/statistics/victims-sexual-violence>. Accessed October 9, 2018.
2. The Criminal Justice System: Statistics. RAINN | The nation's largest anti-sexual violence organization. <https://www.rainn.org/statistics/criminal-justice-system>. Accessed October 9, 2018.
3. US Census Quick Facts: Washington. United States Census Bureau. <https://www.census.gov/quickfacts/wa>. Accessed October 9, 2018
4. Our Bodies, Our Stories: Sexual Violence Among Native Women in Seattle, WA. Urban Indian Health Institute. [http://www.uihi.org/wp-content/uploads/2018/08/UIHI\\_sexual-violence\\_r601\\_pagesFINAL.pdf](http://www.uihi.org/wp-content/uploads/2018/08/UIHI_sexual-violence_r601_pagesFINAL.pdf). Accessed October 9, 2018.

Conducting Surveillance

INFLUENZA-LIKE ILLNESS

# ILI Surveillance – Data Source

**Query Wizard**

Datasource: **Facility Location (Full Details)** | Time Resolution: Weekly | Detector: No Detection | As Percent Query: CC and DD Category Fr | Start Date: 2017 | End Date: 2019

**Available Query Fields**

- Age Range
- Sex
- Race
- Ethnicity
- Patient Class
- Calculated Patient Class
- Disposition Category
- Discharge Diagnosis
- Discharge Diagnosis Available
- ICD10 Discharge Diagnosis
- Time Interval
- Diagnosis Type
- CC and DD Category**
- CC and DD
- CC and DD Category Free Text
- Syndrome Free Text
- SubSyndrome Free Text

**CC and DD Category**

Select values for CC and DD Category:

- CDC Heroin Overdose v4
- CDC Opioid Overdose v1
- CDC Opioid Overdose v2
- CDC Stimulants v1
- CDC Stimulants v2
- Foreign Travel
- Heat Related Illness v1
- Heat Related Illness v2
- ILI CCDD v1**
- Intimate Partner Violence v1
- Marijuana v1
- Marijuana v2
- Mumps v1
- Norovirus v1
- SDC Suicide Related v1
- Sexual Violence v1

**Selected Query Fields**

- Geography System**  
Hospital State
- Hospital State**  
Washington
- Medical Grouping System**  
ESSENCESyndromes
- CC and DD Category**  
ILI CCDD v1
- Facility Type**  
Emergency Care, Inpatient practice setting
- Has Been Emergency**  
Yes

MyFilter:  Create

Table Builder | Time Series | Data Details | Graph Builder | Overview | Adv Qry | Explain Qry | Reset

- Always begin by selecting your Datasource. For ILI surveillance, we typically use Facility Location (full details)

# ILI Surveillance – Time Resolution

The screenshot shows the 'Query Wizard' interface. At the top, the 'Time Resolution' dropdown is highlighted with a red box and set to 'Weekly'. Other settings include 'Detector: No Detection', 'As Percent Query: CC and DD Category Fr', 'Start Date: 40', 'End Date: 1', '2017', and '2019'. The 'Available Query Fields' list on the left includes 'CC and DD Category'. The central pane shows a list of categories with 'ILI CCDD v1' selected. The 'Selected Query Fields' pane on the right lists various systems and categories, including 'Hospital State', 'Medical Grouping System', 'CC and DD Category', 'Facility Type', and 'Has Been Emergency'. At the bottom, there are navigation buttons: 'Table Builder', 'Time Series', 'Data Details', 'Graph Builder', 'Overview', 'Adv Qry', 'Explain Qry', and 'Reset'. A 'MyFilter:' field and a 'Create' button are also visible.

- Consider your time resolution. You may choose daily, weekly, monthly, quarterly, and yearly outputs
- For ILI, weekly visits is the most common resolution choice.

# ILI Surveillance – As Percent Query

The screenshot shows the 'Query Wizard' interface. At the top, the 'As Percent Query' dropdown is highlighted with a red box. Below it, the 'Available Query Fields' list includes 'CC and DD Category', which is selected. The 'Selected Query Fields' list on the right includes 'Geography System', 'Hospital State', 'Medical Grouping System', 'CC and DD Category', 'Facility Type', and 'Has Been Emergency'. The 'CC and DD Category' field is currently selected in the main query area, showing a list of categories such as 'CDC Heroin Overdose v4', 'CDC Opioid Overdose v1', 'CDC Opioid Overdose v2', 'CDC Stimulants v1', 'CDC Stimulants v2', 'Foreign Travel', 'Heat Related Illness v1', 'Heat Related Illness v2', 'ILI CCDD v1', 'Intimate Partner Violence v1', 'Marijuana v1', 'Marijuana v2', 'Mumps v1', 'Norovirus v1', 'SDC Suicide Related v1', and 'Sexual Violence v1'. The 'ILI CCDD v1' category is highlighted. The 'Start Date' is set to 40 (likely representing 40 weeks) and the 'End Date' is set to 1 (likely representing 1 year). The 'Time Resolution' is set to 'Weekly' and the 'Detector' is set to 'No Detection'. The 'Datasource' is 'Facility Location (Full Details)'. The 'Start Date' is set to 2017 and the 'End Date' is set to 2019. The 'Table Builder' button is visible at the bottom.

- ILI is conventionally monitored looking at visits for ILI as a percentage of total visits.

# ILI Surveillance – Start and End Points

The screenshot shows the 'Query Wizard' interface. At the top, there are several dropdown menus: 'Datasource: Facility Location (Full Details)', 'Time Resolution: Weekly', 'Detector: No Detection', and 'As Percent Query: CC and DD Category Fr'. The 'Start Date' and 'End Date' fields are highlighted with a red box. The 'Start Date' is set to '40' for the year '2017', and the 'End Date' is set to '1' for the year '2019'. Below these fields, there is a list of 'Available Query Fields' on the left, including 'Age Range', 'Sex', 'Race', 'Ethnicity', 'Patient Class', 'Calculated Patient Class', 'Disposition Category', 'Discharge Diagnosis', 'Discharge Diagnosis Available', 'ICD10 Discharge Diagnosis', 'Time Interval', 'Diagnosis Type', 'CC and DD Category', 'CC and DD', 'CC and DD Category Free Text', 'Syndrome Free Text', and 'SubSyndrome Free Text'. The 'CC and DD Category' field is selected, and a list of categories is shown in the center, including 'CDC Heroin Overdose v4', 'CDC Opioid Overdose v1', 'CDC Opioid Overdose v2', 'CDC Stimulants v1', 'CDC Stimulants v2', 'Foreign Travel', 'Heat Related Illness v1', 'Heat Related Illness v2', 'ILI CCDD v1', 'Intimate Partner Violence v1', 'Marijuana v1', 'Marijuana v2', 'Mumps v1', 'Norovirus v1', 'SDC Suicide Related v1', and 'Sexual Violence v1'. The 'ILI CCDD v1' category is highlighted. On the right, there is a 'Selected Query Fields' panel with several categories: 'Geography System' (Hospital State), 'Hospital State' (Washington), 'Medical Grouping System' (ESSENCESyndromes), 'CC and DD Category' (ILI CCDD v1), 'Facility Type' (Emergency Care, Inpatient practice setting), and 'Has Been Emergency' (Yes). At the bottom, there are buttons for 'Table Builder', 'Time Series', 'Data Details', 'Graph Builder', 'Overview', 'Adv Qry', 'Explain Qry', and 'Reset'. A 'MyFilter:' field and a 'Create' button are also visible.

- Influenza season is generally CDC Week 40 to CDC Week 20
- By setting your time frame back to a previous year, you can compare flu seasons



# ILI Surveillance – Available Query Fields

The screenshot displays the 'Query Wizard' interface. At the top, there are several dropdown menus for configuration: 'Datasource' (Facility Location (Full Details)), 'Time Resolution' (Weekly), 'Detector' (No Detection), 'As Percent Query' (CC and DD Category Fr), 'Start Date' (40), 'End Date' (1), and year selection (2017 and 2019). The main area is divided into three panels. The left panel, 'Available Query Fields', is highlighted with a red border and lists various parameters such as Age Range, Sex, Race, Ethnicity, Patient Class, Calculated Patient Class, Disposition Category, Discharge Diagnosis, Discharge Diagnosis Available, ICD10 Discharge Diagnosis, Time Interval, Diagnosis Type, CC and DD Category, CC and DD, CC and DD Category Free Text, Syndrome Free Text, and SubSyndrome Free Text. The middle panel, 'CC and DD Category', shows a list of categories including CDC Heroin Overdose v4, CDC Opioid Overdose v1, CDC Opioid Overdose v2, CDC Stimulants v1, CDC Stimulants v2, Foreign Travel, Heat Related Illness v1, Heat Related Illness v2, ILI CCDD v1 (highlighted), Intimate Partner Violence v1, Marijuana v1, Marijuana v2, Mumps v1, Norovirus v1, SDC Suicide Related v1, and Sexual Violence v1. The right panel, 'Selected Query Fields', lists the chosen fields: Geography System (Hospital State), Hospital State (Washington), Medical Grouping System (ESSENCESyndromes), CC and DD Category (ILI CCDD v1), Facility Type (Emergency Care, Inpatient practice setting), and Has Been Emergency (Yes). At the bottom, there are navigation buttons: Table Builder, Time Series, Data Details, Graph Builder, Overview, Adv Qry, Explain Qry, and Reset. A 'MyFilter:' section with a text input and a 'Create' button is also visible.

● The available query fields box shows a list of available parameters you may choose for your query

# ILI Surveillance – CC and DD Category

The screenshot shows the 'Query Wizard' interface. At the top, there are dropdown menus for 'Datasource: Facility Location (Full Details)', 'Time Resolution: Weekly', 'Detector: No Detection', 'As Percent Query: CC and DD Category Fr', 'Start Date: 40', 'End Date: 1', and date pickers for '2017' and '2019'. The main area is divided into three panes: 'Available Query Fields' on the left, a central selection pane, and 'Selected Query Fields' on the right. In the 'Available Query Fields' pane, 'CC and DD Category' is highlighted with a red box. The central pane, titled 'CC and DD Category', contains a list of queries with 'ILI CCDD v1' selected. The 'Selected Query Fields' pane lists several categories: 'Geography System' (Hospital State), 'Hospital State' (Washington), 'Medical Grouping System' (ESSENCESyndromes), 'CC and DD Category' (ILI CCDD v1), 'Facility Type' (Emergency Care, Inpatient practice setting), and 'Has Been Emergency' (Yes). At the bottom, there are navigation buttons: 'Table Builder', 'Time Series', 'Data Details', 'Graph Builder', 'Overview', 'Adv Qry', 'Explain Qry', and 'Reset'. A 'MyFilter:' field and a 'Create' button are also visible.

- The CC and DD Category field contains a variety of user-created queries indexed in ESSENCE which typically search multiple data fields simultaneously

# ILI Surveillance – Facility Type and Patient Class

The screenshot shows the 'Query Wizard' interface for ILI Surveillance. The top section contains configuration options: Datasource (Facility Location (Full Details)), Time Resolution (Weekly), Detector (No Detection), As Percent Query (CC and DD Category Fr), Start Date (40), End Date (1), and a date range from 2017 to 2019. The main area is divided into three panels: 'Available Query Fields' on the left, 'Selected Query Fields' on the right, and a central list of categories. The 'Facility Type' field is highlighted with a red box. The 'Selected Query Fields' panel includes: Geography System (Hospital State), Hospital State (Washington), Medical Grouping System (ESSENCESyndromes), CC and DD Category (ILI CCDD v1), Facility Type (Emergency Care, Inpatient practice setting), and Has Been Emergency (Yes). The bottom of the interface features a navigation bar with buttons for Table Builder, Time Series, Data Details, Graph Builder, Overview, Adv Qry, Explain Qry, and Reset. A 'MyFilter' section with a 'Create' button is also present.

- While building your theory, it is also important to consider the facility types and patient classes relevant for your inquiry

# ILI Surveillance – Explain Query

The screenshot shows the 'Query Wizard' interface with a dialog box titled 'As Percent Query: CC and DD Category'. The dialog is divided into two sections: 'Numerator' and 'Denominator'. The numerator section shows a query structure: 'Hospital State: Washington' AND 'Has Been Emergency: Yes' AND 'Facility Type: Emergency Care, Inpatient practice...' AND 'CC and DD Category: ILI CCDD v1'. The denominator section shows: 'Hospital State: Washington' AND 'Has Been Emergency: Yes' AND 'Facility Type: Emergency Care, Inpatient practice...'. Below the dialog, there is an explanation: 'The numerator is all visits with the specified hospital state, has been emergency, facility type, and CC and DD category. The denominator is all visits with the specified hospital state, has been emergency, and facility type. Since CC and DD category is selected as a percent, CC and DD category is only filtered in the numerator.' The 'Explain Qry' button at the bottom of the dialog is highlighted with a red box.

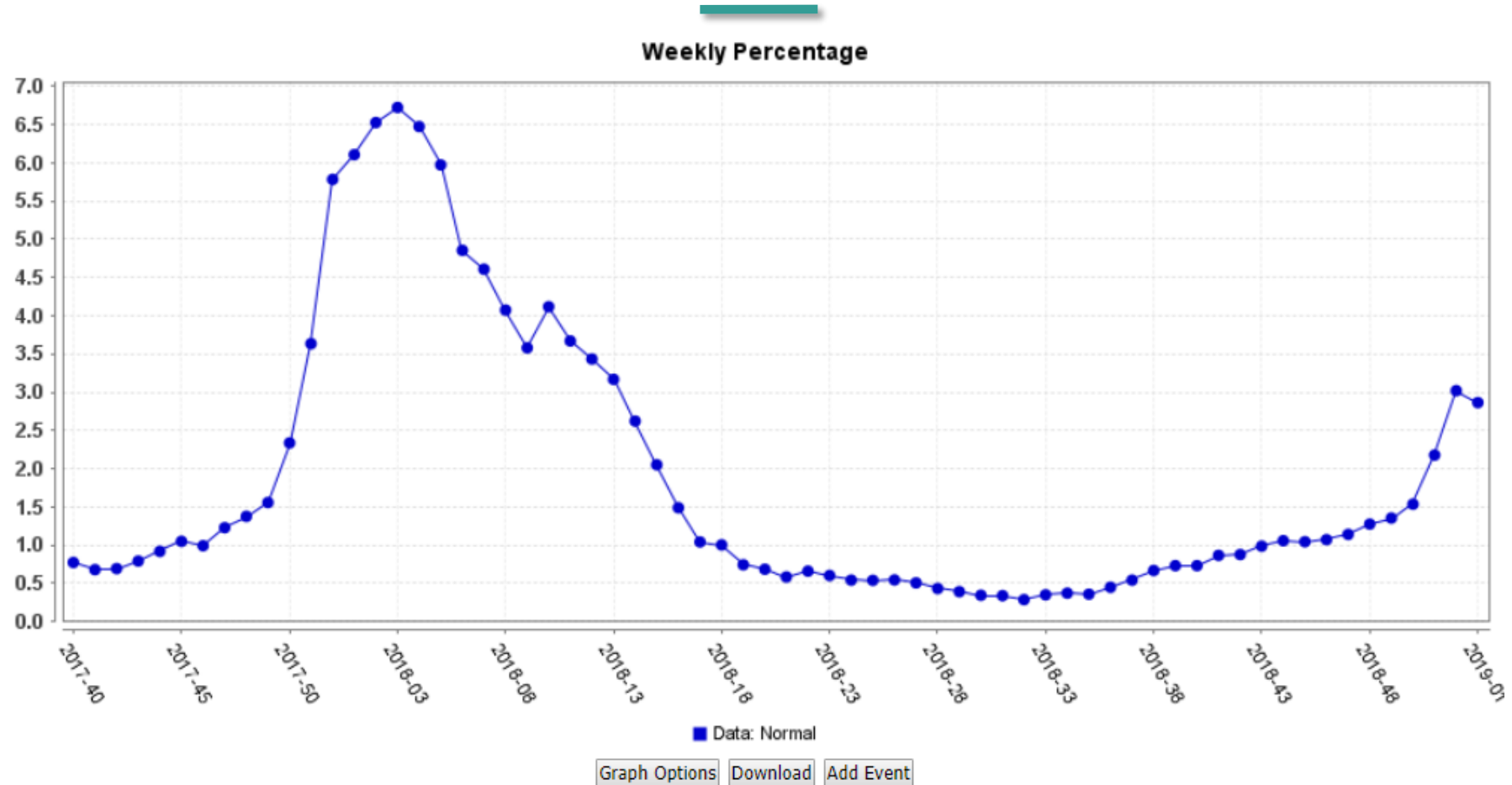
- If you would like to view a depiction of your query's numerator and denominator, click the Explain Qry button

# ILI Surveillance – Facility Type and Patient Class

The screenshot displays the 'Query Wizard' interface. At the top, there are several dropdown menus: 'Datasource' set to 'Facility Location (Full Details)', 'Time Resolution' set to 'Weekly', 'Detector' set to 'No Detection', 'As Percent Query' set to 'CC and DD Category Fr', 'Start Date' set to '40' and '2017', and 'End Date' set to '1' and '2019'. Below these are three main panels: 'Available Query Fields' on the left, 'CC and DD Category' in the center, and 'Selected Query Fields' on the right. The 'Available Query Fields' panel lists various categories like Age Range, Sex, Race, Ethnicity, Patient Class, etc. The 'CC and DD Category' panel shows a list of categories with 'ILI CCDD v1' selected. The 'Selected Query Fields' panel lists 'Geography System' (Hospital State), 'Hospital State' (Washington), 'Medical Grouping System' (ESSENCESyndromes), 'CC and DD Category' (ILI CCDD v1), 'Facility Type' (Emergency Care, Inpatient practice setting), and 'Has Been Emergency' (Yes). At the bottom, there is a navigation bar with buttons for 'Table Builder', 'Time Series' (highlighted with a red box), 'Data Details', 'Graph Builder', 'Overview', 'Adv Qry', 'Explain Qry', and 'Reset'. A 'MyFilter:' field and a 'Create' button are also visible at the bottom right.

● When your query is complete, click Time Series

# ILI Surveillance – Time Series Graph



- You have a graph! It looks pretty great!
- Now let's compare this respiratory season to last year

# ILI Surveillance – Data Series Options

Configuration Options

Data Series Options

Data Series Options	
Within Graph Stratification:	<input type="text"/>
Across Graphs Stratification:	<input type="text"/>
Graph Options:	<input type="radio"/> Single Graph <input checked="" type="radio"/> Multiple Graphs (Small) <input type="radio"/> Multiple Graphs (Large) <input type="radio"/> Micro Graphs
Remove Zero Series: <a href="#">Help</a>	<input checked="" type="checkbox"/>
Graph Start Week:	<input type="text" value="1"/>

Graph

Weekly Percentage

Week	Percentage
1	2.5
2	3.5
3	5.8
4	6.1
5	6.5
6	6.7
7	6.5
8	6.0
9	4.8
10	4.5

- Start by opening up the “Data Series Options” drop down

# ILI Surveillance – Selecting Your Stratifications

Configuration Options  
Data Series Options

**Data Series Options**

Within Graph Stratification:	Year	←
Across Graphs Stratification:		
Graph Options:	<input checked="" type="radio"/> Single Graph <input type="radio"/> Multiple Graphs (Large)	<input type="radio"/> Multiple Graphs (Small) <input type="radio"/> Micro Graphs
Remove Zero Series: <a href="#">Help</a>	<input checked="" type="checkbox"/>	
Graph Start Week:	30	←
		Update ←

Graph

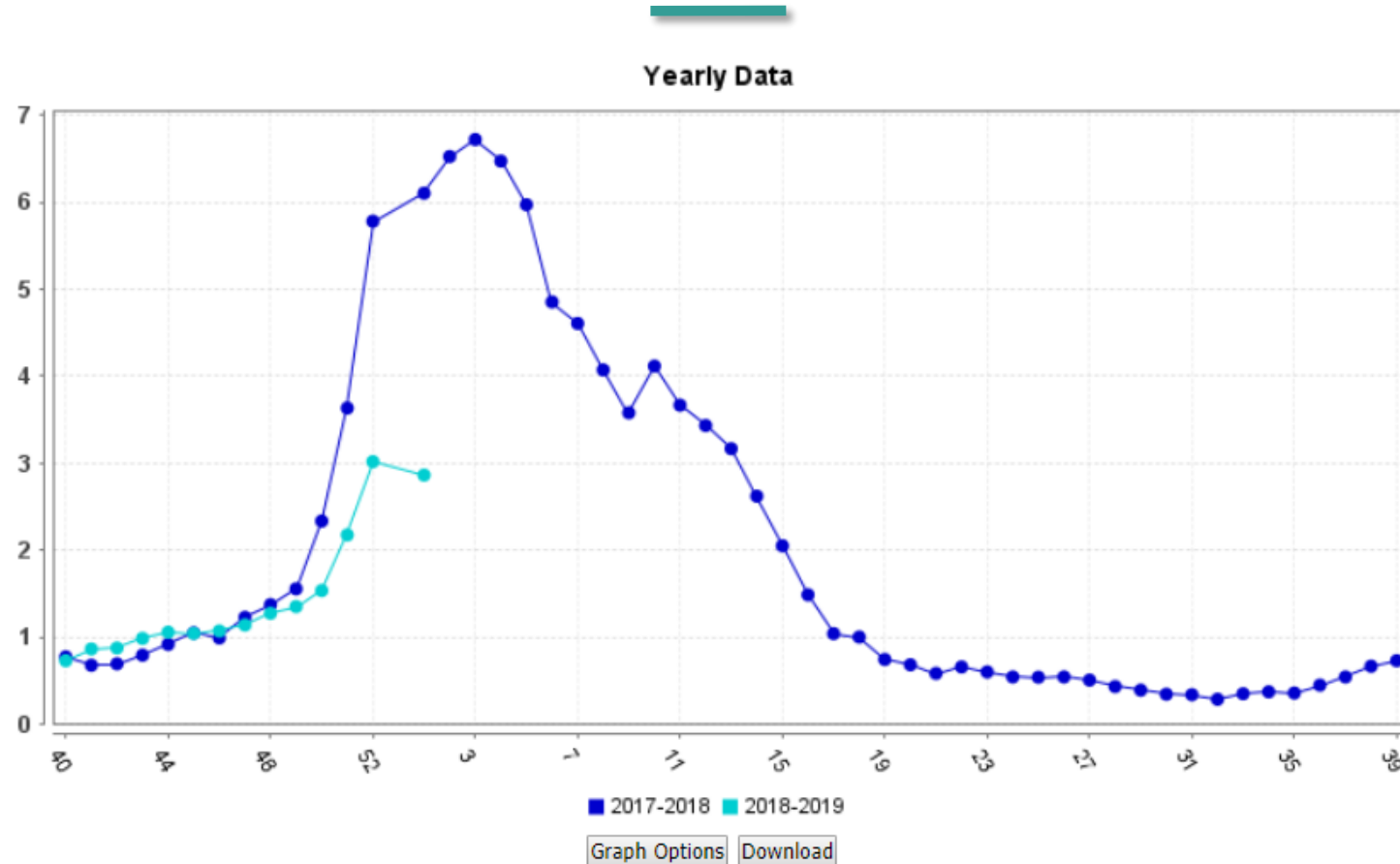
**Weekly Percentage**

Week	Weekly Percentage
1	3.5
2	5.7
3	6.1
4	6.5
5	6.7
6	6.5
7	6.0
8	4.8
9	4.5

- Select “Year” from the bottom of the “Within Graph Stratification” dropdown
- Select 30 (or your week of choice) from the “Graph Start Week” dropdown
- Click update



# ILI Surveillance – Year-Over-Year Stratification



- Edit your title and axes using the “Graph Options” button
- Download your graph using the “Download” button (I don’t recommend choosing to zoom in)

Contact us!



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