

# Influenza Surveillance Report

[www.infectiousdisease.dhh.la.gov](http://www.infectiousdisease.dhh.la.gov)

Week 8: 2/17/19 - 2/23/19

**Influenza activity remains elevated in Louisiana. Outbreaks continue to be reported from schools and long-term care facilities. More than 25% of influenza tests reported by clinical labs are positive. Due to the increase in activity the last few weeks, Influenza A/H3 is now the dominant virus subtyped at the state public health laboratory. Rhino/Enteroviruses and Coronaviruses represent the majority of non-influenza viruses reported.**

**The Influenza Surveillance Summary Report describes the results of the tracking done by the Louisiana Office of Public Health Infectious Disease Epidemiology Section (IDEpi). This report relies on data supplied by sentinel surveillance sites, including hospital emergency departments (ED), laboratories and physicians' offices. Sentinel sites provide weekly data on Influenza Like Illness (ILI) and/or laboratory confirmed cases.**

Taken together, ILI surveillance and laboratory surveillance provide a clear picture of the influenza activity occurring in Louisiana each week. If you have any questions about our surveillance system or would like more information, please contact Julie Hand at 504-568-8298 or [julie.hand@la.gov](mailto:julie.hand@la.gov).

**ILI** is defined as an illness characterized by cough and/or cold symptoms and a fever of 100° F or greater in the absence of a known cause. While not every case of ILI is a case of influenza, the CDC has found that trends in ILI from sentinel sites are a good proxy measure of the amount of influenza activity in an area. For this reason, all states and territories participating in the national surveillance program monitor weekly ILI ratios from their sentinel surveillance sites.

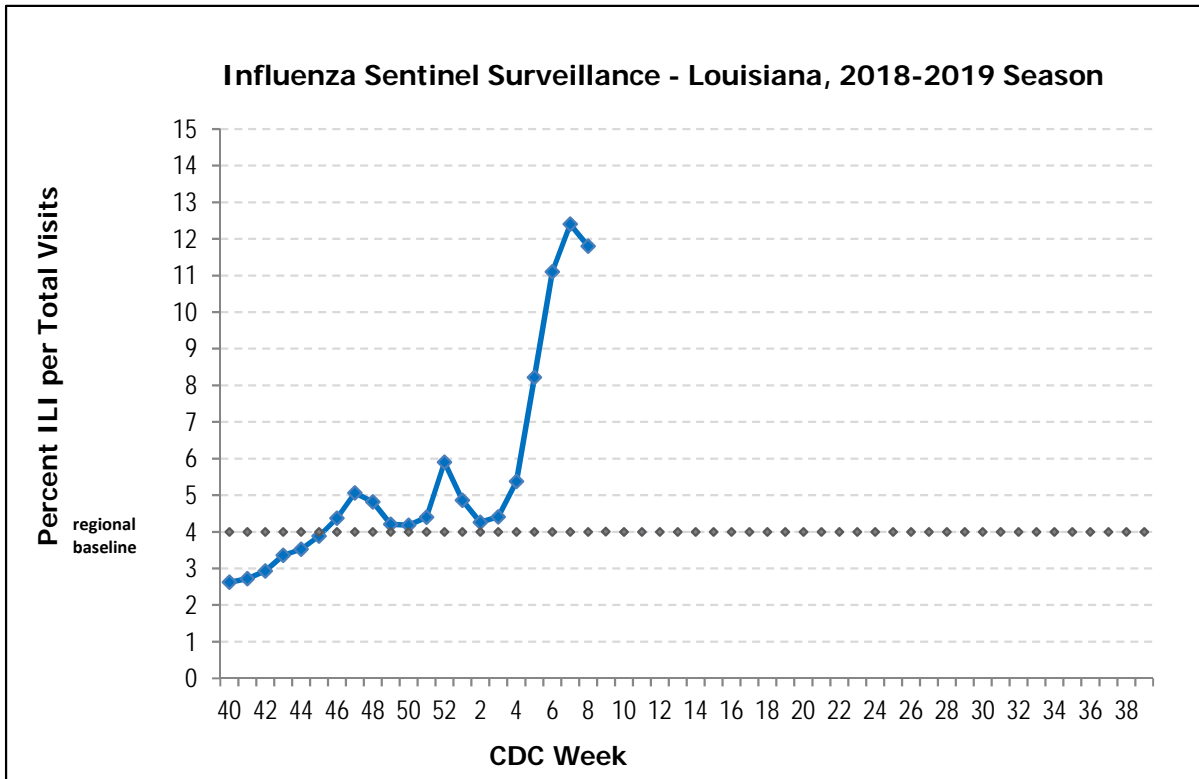


**Laboratory testing:** Not all sentinel sites have access to laboratory testing. However, many hospitals and physicians' offices do perform some influenza testing. Sites that test for influenza report the number of positive tests each week and the total number of tests performed each week. This information is included on page 3 of this report.

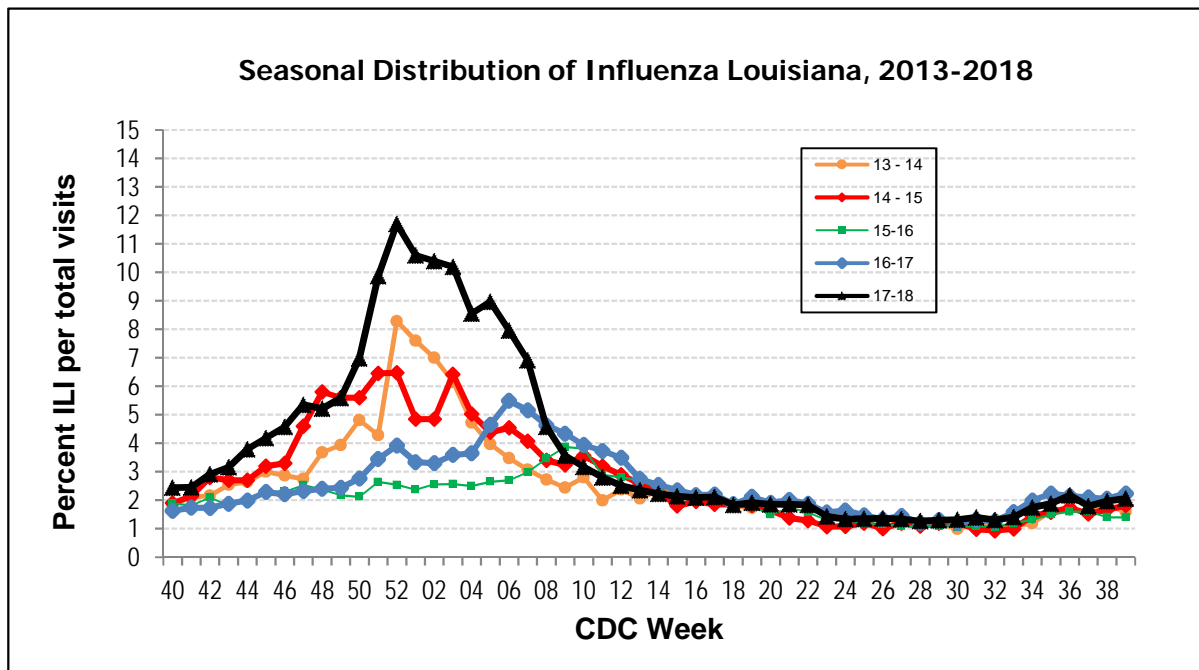
Page 2 : ILI Activity  
Page 3: Virologic Surveillance  
Page 4: Geographic Distribution  
Page 5 & 6: Regional & National Data

## 2018-2019 Season

This graph shows the percentage of visits for ILI over the total number of visits for sentinel surveillance sites. This is the best approach to estimate the magnitude of influenza transmission. ILI counts do include some viral infections other than influenza, but experience over the last 50 years has shown that this approach is a reliable method to estimate influenza transmission. It does not show which strain of influenza virus is responsible. The page on lab surveillance does show the proportion of specimens attributable to each virus strain.

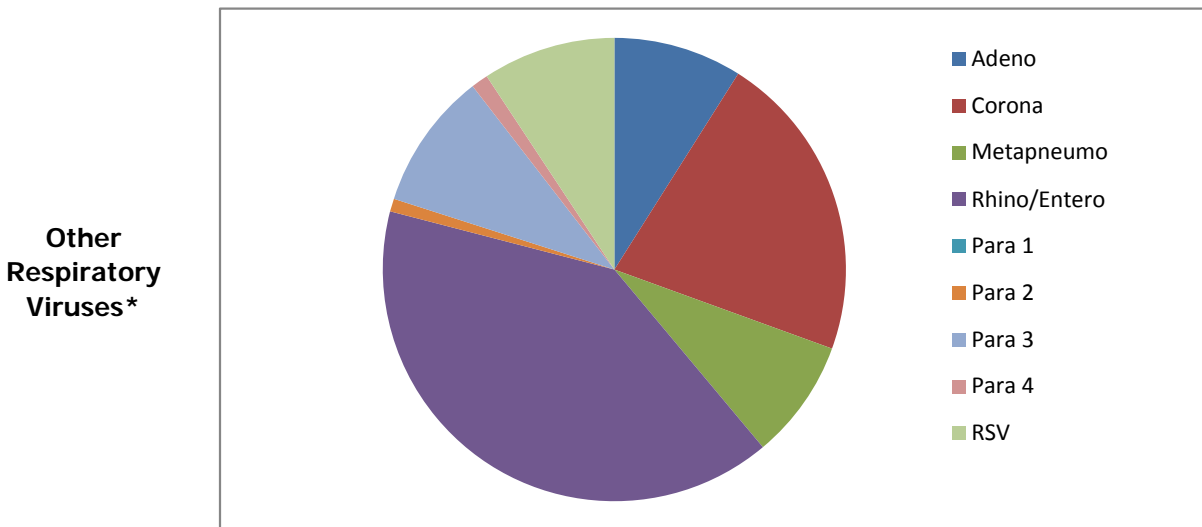
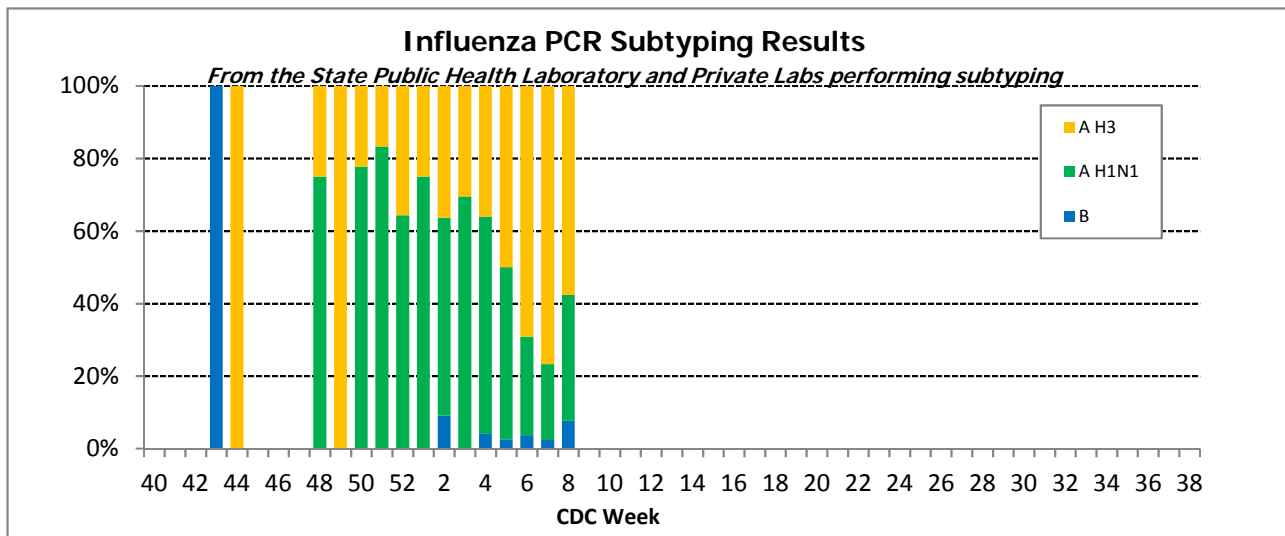
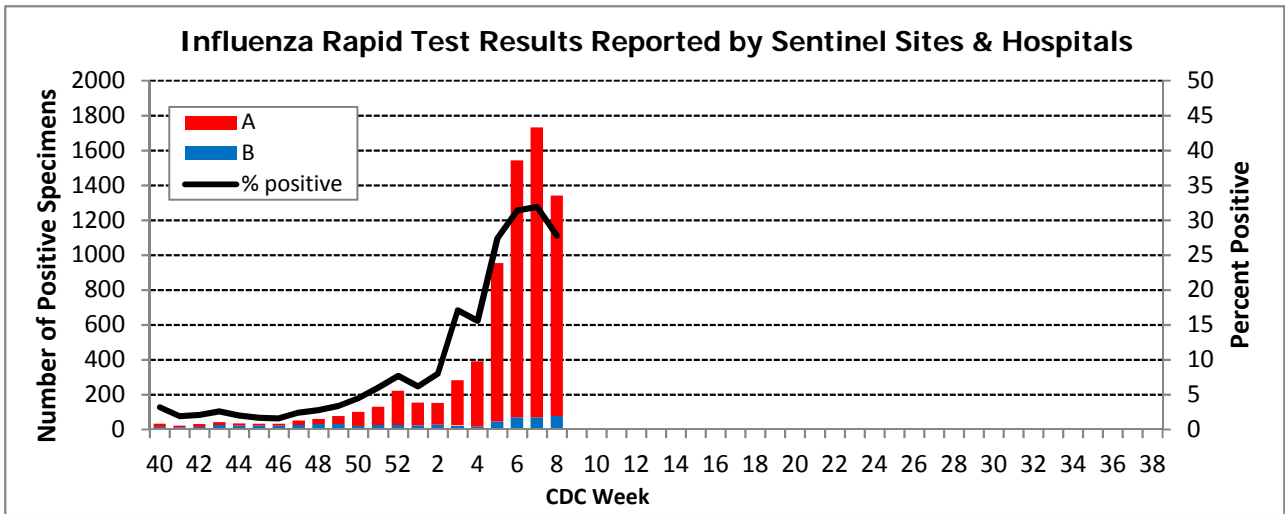


This graph shows the data on ILI surveillance among sentinel physicians' over the past 5 seasons to enable comparisons with previous years and better estimate the amplitude of this season's influenza transmission.



# 2018-2019 Season

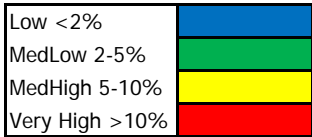
## Virologic Surveillance



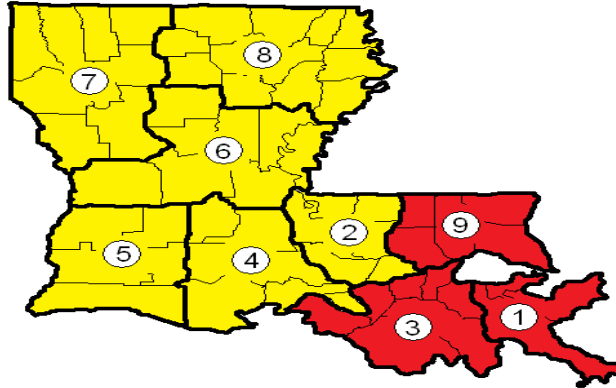
\*Based on results from the State Public Health Laboratory Respiratory Virus Panel (RVP) Testing and other labs reporting RVP results over the last 2 weeks.

## 2018-2019 Season

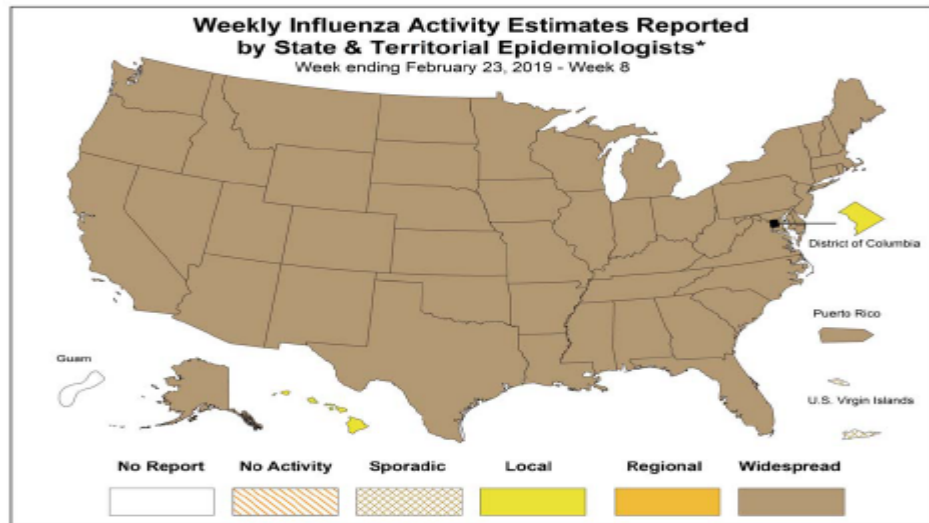
### Geographical Distribution of ILI\*



\* %ILI over the last 2 weeks based on sentinel surveillance data



### Geographic Spread of Influenza as Assessed by State and Territorial Epidemiologists



Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet  
2018-19 Influenza Season Week 8 ending Feb 23, 2019

### ILINet Activity Indicator Map



## 2018-2019 Season

### National Surveillance

Influenza activity remains elevated in the United States.

The proportion of outpatient visits for influenza-like illness (ILI) remained at 5.0%, which is above the national baseline of 2.2%.

The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold.

Fifteen influenza-associated pediatric deaths were reported to CDC during week 8.

### Clinical Laboratory Data

	Week 8	Data Cumulative since September 30, 2018 (week 40)
No. of specimens tested	39,107	688,818
No. of positive specimens (%)	10,316 (26.4%)	93,220 (13.5%)
<i>Positive specimens by type</i>		
Influenza A	10,027 (97.2%)	89,678 (96.2%)
Influenza B	289 (2.8%)	3,544 (3.8%)

### Public Health Laboratory Data

	Week 8	Data Cumulative since September 30, 2018 (week 40)
No. of specimens tested	1,915	44,359
No. of positive specimens*	1,151	20,866
<i>Positive specimens by type/subtype</i>		
Influenza A	1,128 (98.0%)	20,371 (97.6%)
(H1N1)pdm09	494 (45.9%)	14,101 (72.8%)
H3N2	583 (54.1%)	5,272 (27.2%)
Subtyping not performed	51	998
Influenza B	23 (2.0%)	495 (2.4%)
Yamagata lineage	7 (50.0%)	192 (54.5%)
Victoria lineage	7 (50.0%)	160 (45.5%)
Lineage not performed	9	143

### HHS Surveillance Region Data:

*U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet)  
2018-2019 Influenza Season  
HHS Region 6 (AR, LA, NM, OK, and TX) (Baseline: 4.0%)  
Data as of Friday, March 1, 2019*

CDC Week	# Sites Reporting	ILI 0-4 years	ILI 5-24 years	ILI 25-49 years	ILI 50-64 years	ILI 65 years and older	Total ILI	Total Patient Visits	% Unweighted ILI	% Weighted ILI
201905	290	1759	4010	1817	694	338	8616	116400	7.4	8.1
201906	293	2366	5571	2337	816	421	11511	120778	9.5	9.7
201907	289	2637	5810	2612	873	477	12409	119749	10.4	10.0
201908	278	2374	5192	2510	872	520	11468	114932	10.0	9.4

#### Region 6 (AR, LA, NM, OK, TX)

CDC Week	Public Health Labs	Public Health Specimens Tested	AUNK	AH1N1 pdm09	AH3N2	AH3N2v	B	Bvic	BYam	Clinical Labs	Clinical Specimens Tested	Clinical Flu Positive	% Positive	A	B
201905	8	306	0	84	61	0	4	2	1	23	7240	2211	30.54	2130	81
201906	9	410	0	67	122	0	4	0	0	24	9507	3164	33.28	3052	112
201907	10	363	0	46	130	0	2	2	0	22	6096	1972	32.35	1912	60
201908	8	222	1	28	87	0	5	1	0	21	5567	1627	29.23	1577	50

## 2018-2019 Season

### Antiviral Resistance:

Type/Subtype or Lineage	Inhibition of Neuraminidase Activity by Antiviral Drug								
	Oseltamivir			Peramivir			Zanamivir		
	Virus Tested (n)	Reduced, Number (%)	Highly Reduced, Number (%)	Virus Tested (n)	Reduced, Number (%)	Highly Reduced, Number (%)	Virus Tested (n)	Reduced, Number (%)	Highly Reduced, Number (%)
Total Viruses	1,242	2 (0.2%)	2 (0.2%)	1,242	0 (0%)	2 (0.2%)	1,242	0 (0%)	0 (0%)
A(H1N1)pdm09	684	2 (0.3%)	2 (0.3%)	684	0 (0%)	2 (0.3%)	684	0 (0%)	0 (0%)
A(H3N2)	418	0 (0%)	0 (0%)	418	0 (0%)	0 (0%)	418	0 (0%)	0 (0%)
B/Victoria	54	0 (0%)	0 (0%)	54	0 (0%)	0 (0%)	54	0 (0%)	0 (0%)
B/Yamagata	86	0 (0%)	0 (0%)	86	0 (0%)	0 (0%)	86	0 (0%)	0 (0%)

### Antigenic & Genetic Characterization:

CDC has antigenically or genetically characterized 1,258 influenza viruses collected September 30, 2018 – February 23, 2019, and submitted by U.S. laboratories, including 690 influenza A(H1N1)pdm09 viruses, 425 influenza A(H3N2) viruses, and 143 influenza B viruses.

#### Influenza A Viruses

- A (H1N1)pdm09:** Phylogenetic analysis of the HA genes from 690 A(H1N1)pdm09 viruses showed that all belonged to clade 6B.1. Two hundred sixty four A(H1N1)pdm09 viruses were antigenically characterized, and 260 (98.5%) were antigenically similar (analyzed using HI with ferret antisera) to A/Michigan/45/2015 (6B.1), a cell-propagated A/Michigan/45/2015-like reference virus representing the A(H1N1)pdm09 component for the 2018-19 Northern Hemisphere influenza vaccines.
- A (H3N2):** Phylogenetic analysis of the HA genes from 425 A(H3N2) viruses revealed extensive genetic diversity with multiple clades/subclades co-circulating. The HA genes of circulating viruses belonged to clade 3C.2a (n=64), subclade 3C.2a1 (n=126) or clade 3C.3a (n=235). Two hundred and nine A(H3N2) viruses were antigenically characterized by FRA with ferret antisera, and 132 (63.2%) A(H3N2) viruses tested were well-inhibited (reacting at titers that were within 4-fold of the homologous virus titer) by ferret antisera raised against A/Singapore/INFIMH-16-0019/2016 (3C.2a1), a cell-propagated reference virus representing the A(H3N2) component of 2018-19 Northern Hemisphere influenza vaccines. Seventy-seven (36.8%) viruses reacted poorly (at titers that were 8-fold or greater reduced compared with that of the homologous virus A/Singapore/INFIMH-16-0019/2016) and of those, 76 (98.7%) belonged to clade 3C.3a.

#### Influenza B Viruses

- B/Victoria:** Phylogenetic analysis of 57 B/Victoria-lineage viruses indicate that all HA genes belonged to genetic clade V1A, however genetic subclades which are antigenically distinct have emerged. Genetic subclades which are antigenically distinct include viruses with a two amino acid deletion (162-163) in the HA protein (V1A.1, previously abbreviated as V1A-2Del) and viruses with a three amino acid deletion (162-164) in the HA protein (abbreviated as V1A-3Del). Forty B/Victoria lineage viruses were antigenically characterized and 33 (82.5%) were antigenically similar with ferret antisera raised against cell-propagated B/Colorado/06/2017-like V1A.1 reference virus. Seven (17.5%) reacted poorly (at titers that were 8-fold or greater reduced compared with the homologous virus titer) and belonged to clade V1A.
- B/Yamagata:** Phylogenetic analysis of 86 influenza B/Yamagata-lineage viruses indicate that the HA genes belonged to clade Y3. A total of 75 influenza B/Yamagata-lineage viruses were antigenically characterized, and all were antigenically similar to cell-propagated B/Phuket/3073/2013 (Y3), the reference vaccine virus representing the influenza B/Yamagata-lineage component of the 2018-19 Northern Hemisphere quadrivalent vaccines.