# West Virginia Weekly Influenza Surveillance Report

Prepared by the WV Bureau for Public Health's Division of Infectious Disease Epidemiology (DIDE)

Distributed October 29, 2021

Week Ending October 23, 2021 | MMWR Week 42

## **Announcements & Resources**

The Center for Disease Control and Prevention (CDC) recommends influenza vaccination for all persons aged ≥6 months without contraindications. The seasonal flu shot can be co-administered with the COVID-19 vaccine.

#### View the CDC's current recommendations:

- Influenza (ACIP) Vaccine Recommendations
- Resources for Health Professionals
- Frequently Asked Influenza (Flu) Questions
- <u>Testing Guidance for Clinicians When SC2 and Influenza</u>
   <u>Viruses are Co-Circulating</u>
- <u>Testing and Management Considerations for Nursing Home</u>
   <u>Residents with ARI when SC2 and Influenza are Co-Circulating</u>

#### Other influenza resources:

- West Virginia Immunization Network's Influenza Toolkit
- National Adult and Influenza Immunization Summit's Influenza Workgroup
- Immunization Action Coalition's Influenza Vaccine Page

Questions? Interest in the ILINet sentinel network? Need to report influenza surveillance? Please contact Lindsey.J.Mason@wv.gov.

# **West Virginia Influenza Activity**

Reporting of geographic influenza activity (e.g. "local", "widespread") has been suspended by the CDC in early 2021 due to the COVID-19 pandemic.

Surveillance Summary: True influenza activity remains low.

Reportable Influenza – Season to Date in West Virginia

- Positive laboratory tests: 10 (see page 4)
- Influenza outbreaks: 0 (see page 5)
- Novel influenza: 0
- Pediatric mortality: 0

More information on national and state respiratory disease surveillance:

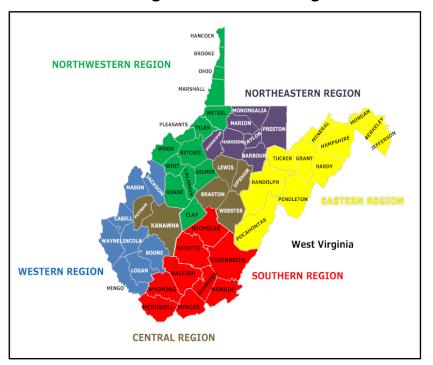
- Overview of Influenza Surveillance System in the U.S.
- Weekly U.S. Influenza Surveillance Report (FluView)
- Weekly U.S. COVID-19 Surveillance Report (COVIDView)
- West Virginia COVID-19 Surveillance Dashboard
- The National Respiratory and Enteric Virus Surveillance System (NREVSS)

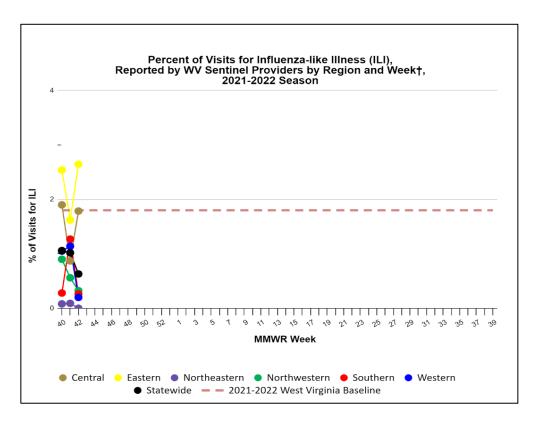


# **Sentinel Provider Surveillance**

# Week Ending October 23, 2021

### **West Virginia Surveillance Regions**





	WV Surveillance Region <sup>†</sup>						
	State	С	E	NE	NW	S	w
% of visits for ILI	0.63%	1.79%	2.65%	0.00%	0.32%	0.26%	0.20%
# of total visits	10898	672	1474	1274	1550	1910	4018
# of reporting providers	28	3	5	2	7	6	5

### Statewide percent of visits for ILI was below the state baseline of 1.8%.\*

<sup>†</sup>Due to reporting delays, sentinel provider data is provisional and subject to change. Weekly ILINet data is reported directly to the CDC by 12pm the following Tuesday, so it's possible some ILINet reports may be excluded if they were not reported by the deadline.

\*The WV state baseline and the Health & Human Services regional baselines used by the CDC are calculated the same. It is the average percent of patient visits for ILI during non-influenza weeks for the previous three seasons plus two standard deviations.

### **National Surveillance**

This week, the national percent of visits for ILI was 1.8%. This is **below** the national baseline of 2.5%. For more information and data, check out the <u>Weekly U.S. Influenza</u> Surveillance Report.

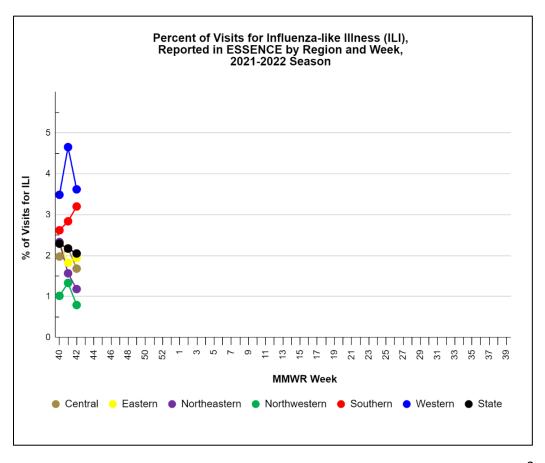
## **Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)**

Most hospitals in the State report ILI in the ESSENCE surveillance system, which pulls data by ICD-10 and chief complaints. Like the sentinel provider data on page 2, this data can show the duration and severity of the current influenza season.

This week, the statewide percent of visits for ILI reported in ESSENCE was 2.05%, which is **below** the average ESSENCE baseline of 2.4%.

For more information on ESSENCE, contact <a href="mailto:Jessica.L.Hoffman@wv.gov">Jessica.L.Hoffman@wv.gov</a>.

Region	% Visits for ILI		
Central	1.68%		
Eastern	1.94%		
Northeast	1.18%		
Northwest	0.79%		
Southern	3.20%		
Western	3.62%		
Statewide	2.05%		



### **Influenza Laboratory Reporting**

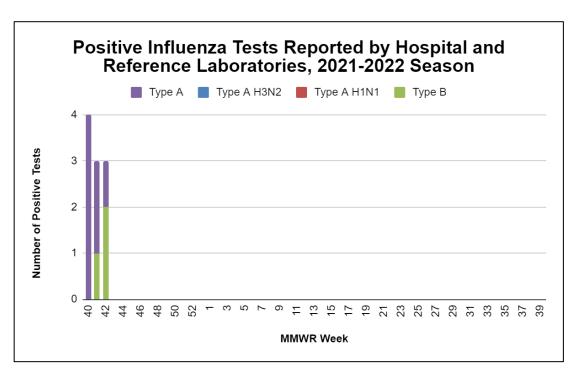
Per WV Code 16-3-1; 64CSR7, hospital and reference laboratories must report counts of positive influenza laboratory tests (PCR, viral culture, and IFA/DFA). This week, **three** positive influenza tests were reported in the state. The number of influenza tests ran and reported this week was 2,956\*, which is above the pre-pandemic average of 2,300 per week.

Reporting has transitioned to an online report mechanism via Google Forms. Please contact <u>Margret.A.Watkins@wv.gov</u> if your hospital or reference laboratory needs more information on how to report.

If your laboratory cannot reporting electronically, you may complete and submit the old paper <u>Influenza laboratory</u> <u>Reporting Form</u> which can be found on the Office of Epidemiology and Prevention Services (OEPS) website's <u>Flu Page</u>.

Pagion	Number of Positive Influenza Tests, by Type and Subtype*						
Region	A	A H3N2	A H1N1	В	% Positive		
С	0	0	0	0	0%		
Е	0	0	0	1	0.31%		
NE	0	0	0	0	0%		
NW	1	0	0	1	0.34%		
S	0	0	0	0	0%		
W	0	0	0	0	0%		
State	1	0	0	2	0.10%		

<sup>\*</sup>Due to possible delays in laboratory reporting, weekly data is provisional and subject to change.



# **Respiratory Outbreaks**

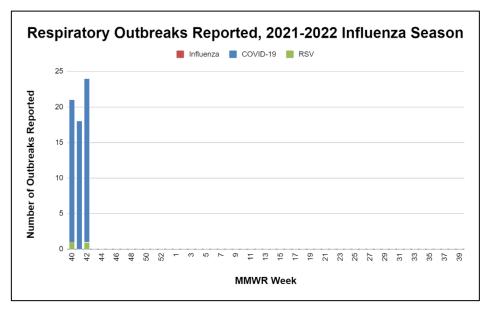
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### **Outbreak Reporting**

Per WV Code 16-3-1; 64CSR7, clusters and outbreaks of any illness and condition in any setting must be reported **immediately** to the Local Health Department (LHD).

Guidelines for common respiratory outbreaks can be found on the OEPS <u>Outbreak Toolkit</u> webpage. Contact <u>Traci.D.Hudson@wv.gov</u> for more information on outbreaks in West Virginia.

	Number of Outbreaks*							
Region	Influenza		covi	D-19 <sup>§</sup>	RSV			
	Report Week	Season to Date	Report Week	Season to Date	Report Week	Season to Date		
С	0	0	4	14	0	0		
Е	0	0	2	6	0	0		
NE	0	0	4	12	1	2		
NW	0	0	4	10	0	0		
S	0	0	6	10	0	0		
W	0	0	3	9	0	0		
State	0	0	23	61	1	2		



<sup>\*</sup>This data is provisional and subject to change based on timeliness of reporting and/or further laboratory results available for diagnosis.

<sup>&</sup>lt;sup>5</sup>Updates to current COVID-19 outbreak definitions, as well as the state reporting processes, may be a factor in the fluctuation of COVID-19 outbreaks.