West Virginia Weekly Influenza Surveillance Report

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

Distributed November 12, 2021

Week Ending November 6, 2021 MMWR Week 44

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 Viruses</u> are Co-Circulating
- <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 <u>Influenza Toolkit</u>
- National Adult and Influenza Immunization Summit Influenza Workgroup
- Immunization Action Coalition Influenza Vaccine Page

West Virginia Influenza Activity

Surveillance Summary: True influenza activity remains minimal.

Reportable Influenza – Season to Date in West Virginia

- Positive laboratory tests: 14* (see page 5)
- Influenza outbreaks: 0 (see page 6)
- 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)

Questions about Influenza Surveillance? Need to report? Interested in becoming part of the ILINet sentinel network? Please contact <u>Lindsey.J.Mason@wv.gov</u>.

^{*}The number of positive laboratory tests, season to date, decreased from 21 during MMWR week 43 to 14 during MMWR week 44 due to a redaction of a reporting laboratory.

Sentinel Provider Surveillance

Week Ending November 6, 2021

West Virginia Surveillance Regions

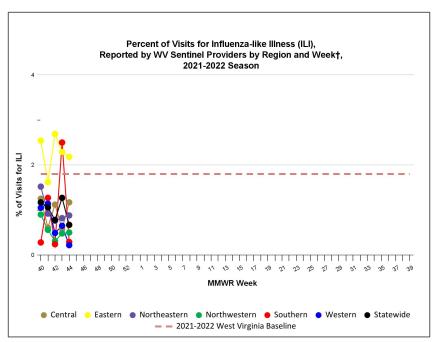


National Surveillance

This week, the national percent of visits for Influenza-Like Illness (ILI) was 2.1%, which is below the national baseline of 2.5%.

For more information and data, check out the Weekly U.S. Influenza Surveillance Report.

	WV Surveillance Region						
	State	С	E	NE	NW	s	w
% of visits for ILI [†]	0.67%	1.17%	2.18%	0.88%	0.50%	0.29%	0.22%
# of total visits [†]	11312	683	1602	1131	1598	1710	4588
# of reporting providers†	28	3	5	3	7	5	5

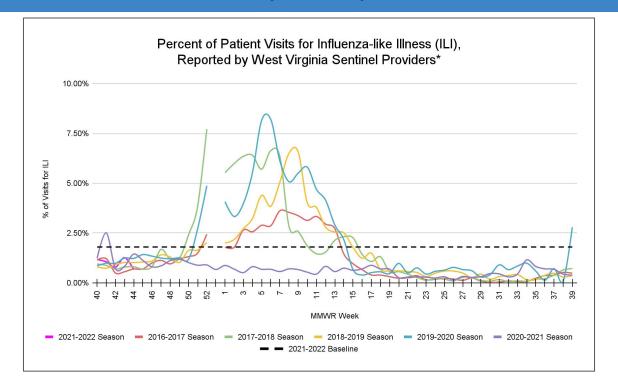


Statewide percent of visits for ILI was below the state baseline of 1.8%.*

[†]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.

Sentinel Provider Surveillance (Cont'd) Week Ending November 6, 2021



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Syndromic Surveillance

Week Ending November 6, 2021

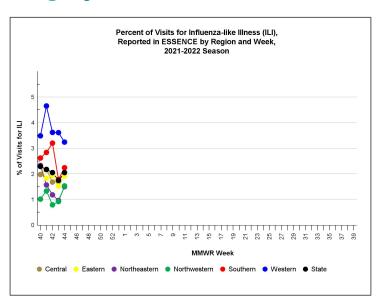
Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)

Most hospitals 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 <u>Jessica.L.Hoffman@wv.gov</u>.

Region	% Visits for ILI			
Central	2.05			
Eastern	1.92			
Northeast	1.50			
Northwest	1.53			
Southern	2.24			
Western	3.24			
Statewide	2.05			



Laboratory Surveillance

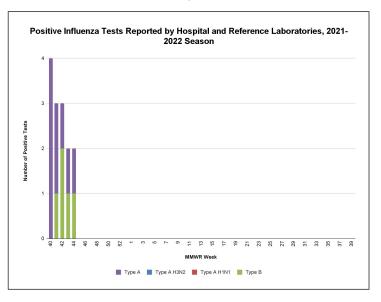
Week Ending November 6, 2021

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, **two** positive influenza tests were reported across West Virginia. The number of influenza tests ran and reported this week was 3428*, 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 Margret.A.Watkins@wv.gov 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 Reporting Form</u> which can be found on the Office of Epidemiology and Prevention Services (OEPS) website's <u>Flu Page</u>.

	Number of Positive Influenza Tests, by Type and Subtype*						
Region	A	A H3N2	A H1N1	В	% Positive		
С	0	0	0	0	0%		
E	0	0	0	0	0%		
NE	0	0	0	0	0%		
NW	1	0	0	0	0.13%		
s	0	0	0	1	0.38%		
w	0	0	0	0	0%		
State	1	0	0	1	0.06%		



^{*}Due to possible delays in laboratory reporting, weekly data is provisional and subject to change.

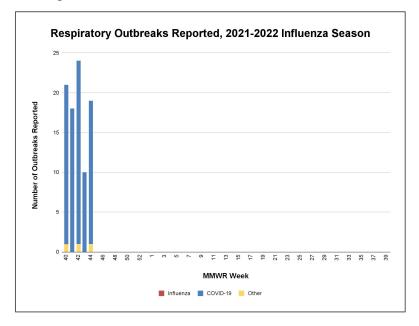
Outbreak Surveillance

Week Ending November 6, 2021

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.qov</u> for more information on outbreaks in West Virginia.

	Number of Outbreaks*						
	Influenza		COVID-19 [§]		Other Respiratory		
Region	Report Week	Season to Date	Report Week	Season to Date	Report Week	Season to Date	
С	0	0	4	18	0	0	
E	0	0	2	9	0	0	
NE	0	0	2	17	0	2	
NW	0	0	5	16	1	1	
s	0	0	2	14	0	0	
w	0	0	3	15	0	0	
State	0	0	18	89	1	3	



^{*}This data is provisional and subject to change based on timeliness of reporting.

[§]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.