

Influenza Surveillance Report

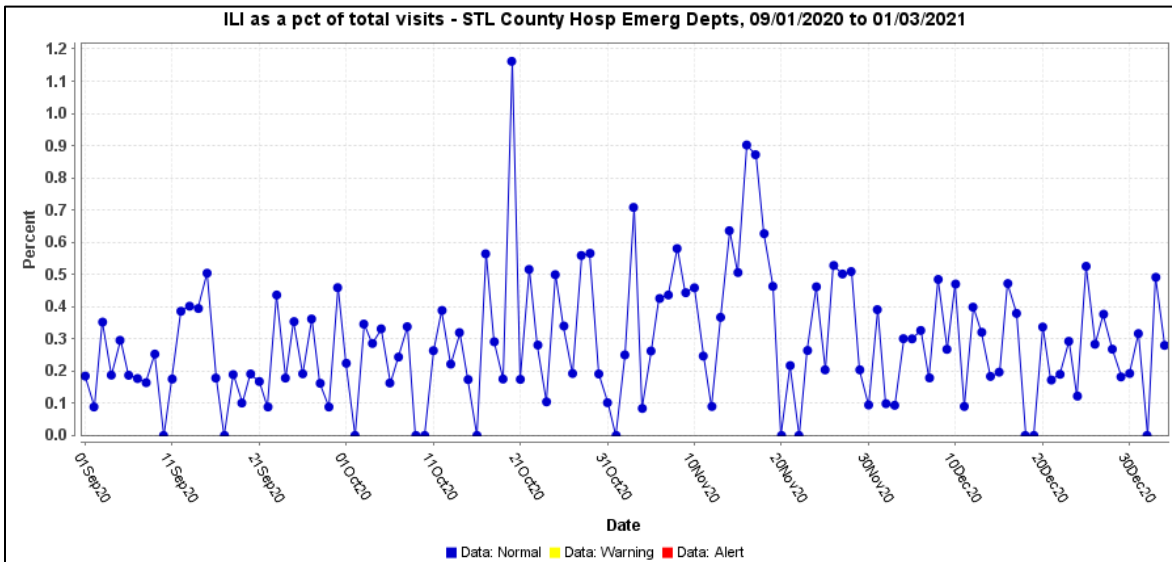
Saint Louis County Department of Public Health
Week Ending 01/03/2020 – Week 53



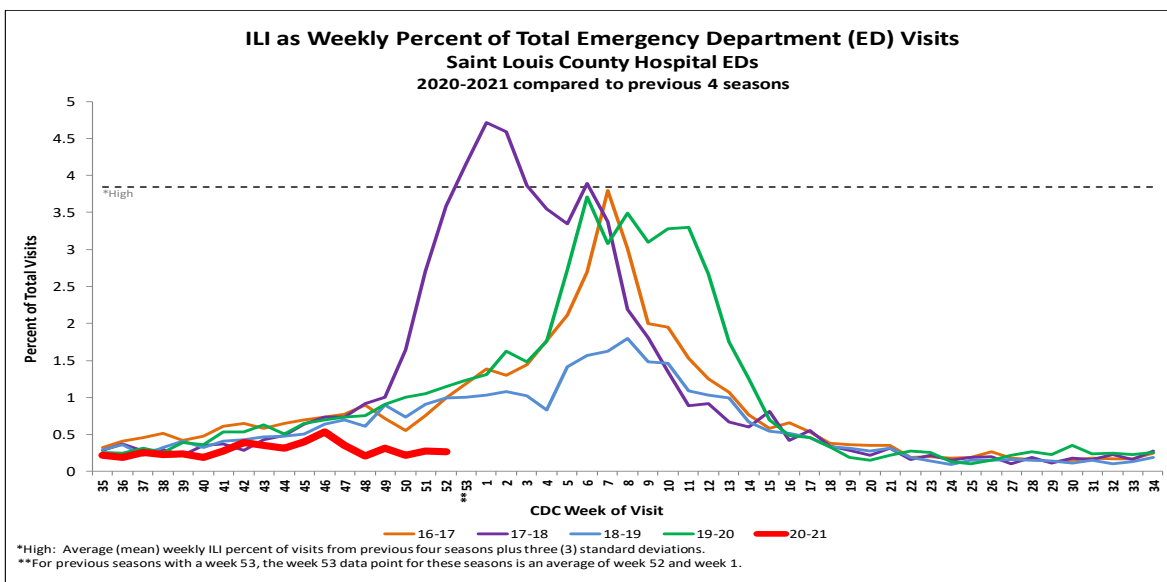
Influenza Surveillance

The Saint Louis County Department of Public Health (DPH) conducts influenza surveillance using three methods – *passive surveillance*, *active surveillance*, and *syndromic surveillance*. Each surveillance method contributes unique information, allowing DPH to gain a fuller picture of influenza activity in Saint Louis County. Although influenza illness occurs year-round, DPH’s seasonal influenza reporting begins in week 40 of one year (e.g., 2020) and continues through week 20 of the following year (e.g., 2021) in order to capture data throughout a typical “flu season.” For additional information on the three types of influenza surveillance, please see the notes at the end of the report.

Syndromic Surveillance for Influenza-Like-Illness (ILI)



As determined by ESSENCE, ILI accounted for 0.00% to 0.49% of daily visits to Saint Louis County hospital emergency departments (EDs) during the week ending 01/03/2021. The number of visits to local hospital EDs for ILI ranged from 0 to 5 per day during the week ending 01/03/2021.



*High: Average (mean) weekly ILI percent of visits from previous four seasons plus three (3) standard deviations.
**For previous seasons with a week 53, the week 53 data point for these seasons is an average of week 52 and week 1.

ILI as a weekly percentage of all visits in Saint Louis County hospital EDs was 0.16%, compared to an average of 1.23% in 2019 and 1.00% in 2018, for week 53.

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Active Influenza Surveillance

Surveillance sites reported two cases of influenza A and zero cases of influenza B for the week ending 01/03/2021. Influenza A accounted for 100.0% of cases for the week ending 01/03/2021. Overall for the 2020-2021 influenza season, influenza B has accounted for 54.8% of influenza cases.

Influenza by Report Week and Type

Saint Louis County Residents Only

For Cases Reported between 09/28/2020 and 01/03/2021

| Week Ending | Type A | Type B | Unk Type | Total |
|--------------|-----------|-----------|----------|-----------|
| 10/4/2020 | 1 | 3 | 0 | 4 |
| 10/11/2020 | 2 | 1 | 0 | 3 |
| 10/18/2020 | 0 | 0 | 0 | 0 |
| 10/25/2020 | 1 | 1 | 0 | 2 |
| 11/1/2020 | 1 | 1 | 0 | 2 |
| 11/8/2020 | 3 | 7 | 0 | 10 |
| 11/15/2020 | 2 | 1 | 0 | 3 |
| 11/22/2020 | 1 | 2 | 0 | 3 |
| 11/29/2020 | 1 | 0 | 0 | 1 |
| 12/6/2020 | 0 | 1 | 0 | 1 |
| 12/13/2020 | 0 | 0 | 0 | 0 |
| 12/20/2020 | 0 | 1 | 0 | 1 |
| 12/27/2020 | 5 | 5 | 0 | 10 |
| 1/3/2021 | 2 | 0 | 0 | 2 |
| Total | 19 | 23 | 0 | 42 |

Influenza by Age and Type

Saint Louis County Residents Only

For Cases Reported between 09/28/2020 and 01/03/2021

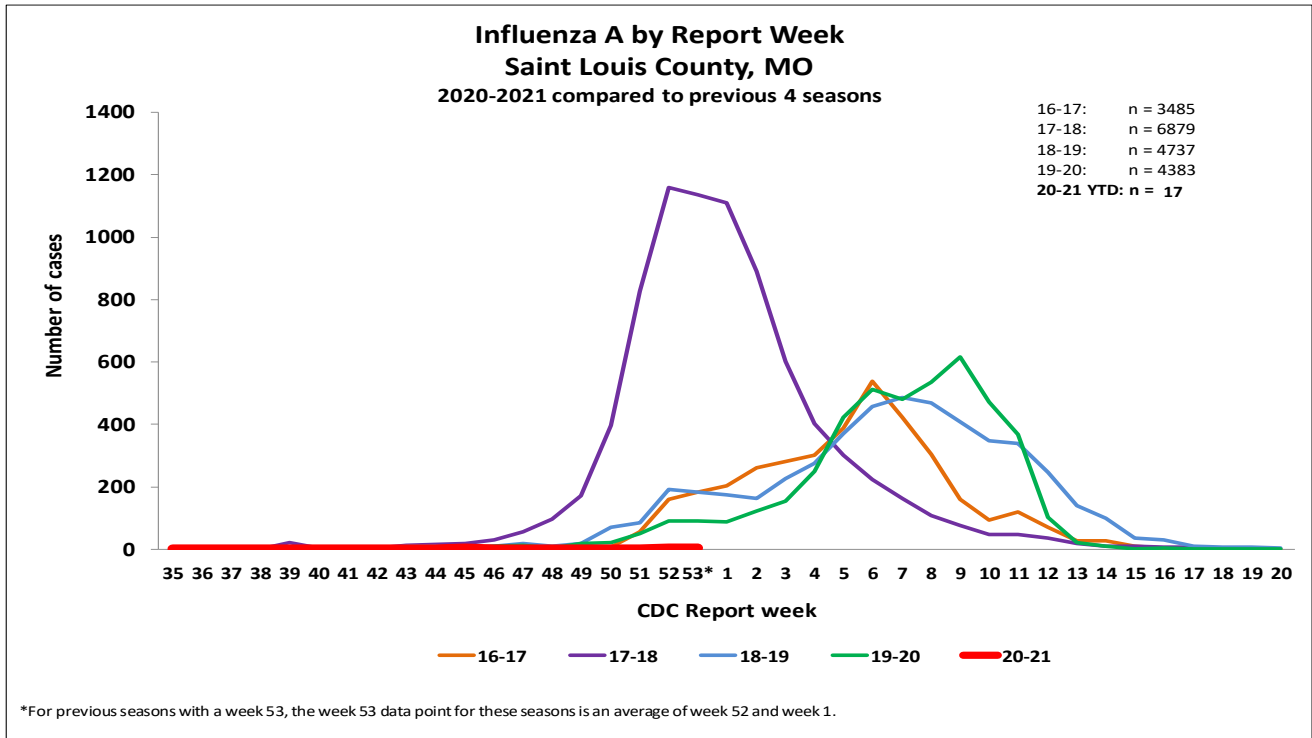
| Age Group | Type A | Type B | Unk Type | Total |
|--------------|----------------|----------------|----------------|-----------------|
| | n (% of total) | n (% of total) | n (% of total) | n (%) |
| 00 to <02 | 1 (2) | 0 (0) | 0 (0) | 1 (2) |
| 02 to 04 | 0 (0) | 0 (0) | 0 (0) | 0 (0) |
| 05 to 14 | 3 (7) | 1 (2) | 0 (0) | 4 (10) |
| 15 to 24 | 3 (7) | 0 (0) | 0 (0) | 3 (7) |
| 25 to 49 | 7 (17) | 11 (26) | 0 (0) | 18 (43) |
| 50 to 64 | 1 (2) | 7 (17) | 0 (0) | 8 (19) |
| 65+ | 4 (10) | 4 (10) | 0 (0) | 8 (19) |
| Total | 19 (45) | 23 (55) | 0 (0) | 42 (100) |

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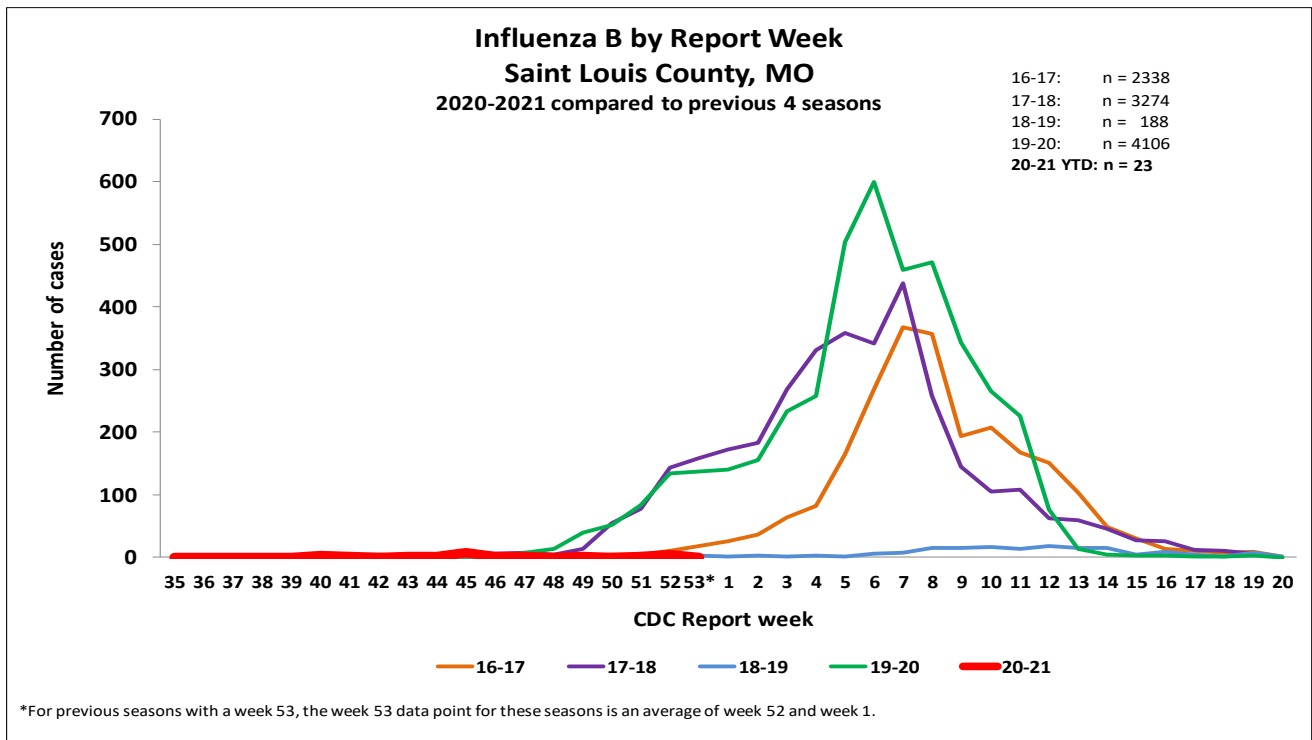
Saint Louis County Department of Public Health, Week Ending 01/03/2021



Influenza A Cases by CDC Report Week, 2020-2021 Compared to the Previous Four Seasons



Influenza B Cases by CDC Report Week, 2020-2021 Compared to the Previous Four Seasons



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Saint Louis County Department of Public Health, Week Ending 01/03/2021



Passive Influenza Surveillance

Two total cases of influenza A and zero total cases of influenza B were reported to DPH during the week ending 01/03/2021. Influenza A accounted for 100.0% of total flu cases reported to DPH for the week ending 01/03/2021. Overall for the 2020-2021 influenza season, influenza B has accounted for 58.7% of total influenza cases.

Influenza by Report Week and Type

Saint Louis County Residents Only

For Cases Reported between 09/28/2020 and 01/03/2021

| Week Ending | Type A | Type B | Unk Type | Total |
|--------------|-----------|-----------|----------|-----------|
| 10/4/2020 | 1 | 3 | 0 | 4 |
| 10/11/2020 | 5 | 1 | 0 | 6 |
| 10/18/2020 | 1 | 1 | 0 | 2 |
| 10/25/2020 | 1 | 1 | 0 | 2 |
| 11/1/2020 | 1 | 3 | 0 | 4 |
| 11/8/2020 | 6 | 10 | 0 | 16 |
| 11/15/2020 | 3 | 4 | 0 | 7 |
| 11/22/2020 | 3 | 4 | 0 | 7 |
| 11/29/2020 | 2 | 1 | 0 | 3 |
| 12/6/2020 | 0 | 2 | 0 | 2 |
| 12/13/2020 | 1 | 3 | 0 | 4 |
| 12/20/2020 | 0 | 5 | 0 | 5 |
| 12/27/2020 | 5 | 6 | 0 | 11 |
| 1/3/2021 | 2 | 0 | 0 | 2 |
| Total | 31 | 44 | 0 | 75 |

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Saint Louis County Department of Public Health, Week Ending 01/03/2021



Saint Louis County Influenza Outbreaks:

As of the week ending 01/03/2021, there have been no outbreaks of influenza reported to DPH.

Weekly Virus/Microbiology Update, St. Louis Children's Hospital*:

<https://slchlabtestguide.bjc.org/Default.aspx?url=e9667de5-c8c8-48d2-943d-c88284d6b309>

**courtesy of Gregory Storch, MD, and the St. Louis Children's Hospital Clinical Laboratory*

For additional information on national influenza surveillance, please visit the Centers for Disease Control and Prevention website:

<https://www.cdc.gov/flu/weekly/>

For additional information on statewide influenza surveillance, please visit the Missouri Department of Health and Senior Services website:

<http://health.mo.gov/living/healthcondiseases/communicable/influenza/reports.php>

Active, Passive, and Syndromic Influenza Surveillance

Passive surveillance

Influenza is a reportable condition in the state of Missouri; positive influenza tests are reported to DPH year-round. DPH conducts passive influenza surveillance by collecting and aggregating data on all positive influenza tests in Saint Louis County residents. Passive surveillance provides information on the true burden of influenza illness in Saint Louis County, but is limited by variations in testing and reporting practices. If diagnostic tests are not conducted on patients presenting to health care providers with influenza-like-illness, or if test results (e.g., of rapid influenza tests) are not reported to DPH, those persons will not be included in the passive surveillance data. Thus, passive surveillance is likely an underestimate of the true burden of influenza illness in Saint Louis County.

Active surveillance

DPH conducts active influenza surveillance through a network of sentinel providers. This network is geographically distributed throughout the county, comprised of a wide range of care providers, and designed to capture a representative sample of provider types. Although active influenza surveillance does not capture the true magnitude of disease burden, it allows for year-to-year comparisons of influenza data. DPH can then assess trends in influenza data, as well as the relative magnitude of disease burden with respect to previous influenza seasons. Further, DPH works closely with sentinel sites throughout the influenza season, making the active surveillance data less susceptible to bias arising from testing or reporting variation. Because of these advantages, active surveillance using a network of sentinel providers is the primary method of influenza surveillance utilized by DPH.

Syndromic surveillance

DPH uses the ESSENCE system to conduct syndromic surveillance for ILI at Saint Louis County hospital emergency departments (EDs). ESSENCE captures data on all ED visits in persons with chief complaints (rather than final diagnoses or positive laboratory tests) of ILI. ILI chief complaints are those which include the word "influenza" or those that the ESSENCE system parses to [fever and (cough or sore throat)]. The syndromic surveillance data presented above include all visits for ILI (regardless of county of residence) to the ten Saint Louis County hospital EDs that contribute data to the ESSENCE system. Data from private physicians, clinics, or urgent care centers are not included in ESSENCE. Syndromic surveillance contributes to our understanding of the burden of influenza experienced by the health care system, as well as demonstrating the relative impact over time of influenza with respect to other illnesses.