Flu Bites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

Oregon Health Authority

Oregon Public Health Division

Published October 16, 2015

Data at a Glance: October 4–10, 2015 (Week 40)

	Current Week (40)	Previous Week (39)
Oregon Influenza-Like Illness (ILI) Activity Level[1]	**Minimal**	**-**
Oregon Influenza Activity Geographic Spread[2]	**Sporadic**	**-**
Percentage of outpatient visits for ILI	**0.33%**	**-**
Percentage of emergency department visits for ILI[3]	**0.78%**	**0.68%**
Positive influenza tests[4]	**0**	**-**
Influenza-associated hospitalizations[5]	**1**	**0**
Reported ILI/Influenza outbreaks	**1**	**0**
Influenza-associated pediatric mortality	**0**	**0**
Respiratory Syncytial Virus (RSV) activity[6]	**2%**	**1%**

[1]Levels are determined by CDC. Based on proportion of outpatient visits– levels include minimal, low, moderate, and high.

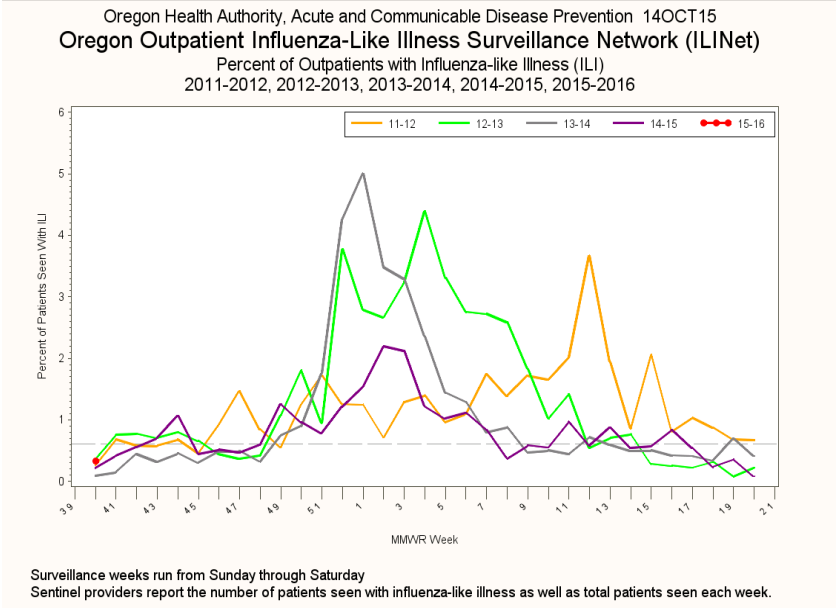
[2]Levels for geographic spread include no activity, sporadic, local, regional, and widespread.

[3]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.age

[4]Reported by Oregon State Public Health Laboratory (OSPHL) from outbreaks, tri-county hospitalizations, and sentinel ILI surveillance; includes only current week positive tests.

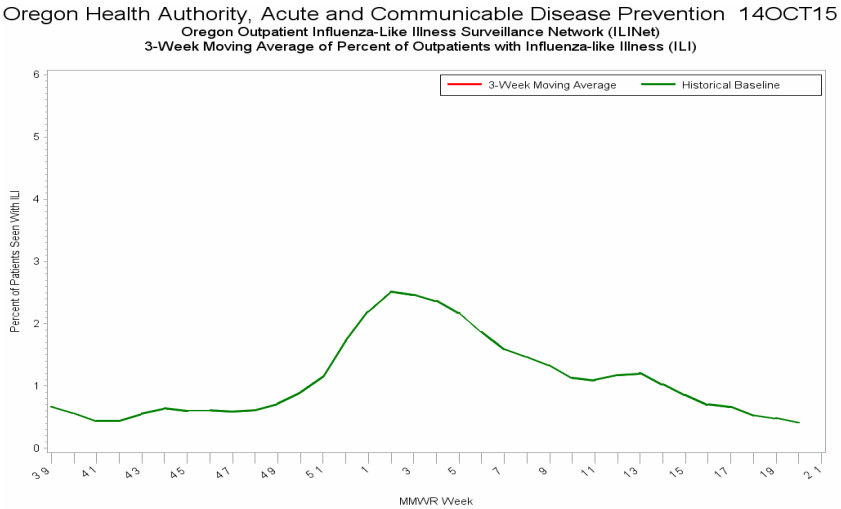
[5]Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.

[6]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.



ILINet: Oregon's Outpatient Influenza-like Illness Surveillance Network: Oregon's outpatient influenza-like illness (ILI) network comprises 24 voluntary healthcare providers from across Oregon who report the number of patients with influenza-like illness as well as total number of patient visits for each week during the surveillance season. The percentage of outpatients seen with ILI for week 40 of 2015 was 0.33% which is below Oregon's seasonal threshold of 0.61%.*

Note: ILI is defined as fever (≥100°F) and cough or sore throat. *The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

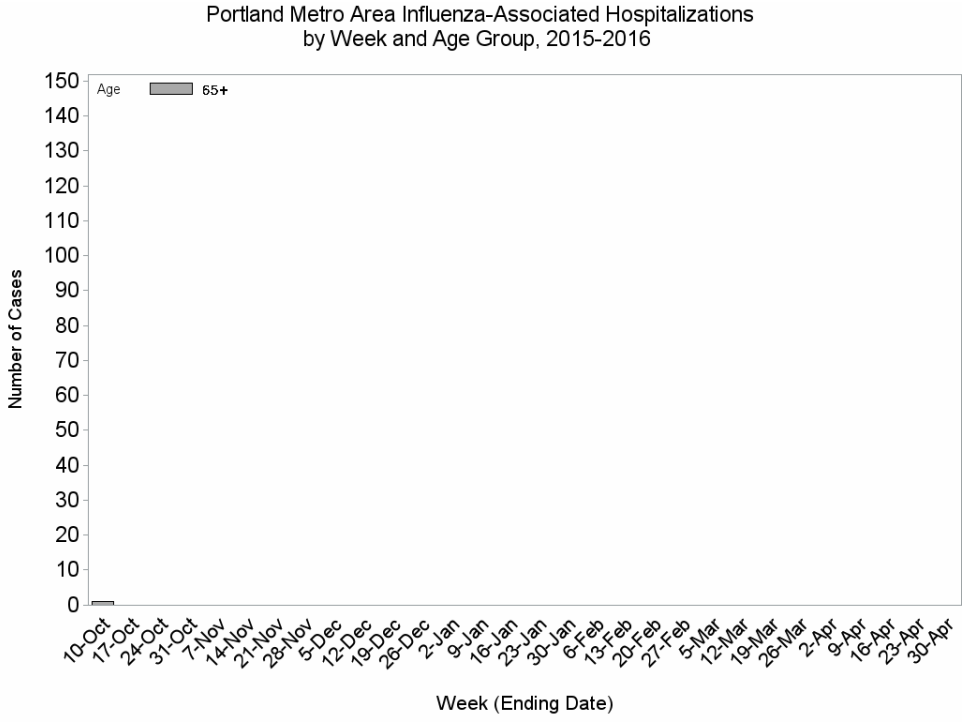


The 3-week moving average for percentage of outpatients seen with ILI in week 40 was 0.11%, which is below the historical moving average baseline for this week.

The 3-week moving average does not show actual weekly percentage of ILI, but an average that includes the current week and preceding 2 weeks, and is used to smooth out fluctuations in the data. The historical baseline is the average 3-week moving averages over the preceding four flu seasons. The current 3-week moving average will be shown once enough data has accumulated for the season at week 40.

All Flu Bites data provided are preliminary, and may change as additional reports are received.

Hospitalizations: In Clackamas, Multnomah, and Washington counties, 1 total reported hospitalization occurred up through MMWR week 40, with 1 case reported during week 6. 100% of all hospitalized cases were among persons aged ≥65 years.



Laboratory Surveillance:

The Oregon State Public Health Laboratory (OSPHL) performs influenza typing and sub-typing by PCR on specimens from the following groups of patients:

- Patients seen by Oregon Sentinel providers from ILINet.
- Patients hospitalized with influenza-like illness in the Portland Tri-County area (Multnomah, Clackamas and Washington counties) as part of the CDC-funded study, The Influenza Hospitalization Network (FluSurv-NET).
- Patients identified as part of an outbreak of respiratory illness. *Please report clusters of respiratory illness to the on-call ACDP epidemiologist at (971-673-1111), who will then make decisions about the need for testing at the OSPHL.*

Tables 1 and 2 show the current week and cumulative totals (**since October 1, 2015**) for influenza and other respiratory virus specimens tested at the OSPHL.

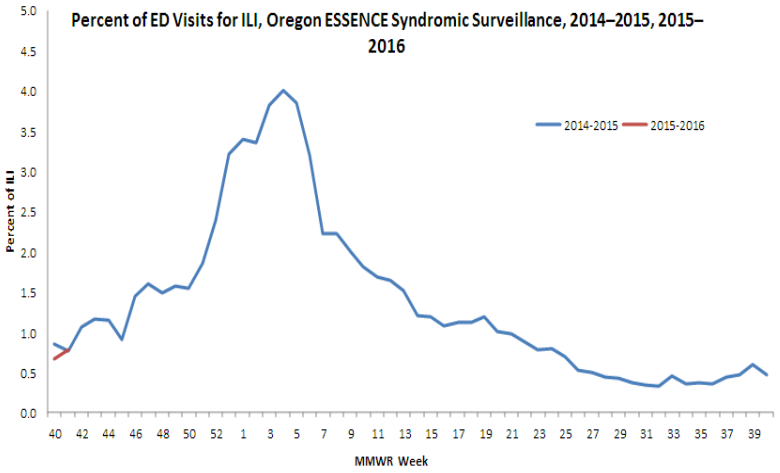
Table 1. Oregon State Public Health Laboratory Influenza Specimen Type and Subtype, 2015–2016.

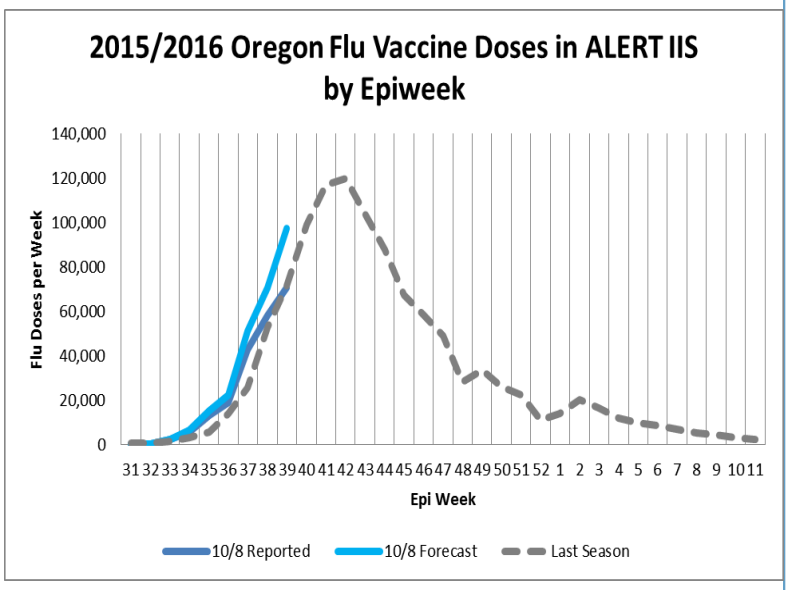
	Current Week	Cumulative
Influenza A	0	0
2009 pH1N1	0	0
Seasonal A H3	0	0
Not subtyped	0	0
Influenza B	0	0
Undetected	1 (100%)	1 (100%)
Total Tested	**1**	**1**

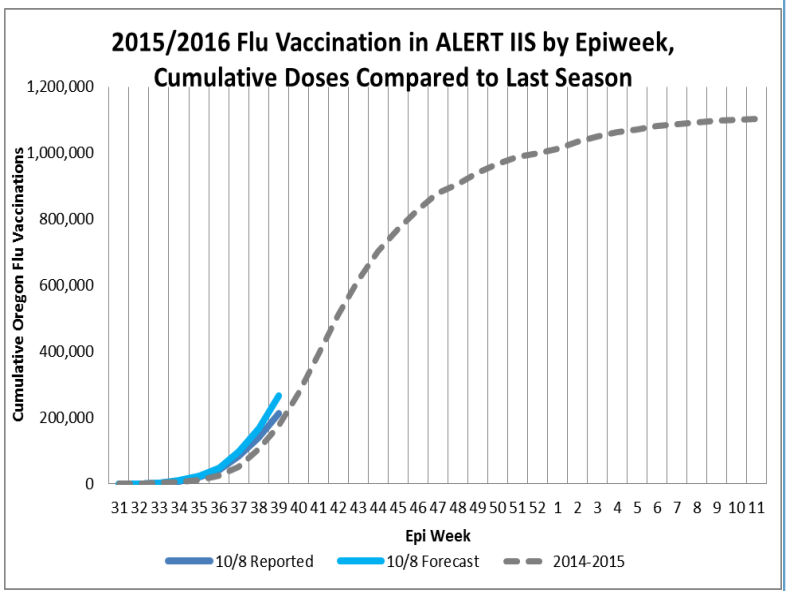
Table 2. Oregon State Public Health Laboratory *Non-Influenza Respiratory* Viruses, 2015–2016.

	Current Week	Cumulative
Adenovirus	0	0
Parainfluenza type 1	0	0
Parainfluenza type 2	0	0
Parainfluenza type 3	0	0
Human Metapneumovirus	0	0
RSV	0	0
Total Tested	**0**	**0**

Oregon ESSENCE Syndromic Surveillance: Oregon Public Health tracks hospital emergency department (ED) and urgent care visits throughout the state using the Oregon ESSENCE syndromic surveillance system. ESSENCE categorizes chief complaints into syndrome categories, which include ILI. The proportion of ED visits for ILI was 0.78% during week 40, 2015.







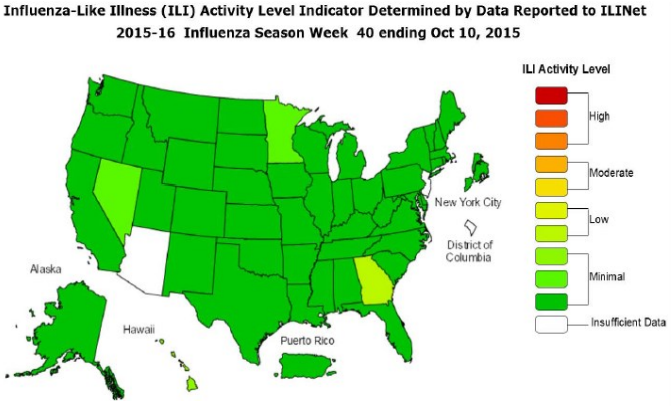
Immunization Update: The Oregon Immunization Program (OIP) will again report Oregon weekly influenza immunization totals, based on estimates from the ALERT Immunization Information System (ALERT IIS). ALERT IIS receives both child and adult immunization reports from most Oregon healthcare providers and payors. The ALERT IIS also captures the majority of influenza immunizations given to Oregon residents, with over 1.1 million influenza immunizations reported in the 2014-15 season. For weekly near-real time immunization surveillance, OIP data lags by only two weeks. This week's reporting is based on ALERT IIS data through influenza reporting week 39 (October 3rd).

So far this season the ALERT IIS has received reports of over a quarter million influenza immunization doses given to Oregon residents. In a typical season, influenza immunizations peak in mid-October. The current season appears to be off to a quick start, with volumes of immunizations that are above last season. So far this season, the pattern of immunizations looks similar to last year in terms of age and provider types. Presently 39% of reported adult influenza immunizations were given by pharmacists, while 56% were given in medical settings and clinics. Oregon pharmacists are now allowed to give influenza immunizations to patients as young as age 7 years. Less than 1% of influenza immunizations received among children age 7 to 10 were from a pharmacist, however, compared to 9% of influenza immunizations reported for those age 11 to 12 years. Among adults age 18 to 64, 63% of reported influenza immunizations were given to women.

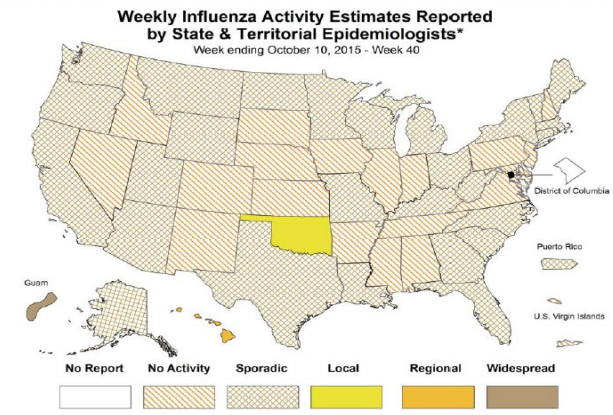
Influenza Outbreaks: In Oregon, there have been 3 reported influenza/ILI outbreaks since October 1, 2015, with 1 reported during week 40. This outbreak occurred in an assisted-living facility. Mapping of the outbreaks will be provided as the season continues and more outbreaks occur.

US Data (from CDC FluView): During week 40 (October 4-10, 2015), influenza activity decreased, but remained elevated in the United States.

- **Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories in week 40 was influenza A , with influenza A (H3) viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories was low.
- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below their system-specific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.
- **Influenza-associated Pediatric Deaths:** No influenza-associated pediatric deaths were reported.
- **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 1.2%, which is below the national baseline of 2.1%. All 10 regions reported ILI below region-specific baseline levels. Georgia experienced low ILI activity; Puerto Rico, New York City and 47 states experienced minimal ILI activity; and the District of Columbia and two states had insufficient data.
- **Outpatient Illness Surveillance:** U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet);
- **Geographic Spread of Influenza:** The geographic spread of influenza in Guam was reported as widespread; one state reported regional activity; one state reported local activity; Puerto Rico and 27 states reported sporadic activity; the U.S. Virgin Islands and 21 states reported no influenza activity; and the District of Columbia did not report.



Map above left: This map uses the proportion of outpatient visits to ILINet sentinel providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.



Map above right: This map measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

Additional resources:

- CDC Weekly Surveillance Report: http://www.cdc.gov/flu/weekly

Flu Bites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

Oregon Health Authority

Oregon Public Health Division

Published October 23, 2015

Data at a Glance: October 11–18, 2015 (Week 41)

	Current Week (41)	Previous Week (40)
Oregon Influenza-Like Illness (ILI) Activity Level[1]	Minimal	Minimal
Oregon Influenza Activity Geographic Spread[2]	Local	Sporadic
Percentage of outpatient visits for ILI	0.48%	0.33%
Percentage of emergency department visits for ILI[3]	0.68%	0.78%
Positive influenza tests[4]	0	0
Influenza-associated hospitalizations[5]	1	1
Reported ILI/Influenza outbreaks	1	1
Influenza-associated pediatric mortality	0	0
Respiratory Syncytial Virus (RSV) activity[6]	1%	2%

[1]Levels are determined by CDC. Based on proportion of outpatient visits– levels include minimal, low, moderate, and high.

[2]Levels for geographic spread include no activity, sporadic, local, regional, and widespread.

[3]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.age

[4]Reported by Oregon State Public Health Laboratory (OSPHL) from outbreaks, tri-county hospitalizations, and sentinel ILI surveillance; includes only current week positive tests.

[5]Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.

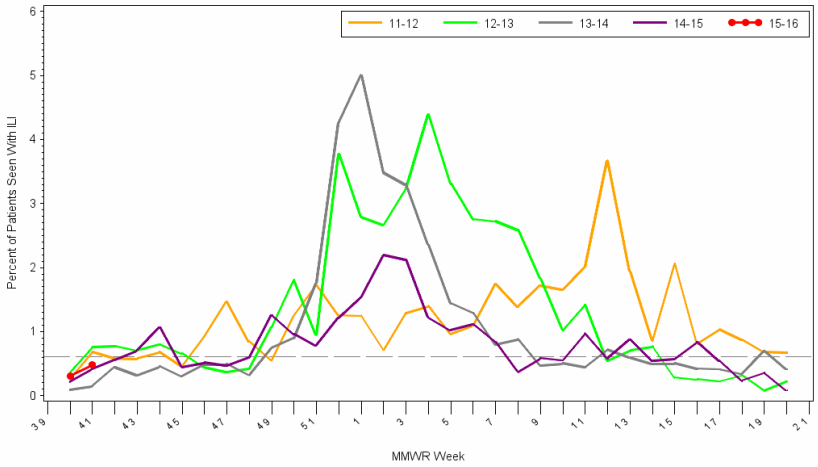
[6]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.

Oregon Health Authority, Acute and Communicable Disease Prevention 19OCT15

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

Percent of Outpatients with Influenza-like Illness (ILI)

2011-2012, 2012-2013, 2013-2014, 2014-2015, 2015-2016



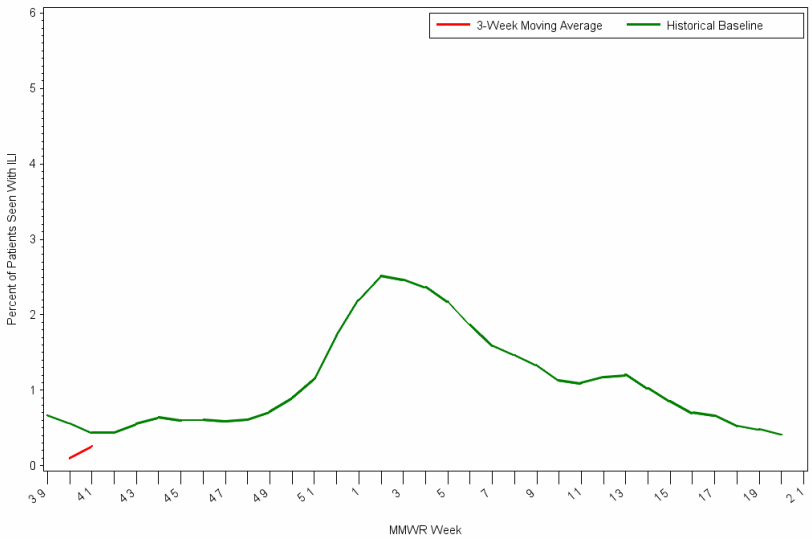
Surveillance weeks run from Sunday through Saturday

Sentinel providers report the number of patients seen with influenza-like illness as well as total patients seen each week.

Oregon Health Authority, Acute and Communicable Disease Prevention 19OCT15

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

3-Week Moving Average of Percent of Outpatients with Influenza-like Illness (ILI)



ILINet: Oregon's Outpatient Influenza-like Illness Surveillance Network: Oregon's outpatient influenza-like illness (ILI) network comprises 24 voluntary healthcare providers from across Oregon who report the number of patients with influenza-like illness as well as total number of patient visits for each week during the surveillance season. The percentage of outpatients seen with ILI for week 41 of 2015 was 0.48% which is below Oregon's seasonal threshold of 0.61%.*

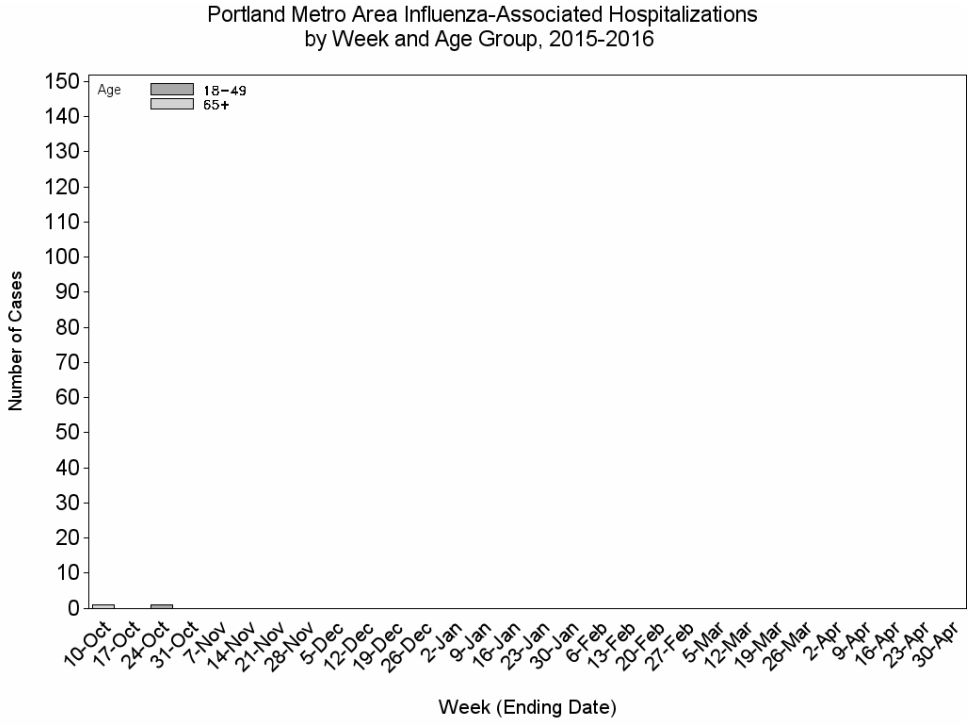
Note: ILI is defined as fever (≥100°F) and cough or sore throat. *The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

The 3-week moving average for percentage of outpatients seen with ILI in week 41 was 0.26%, which is below the historical moving average baseline for this week.

The 3-week moving average does not show actual weekly percentage of ILI, but an average that includes the current week and preceding 2 weeks, and is used to smooth out fluctuations in the data. The historical baseline is the average 3-week moving averages over the preceding four flu seasons. The current 3-week moving average will be shown once enough data has accumulated for the season at week 41.

All Flu Bites data provided are preliminary, and may change as additional reports are received.

Hospitalizations: In Clackamas, Multnomah, and Washington counties, 2 total reported hospitalizations occurred up through MMWR week 41, with 1 case reported during week 41.



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Tables 1 and 2 show the current week and cumulative totals (**since October 1, 2015**) for influenza and other respiratory virus specimens tested at the OSPHL.

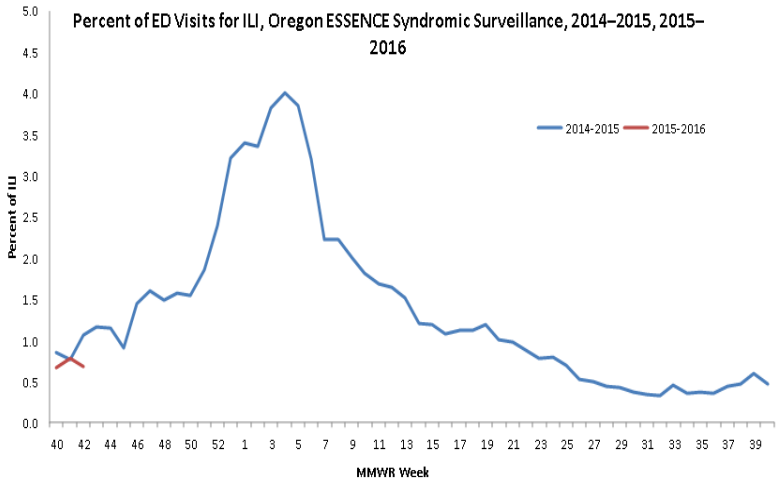
Table 1. Oregon State Public Health Laboratory Influenza Specimen Type and Subtype, 2015–2016.

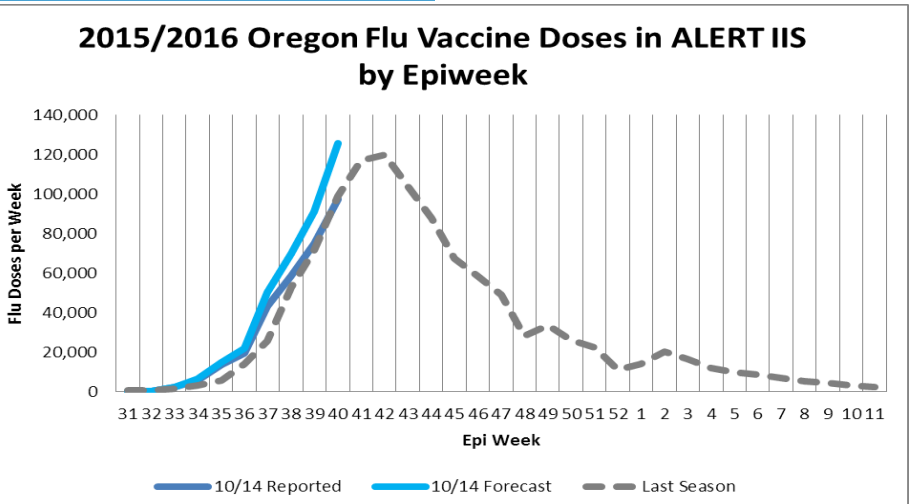
	Current Week	Cumulative
Influenza A	0	0
2009 pH1N1	0	0
Seasonal A H3	0	0
Not subtyped	0	0
Influenza B	0	0
Undetected	4 (100%)	1 (100%)
Total Tested	**4**	**1**

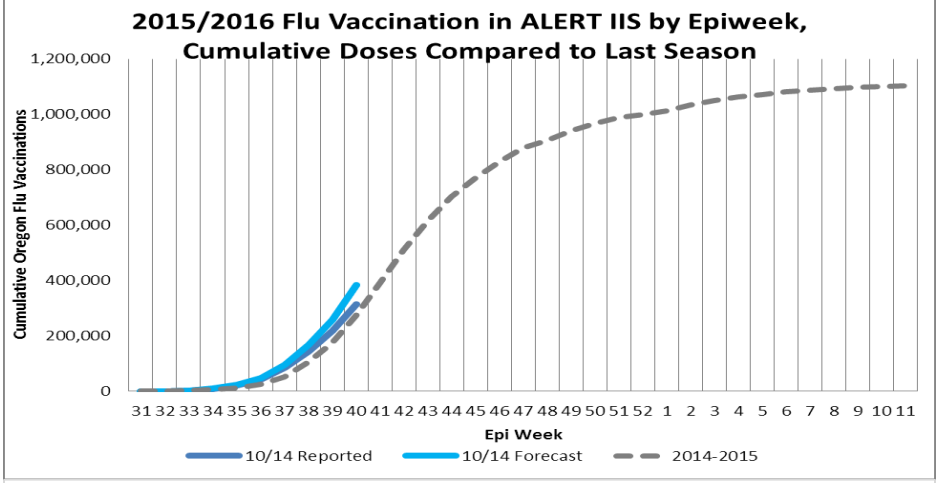
Table 2. Oregon State Public Health Laboratory *Non-Influenza Respiratory* Viruses, 2015–2016.

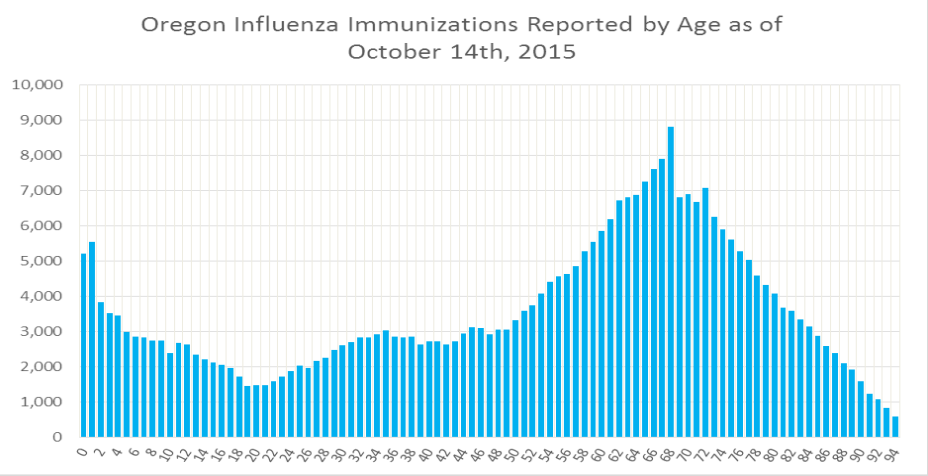
	Current Week	Cumulative
Adenovirus	1	0
Parainfluenza type 1	0	0
Parainfluenza type 2	0	0
Parainfluenza type 3	0	0
Human Metapneumovirus	0	0
RSV	0	0
Total Tested	**4**	**0**

Oregon ESSENCE Syndromic Surveillance: Oregon Public Health tracks hospital emergency department (ED) and urgent care visits throughout the state using the Oregon ESSENCE syndromic surveillance system. ESSENCE categorizes chief complaints into syndrome categories, which include ILI. The proportion of ED visits for ILI was 0.68% during week 40, 2015.







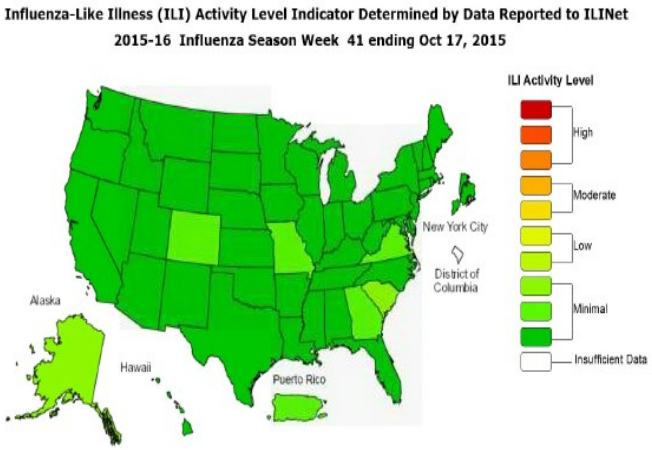


Immunization Update: Influenza immunization levels as of week 40 (October 10th) continue to run higher than in the previous season at this time. So far this season the ALERT Immunization Information System (ALERT IIS) has received reports for over 340,000 influenza immunization doses given to Oregon residents. At this time it is difficult to predict when immunizations will peak, but typically this occurs in the 3rd or 4th week of October. The age distribution of reported influenza immunizations to date appears similar to last season. Many senior adults seek influenza immunization early in the season, as reflected in current data. Young adults continue to have low volumes of influenza immunization compared to other age groups.

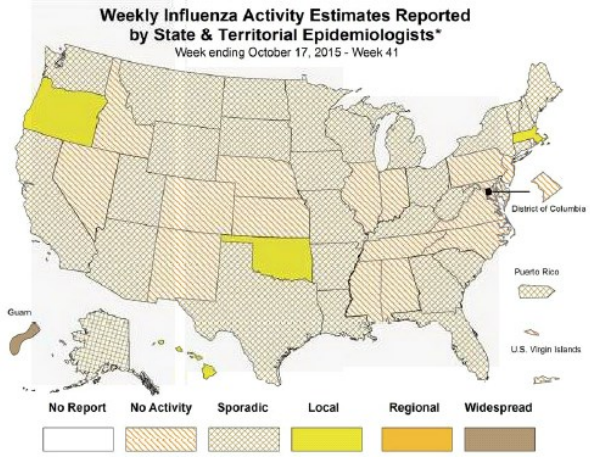
Influenza Outbreaks: In Oregon, there have been 4 reported influenza/ILI outbreaks since October 1, 2015, with 1 reported during week 41. This outbreak occurred in an assisted-living facility. Mapping of the outbreaks will be provided as the season continues and more outbreaks occur.

US Data (from CDC FluView): During week 41 (October 11-17, 2015), influenza activity was low in the United States.

- **Viral Surveillance**: The most frequently identified influenza virus type reported by public health laboratories in week 41 was influenza A, with influenza A (H3) viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories is low.
- **Pneumonia and Influenza Mortality**: The proportion of deaths attributed to pneumonia and influenza (P&I) was below their system-specific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.
- **Influenza-associated Pediatric Deaths**: No influenza-associated pediatric deaths were reported.
- **Outpatient Illness Surveillance**: The proportion of outpatient visits for influenza-like illness (ILI) was 1.4%, which is below the national baseline of 2.1%. All 10 regions reported ILI below region-specific baseline levels. Puerto Rico, New York City and 50 states experienced minimal ILI activity and the District of Columbia had insufficient data.
- **Geographic Spread of Influenza**: The geographic spread of influenza in Guam was reported as widespread; four states reported local activity; Puerto Rico and 29 states reported sporadic activity; and the District of Columbia, the U.S. Virgin Islands and 17 states reported no influenza activity.



Map above left: This map uses the proportion of outpatient visits to ILINet sentinel providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.



Map above right: This map measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

Additional resources:

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Flu Bites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

Oregon Health Authority

Oregon Public Health Division

Published October 30, 2015

Data at a Glance: October 18–24, 2015 (Week 42)

	Current Week (42)	Previous Week (41)
Oregon Influenza-Like Illness (ILI) Activity Level[1]	Minimal	Minimal
Oregon Influenza Activity Geographic Spread[2]	Local	Local
Percent of outpatient visits for ILI	0.89%	0.48%
Percent of emergency department visits for ILI[3]	0.81%	0.63%
Positive influenza tests[4]	0	3
Influenza-associated hospitalizations[5]	1	1
Reported ILI/Influenza outbreaks	0	1
Influenza-associated pediatric mortality	0	0
Respiratory Syncytial Virus (RSV) activity[6]	2%	1%

[1]Levels are determined by CDC. Based on proportion of outpatient visits– levels include minimal, low, moderate, and high.

[2]Levels for geographic spread include no activity, sporadic, local, regional, and widespread.

[3]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.

[4]Reported by state public health lab (OSPHL) from outbreaks, tri-county hospitalizations, and sentinel ILI surveillance; includes only current week positive tests.

[5]Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.

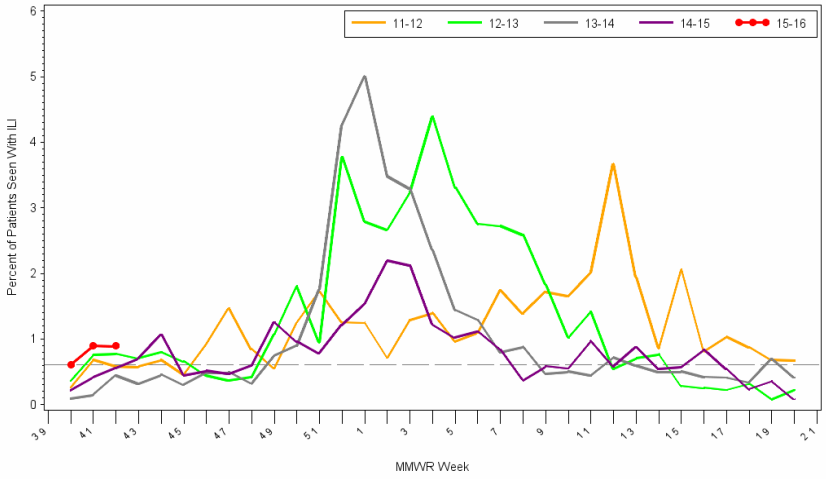
[6]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.

Oregon Health Authority, Acute and Communicable Disease Prevention 30OCT15

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

Percent of Outpatients with Influenza-like Illness (ILI)

2011-2012, 2012-2013, 2013-2014, 2014-2015, 2015-2016



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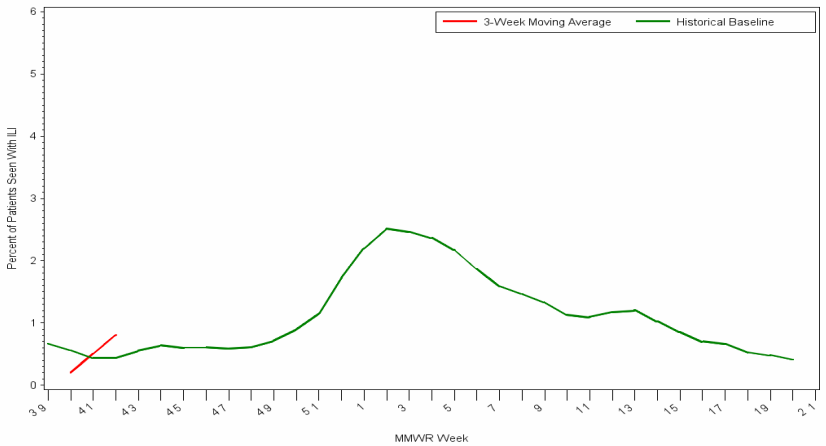
Sentinel providers report the number of patients seen with influenza-like illness as well as total patients seen each week.

Oregon Health Authority, Acute and Communicable Disease Prevention 30OCT15

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

3-Week Moving Average of Percent of Outpatients with Influenza-like Illness (ILI)



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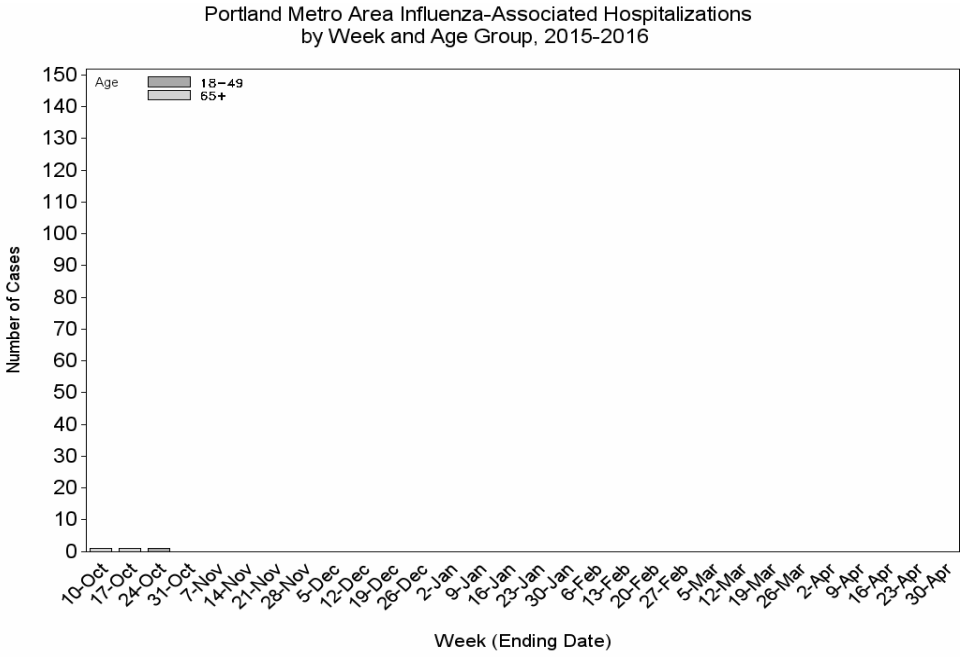
Note: ILI is defined as fever (≥100°F) and cough or sore throat. *The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

The 3-week moving average for percent of outpatients seen with ILI in week 42 was 0.80%, which is above the historical moving average baseline for this week.

The 3-week moving average does not show actual weekly percentage of ILI, but an average that includes the current week and preceding 2 weeks, and is used to smooth out fluctuations in the data. The historical baseline is the average 3-week moving averages over the preceding four flu seasons.

All Flu Bites data provided are preliminary and may change as additional reports are received.

Hospitalizations:
In Clackamas, Multnomah, and Washington counties, 3 total reported hospitalizations occurred up through MMWR week 42, with 1 case reported during week 42. Of reported cases, 66.7% were among persons aged ≥65 years.



Laboratory Surveillance:
The Oregon State Public Health Laboratory (OSPHL) is performing influenza typing and sub-typing by PCR on specimens from the following groups of patients:

- Patients seen by Oregon Sentinel providers from ILINet.
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- Patients identified as part of an outbreak of respiratory illness. Please report clusters of respiratory illness to the on-call ACDP epidemiologist at (971-673-1111), who will then make decisions about the need for testing at the OSPHL.

Tables 1 and 2 show the current week and cumulative totals (**since October 1, 2015**) for influenza and other respiratory virus specimens tested at the OSPHL.

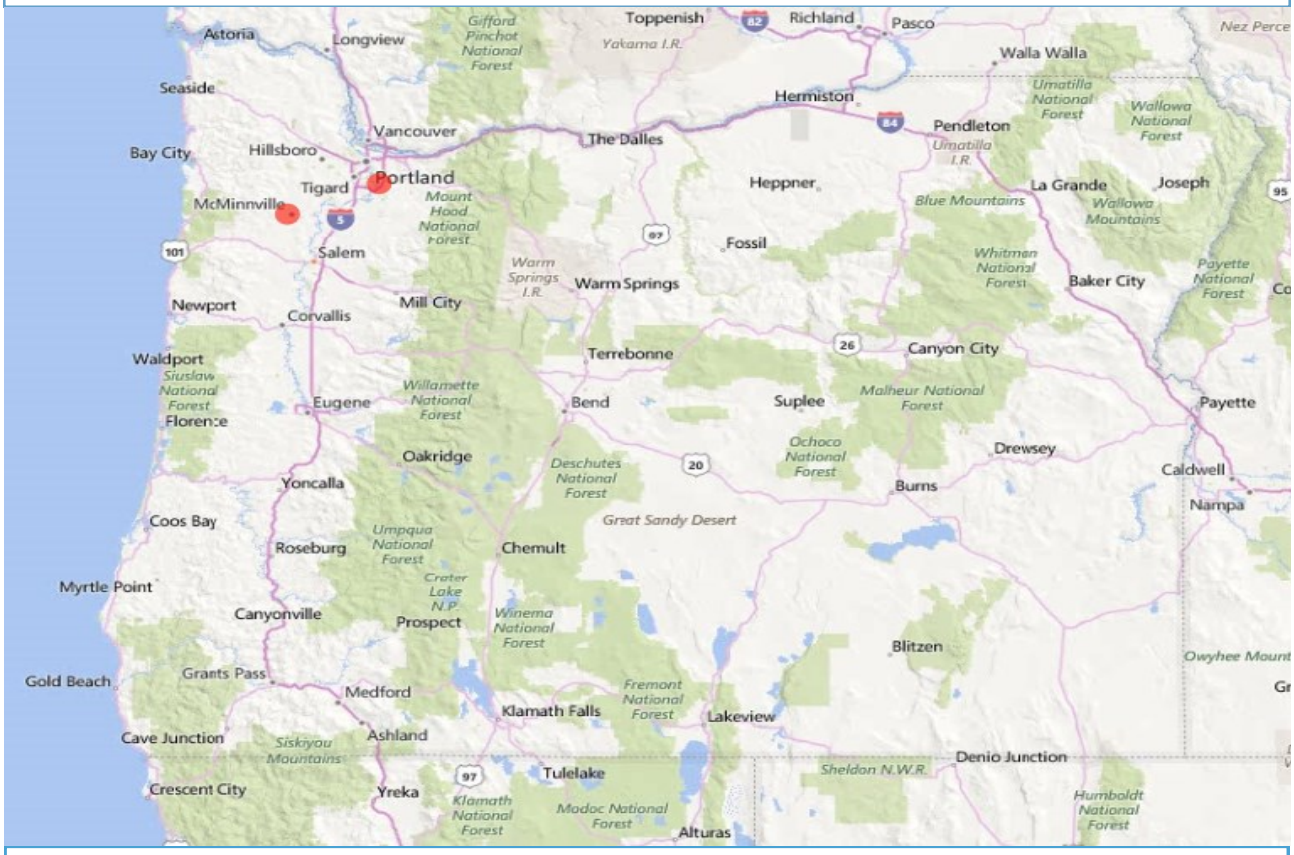
Table 1. Oregon State Public Health Laboratory Influenza Specimen Type and Subtype, 2014–2015.

	Current Week	Cumulative
Influenza A	0	10 (52.6%)
2009 pH1N1	0	0
Seasonal A H3	0	10 (52.6%)
Not subtyped	0	0
Influenza B	0	0
Undetected	0	9 (47.4%)
Total Tested	**0**	**19**

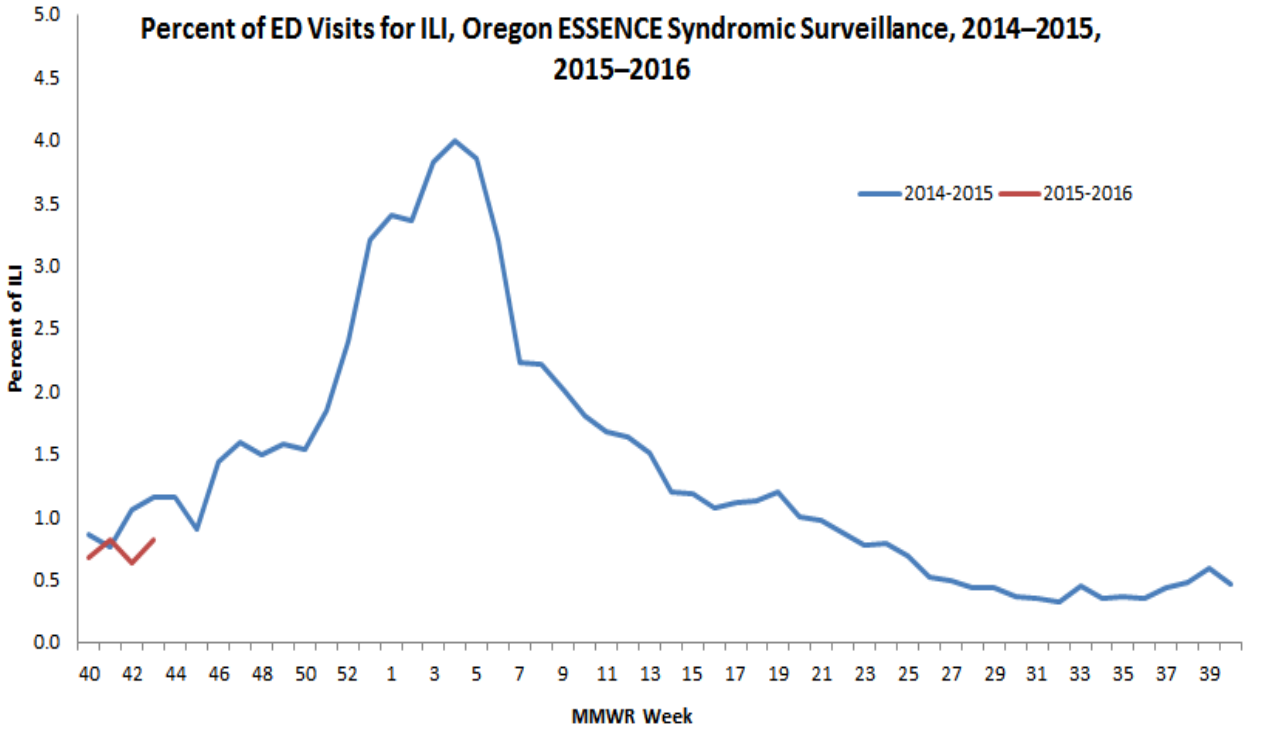
Table 2. Oregon State Public Health Laboratory *Non-Influenza Respiratory* Viruses, 2014–2015.

	Current Week	Cumulative
Adenovirus	0	1 (25.0%)
Parainfluenza type 1	0	2 (50.0%)
Parainfluenza type 2	0	0
Parainfluenza type 3	0	0
Human Metapneumovirus	0	0
RSV	0	0
Total Tested	**0**	**4**

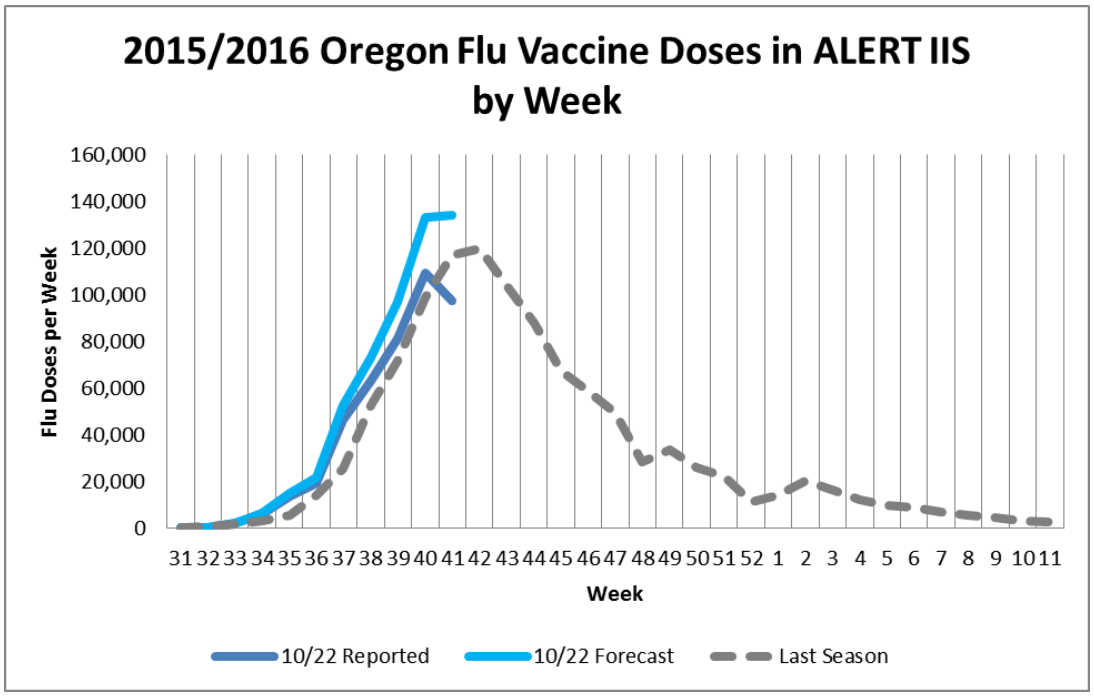
Influenza Outbreaks: In Oregon, 2 influenza/ILI outbreaks have occurred since October 1, 2015, with none reported during week 42. The red dots on the map show where flu outbreaks have occurred throughout the state this season. As outbreaks accumulate, numbers inside the dots will indicate that multiple outbreaks have occurred in that area.

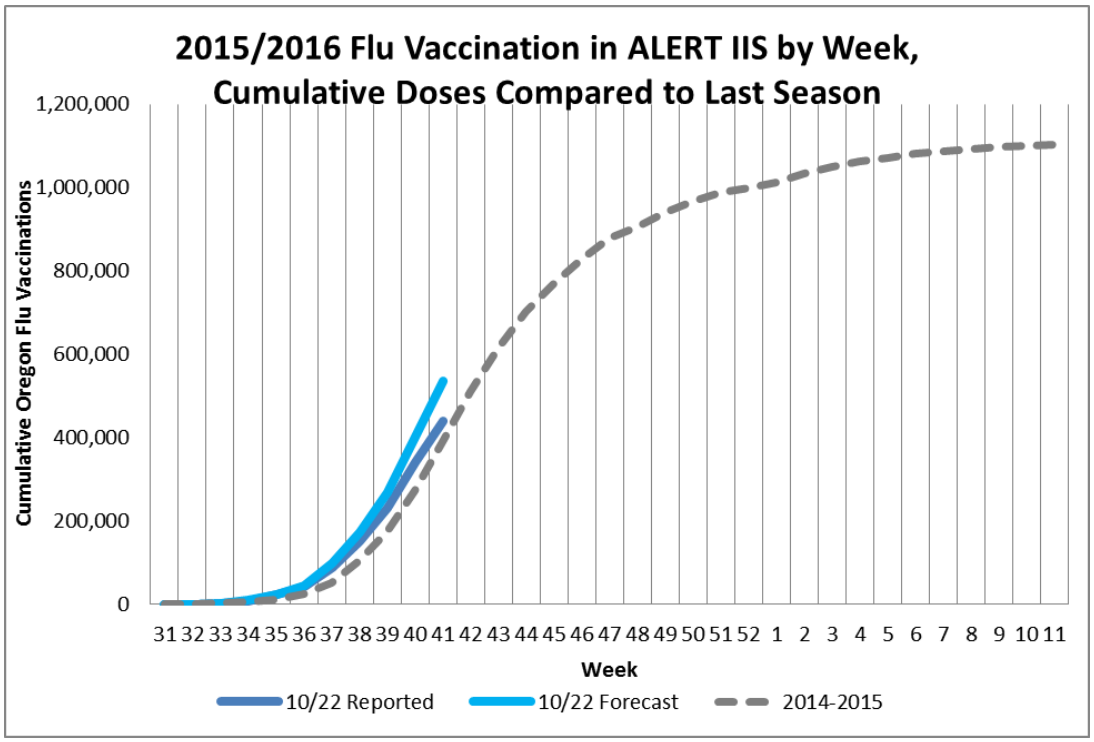


Oregon ESSENCE Syndromic Surveillance: Oregon Public Health tracks hospital emergency department (ED) visits throughout the state using the Oregon ESSENCE syndromic surveillance system. ESSENCE categorizes chief complaints into syndrome categories, which include ILI. The percent of ED visits for ILI was 0.81% during week 42, 2015.



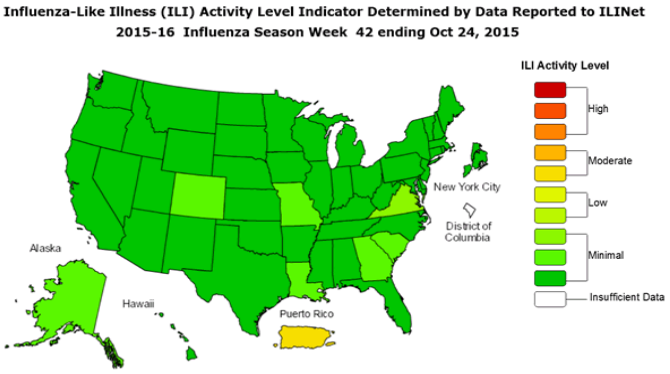
The peak week for influenza immunization appears to have occurred by week 41, ending Oct 17th. This is a week earlier than last season's peak week. To date the ALERT Immunization Information System (ALERT IIS) has received reports of 439,000 influenza immunization doses given to Oregon residents. This total is higher than the cumulative totals reported by the same time last year (391,000) or in 2013-2014 (411,000). Typically after the peak week, influenza immunizations gradually decline into the holiday season, with smaller peaks likely in December and January.

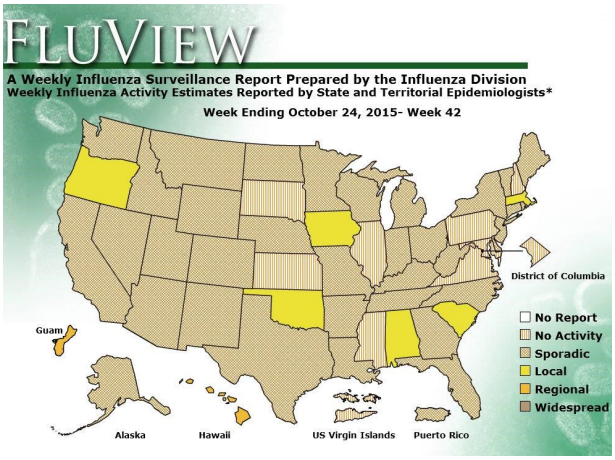




US Data (from CDC FluView): During week 42 (October 18-24, 2015), influenza activity was low in the United States.

- **Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories in week 42 was influenza A viruses, with influenza A (H3) viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories is low.
- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below their system-specific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.
- **Influenza-associated Pediatric Deaths:** One influenza-associated pediatric death was reported that occurred during the 2014-15 season.
- **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 1.3%, which is below the national baseline of 2.1%. All 10 regions reported ILI below region-specific baseline levels. Puerto Rico experienced moderate ILI activity, New York City and 50 states experienced minimal ILI activity, and the District of Columbia had insufficient data.
- **Geographic Spread of Influenza:** The geographic spread of influenza in Guam and one state was reported as regional activity; six states reported local activity; Puerto Rico and 35 states reported sporadic activity; and the District of Columbia, the U.S. Virgin Islands and eight states reported no influenza activity.





Map above left: This map uses the proportion of outpatient visits to ILINet sentinel providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.

Map above right: This map measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

Additional resources:

- CDC Weekly Surveillance Report: http://www.cdc.gov/flu/weekly

Flu Bites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

Oregon Health Authority

Oregon Public Health Division

Published November 6, 2015

Data at a Glance: October 25–31, 2015 (Week 43)

	Current Week (43)	Previous Week (42)
Oregon Influenza-Like Illness (ILI) Activity Level[1]	Minimal	Minimal
Oregon Influenza Activity Geographic Spread[2]	Sporadic	Local
Percent of outpatient visits for ILI	0.73%	0.89%
Percent of emergency department visits for ILI[3]	0.74%	0.81%
Positive influenza tests[4]	0	0
Influenza-associated hospitalizations[5]	0	1
Reported ILI/Influenza outbreaks	0	0
Influenza-associated pediatric mortality	0	0
Respiratory Syncytial Virus (RSV) activity[6]	0%	2%

[1]Levels are determined by CDC. Based on proportion of outpatient visits– levels include minimal, low, moderate, and high.

[2]Levels for geographic spread include no activity, sporadic, local, regional, and widespread.

[3]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.

[4]Reported by state public health lab (OSPHL) from outbreaks, tri-county hospitalizations, and sentinel ILI surveillance; includes only current week positive tests.

[5]Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.

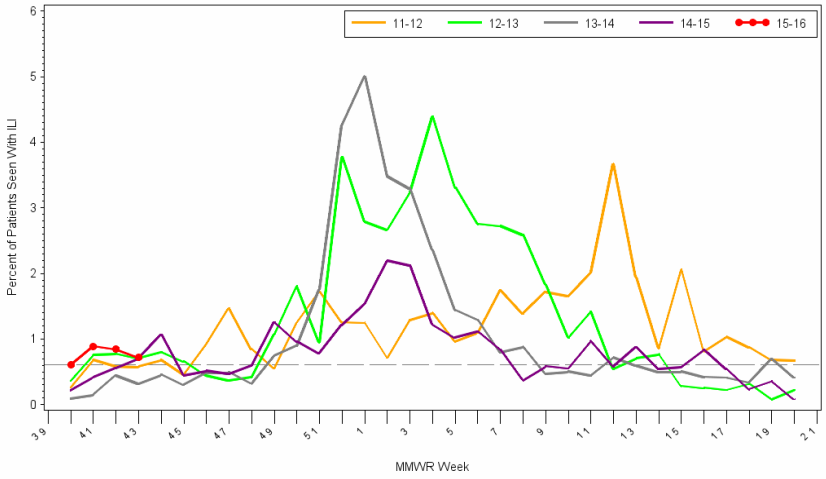
[6]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.

Oregon Health Authority, Acute and Communicable Disease Prevention 06NOV15

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

Percent of Outpatients with Influenza-like Illness (ILI)

2011-2012, 2012-2013, 2013-2014, 2014-2015, 2015-2016



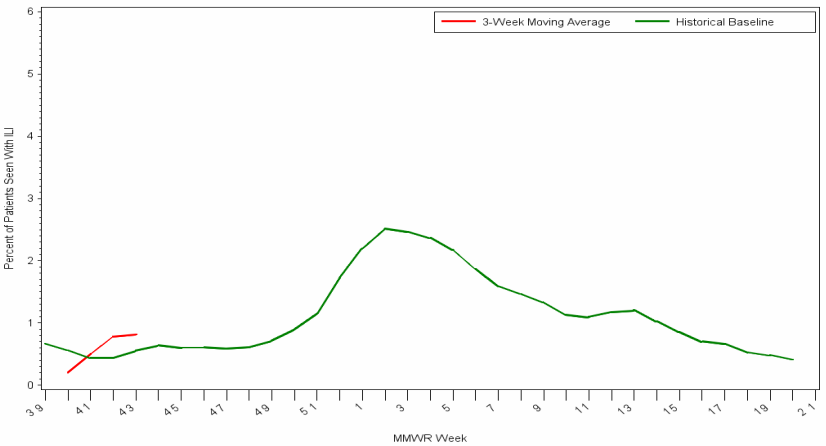
Surveillance weeks run from Sunday through Saturday

Sentinel providers report the number of patients seen with influenza-like illness as well as total patients seen each week.

Oregon Health Authority, Acute and Communicable Disease Prevention 06NOV15

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

3-Week Moving Average of Percent of Outpatients with Influenza-like Illness (ILI)



ILINet: Oregon's Outpatient Influenza-like Illness Surveillance Network: Oregon's outpatient influenza-like illness (ILI) network comprises 24 voluntary healthcare providers from across Oregon who report the number of patients with influenza-like illness as well as total number of patient visits for each week during the surveillance season. The percent of outpatients seen with ILI for week 43 of 2015 was 0.73% which is above Oregon's seasonal threshold of 0.61%.*

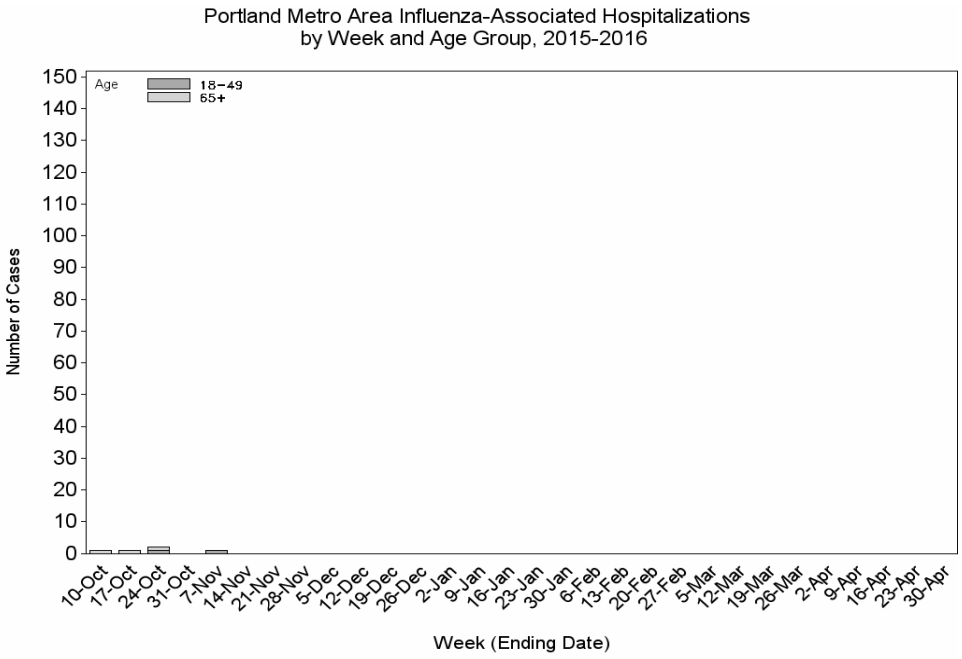
Note: ILI is defined as fever (≥100°F) and cough or sore throat. *The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

The 3-week moving average for percent of outpatients seen with ILI in week 43 was 0.82%, which is above the historical moving average baseline for this week.

The 3-week moving average does not show actual weekly percentage of ILI, but an average that includes the current week and preceding 2 weeks, and is used to smooth out fluctuations in the data. The historical baseline is the average 3-week moving averages over the preceding four flu seasons.

All Flu Bites data provided are preliminary and may change as additional reports are received.

Hospitalizations:
In Clackamas, Multnomah, and Washington counties, 5 total reported hospitalizations occurred up through MMWR week 43, with 0 case reported during week 43. Of reported cases, 60.0% were among persons aged ≥65 years.



Laboratory Surveillance:
The Oregon State Public Health Laboratory (OSPHL) is performing influenza typing and sub-typing by PCR on specimens from the following groups of patients:

- Patients seen by Oregon Sentinel providers from ILINet.
- Patients hospitalized with influenza-like illness in the Portland Tri-County area (Multnomah, Clackamas and Washington counties) as part of the CDC-funded study, The Influenza Hospitalization Network (FluSurv-NET).
- Patients identified as part of an outbreak of respiratory illness. Please report clusters of respiratory illness to the on-call ACDP epidemiologist at (971-673-1111), who will then make decisions about the need for testing at the OSPHL.

Tables 1 and 2 show the current week and cumulative totals (**since October 1, 2015**) for influenza and other respiratory virus specimens tested at the OSPHL.

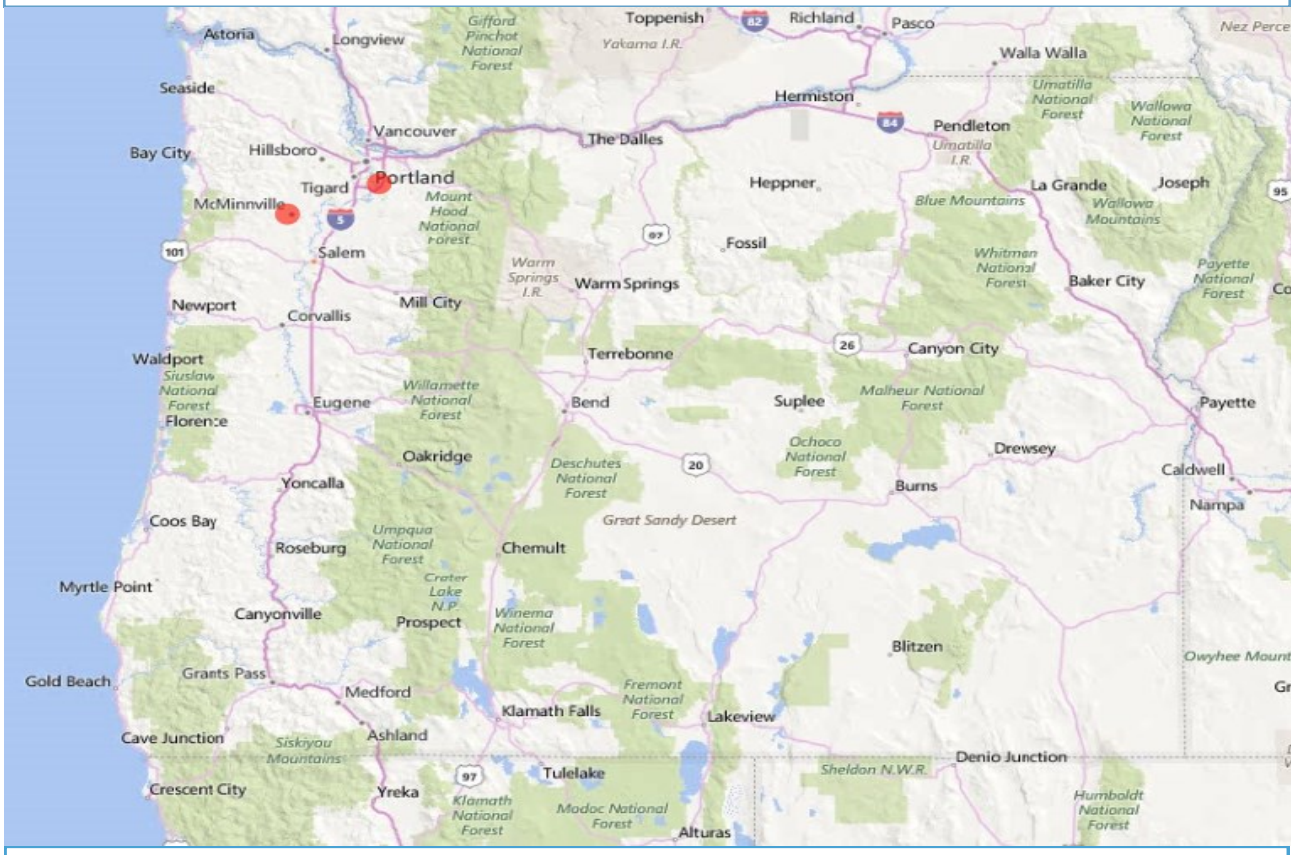
Table 1. Oregon State Public Health Laboratory Influenza Specimen Type and Subtype, 2014–2015.

	Current Week	Cumulative
Influenza A	0	11 (45.8%)
2009 pH1N1	0	0
Seasonal A H3	0	11 (45.8%)
Not subtyped	0	0
Influenza B	0	0
Undetected	2	13 (54.2%)
Total Tested	**2**	**24**

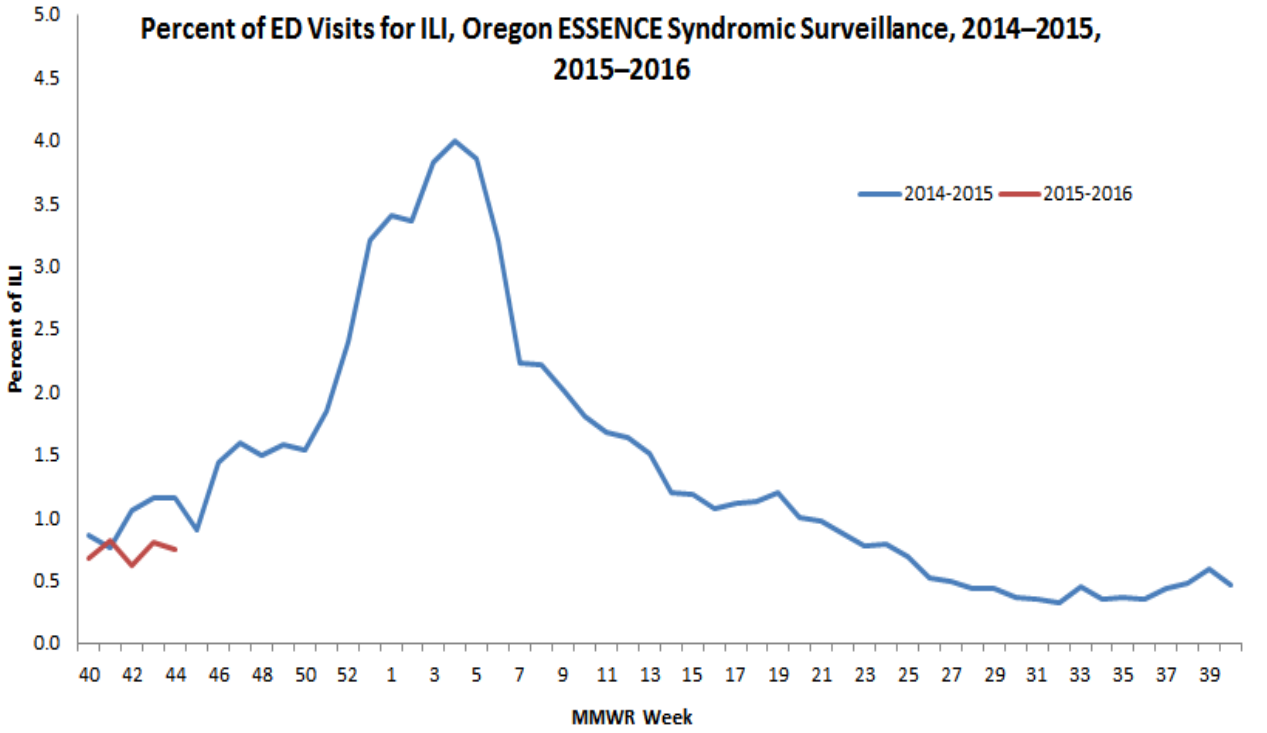
Table 2. Oregon State Public Health Laboratory *Non-Influenza Respiratory* Viruses, 2014–2015.

	Current Week	Cumulative
Adenovirus	0	1 (16.7%)
Parainfluenza type 1	0	2 (33.3%)
Parainfluenza type 2	0	0
Parainfluenza type 3	0	0
Human Metapneumovirus	0	0
RSV	0	0
Total Tested	**0**	**6**

Influenza Outbreaks: In Oregon, 2 influenza/ILI outbreaks have occurred since October 1, 2015, with none reported during week 43. The red dots on the map show where flu outbreaks have occurred throughout the state this season. As outbreaks accumulate, numbers inside the dots will indicate that multiple outbreaks have occurred in that area.



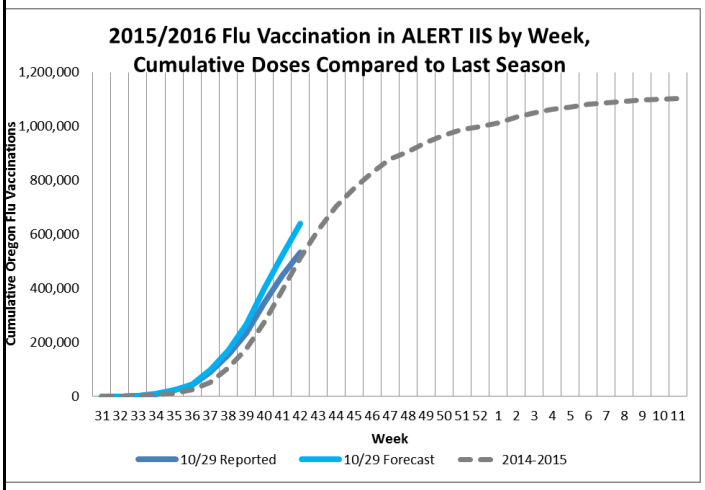
Oregon ESSENCE Syndromic Surveillance: Oregon Public Health tracks hospital emergency department (ED) visits throughout the state using the Oregon ESSENCE syndromic surveillance system. ESSENCE categorizes chief complaints into syndrome categories, which include ILI. The percent of ED visits for ILI was 0.74% during week 43, 2015.

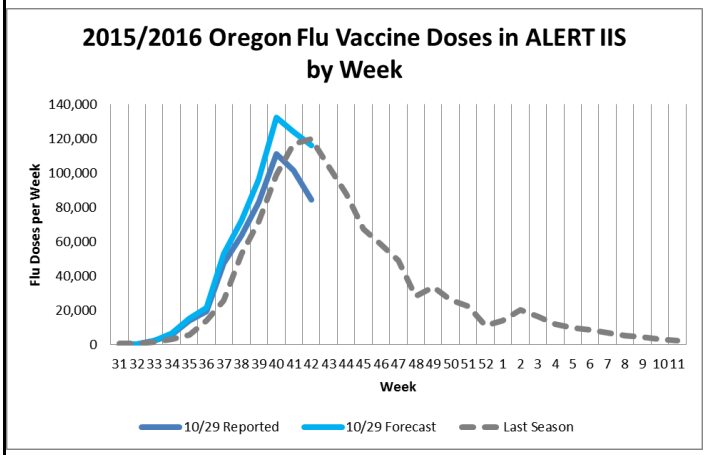


As of Oct. 29th the peak for influenza immunization for this season has already passed. Following the season peak in early October, influenza immunizations totals per week are declining. To date the ALERT Immunization Information System (ALERT IIS) has received reports of 532,000 influenza immunization doses given to Oregon residents. This total is higher than the cumulative totals reported by the same time last year (511,000) or in 2013-2014 (512,000). This week we are also including a comparison of influenza doses across seasons by county. Changes between this season and last season by county are based on both changes in the numbers of influenza immunizations given, as well as on improvements in reporting to ALERT IIS. While it is too early in the season to forecast final county-level influenza immunization rates, this comparison is meant as a guide to for local action.

Comparison of County Influenza Immunizations

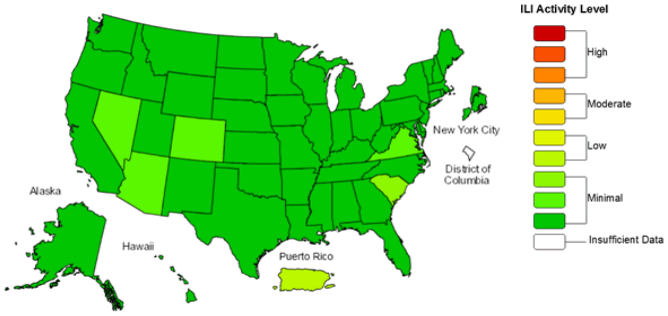
	Reported Flu Doses by Oct. 29th, All Ages		
County	2014	2015	% Change
BAKER	2,117	1,988	-6%
BENTON	9,737	10,738	10%
CLACKAMAS	61,963	65,312	5%
CLATSOP	4,237	4,931	16%
COLUMBIA	7,451	6,990	-6%
COOS	6,356	10,214	61%
CROOK	3,648	3,142	-14%
CURRY	1,704	2,532	49%
DESCHUTES	24,354	22,693	-7%
DOUGLAS	11,506	11,119	-3%
GILLIAM	200	189	-6%
GRANT	884	754	-15%
HARNEY	451	639	42%
HOOD RIVER	3,674	3,377	-8%
JACKSON	19,840	21,904	10%
JEFFERSON	2,092	2,662	27%
JOSEPHINE	8,081	10,158	26%
KLAMATH	5,622	5,915	5%
LAKE	584	354	-39%
LANE	39,831	51,860	30%
LINCOLN	7,031	7,025	0%
LINN	18,602	18,291	-2%
MALHEUR	2,278	2,870	26%
MARION	48,769	47,373	-3%
MORROW	1,211	1,117	-8%
MULTNOMAH	116,308	121,511	4%
POLK	10,727	10,869	1%
SHERMAN	220	276	25%
TILLAMOOK	3,632	3,408	-6%
UMATILLA	6,973	6,472	-7%
UNION	2,373	1,599	-33%
WALLOWA	898	753	-16%
WASCO	3,063	3,738	22%
WASHINGTON	85,000	87,446	3%
WHEELER	130	210	62%
YAMHILL	13,480	14,624	8%
State Total	535,027	565,053	6%



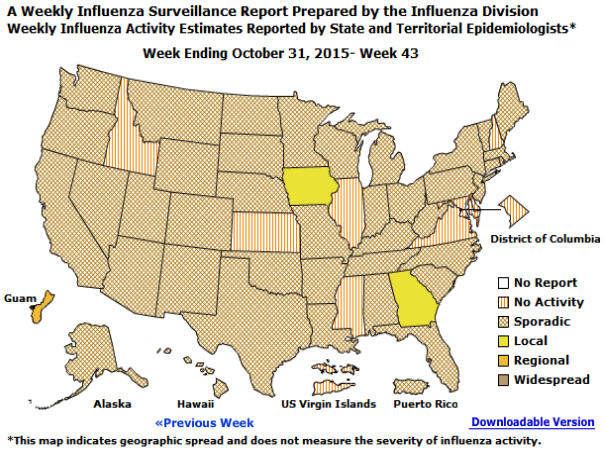


US Data (from CDC FluView): During week 43 (October 25-31, 2015), influenza activity was low in the United States.

- **Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories in week 43 was influenza A viruses, with influenza A (H3) viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories is low.
- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below their system-specific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.
- **Influenza-associated Pediatric Deaths:** No influenza-associated pediatric deaths were reported.
- **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 1.4%, which is below the national baseline of 2.1%. All 10 regions reported ILI below region-specific baseline levels. Puerto Rico experienced low ILI activity, New York City and 50 states experienced minimal ILI activity, and the District of Columbia had insufficient data.
- **Geographic Spread of Influenza:** The geographic spread of influenza in Guam was reported as regional; two states reported local activity; Puerto Rico and 40 states reported sporadic activity; and the District of Columbia, the U.S. Virgin Islands and eight states reported no influenza activity.



Map above left: This map uses the proportion of outpatient visits to ILINet sentinel providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.



Map above right: This map measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

Additional resources:

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Flu Bites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

Oregon Health Authority

Oregon Public Health Division

Published November 13 2015

Data at a Glance: November 1-7, 2015 (Week 44)

	Current Week (44)	Previous Week (43)
Oregon Influenza-Like Illness (ILI) Activity Level[1]	Minimal	Minimal
Oregon Influenza Activity Geographic Spread[2]	Local	Sporadic
Percent of outpatient visits for ILI	0.52%	0.73%
Percent of emergency department visits for ILI[3]	0.89%	0.74%
Positive influenza tests[4]	0	0
Influenza-associated hospitalizations[5]	1	0
Reported ILI/Influenza outbreaks	0	0
Influenza-associated pediatric mortality	0	0
Respiratory Syncytial Virus (RSV) activity[6]	1%	0%

[1]Levels are determined by CDC. Based on proportion of outpatient visits– levels include minimal, low, moderate, and high.

[2]Levels for geographic spread include no activity, sporadic, local, regional, and widespread.

[3]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.

[4]Reported by state public health lab (OSPHL) from outbreaks, tri-county hospitalizations, and sentinel ILI surveillance; includes only current week positive tests.

[5]Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.

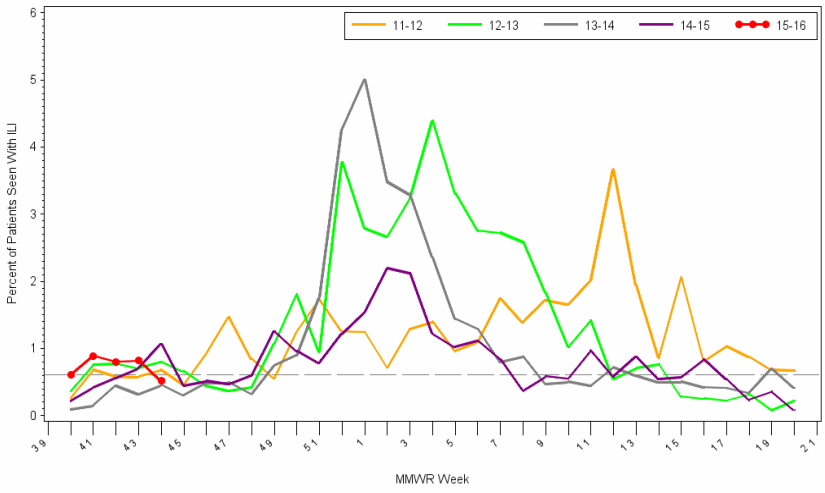
[6]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.

Oregon Health Authority, Acute and Communicable Disease Prevention 12NOV15

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

Percent of Outpatients with Influenza-like Illness (ILI)

2011-2012, 2012-2013, 2013-2014, 2014-2015, 2015-2016



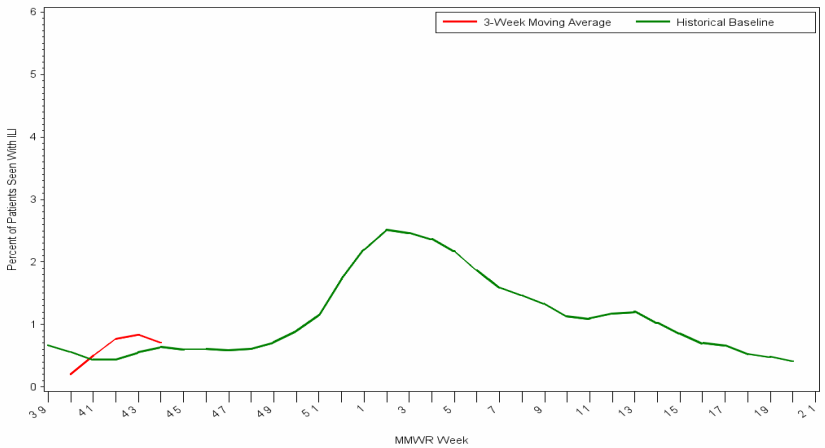
Surveillance weeks run from Sunday through Saturday

Sentinel providers report the number of patients seen with influenza-like illness as well as total patients seen each week.

Oregon Health Authority, Acute and Communicable Disease Prevention 12NOV15

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

3-Week Moving Average of Percent of Outpatients with Influenza-like Illness (ILI)



ILINet: Oregon's Outpatient Influenza-like Illness Surveillance Network: Oregon's outpatient influenza-like illness (ILI) network comprises 24 voluntary healthcare providers from across Oregon who report the number of patients with influenza-like illness as well as total number of patient visits for each week during the surveillance season. The percent of outpatients seen with ILI for week 44 of 2015 was 0.52% which is below Oregon's seasonal threshold of 0.61%.*

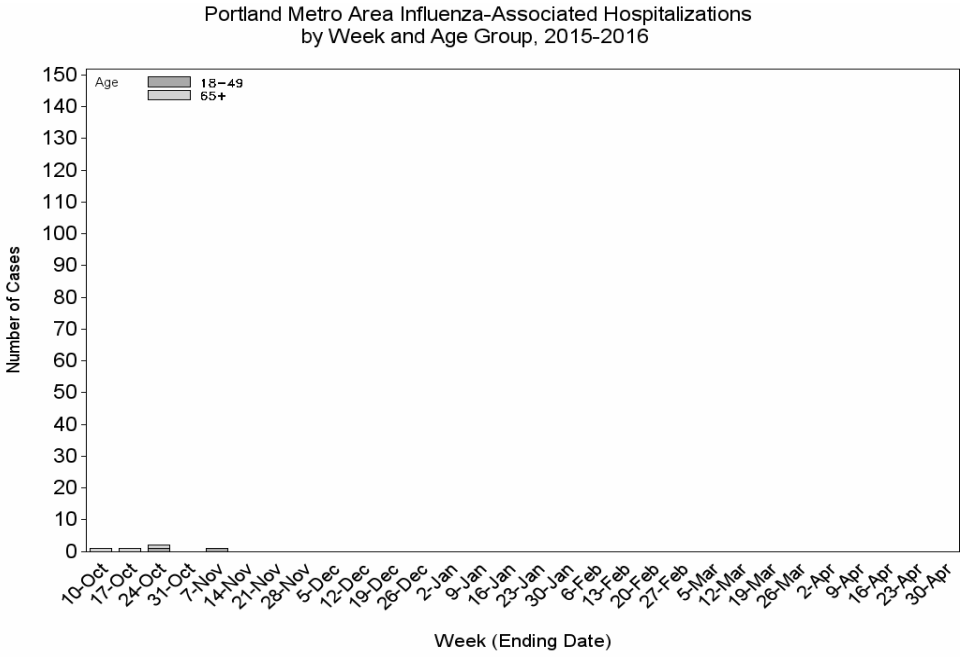
Note: ILI is defined as fever (≥100°F) and cough or sore throat. *The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

The 3-week moving average for percent of outpatients seen with ILI in week 44 was 0.71%, which is above the historical moving average baseline for this week.

The 3-week moving average does not show actual weekly percentage of ILI, but an average that includes the current week and preceding 2 weeks, and is used to smooth out fluctuations in the data. The historical baseline is the average 3-week moving averages over the preceding four flu seasons.

All Flu Bites data provided are preliminary and may change as additional reports are received.

Hospitalizations:
In Clackamas, Multnomah, and Washington counties, 5 total reported hospitalizations occurred up through MMWR week 44, with 1 case reported during week 44. Of reported cases, 60.0% were among persons aged ≥65 years.



Laboratory Surveillance:
The Oregon State Public Health Laboratory (OSPHL) is performing influenza typing and sub-typing by PCR on specimens from the following groups of patients:

- Patients seen by Oregon Sentinel providers from ILINet.
- Patients hospitalized with influenza-like illness in the Portland Tri-County area (Multnomah, Clackamas and Washington counties) as part of the CDC-funded study, The Influenza Hospitalization Network (FluSurv-NET).
- Patients identified as part of an outbreak of respiratory illness. Please report clusters of respiratory illness to the on-call ACDP epidemiologist at (971-673-1111), who will then make decisions about the need for testing at the OSPHL.

Tables 1 and 2 show the current week and cumulative totals (**since October 1, 2015**) for influenza and other respiratory virus specimens tested at the OSPHL.

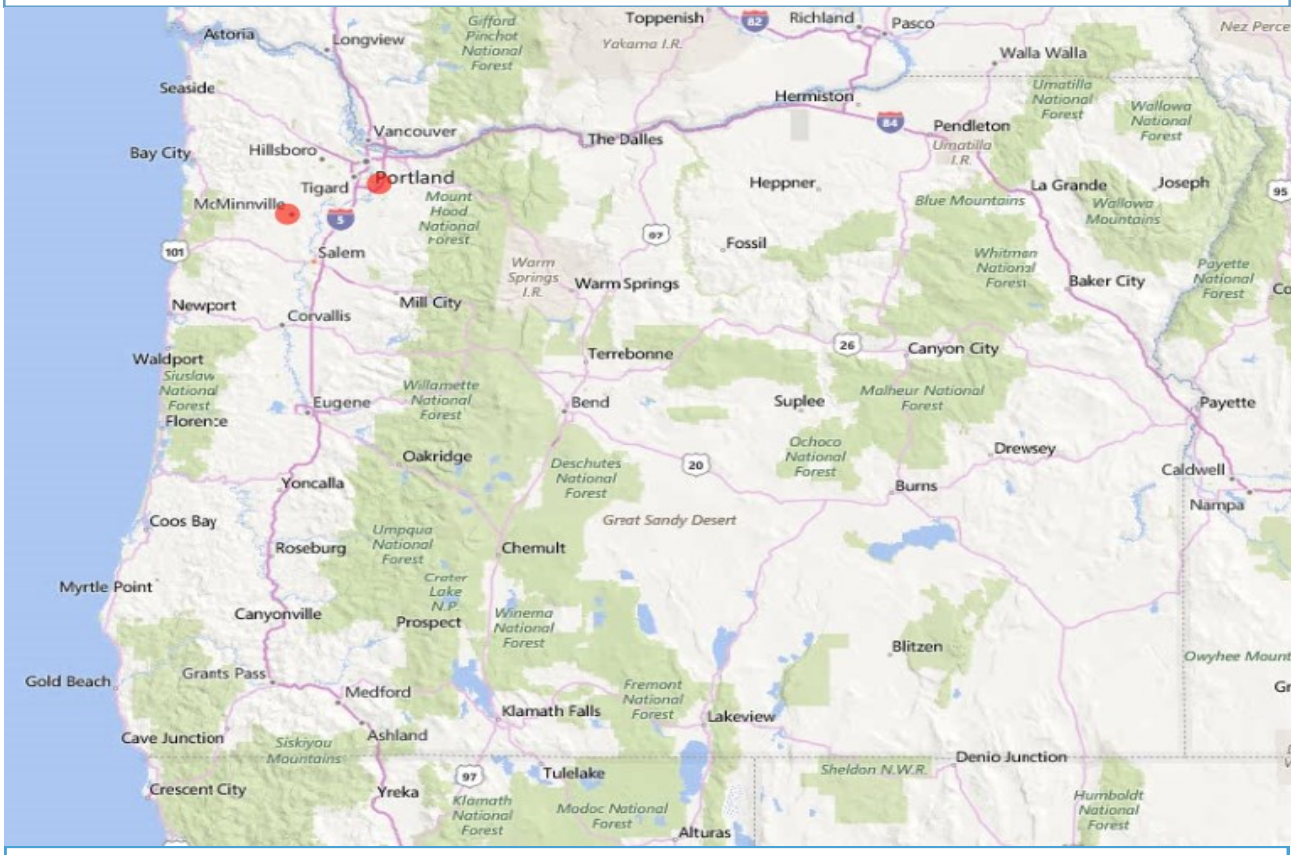
Table 1. Oregon State Public Health Laboratory Influenza Specimen Type and Subtype, 2014–2015.

	Current Week	Cumulative
Influenza A	0	11 (40.7%)
2009 pH1N1	0	0
Seasonal A H3	0	11 (40.7%)
Not subtyped	0	0
Influenza B	0	0
Undetected	3	16 (59.3%)
Total Tested	**3**	**27**

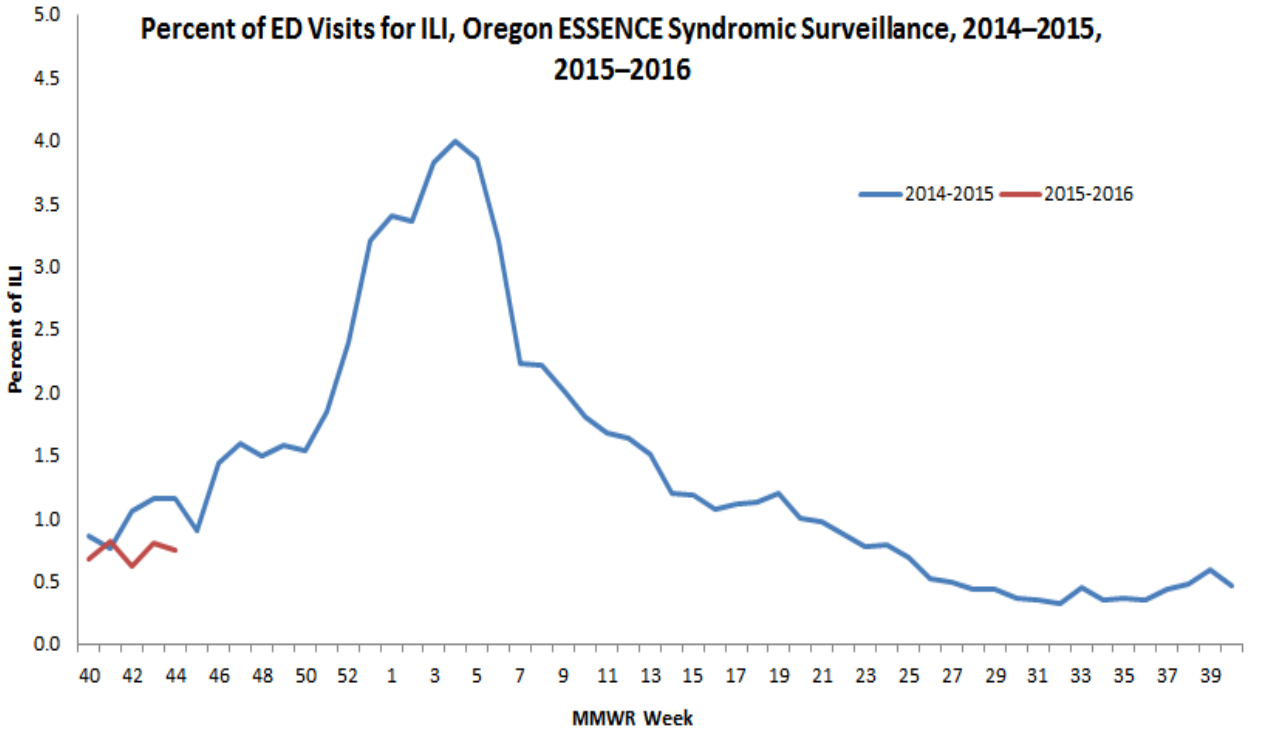
Table 2. Oregon State Public Health Laboratory *Non-Influenza Respiratory* Viruses, 2014–2015.

	Current Week	Cumulative
Adenovirus	0	1 (12.5%)
Parainfluenza type 1	0	2 (25.0%)
Parainfluenza type 2	0	0
Parainfluenza type 3	0	0
Human Metapneumovirus	0	0
RSV	0	0
Total Tested	**2**	**8**

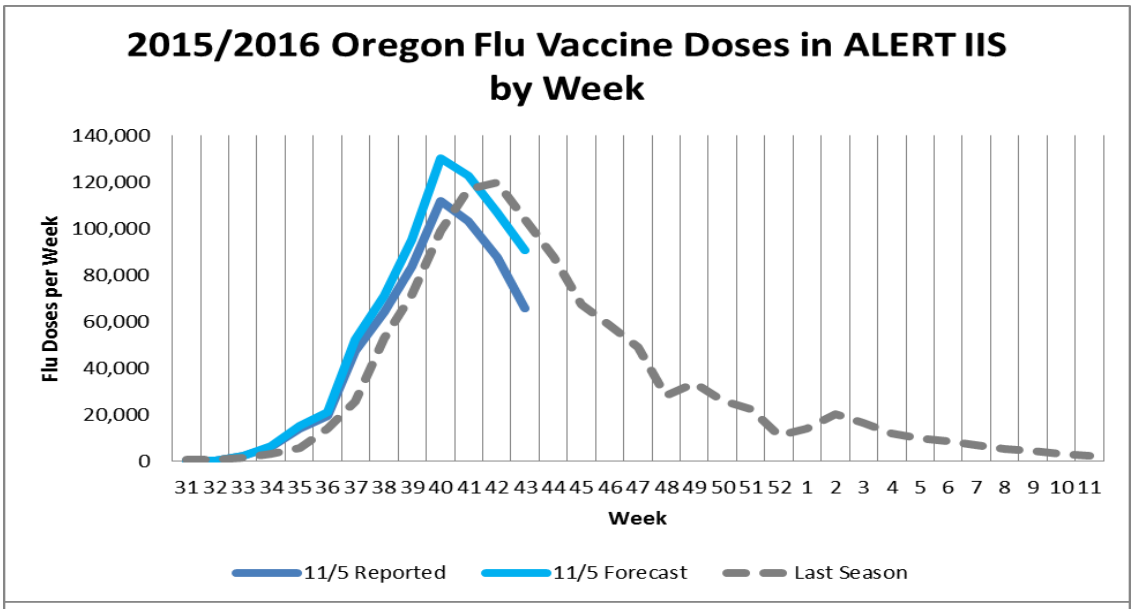
Influenza Outbreaks: In Oregon, 2 influenza/ILI outbreaks have occurred since October 1, 2015, with none reported during week 44. The red dots on the map show where flu outbreaks have occurred throughout the state this season. As outbreaks accumulate, numbers inside the dots will indicate that multiple outbreaks have occurred in that area.

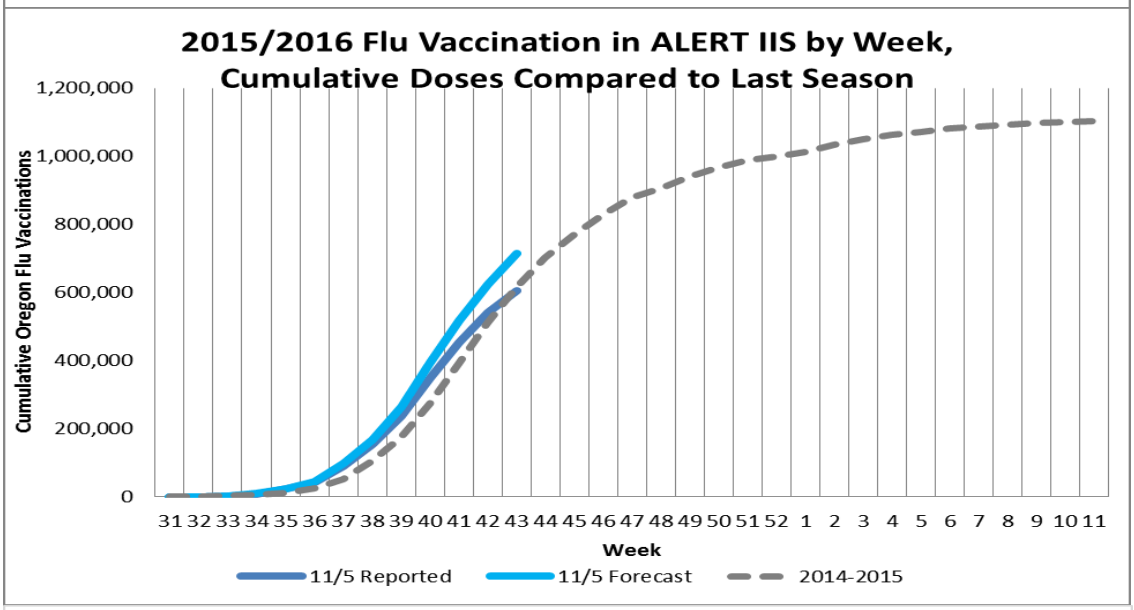


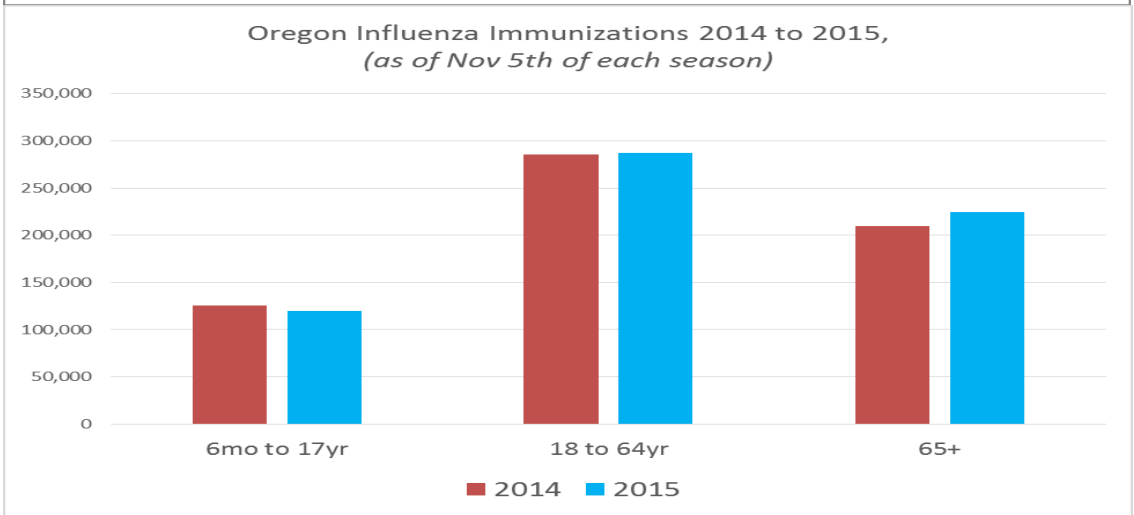
Oregon ESSENCE Syndromic Surveillance: Oregon Public Health tracks hospital emergency department (ED) visits throughout the state using the Oregon ESSENCE syndromic surveillance system. ESSENCE categorizes chief complaints into syndrome categories, which include ILI. The percent of ED visits for ILI was 0.89% during week 44, 2015.



This week's immunization data show that the peak week was reached in early October, with a rapid fall-off in influenza immunizations in November. As of Nov 5th, the ALERT Immunization Information System (ALERT IIS) has received reports of 602,000 influenza immunization doses given to Oregon residents. Although influenza immunizations in Oregon have peaked early this season, total immunizations still remain at or above last season's levels. A comparison of influenza immunization between this time last year to the present shows that for children and non-senior adults, immunization totals are comparable. For senior adults there is a moderate increase in influenza immunization compared to last year.

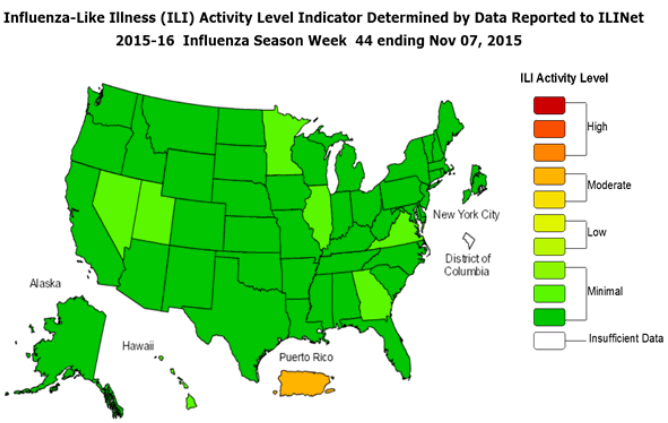




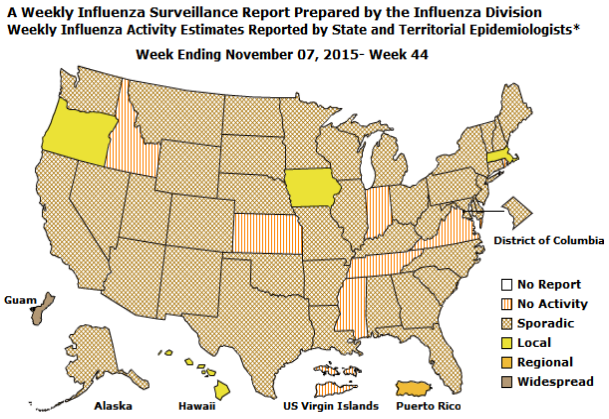


US Data (from CDC FluView): During week 44 (November 1-7, 2015), influenza activity was low in the United States.

- **Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories in week 44 was influenza A viruses, with influenza A (H3) viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories is low.
- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below their system-specific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.
- **Influenza-associated Pediatric Deaths:** No influenza-associated pediatric deaths were reported.
- **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 1.4%, which is below the national baseline of 2.1%. All 10 regions reported ILI below region-specific baseline levels. Puerto Rico experienced moderate ILI activity, New York City and 50 states experienced minimal ILI activity, and the District of Columbia had insufficient data.
- **Geographic Spread of Influenza:** The geographic spread of influenza in Guam was reported as widespread; Puerto Rico reported regional activity; four states reported local activity; the District of Columbia and 39 states reported sporadic activity; and the U.S. Virgin Islands and seven states reported no influenza activity.



Map above left: This map uses the proportion of outpatient visits to ILINet sentinel providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.



*This map indicates geographic spread and does not measure the severity of influenza activity.

Map above right: This map measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

Additional resources:

- CDC Weekly Surveillance Report: http://www.cdc.gov/flu/weekly

Flu Bites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

Oregon Health Authority

Oregon Public Health Division

Published November 20, 2015

Data at a Glance: November 8-14, 2015 (Week 45)

	Current Week (45)	Previous Week (44)
Oregon Influenza-Like Illness (ILI) Activity Level[1]	Minimal	Minimal
Oregon Influenza Activity Geographic Spread[2]	Local	Local
Percent of outpatient visits for ILI	1.97%	0.52%
Percent of emergency department visits for ILI[3]	0.98%	0.92%
Positive influenza tests[4]	0	0
Influenza-associated hospitalizations[5]	0	1
Reported ILI/Influenza outbreaks	0	0
Influenza-associated pediatric mortality	0	0
Respiratory Syncytial Virus (RSV) activity[6]	1%	1%

[1]Levels are determined by CDC. Based on proportion of outpatient visits– levels include minimal, low, moderate, and high.

[2]Levels for geographic spread include no activity, sporadic, local, regional, and widespread.

[3]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.

[4]Reported by state public health lab (OSPHL) from outbreaks, tri-county hospitalizations, and sentinel ILI surveillance; includes only current week positive tests.

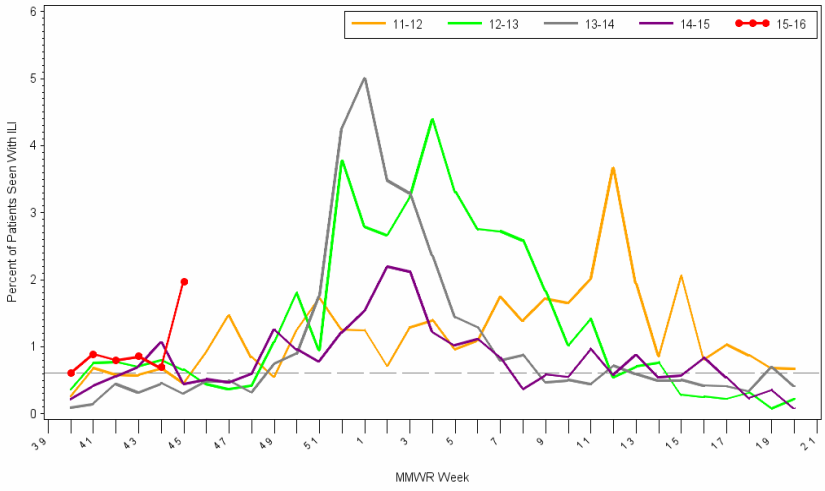
[5]Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.

[6]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.

Oregon Health Authority, Acute and Communicable Disease Prevention 19NOV15

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

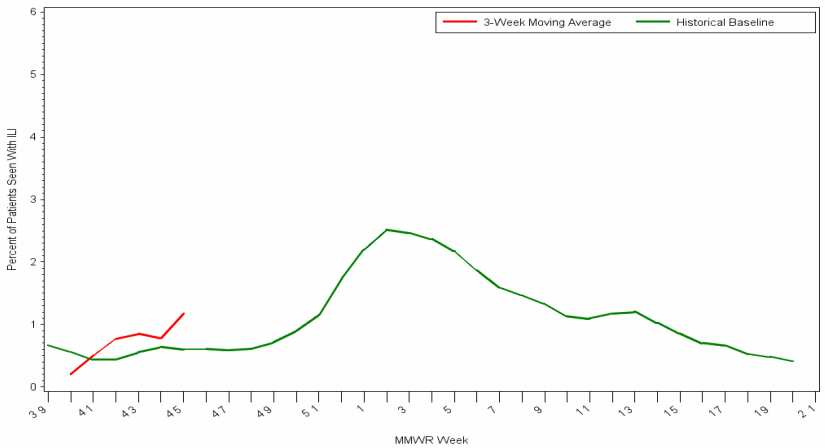
Percent of Outpatients with Influenza-like Illness (ILI)
2011-2012, 2012-2013, 2013-2014, 2014-2015, 2015-2016



Surveillance weeks run from Sunday through Saturday
Sentinel providers report the number of patients seen with influenza-like illness as well as total patients seen each week.

Oregon Health Authority, Acute and Communicable Disease Prevention 19NOV15

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)
3-Week Moving Average of Percent of Outpatients with Influenza-like Illness (ILI)



ILINet: Oregon's Outpatient Influenza-like Illness Surveillance Network: Oregon's outpatient influenza-like illness (ILI) network comprises 24 voluntary healthcare providers from across Oregon who report the number of patients with influenza-like illness as well as total number of patient visits for each week during the surveillance season. The percent of outpatients seen with ILI for week 45 of 2015 was 1.97% which is above Oregon's seasonal threshold of 0.61%.*

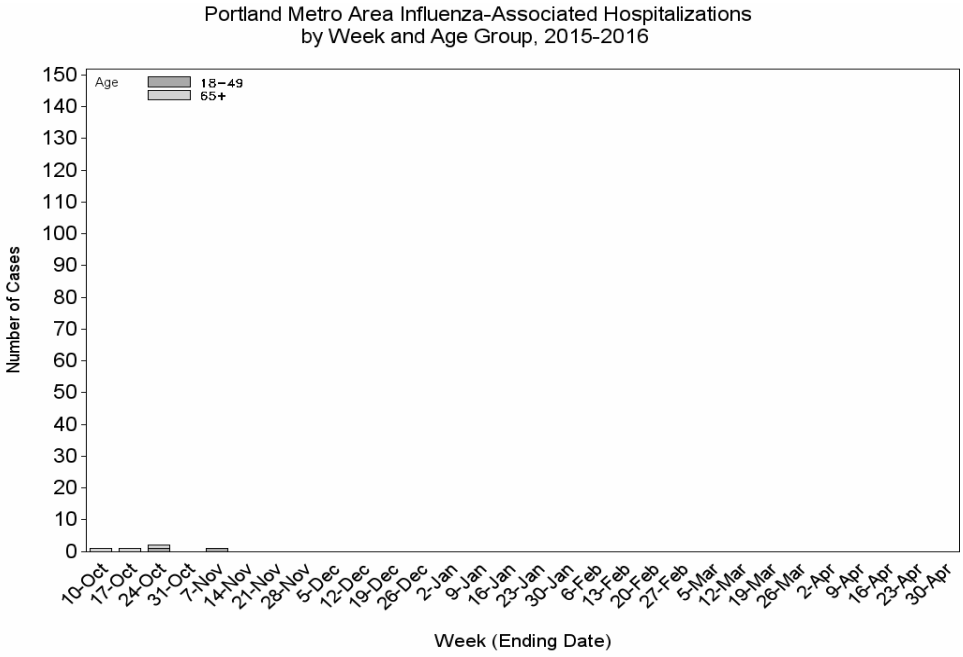
Note: ILI is defined as fever (≥100°F) and cough or sore throat. *The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

The 3-week moving average for percent of outpatients seen with ILI in week 45 was 1.17%, which is above the historical moving average baseline for this week.

The 3-week moving average does not show actual weekly percentage of ILI, but an average that includes the current week and preceding 2 weeks, and is used to smooth out fluctuations in the data. The historical baseline is the average 3-week moving averages over the preceding four flu seasons.

All Flu Bites data provided are preliminary and may change as additional reports are received.

Hospitalizations:
In Clackamas, Multnomah, and Washington counties, 5 total reported hospitalizations occurred up through MMWR week 45, with 0 cases reported during week 45. Of reported cases, 60.0% were among persons aged ≥65 years.



Laboratory Surveillance:
The Oregon State Public Health Laboratory (OSPHL) is performing influenza typing and sub-typing by PCR on specimens from the following groups of patients:

- Patients seen by Oregon Sentinel providers from ILINet.
- Patients hospitalized with influenza-like illness in the Portland Tri-County area (Multnomah, Clackamas and Washington counties) as part of the CDC-funded study, The Influenza Hospitalization Network (FluSurv-NET).
- Patients identified as part of an outbreak of respiratory illness. Please report clusters of respiratory illness to the on-call ACDP epidemiologist at (971-673-1111), who will then make decisions about the need for testing at the OSPHL.

Tables 1 and 2 show the current week and cumulative totals (**since October 1, 2015**) for influenza and other respiratory virus specimens tested at the OSPHL.

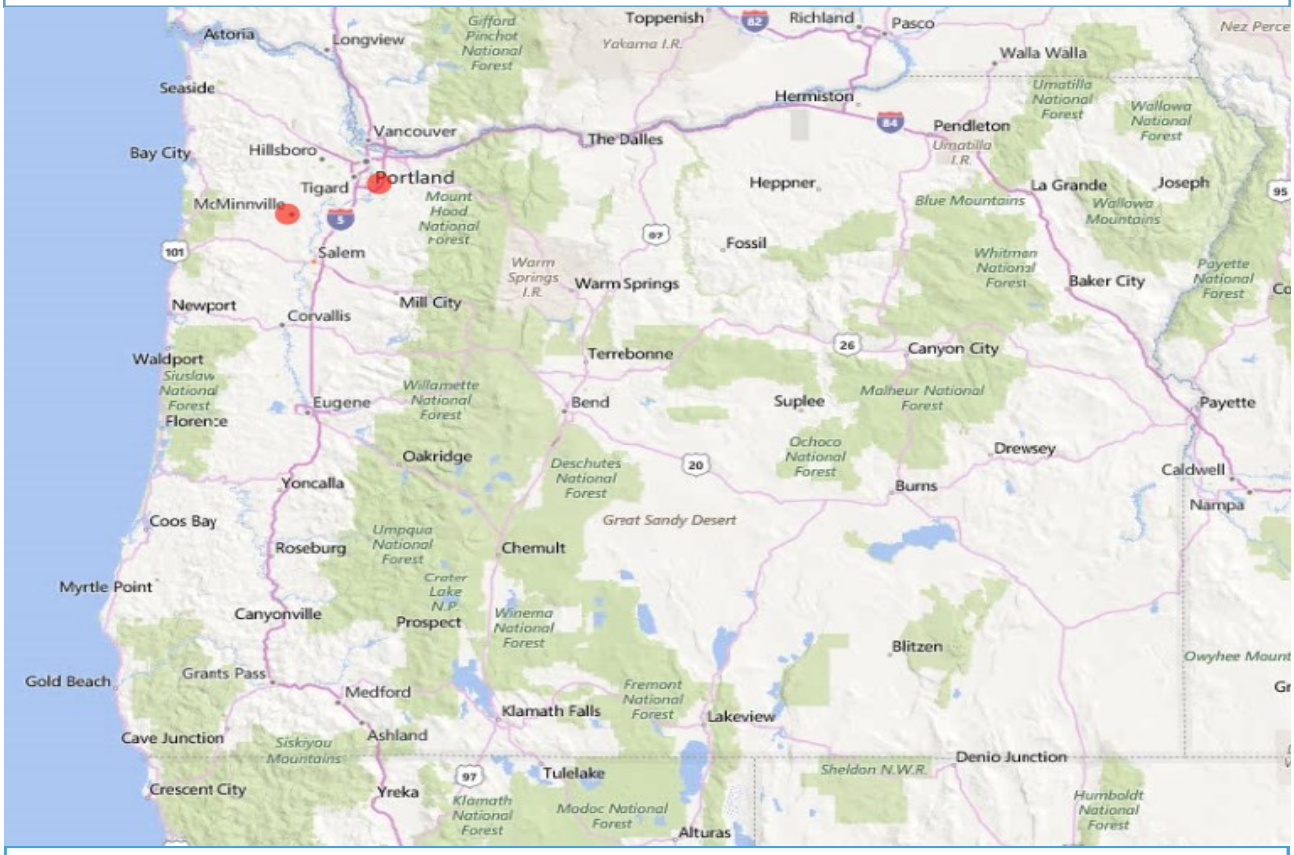
Table 1. Oregon State Public Health Laboratory Influenza Specimen Type and Subtype, 2014–2015.

	Current Week	Cumulative
Influenza A	0	11 (37.9%)
2009 pH1N1	0	0
Seasonal A H3	0	11 (37.9%)
Not subtyped	0	0
Influenza B	0	1 (3.4%)
Undetected	1	17 (58.6%)
Total Tested	**1**	**29**

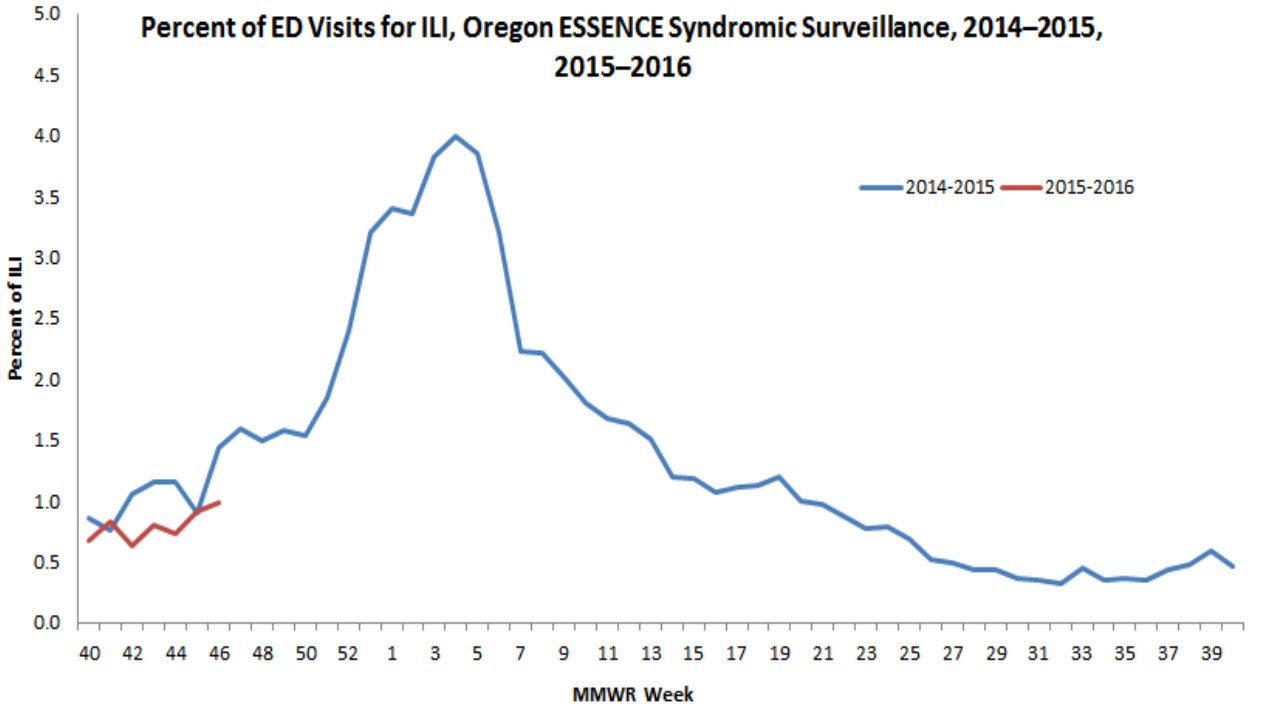
Table 2. Oregon State Public Health Laboratory *Non-Influenza Respiratory* Viruses, 2014–2015.

	Current Week	Cumulative
Adenovirus	0	1 (12.5%)
Parainfluenza type 1	0	2 (25.0%)
Parainfluenza type 2	0	0
Parainfluenza type 3	0	0
Human Metapneumovirus	0	0
RSV	0	0
Total Tested	**0**	**8**

Influenza Outbreaks: In Oregon, 2 influenza/ILI outbreaks have occurred since October 1, 2015, with none reported during week 45. The red dots on the map show where flu outbreaks have occurred throughout the state this season. As outbreaks accumulate, numbers inside the dots will indicate that multiple outbreaks have occurred in that area.



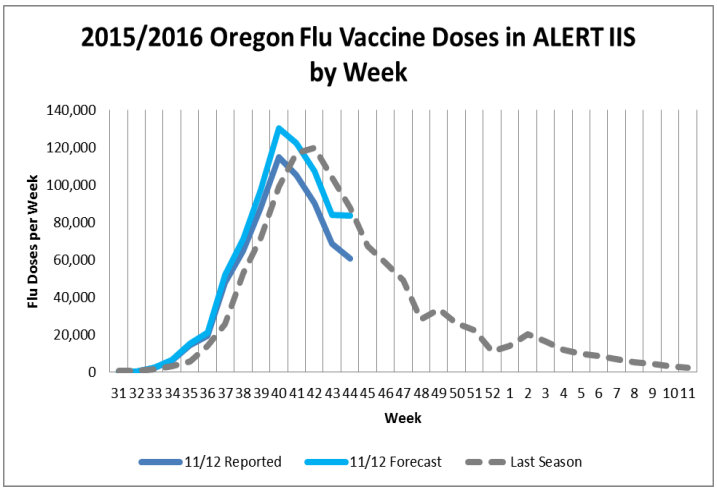
Oregon ESSENCE Syndromic Surveillance: Oregon Public Health tracks hospital emergency department (ED) visits throughout the state using the Oregon ESSENCE syndromic surveillance system. ESSENCE categorizes chief complaints into syndrome categories, which include ILI. The percent of ED visits for ILI was 0.98% during week 45, 2015.

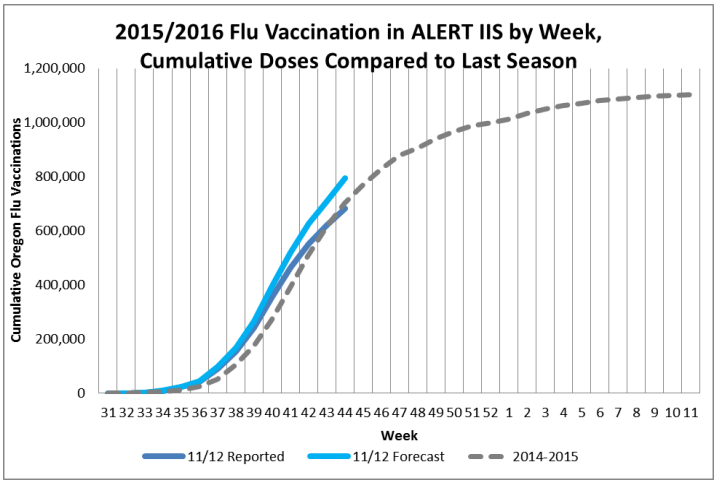


As of November 12th, the ALERT Immunization Information System (ALERT IIS) has received reports of over 700,000 influenza immunization doses given to Oregon residents. While weekly influenza immunization totals peaked in early October, substantial immunization seeking is still occurring. Influenza immunization totals for this season continue to track at the same levels as last season.

County Influenza Immunizations 2014 to 2015.

	Reported Flu Doses by Oct. 29th, All Ages		
County	2014	2015	% Change
BAKER	2,117	1,988	-6%
BENTON	9,737	10,738	10%
CLACKAMAS	61,963	65,312	5%
CLATSOP	4,237	4,931	16%
COLUMBIA	7,451	6,990	-6%
COOS	6,356	10,214	61%
CROOK	3,648	3,142	-14%
CURRY	1,704	2,532	49%
DESCHUTES	24,354	22,693	-7%
DOUGLAS	11,506	11,119	-3%
GILLIAM	200	189	-6%
GRANT	884	754	-15%
HARNEY	451	639	42%
HOOD RIVER	3,674	3,377	-8%
JACKSON	19,840	21,904	10%
JEFFERSON	2,092	2,662	27%
JOSEPHINE	8,081	10,158	26%
KLAMATH	5,622	5,915	5%
LAKE	584	354	-39%
LANE	39,831	51,860	30%
LINCOLN	7,031	7,025	0%
LINN	18,602	18,291	-2%
MALHEUR	2,278	2,870	26%
MARION	48,769	47,373	-3%
MORROW	1,211	1,117	-8%
MULTNOMAH	116,308	121,511	4%
POLK	10,727	10,869	1%
SHERMAN	220	276	25%
TILLAMOOK	3,632	3,408	-6%
UMATILLA	6,973	6,472	-7%
UNION	2,373	1,599	-33%
WALLOWA	898	753	-16%
WASCO	3,063	3,738	22%
WASHINGTON	85,000	87,446	3%
WHEELER	130	210	62%
YAMHILL	13,480	14,624	8%
State Total	**535,027**	**565,053**	**6%**





US Data (from CDC FluView): During week 45 (November 8-14, 2015), influenza activity increased slightly in the United States.

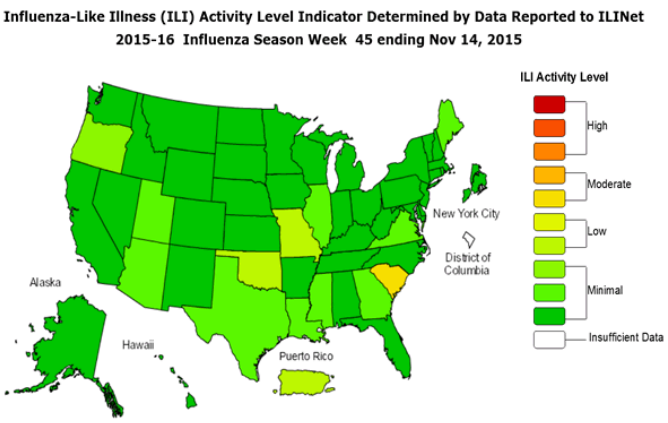
- **Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories in week 45 was influenza A viruses, with influenza A (H3) viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories is low.

- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below their system-specific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.

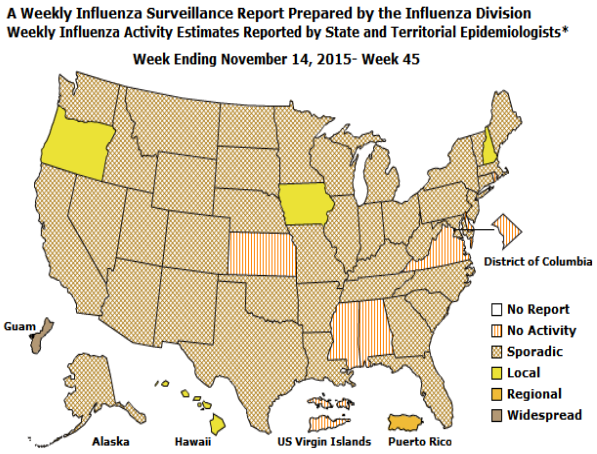
- **Influenza-associated Pediatric Deaths:** One influenza-associated pediatric death was reported.

- **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 1.6%, which is below the national baseline of 2.1%. Two of 10 regions reported ILI at or above region-specific baseline levels. One state experienced moderate ILI activity; Puerto Rico and two states experienced low ILI activity; New York City and 47 states experienced minimal ILI activity; and the District of Columbia had insufficient data.

- **Geographic Spread of Influenza:** The geographic spread of influenza in Guam was reported as widespread; Puerto Rico reported regional activity; four states reported local activity; 40 states reported sporadic activity; and the District of Columbia, the U.S. Virgin Islands, and six states reported no influenza activity.



Map above left: This map uses the proportion of outpatient visits to ILINet sentinel providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.



Map above right: This map measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

Additional resources:

- CDC Weekly Surveillance Report: http://www.cdc.gov/flu/weekly

Flu Bites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

Oregon Health Authority

Oregon Public Health Division

Published November 30, 2015

Data at a Glance: November 15-21, 2015 (Week 46)

	Current Week (46)	Previous Week (45)
Oregon Influenza-Like Illness (ILI) Activity Level[1]	Minimal	Minimal
Oregon Influenza Activity Geographic Spread[2]	Sporadic	Local
Percent of outpatient visits for ILI	1.33%	1.97%
Percent of emergency department visits for ILI[3]	0.98%	0.99%
Positive influenza tests[4]	0	0
Influenza-associated hospitalizations[5]	0	0
Reported ILI/Influenza outbreaks	0	0
Influenza-associated pediatric mortality	0	0
Respiratory Syncytial Virus (RSV) activity[6]	1%	1%

[1]Levels are determined by CDC. Based on proportion of outpatient visits– levels include minimal, low, moderate, and high.

[2]Levels for geographic spread include no activity, sporadic, local, regional, and widespread.

[3]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.

[4]Reported by state public health lab (OSPHL) from outbreaks, tri-county hospitalizations, and sentinel ILI surveillance; includes only current week positive tests.

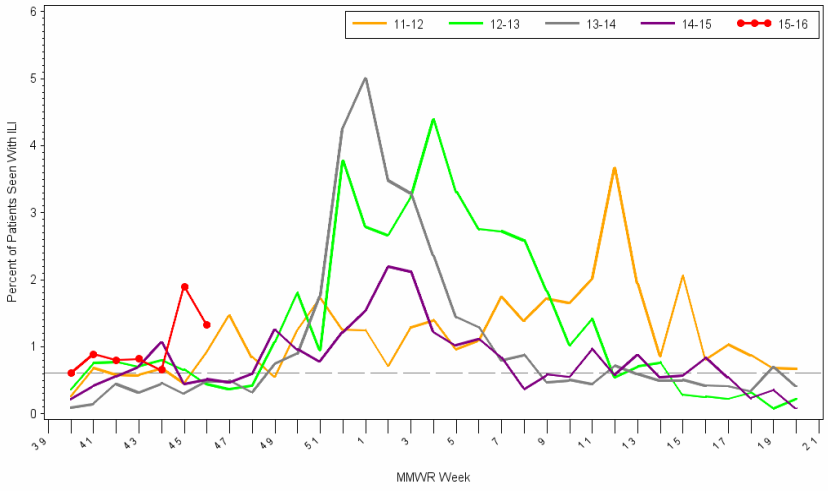
[5]Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.

[6]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.

Oregon Health Authority, Acute and Communicable Disease Prevention 30NOV15

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

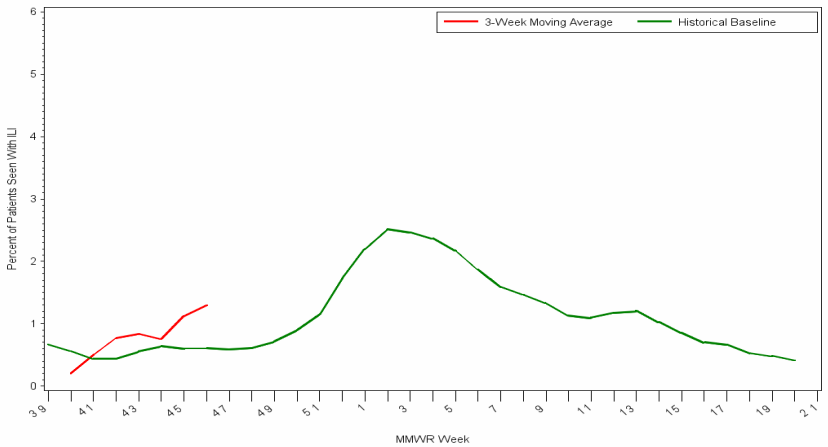
Percent of Outpatients with Influenza-like Illness (ILI)
2011-2012, 2012-2013, 2013-2014, 2014-2015, 2015-2016



Surveillance weeks run from Sunday through Saturday
Sentinel providers report the number of patients seen with influenza-like illness as well as total patients seen each week.

Oregon Health Authority, Acute and Communicable Disease Prevention 30NOV15

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)
3-Week Moving Average of Percent of Outpatients with Influenza-like Illness (ILI)



ILINet: Oregon's Outpatient Influenza-like Illness Surveillance Network: Oregon's outpatient influenza-like illness (ILI) network comprises 24 voluntary healthcare providers from across Oregon who report the number of patients with influenza-like illness as well as total number of patient visits for each week during the surveillance season. The percent of outpatients seen with ILI for week 46 of 2015 was 1.33% which is above Oregon's seasonal threshold of 0.61%.*

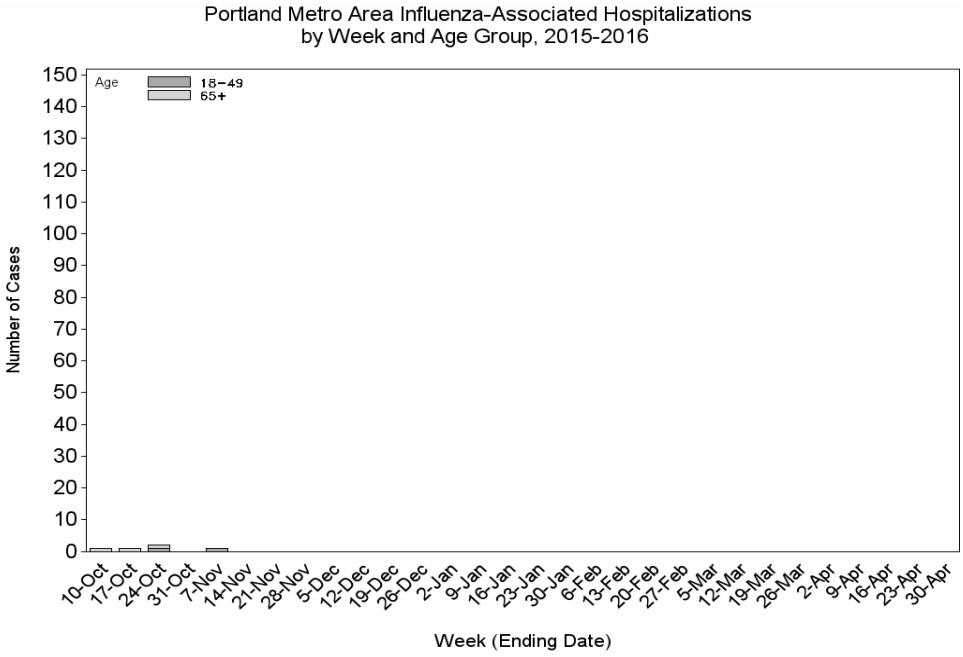
Note: ILI is defined as fever (≥100°F) and cough or sore throat. *The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

The 3-week moving average for percent of outpatients seen with ILI in week 46 was 1.30%, which is above the historical moving average baseline for this week.

The 3-week moving average does not show actual weekly percentage of ILI, but an average that includes the current week and preceding 2 weeks, and is used to smooth out fluctuations in the data. The historical baseline is the average 3-week moving averages over the preceding four flu seasons.

All Flu Bites data provided are preliminary and may change as additional reports are received.

Hospitalizations:
In Clackamas, Multnomah, and Washington counties, 5 total reported hospitalizations occurred up through MMWR week 46, with 0 cases reported during week 46. Of reported cases, 60.0% were among persons aged ≥65 years.



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The Oregon State Public Health Laboratory (OSPHL) is performing influenza typing and sub-typing by PCR on specimens from the following groups of patients:

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- Patients identified as part of an outbreak of respiratory illness. Please report clusters of respiratory illness to the on-call ACDP epidemiologist at (971-673-1111), who will then make decisions about the need for testing at the OSPHL.

Tables 1 and 2 show the current week and cumulative totals (**since October 1, 2015**) for influenza and other respiratory virus specimens tested at the OSPHL.

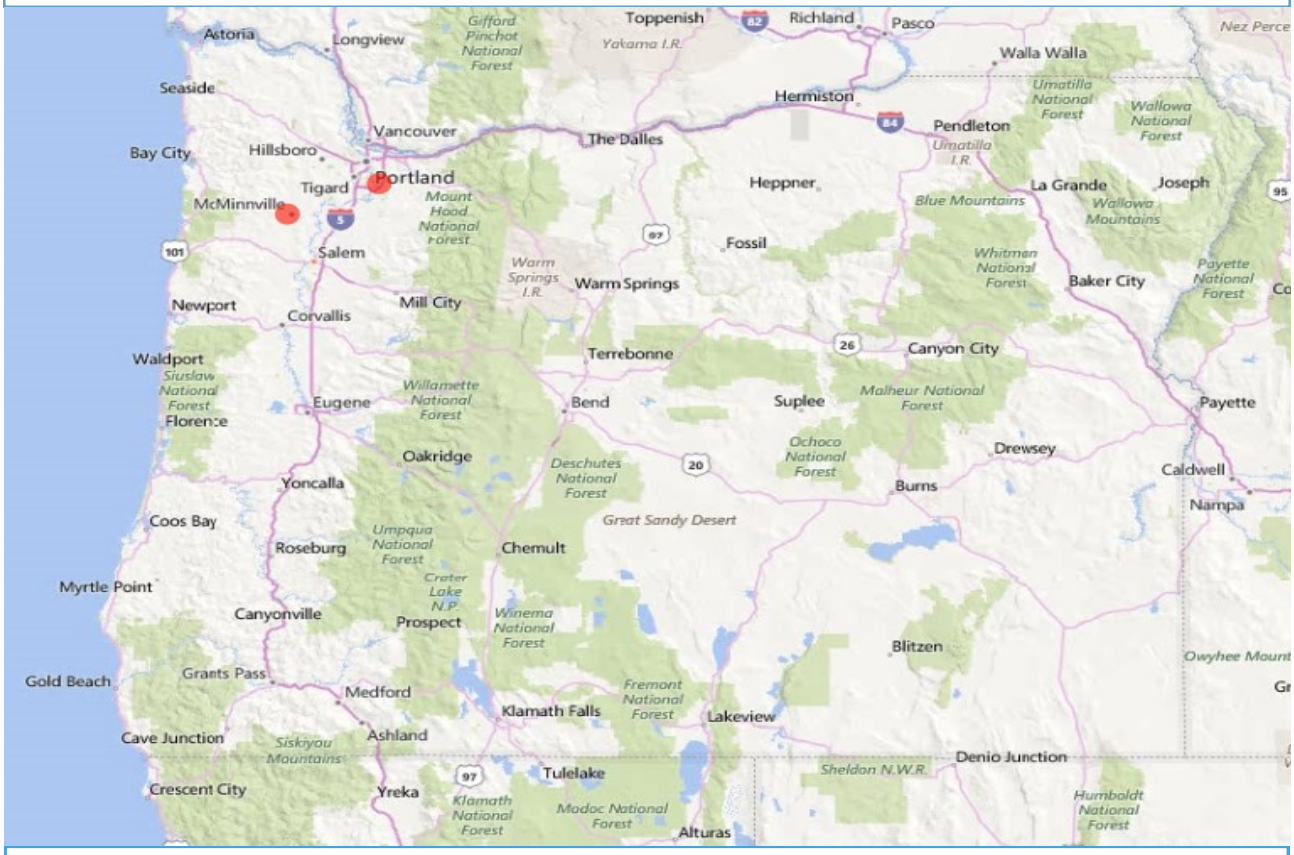
Table 1. Oregon State Public Health Laboratory Influenza Specimen Type and Subtype, 2014–2015.

	Current Week	Cumulative
Influenza A	0	11 (37.9%)
2009 pH1N1	0	0
Seasonal A H3	0	11 (37.9%)
Not subtyped	0	0
Influenza B	0	1 (3.4%)
Undetected	0	17 (58.6%)
Total Tested	**0**	**29**

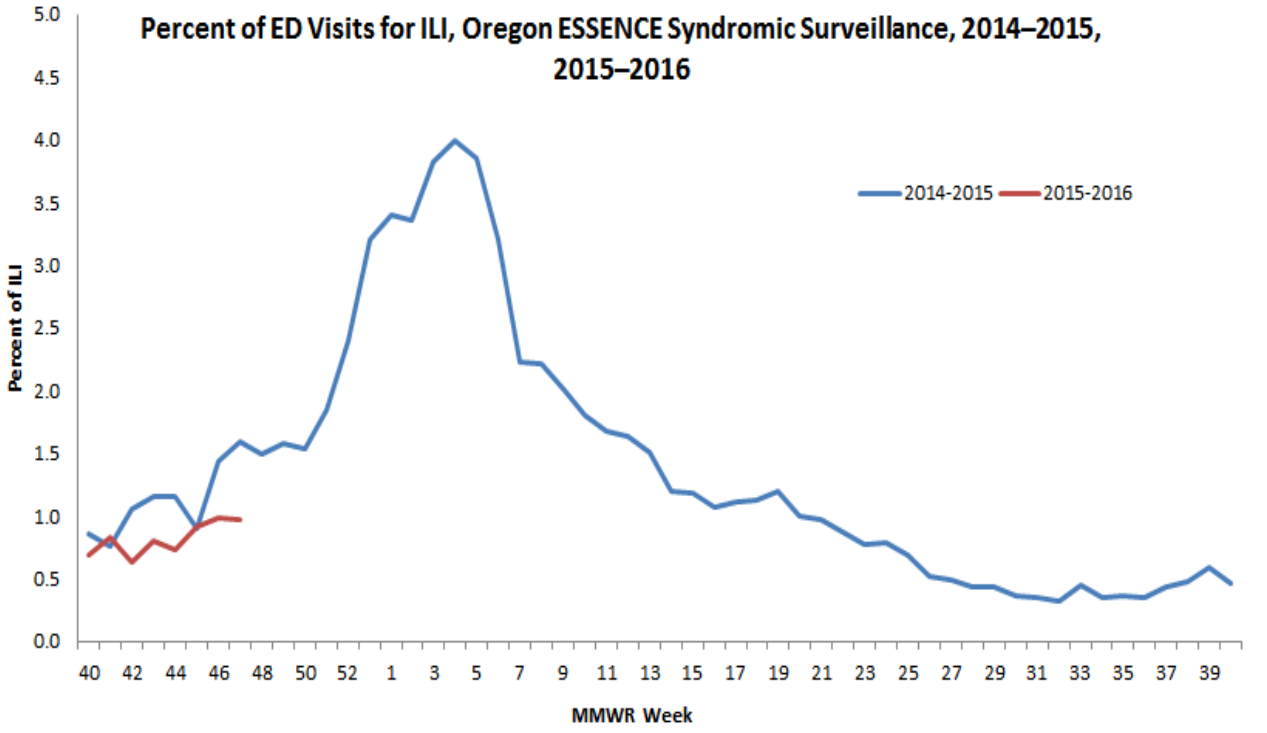
Table 2. Oregon State Public Health Laboratory *Non-Influenza Respiratory* Viruses, 2014–2015.

	Current Week	Cumulative
Adenovirus	0	1 (12.5%)
Parainfluenza type 1	0	2 (25.0%)
Parainfluenza type 2	0	0
Parainfluenza type 3	0	0
Human Metapneumovirus	0	0
RSV	0	0
Total Tested	**0**	**8**

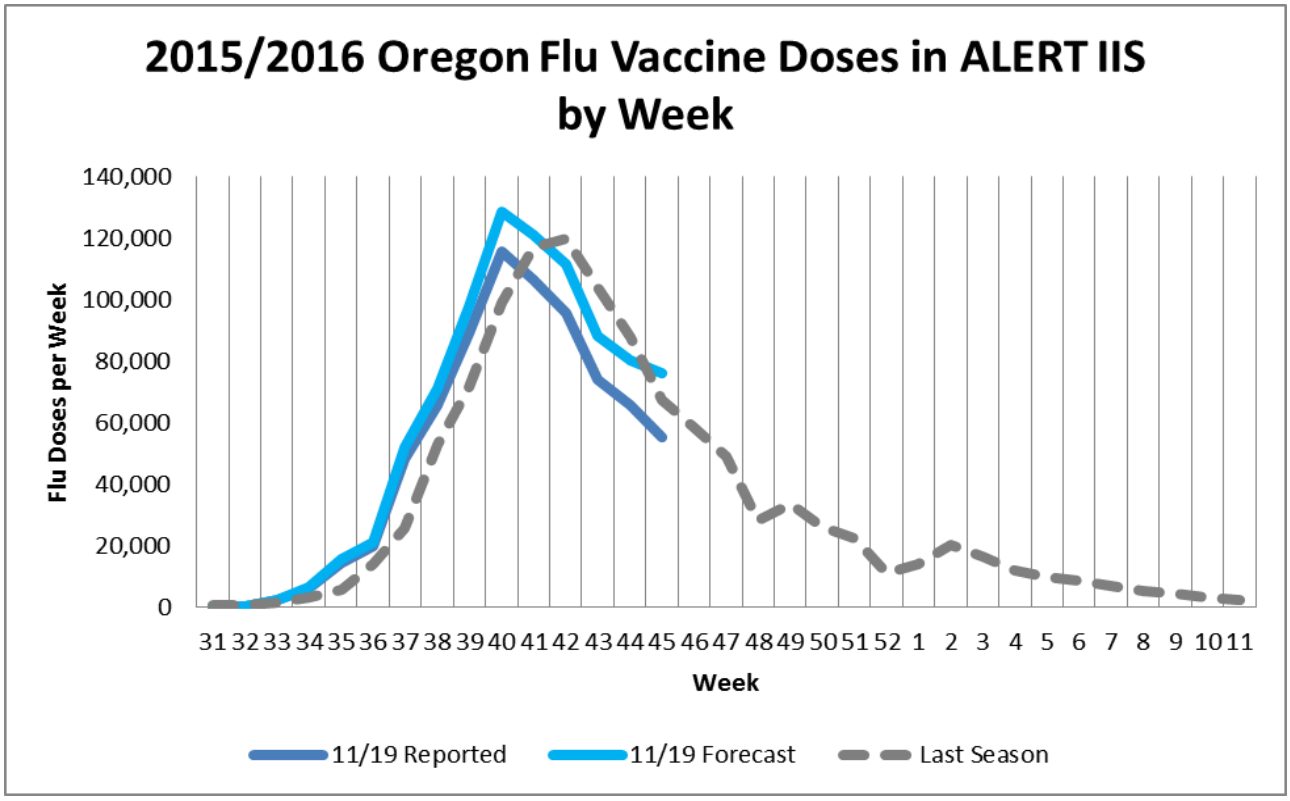
Influenza Outbreaks: In Oregon, 2 influenza/ILI outbreaks have occurred since October 1, 2015, with none reported during week 46. The red dots on the map show where flu outbreaks have occurred throughout the state this season. As outbreaks accumulate, numbers inside the dots will indicate that multiple outbreaks have occurred in that area.

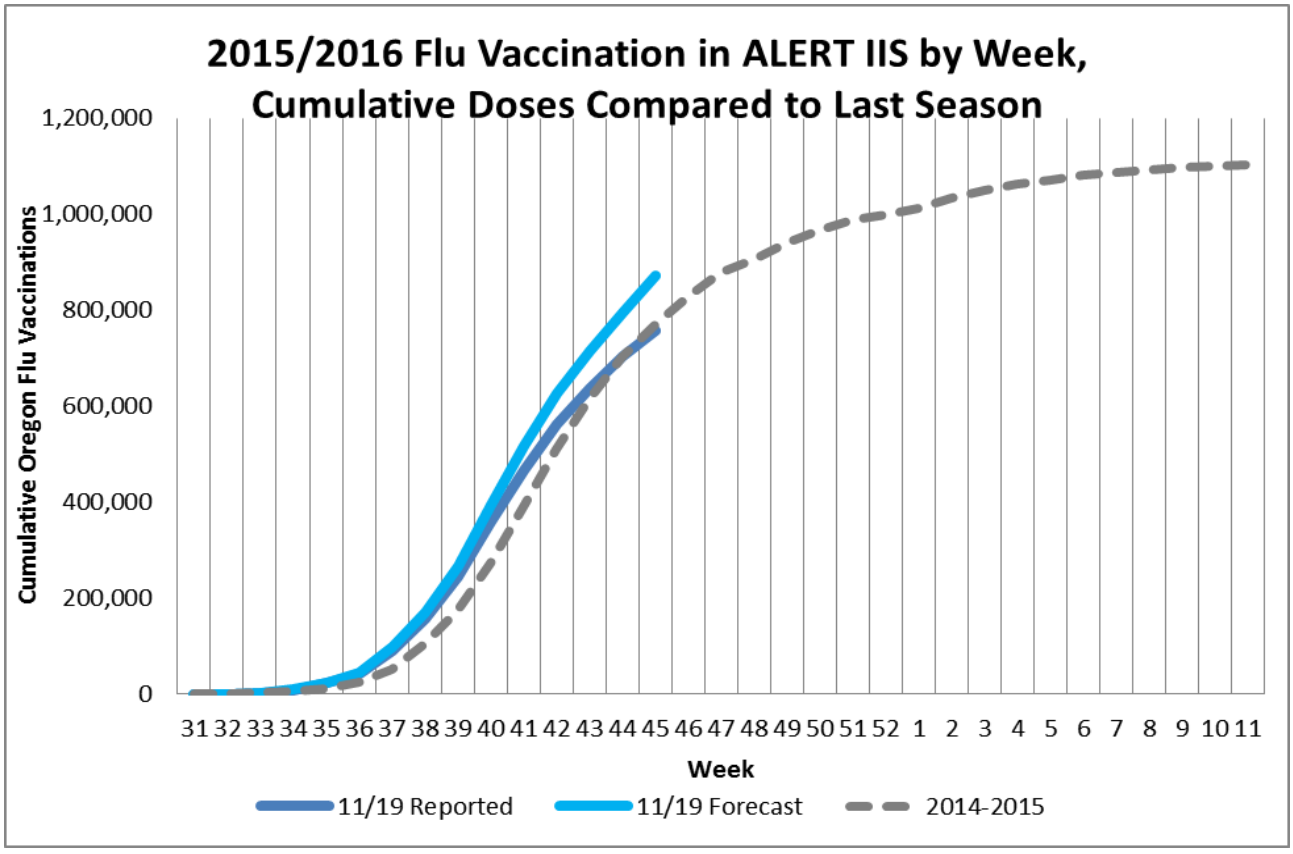


Oregon ESSENCE Syndromic Surveillance: Oregon Public Health tracks hospital emergency department (ED) visits throughout the state using the Oregon ESSENCE syndromic surveillance system. ESSENCE categorizes chief complaints into syndrome categories, which include ILI. The percent of ED visits for ILI was 0.98% during week 46, 2015.



To date over 760,000 influenza immunizations for Oregonians in the current season have been reported to the Alert Immunization Information System (ALERT IIS). Through mid-November the total number of influenza immunizations given in Oregon is comparable to last season. Influenza immunization seeking remains active as the holidays approach. Typically influenza immunizations drop off during the week of Thanksgiving and rebound in the first week of December.





US Data (from CDC FluView): During week 46 (November 15-21, 2015), influenza activity increased slightly in the United States.

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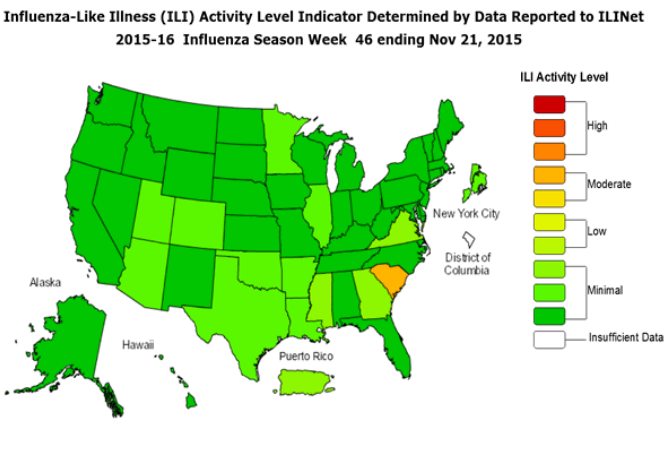
- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below their system-specific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.

- **Influenza-associated Pediatric Deaths:** One influenza-associated pediatric death was reported.

- **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 1.6%, which is below the national baseline of 2.1%. Two of 10 regions reported ILI at or above region-specific baseline levels. One state experienced moderate ILI activity; New York City Puerto Rico and 49 states experienced minimal ILI activity; and the District of Columbia had insufficient data.

- **Geographic Spread of Influenza:** The geographic spread of influenza in Guam was reported as widespread; Puerto Rico reported regional activity; five states reported local activity; 39 states reported sporadic activity; and the District of Columbia, the U.S. Virgin Islands, and six states reported no influenza activity.



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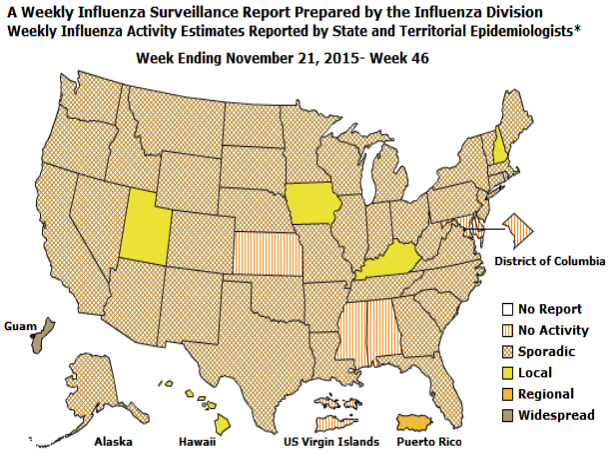

Map above right: This map measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

Additional resources:

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Flu Bites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

Oregon Health Authority

Oregon Public Health Division

Published December 4, 2015

Data at a Glance: November 22–28, 2015 (Week 47)

	Current Week (47)	Previous Week (46)
Oregon Influenza-Like Illness (ILI) Activity Level[1]	Minimal	Minimal
Oregon Influenza Activity Geographic Spread[2]	Local	Sporadic
Percent of outpatient visits for ILI	0.81%	1.33%
Percent of emergency department visits for ILI[3]	1.08%	0.98%
Positive influenza tests[4]	0	0
Influenza-associated hospitalizations[5]	0	1
Reported ILI/Influenza outbreaks	0	0
Influenza-associated pediatric mortality	0	0
Respiratory Syncytial Virus (RSV) activity[6]	1%	1%

[1]Levels are determined by CDC. Based on proportion of outpatient visits– levels include minimal, low, moderate, and high.

[2]Levels for geographic spread include no activity, sporadic, local, regional, and widespread.

[3]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.

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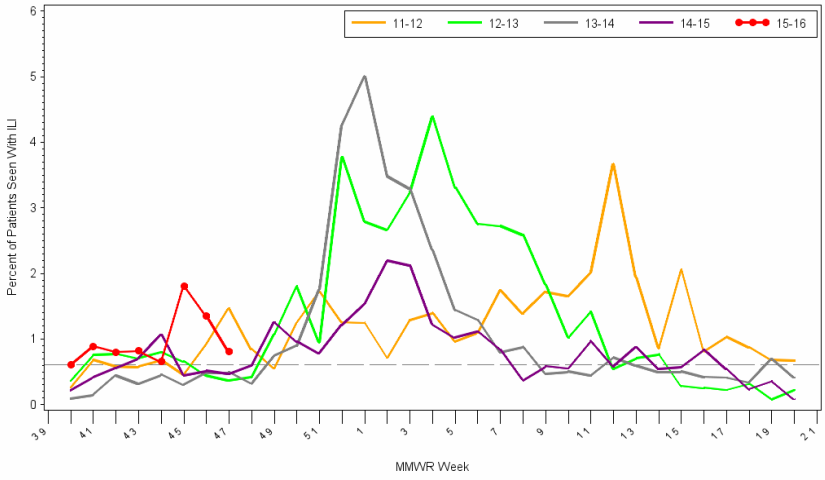
[6]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.

Oregon Health Authority, Acute and Communicable Disease Prevention 04DEC15

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

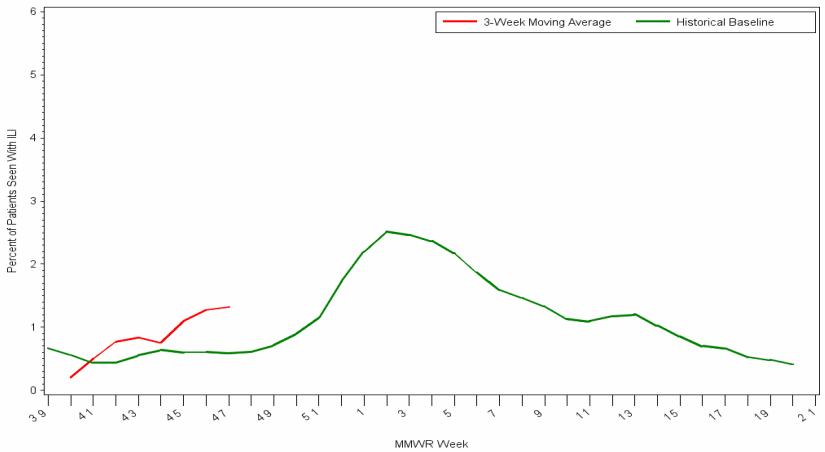
Percent of Outpatients with Influenza-like Illness (ILI)
2011-2012, 2012-2013, 2013-2014, 2014-2015, 2015-2016



Surveillance weeks run from Sunday through Saturday
Sentinel providers report the number of patients seen with influenza-like illness as well as total patients seen each week.

Oregon Health Authority, Acute and Communicable Disease Prevention 04DEC15

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)
3-Week Moving Average of Percent of Outpatients with Influenza-like Illness (ILI)



ILINet: Oregon's Outpatient Influenza-like Illness Surveillance Network: Oregon's outpatient influenza-like illness (ILI) network comprises 24 voluntary healthcare providers from across Oregon who report the number of patients with influenza-like illness as well as total number of patient visits for each week during the surveillance season. The percent of outpatients seen with ILI for week 47 of 2015 was 0.81% which is above Oregon's seasonal threshold of 0.61%.*

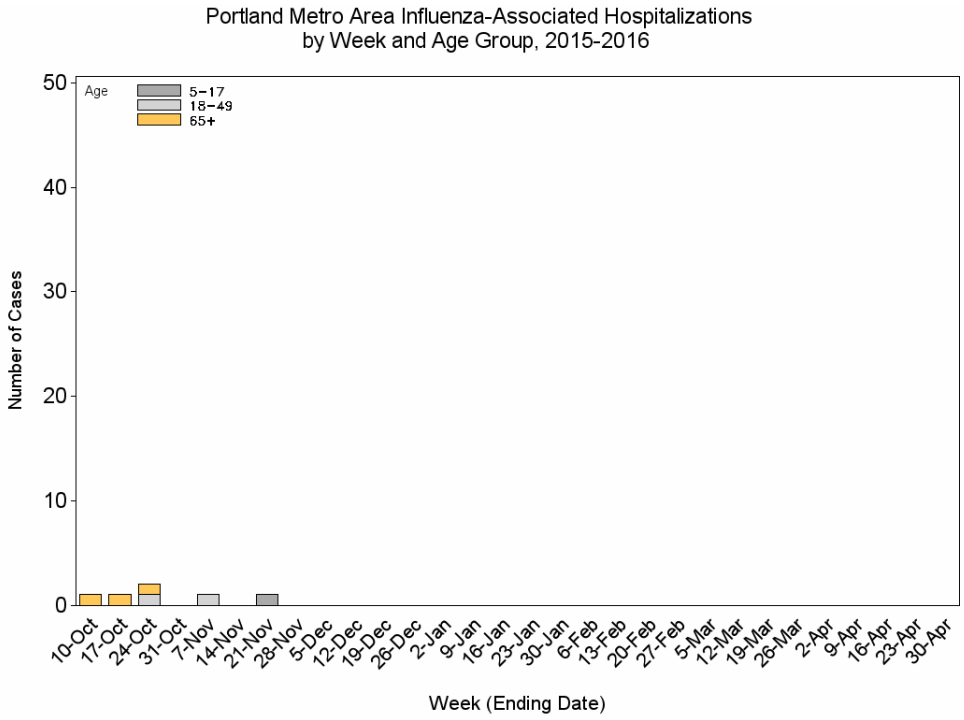
Note: ILI is defined as fever (≥100°F) and cough or sore throat. *The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

The 3-week moving average for percent of outpatients seen with ILI in week 47 was 1.32%, which is above the historical moving average baseline for this week.

The 3-week moving average does not show actual weekly percentage of ILI, but an average that includes the current week and preceding 2 weeks, and is used to smooth out fluctuations in the data. The historical baseline is the average 3-week moving averages over the preceding four flu seasons.

All Flu Bites data provided are preliminary and may change as additional reports are received.

Hospitalizations: In Clackamas, Multnomah, and Washington counties, 6 total reported hospitalizations occurred up through MMWR week 47, with 0 cases reported during week 47. Of reported cases, 50.0% were among persons aged ≥65 years.



Laboratory Surveillance:

The Oregon State Public Health Laboratory (OSPHL) is performing influenza typing and sub-typing by PCR on specimens from the following groups of patients:

- Patients seen by Oregon Sentinel providers from ILINet.
- Patients hospitalized with influenza-like illness in the Portland Tri-County area (Multnomah, Clackamas and Washington counties) as part of the CDC-funded study, The Influenza Hospitalization Network (FluSurv-NET).
- Patients identified as part of an outbreak of respiratory illness. Please report clusters of respiratory illness to the on-call ACDP epidemiologist at (971-673-1111), who will then make decisions about the need for testing at the OSPHL.

Tables 1 and 2 show the current week and cumulative totals (**since October 1, 2015**) for influenza and other respiratory virus specimens tested at the OSPHL.

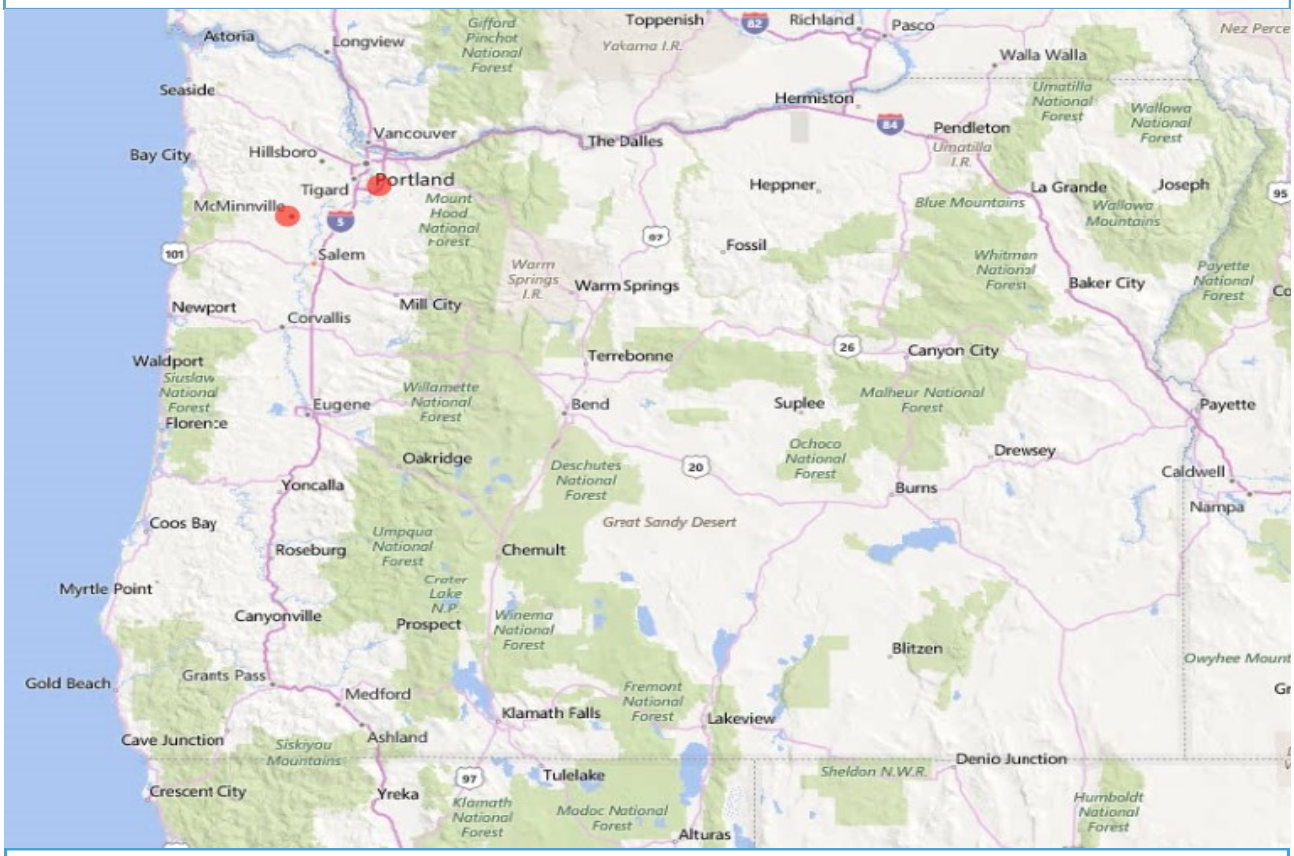
Table 1. Oregon State Public Health Laboratory Influenza Specimen Type and Subtype, 2015–2016.

	Current Week	Cumulative
Influenza A	0	11 (33.3%)
2009 pH1N1	0	0
Seasonal A H3	0	11 (33.3%)
Not subtyped	0	0
Influenza B	0	1 (3.0%)
Undetected	3	21 (63.6%)
Total Tested	**3**	**33**

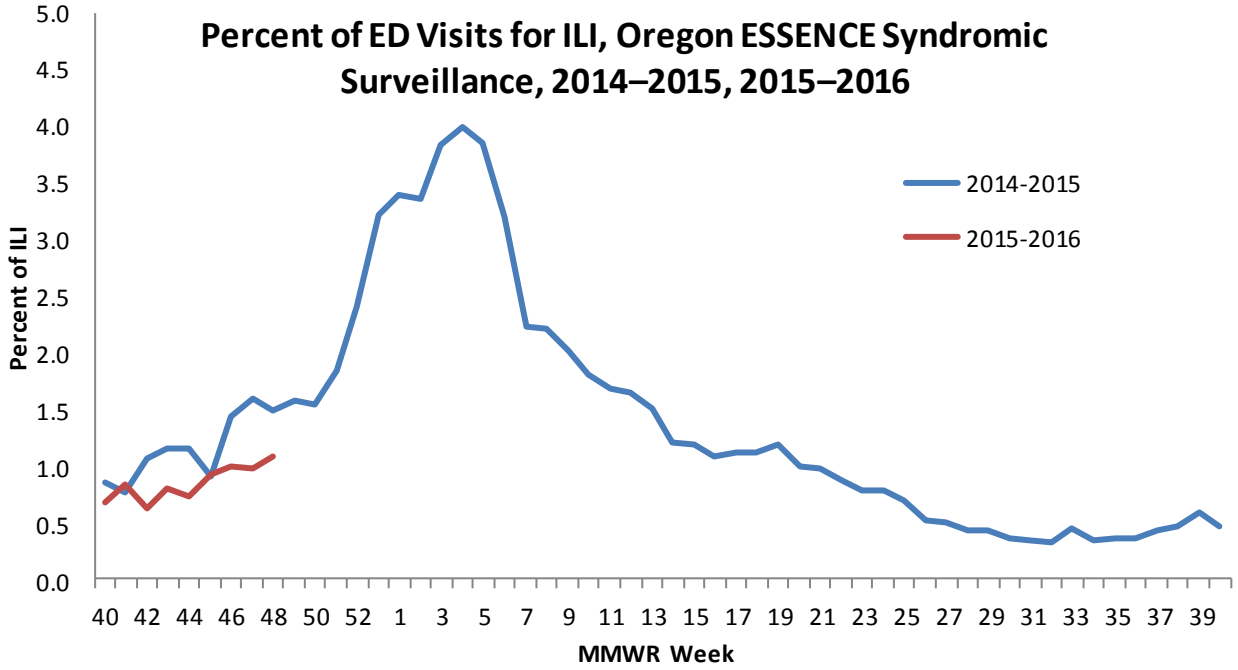
Table 2. Oregon State Public Health Laboratory *Non-Influenza Respiratory* Viruses, 2015–2016.

	Current Week	Cumulative
Adenovirus	0	1 (9%)
Parainfluenza type 1	1	3 (27%)
Parainfluenza type 2	0	0
Parainfluenza type 3	0	0
Human Metapneumovirus	0	0
RSV	1	1 (9%)
Undetected	1	6 (55%)
Total Tested	**3**	**11**

Influenza Outbreaks: In Oregon, 2 influenza/ILI outbreaks have occurred since October 1, 2015, with none reported during week 47. The red dots on the map show where flu outbreaks have occurred throughout the state this season. As outbreaks accumulate, numbers inside the dots will indicate that multiple outbreaks have occurred in that area.



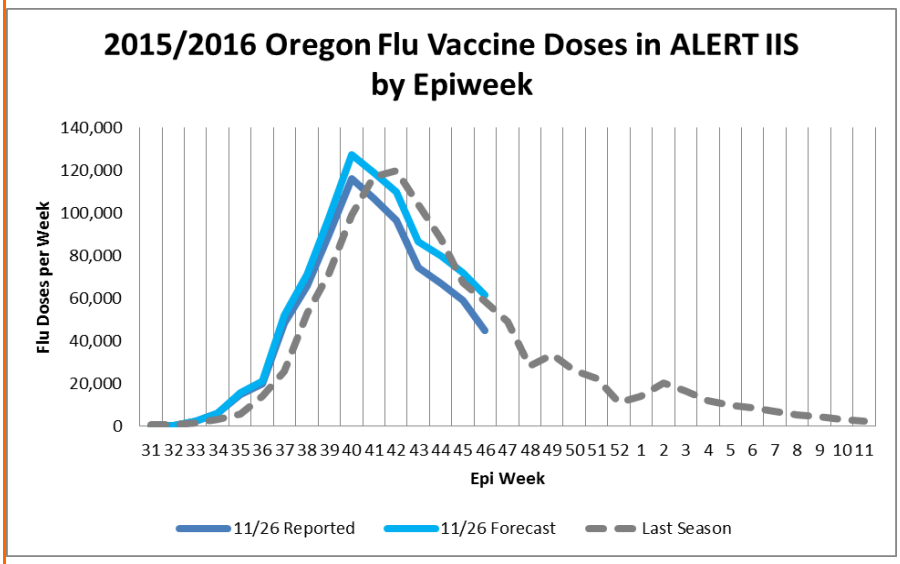
Oregon ESSENCE Syndromic Surveillance: Oregon Public Health tracks hospital emergency department (ED) visits throughout the state using the Oregon ESSENCE syndromic surveillance system. ESSENCE categorizes chief complaints into syndrome categories, which include ILI. The percent of ED visits for ILI was 1.08% during week 47, 2015.

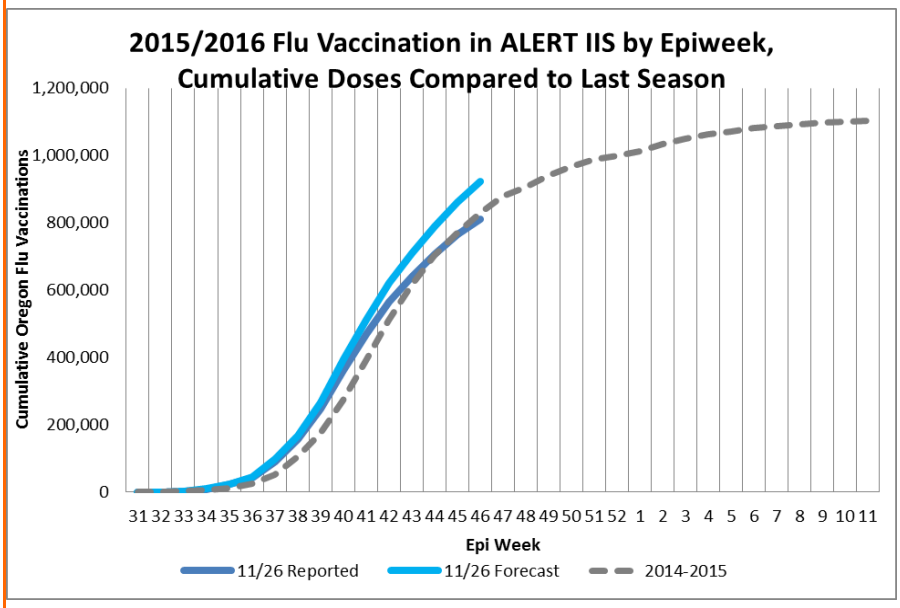


As of November 26th, the ALERT Immunization Information System (ALERT IIS) has received reports of over 810,000 influenza immunization doses given to Oregon residents. Based on prior seasons, typically by this time of year 3/4ths of all influenza immunizations have been given. However there is still plenty of time to give immunizations, and the upcoming National Influenza Vaccination Week (December 6–12) could provide a needed jump. For this week the Oregon Immunization Program (OIP) is providing all-age estimates of county influenza immunization rates. Overall OIP estimates that 34% of Oregonians have received an influenza immunization in this season.

Oregon County All-Age Influenza Immunization Estimates, as of 11/26/2015

County	Rate
BAKER	31%
BENTON	36%
CLACKAMAS	38%
CLATSOP	33%
COLUMBIA	31%
COOS	37%
CROOK	37%
CURRY	36%
DESCHUTES	33%
DOUGLAS	30%
GILLIAM	30%
GRANT	34%
HARNEY	23%
HOOD RIVER	32%
JACKSON	30%
JEFFERSON	30%
JOSEPHINE	34%
KLAMATH	31%
LAKE	22%
LANE	38%
LINCOLN	36%
LINN	34%
MALHEUR	30%
MARION	35%
MORROW	23%
MULTNOMAH	36%
POLK	36%
SHERMAN	38%
TILLAMOOK	36%
UMATILLA	24%
UNION	23%
WALLOWA	29%
WASCO	34%
WASHINGTON	35%
WHEELER	43%
YAMHILL	34%





US Data (from CDC FluView): During week 47 (November 22–28, 2015), influenza activity increased slightly in the United States but remained low overall.

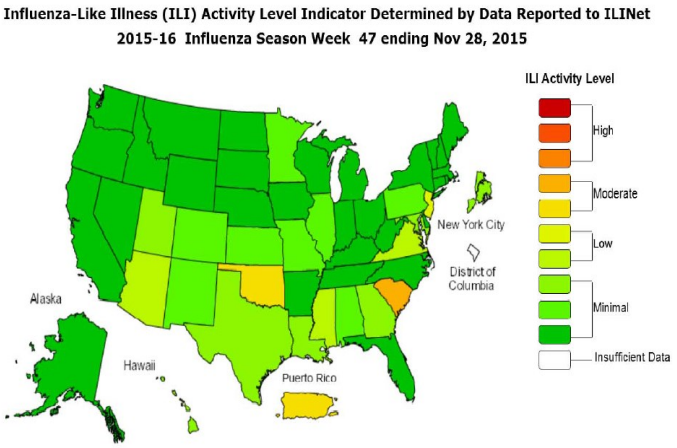
- **Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories during week 47 was influenza A viruses, with influenza A (H3) viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories was low.

- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below their system-specific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.

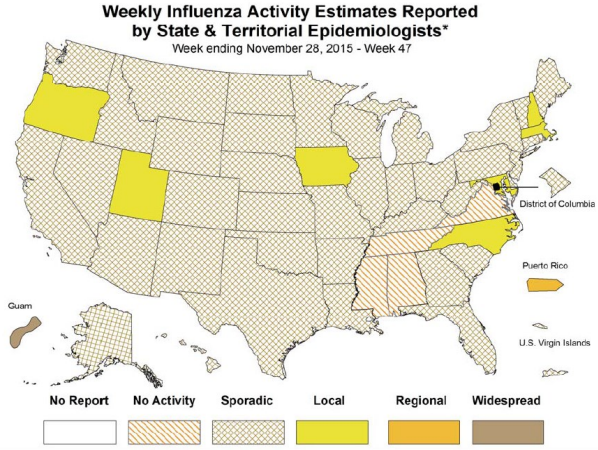
- **Influenza-associated Pediatric Deaths:** No influenza-associated pediatric deaths were reported.

- **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 1.9%, which is below the national baseline of 2.1%. Three of 10 regions reported ILI at or above region-specific baseline levels. Puerto Rico and two states experienced moderate ILI activity; four states experienced low ILI activity; New York City and 44 states experienced minimal ILI activity; and the District of Columbia had insufficient data.

- **Geographic Spread of Influenza:** The geographic spread of influenza in Guam was reported as widespread; Puerto Rico reported regional activity; seven states reported local activity; the District of Columbia, the U.S. Virgin Islands, and 38 states reported sporadic activity; and five states reported no influenza activity.



Map above left: This map uses the proportion of outpatient visits to ILINet sentinel providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.



Map above right: This map measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

Additional resources:

- CDC Weekly Surveillance Report: http://www.cdc.gov/flu/weekly

Flu Bites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

Oregon Health Authority

Oregon Public Health Division

Published December 11, 2015

Data at a Glance: November 29–December 5, 2015 (Week 48)

	Current Week (48)	Previous Week (47)
Oregon Influenza-Like Illness (ILI) Activity Level[1]	Minimal	Minimal
Oregon Influenza Activity Geographic Spread[2]	Local	Local
Percent of outpatient visits for ILI	1.57%	1.73%
Percent of emergency department visits for ILI[3]	1.08%	1.10%
Positive influenza tests[4]	0	0
Influenza-associated hospitalizations[5]	0	0
Reported ILI/Influenza outbreaks	0	0
Influenza-associated pediatric mortality	0	0
Respiratory Syncytial Virus (RSV) activity[6]	2%	1%

[1]Levels are determined by CDC. Based on proportion of outpatient visits– levels include minimal, low, moderate, and high.

[2]Levels for geographic spread include no activity, sporadic, local, regional, and widespread.

[3]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.

[4]Reported by state public health lab (OSPHL) from outbreaks, tri-county hospitalizations, and sentinel ILI surveillance; includes only current week positive tests.

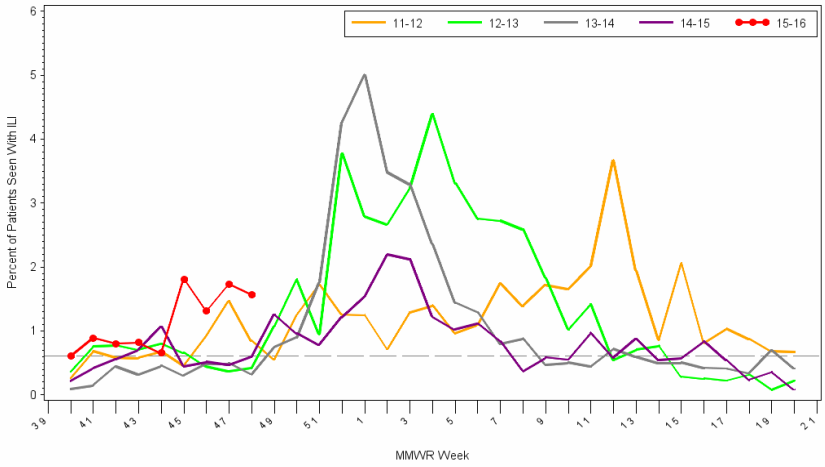
[5]Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.

[6]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.

Oregon Health Authority, Acute and Communicable Disease Prevention 11DEC15

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

Percent of Outpatients with Influenza-like Illness (ILI)
2011-2012, 2012-2013, 2013-2014, 2014-2015, 2015-2016



Surveillance weeks run from Sunday through Saturday
Sentinel providers report the number of patients seen with influenza-like illness as well as total patients seen each week.

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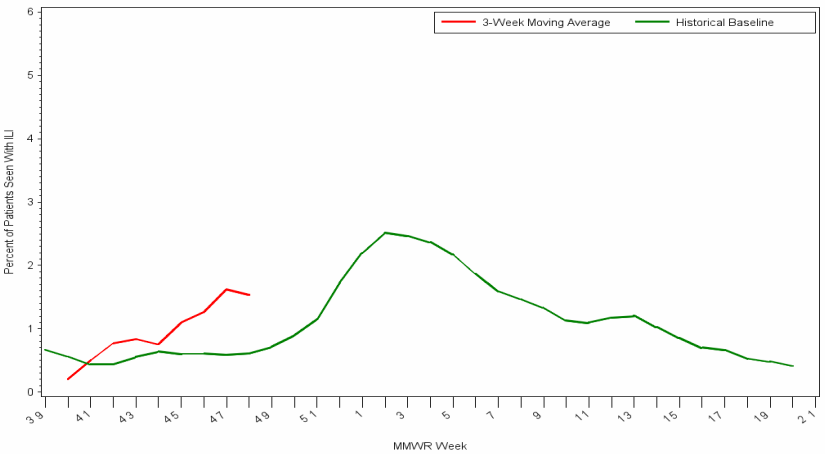
Note: ILI is defined as fever (≥100°F) and cough or sore throat. *The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

Oregon Health Authority, Acute and Communicable Disease Prevention 11DEC15

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)
3-Week Moving Average of Percent of Outpatients with Influenza-like Illness (ILI)



The 3-week moving average for percent of outpatients seen with ILI in week 48 was 1.53%, which is above the historical moving average baseline for this week.

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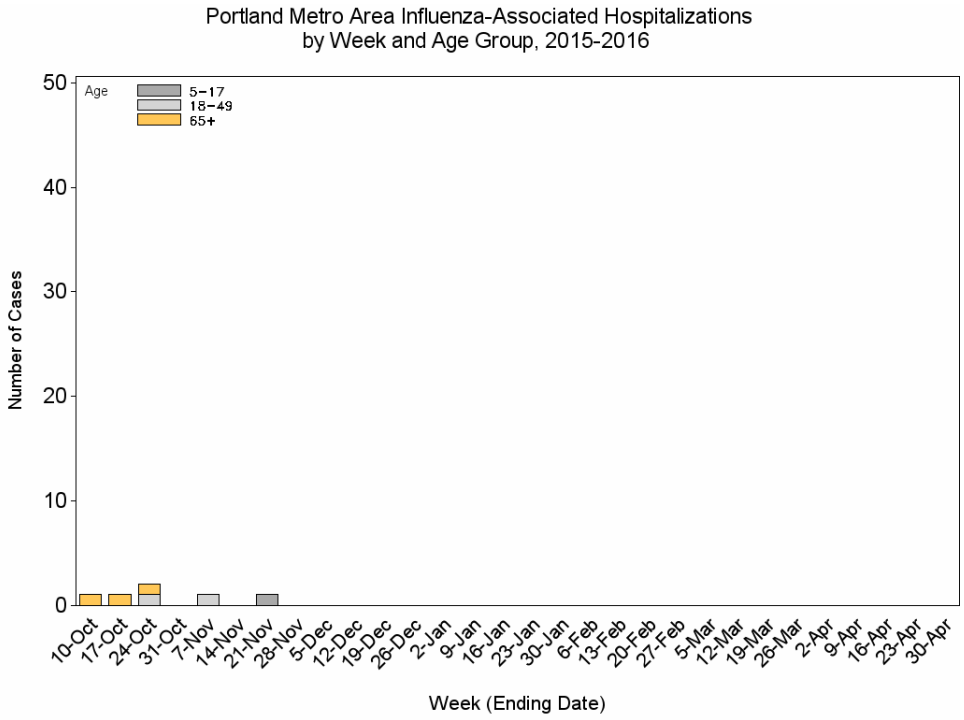
All Flu Bites data provided are preliminary and may change as additional reports are received.

Hospitalizations: In Clackamas, Multnomah, and Washington counties, 6 total reported hospitalizations occurred up through MMWR week 48, with 0 cases reported during week 48. Of reported cases, 50.0% were among persons aged ≥65 years.



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Tables 1 and 2 show the current week and cumulative totals (**since October 1, 2015**) for influenza and other respiratory virus specimens tested at the OSPHL.

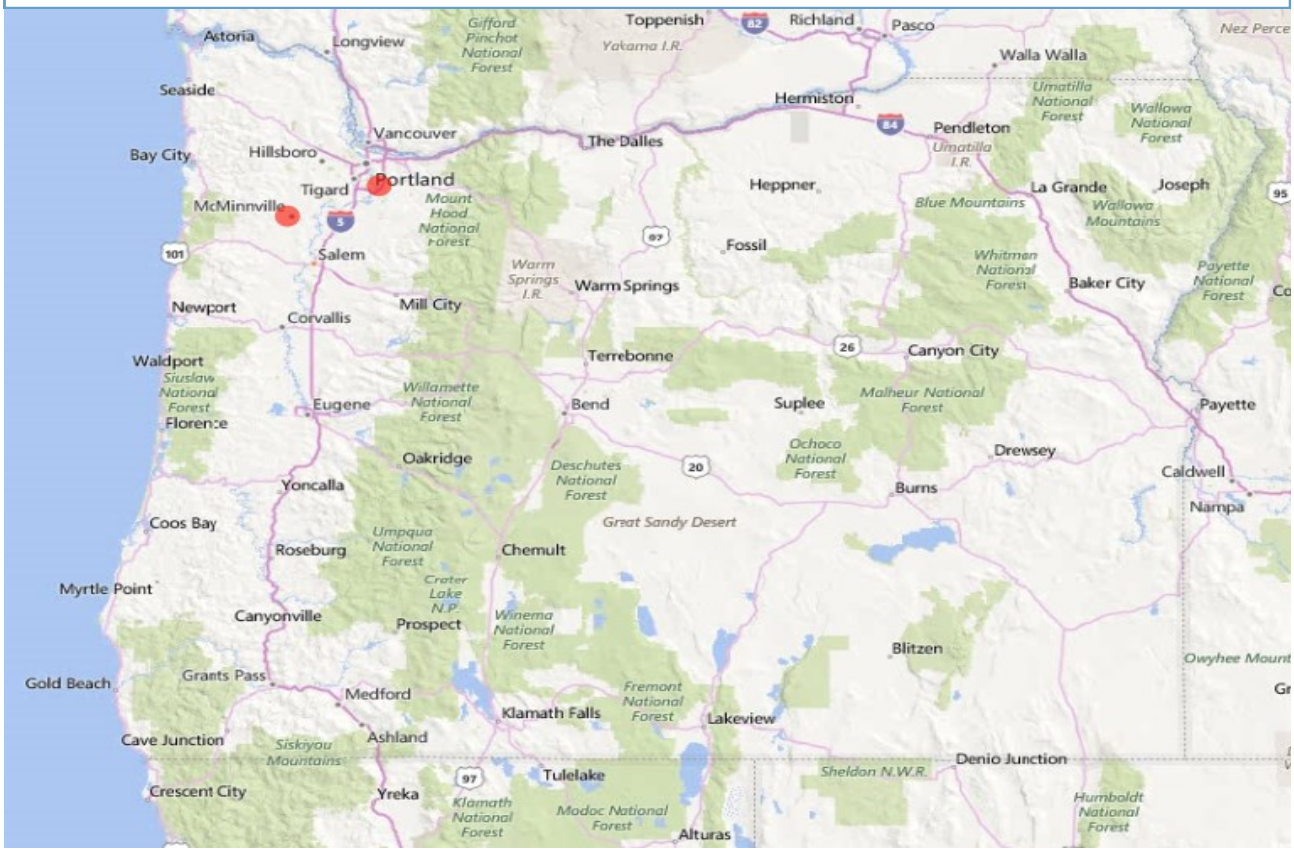
Table 1. Oregon State Public Health Laboratory Influenza Specimen Type and Subtype, 2015–2016.

	Current Week	Cumulative
Influenza A	0	11 (33.3%)
2009 pH1N1	0	0
Seasonal A H3	0	11 (33.3%)
Not subtyped	0	0
Influenza B	0	1 (3.0%)
Undetected	0	21 (63.6%)
Total Tested	**0**	**33**

Table 2. Oregon State Public Health Laboratory *Non-Influenza Respiratory* Viruses, 2015–2016.

	Current Week	Cumulative
Adenovirus	0	1 (9%)
Parainfluenza type 1	0	3 (27%)
Parainfluenza type 2	0	0
Parainfluenza type 3	0	0
Human Metapneumovirus	0	0
Rhinovirus	0	1 (9%)
RSV	0	1 (9%)
Undetected	0	5 (45%)
Total Tested	**0**	**11**

Influenza Outbreaks: In Oregon, 2 influenza/ILI outbreaks have occurred since October 1, 2015, with none reported during week 48. The red dots on the map show where flu outbreaks have occurred throughout the state this season. As outbreaks accumulate, numbers inside the dots will indicate that multiple outbreaks have occurred in that area.



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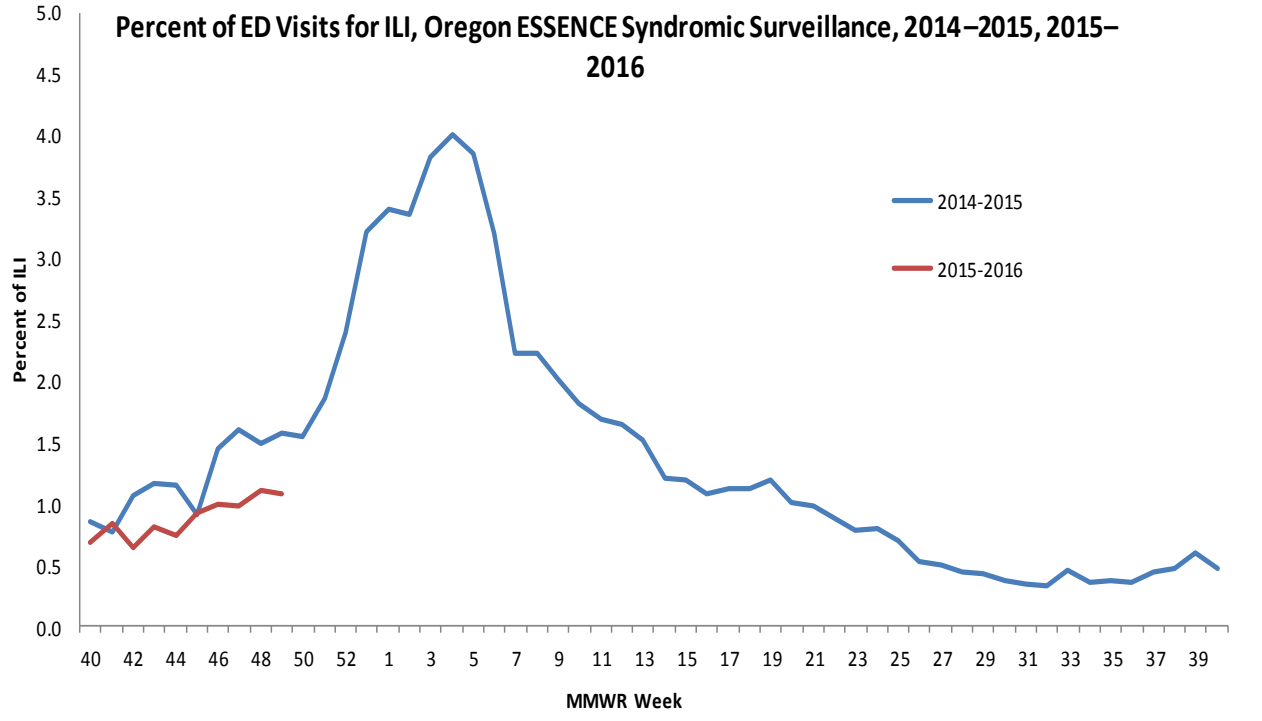
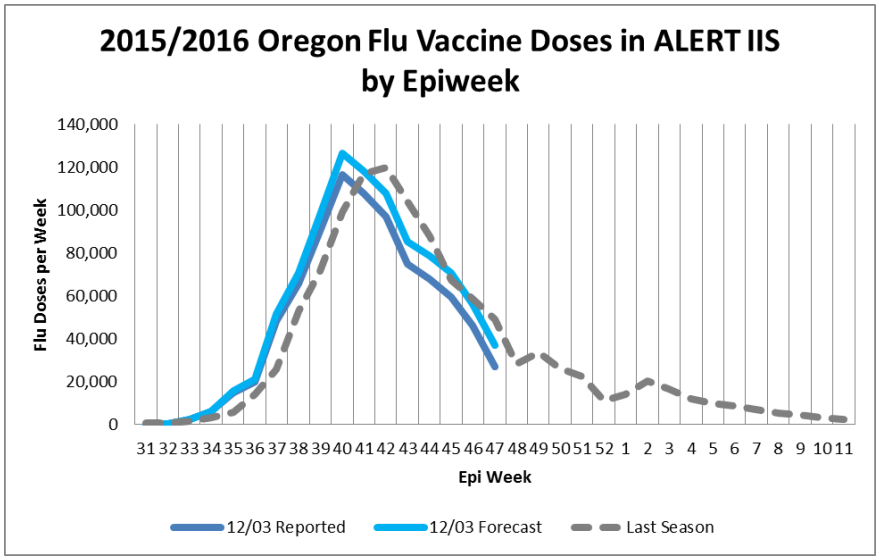
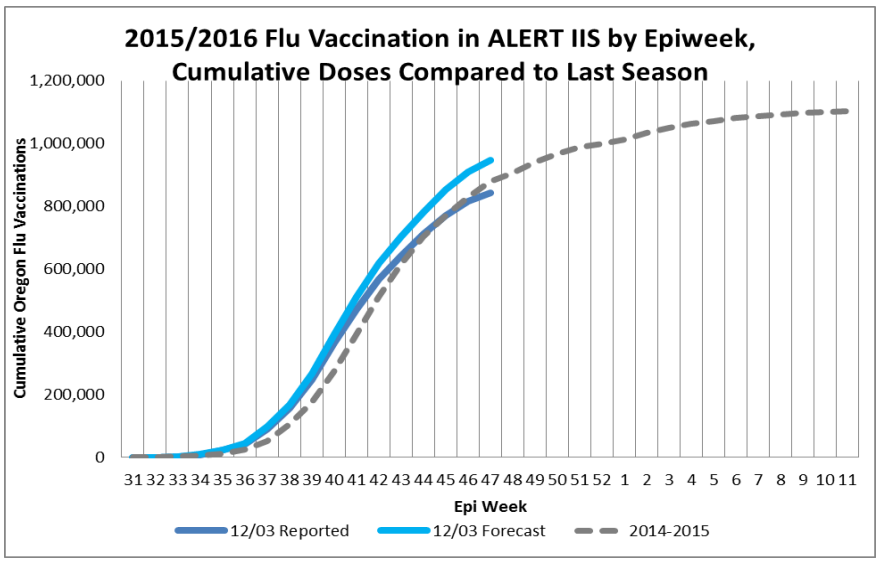
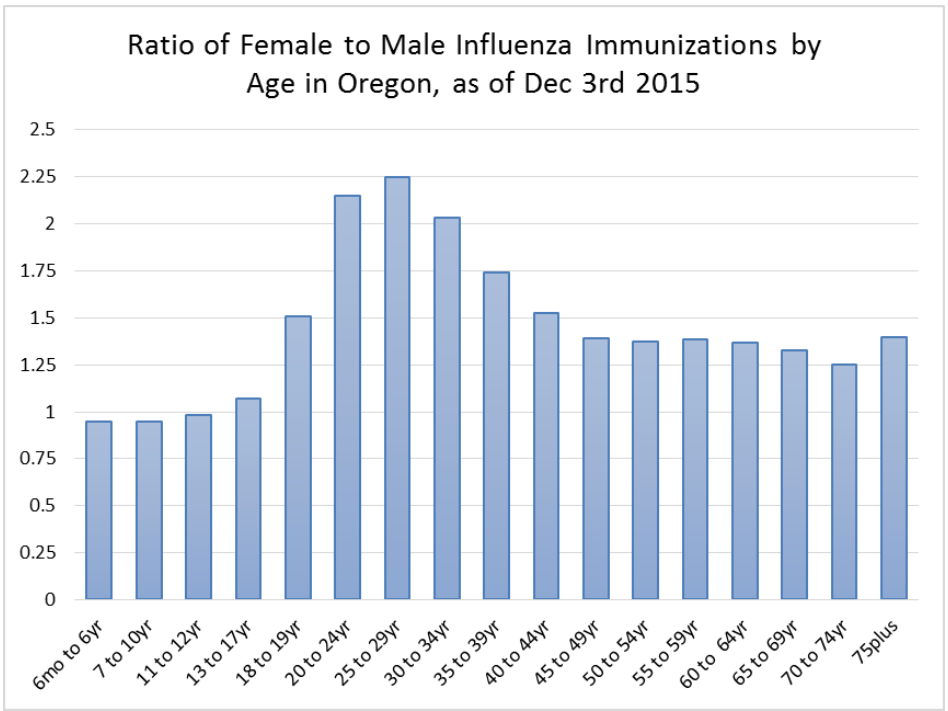




Through December 3rd the expected downward trend in weekly influenza immunizations is continuing. As of this date the ALERT Immunization Information System (ALERT IIS) has received reports of over 840,000 influenza immunization doses given to Oregon residents.



For this week the Oregon Immunization Program (OIP) is also providing a comparison of influenza immunization by gender and age. Among children and teenagers, there is little difference by sex. However, among young adults age 20 to 34, women are over twice as likely as men to get an influenza immunization.



US Data (from CDC FluView): During week 48 (November 29 – December 5, 2015), influenza activity increased slightly in the United States but remained low overall.

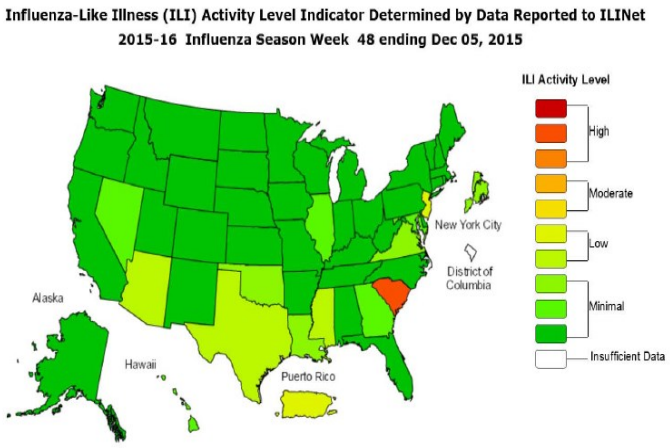
- **Viral Surveillance**: The most frequently identified influenza virus type reported by public health laboratories during week 48 was influenza A viruses, with influenza A (H3) viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories was low.

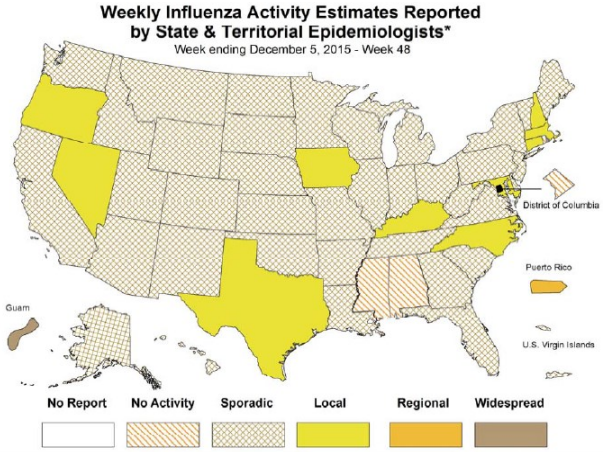
- **Pneumonia and Influenza Mortality**: The proportion of deaths attributed to pneumonia and influenza (P&I) was below their system-specific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.

- **Influenza-associated Pediatric Deaths**: Two influenza-associated pediatric deaths were reported, including one influenza-associated pediatric death that occurred during the 2014-2015 season.

- **Outpatient Illness Surveillance**: The proportion of outpatient visits for influenza-like illness (ILI) was 1.8%, which is below the national baseline of 2.1%. Four of 10 regions reported ILI at or above region-specific baseline levels. One state experienced high ILI activity; Puerto Rico and four states experienced low ILI activity; New York City and 45 states experienced minimal ILI activity; and the District of Columbia had insufficient data.

- **Geographic Spread of Influenza**: The geographic spread of influenza in Guam was reported as widespread; Puerto Rico reported regional activity; 10 states reported local activity; the U.S. Virgin Islands and 37 states reported sporadic activity; and the District of Columbia and three states reported no influenza activity.





Map above left: This map uses the proportion of outpatient visits to ILINet sentinel providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.

Map above right: This map measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

Additional resources:

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Flu Bites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

Oregon Health Authority

Oregon Public Health Division

Published December 18, 2015

Data at a Glance: December 6–12, 2015 (Week 49)

	Current Week (49)	Previous Week (48)
Oregon Influenza-Like Illness (ILI) Activity Level[1]	Minimal	Minimal
Oregon Influenza Activity Geographic Spread[2]	Sporadic	Local
Percent of outpatient visits for ILI	0.89%	1.74%
Percent of emergency department visits for ILI[3]	1.01%	1.08%
Positive influenza tests[4]	0	1
Influenza-associated hospitalizations[5]	0	0
Reported ILI/Influenza outbreaks	0	0
Influenza-associated pediatric mortality	0	0
Respiratory Syncytial Virus (RSV) activity[6]	4%	2%

[1]Levels are determined by CDC. Based on proportion of outpatient visits– levels include minimal, low, moderate, and high.

[2]Levels for geographic spread include no activity, sporadic, local, regional, and widespread.

[3]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.

[4]Reported by state public health lab (OSPHL) from outbreaks, tri-county hospitalizations, and sentinel ILI surveillance; includes only current week positive tests.

[5]Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.

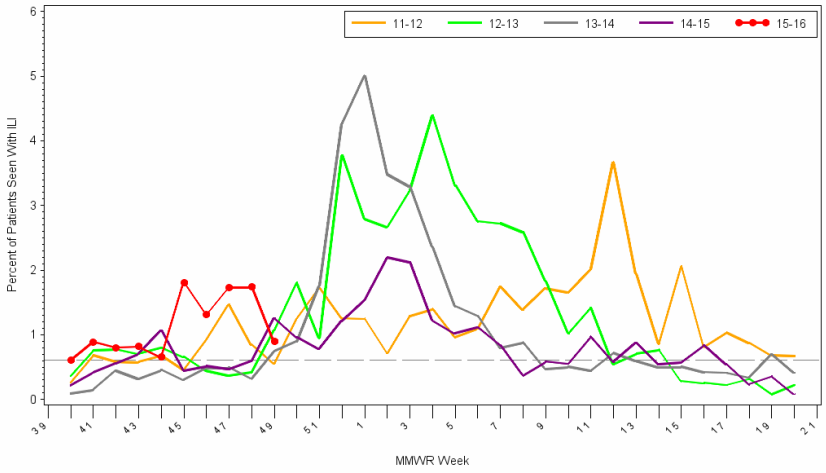
[6]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.

Oregon Health Authority, Acute and Communicable Disease Prevention 18DEC15

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

Percent of Outpatients with Influenza-like Illness (ILI)

2011-2012, 2012-2013, 2013-2014, 2014-2015, 2015-2016



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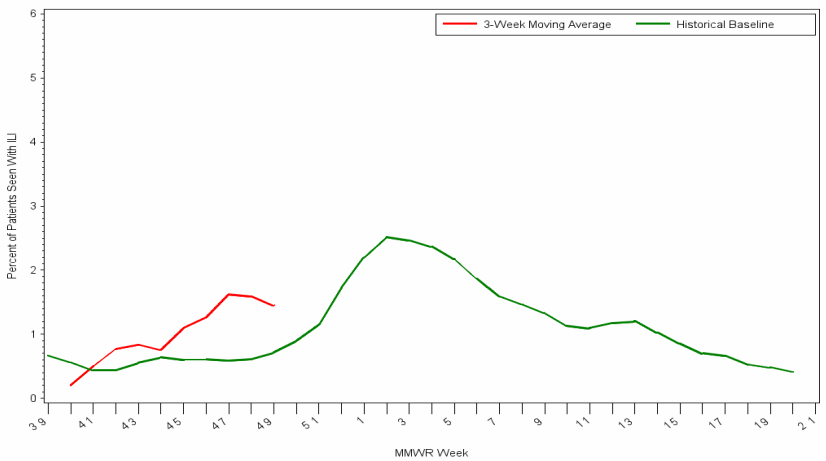
Note: ILI is defined as fever (≥100°F) and cough or sore throat. *The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

Oregon Health Authority, Acute and Communicable Disease Prevention 18DEC15

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

3-Week Moving Average of Percent of Outpatients with Influenza-like Illness (ILI)



The 3-week moving average for percent of outpatients seen with ILI in week 49 was 1.45%, which is above the historical moving average baseline for this week.

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All Flu Bites data provided are preliminary and may change as additional reports are received.

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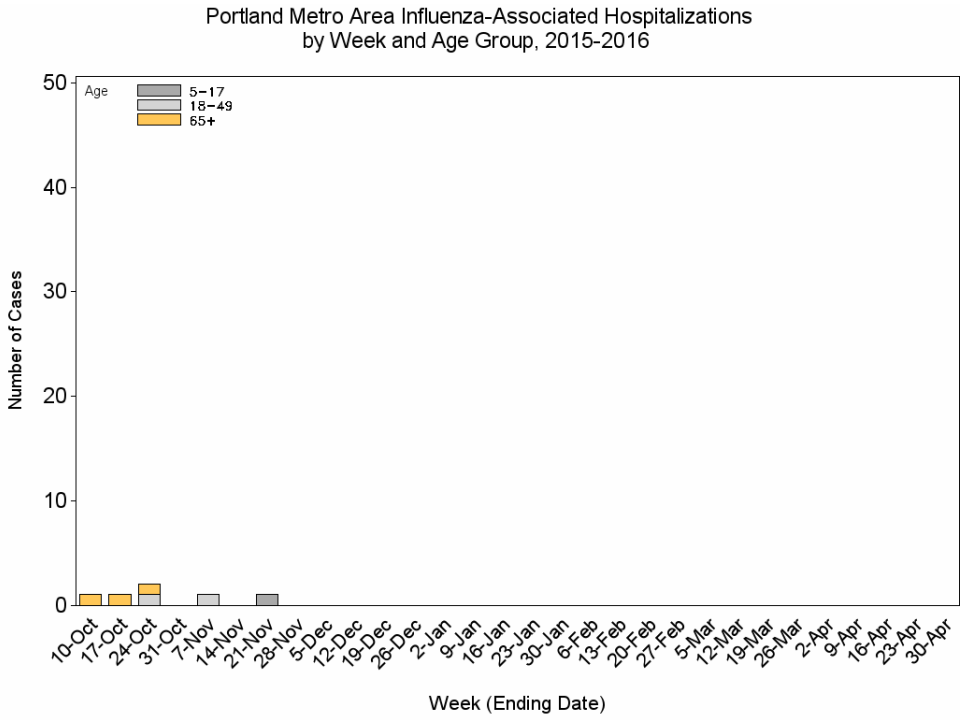

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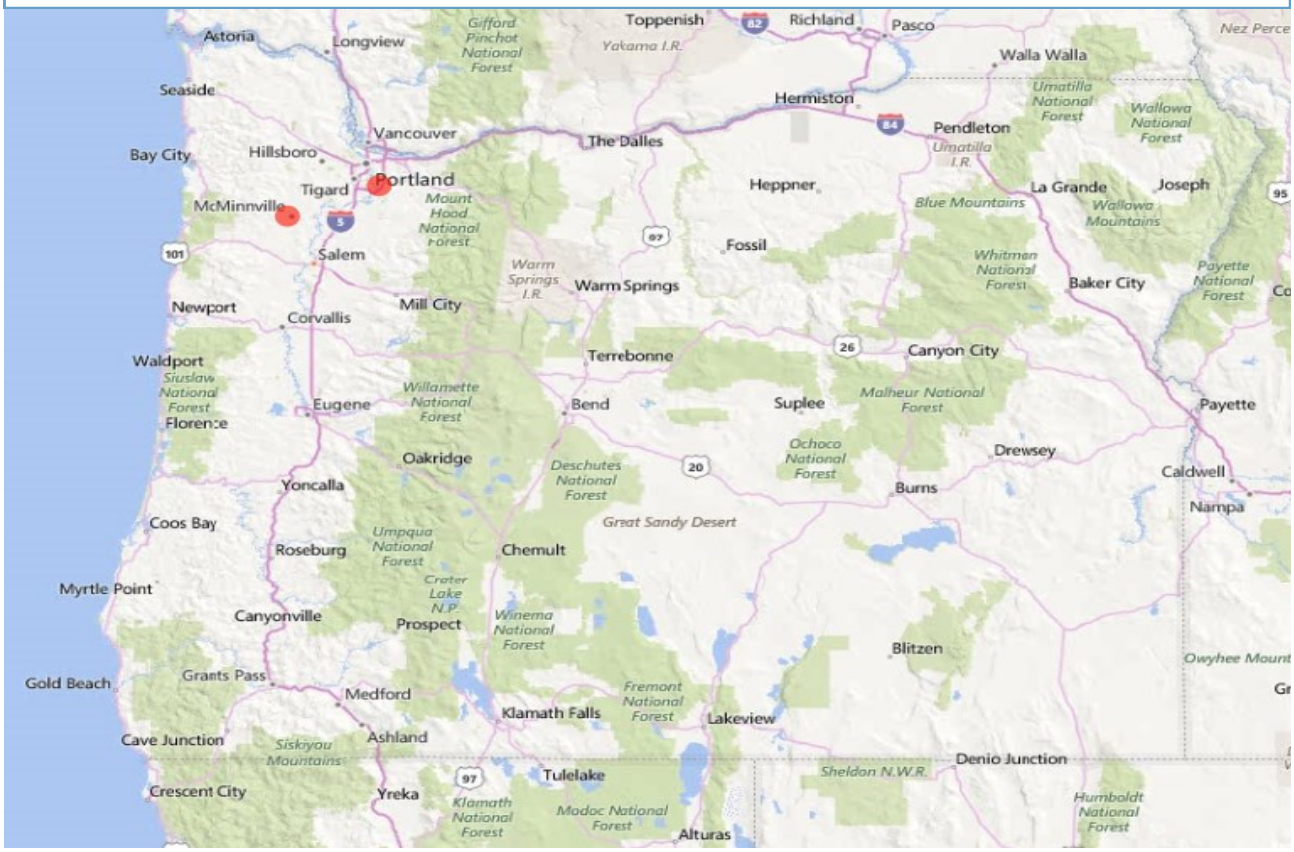
Table 1. Oregon State Public Health Laboratory Influenza Specimen Type and Subtype, 2015–2016.

	Current Week	Cumulative
Influenza A	0	12 (31%)
2009 pH1N1	0	0
Seasonal A H3	0	12 (31%)
Not subtyped	0	0
Influenza B	0	2 (5%)
Undetected	2 (100%)	25 (64%)
Total Tested	**2**	**39**

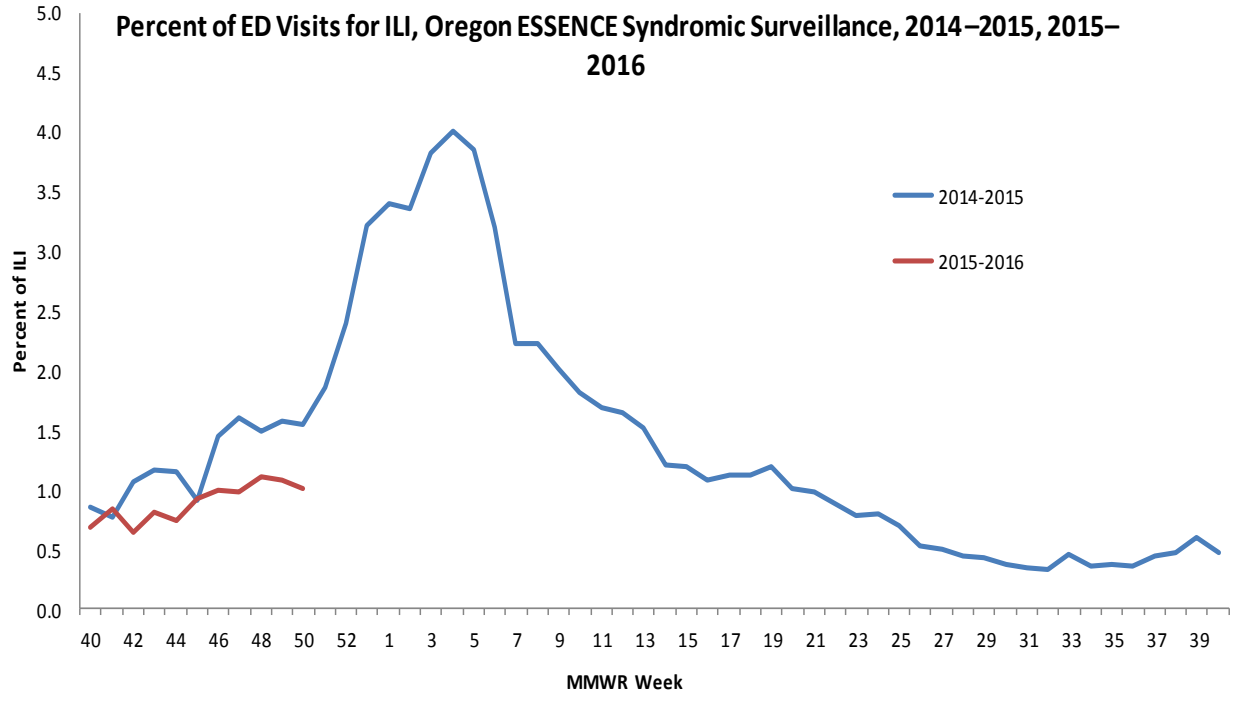
Table 2. Oregon State Public Health Laboratory *Non-Influenza Respiratory* Viruses, 2015–2016.

	Current Week	Cumulative
Adenovirus	0	1 (6%)
Parainfluenza type 1	0	3 (19%)
Parainfluenza type 2	0	0
Parainfluenza type 3	0	0
Human Metapneumovirus	0	0
Rhinovirus	0	3 (19%)
RSV	0	1 (6%)
Undetected	2 (100%)	8 (50%)
Total Tested	**2**	**16**

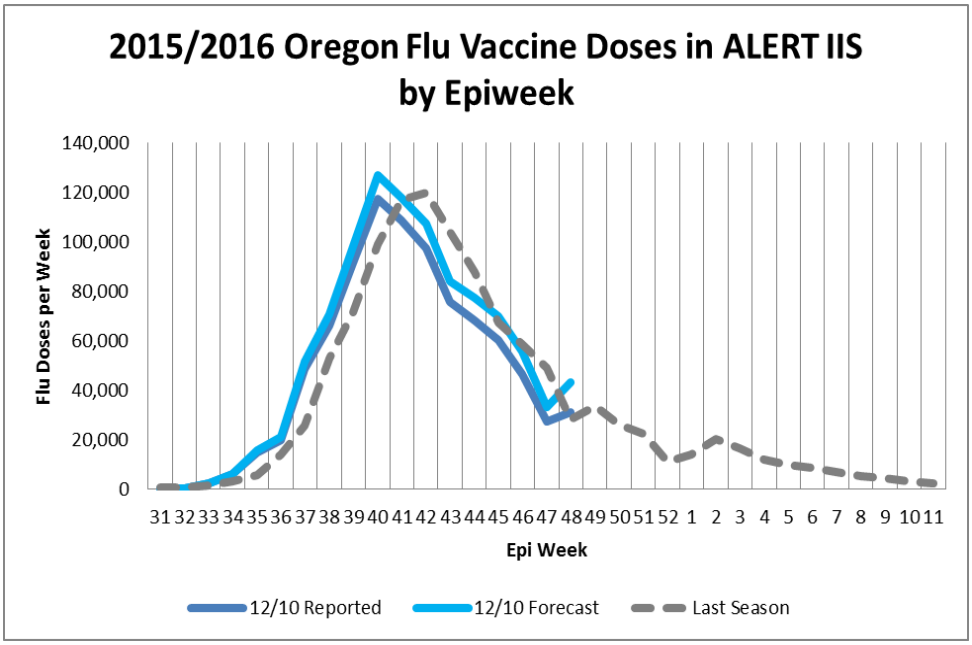
Influenza Outbreaks: In Oregon, 2 influenza/ILI outbreaks have occurred since October 1, 2015, with none reported during week 49. The red dots on the map show where flu outbreaks have occurred throughout the state this season. As outbreaks accumulate, numbers inside the dots will indicate that multiple outbreaks have occurred in that area.

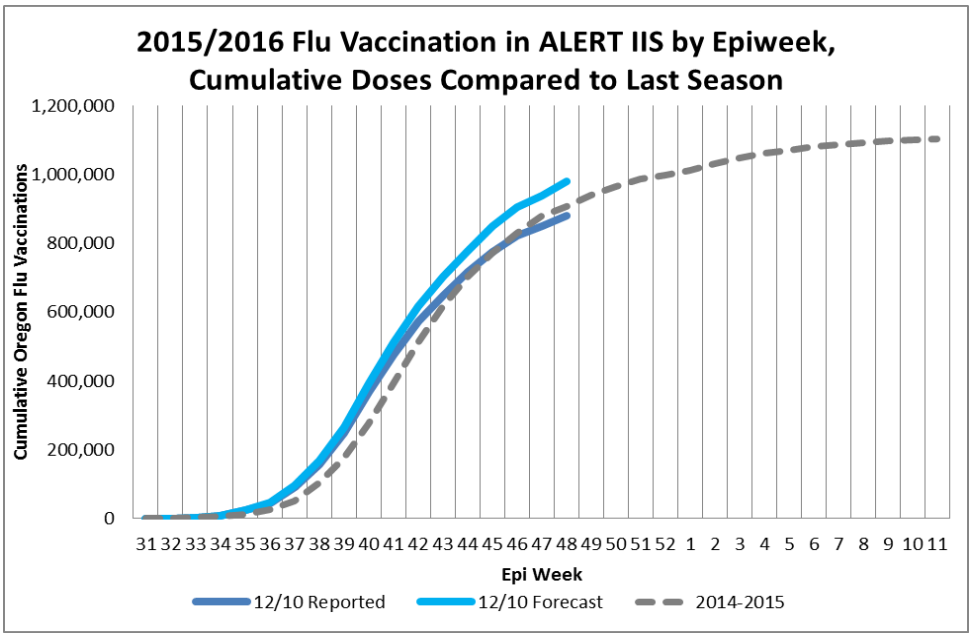


Oregon ESSENCE Syndromic Surveillance: Oregon Public Health tracks hospital emergency department (ED) visits throughout the state using the Oregon ESSENCE syndromic surveillance system. ESSENCE categorizes chief complaints into syndrome categories, which include ILI. The percent of ED visits for ILI was 1.01% during week 49, 2015.



As of December 10, the weekly influenza immunization total rebounded slightly following the Thanksgiving holiday. To date the ALERT Immunization Information System contains records of over 880,000 influenza immunizations given to Oregonians this season. This total is comparable to the last two seasons as of this time of year. For this week the Oregon Immunization Program is also presenting a table of the sources of influenza immunizations in ALERT. Overall, private medical clinics remain the single largest source of influenza immunization across age categories, although the proportion of Oregonians receiving vaccinations at pharmacies increases with age.





Sources of Influenza Immunizations by Age in Oregon as of 12/10/2015				
	6 mo to 10 yr	11 to 17 yr	18 to 64 yr	65+
Private Practices	92.1%	79.3%	57.2%	53.2%
Pharmacy	0.4%	9.5%	30.0%	40.4%
Public Providers	5.0%	7.9%	4.3%	1.5%
Hospitals	0.4%	0.9%	2.2%	2.3%
Administrative Sources/NOS	1.5%	1.3%	4.7%	2.1%
Other	0.6%	1.1%	1.6%	0.5%

US Data (from CDC FluView): During week 49 (December 6-12, 2015), influenza activity increased slightly in the United States but remained low overall.

- **Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories during week 49 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories was low.

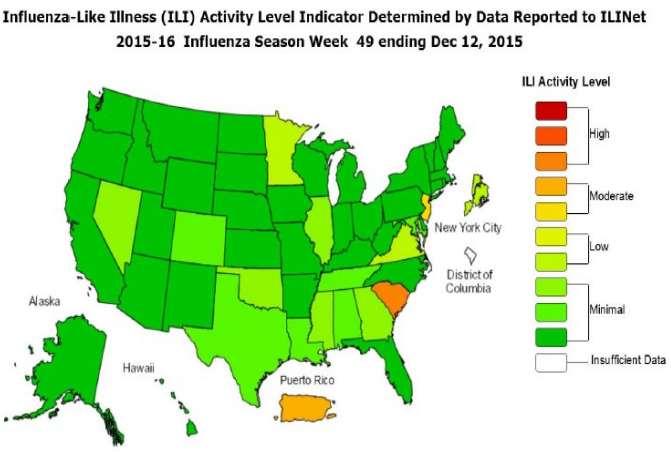
- **Novel Influenza A Virus:** One human infection with a novel influenza A virus was reported.

- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below their system-specific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.

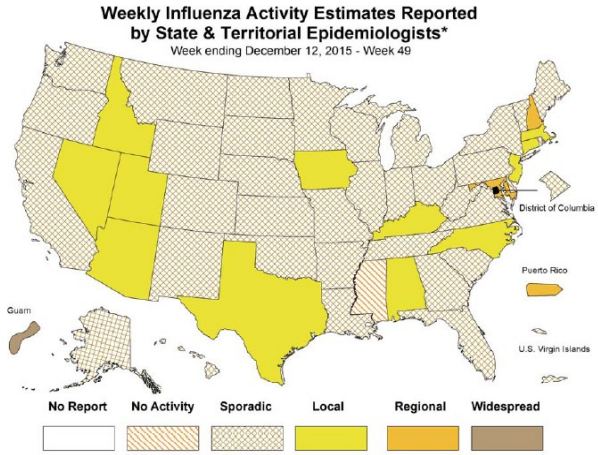
- **Influenza-associated Pediatric Deaths:** No influenza-associated pediatric deaths were reported.

- **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 1.9%, which is below the national baseline of 2.1%. Four of 10 regions reported ILI at or above region-specific baseline levels. One state experienced high ILI activity; Puerto Rico and one state experienced moderate ILI activity; New York City and two states experienced low ILI activity; 46 states experienced minimal ILI activity; and the District of Columbia had insufficient data.

- **Geographic Spread of Influenza:** The geographic spread of influenza in Guam was reported as widespread; Puerto Rico and two states reported regional activity; 12 states reported local activity; the District of Columbia, the U.S. Virgin Islands, and 33 states reported sporadic activity; and three states reported no influenza activity. National and Regional Summary of Select Surveillance Components



Map above left: This map uses the proportion of outpatient visits to ILINet sentinel providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.



Map above right: This map measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

Additional resources:

- CDC Weekly Surveillance Report: http://www.cdc.gov/flu/weekly

Flu Bites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

Oregon Health Authority

Oregon Public Health Division

Published December 28, 2015

Data at a Glance: December 13–19, 2015 (Week 50)

	Current Week (50)	Previous Week (49)
Oregon Influenza-Like Illness (ILI) Activity Level[1]	Minimal	Minimal
Oregon Influenza Activity Geographic Spread[2]	Local	Sporadic
Percent of outpatient visits for ILI	0.91%	0.89%
Percent of emergency department visits for ILI[3]	1.18%	1.01%
Positive influenza tests[4]	4	0
Influenza-associated hospitalizations[5]	2	0
Reported ILI/Influenza outbreaks	1	0
Influenza-associated pediatric mortality	0	0
Respiratory Syncytial Virus (RSV) activity[6]	4%	4%

[1]Levels are determined by CDC. Based on proportion of outpatient visits– levels include minimal, low, moderate, and high.

[2]Levels for geographic spread include no activity, sporadic, local, regional, and widespread.

[3]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.

[4]Reported by state public health lab (OSPHL) from outbreaks, tri-county hospitalizations, and sentinel ILI surveillance; includes only current week positive tests.

[5]Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.

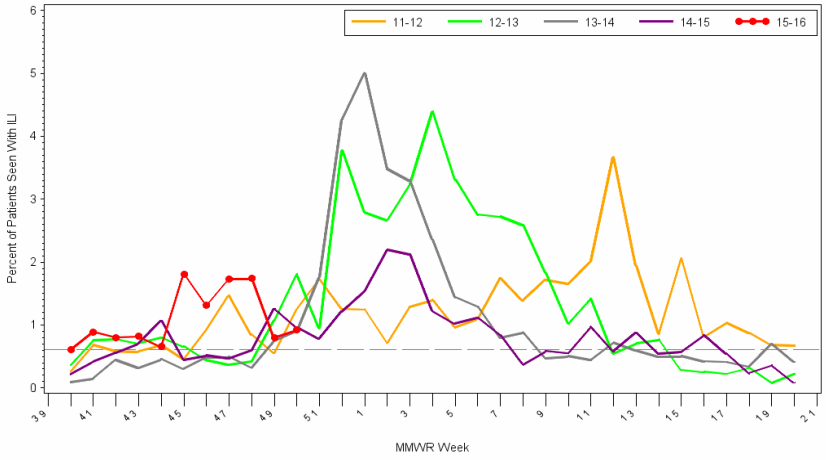
[6]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.

Oregon Health Authority, Acute and Communicable Disease Prevention 28DEC15

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

Percent of Outpatients with Influenza-like Illness (ILI)

2011-2012, 2012-2013, 2013-2014, 2014-2015, 2015-2016



Surveillance weeks run from Sunday through Saturday
Sentinel providers report the number of patients seen with influenza-like illness as well as total patients seen each week.

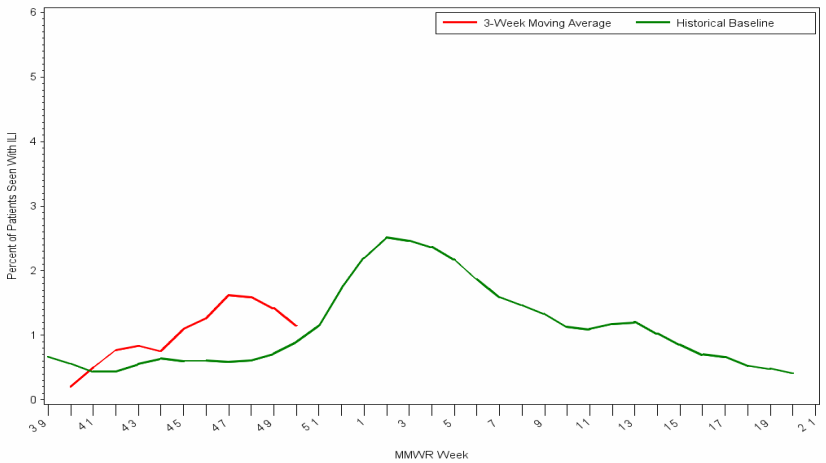
ILINet: Oregon's Outpatient Influenza-like Illness Surveillance Network: Oregon's outpatient influenza-like illness (ILI) network comprises 24 voluntary healthcare providers from across Oregon who report the number of patients with influenza-like illness as well as total number of patient visits for each week during the surveillance season. The percent of outpatients seen with ILI for week 50 of 2015 was 0.91% which is above Oregon's seasonal threshold of 0.61%.*

Note: ILI is defined as fever (≥100°F) and cough or sore throat. *The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

Oregon Health Authority, Acute and Communicable Disease Prevention 28DEC15

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

3-Week Moving Average of Percent of Outpatients with Influenza-like Illness (ILI)

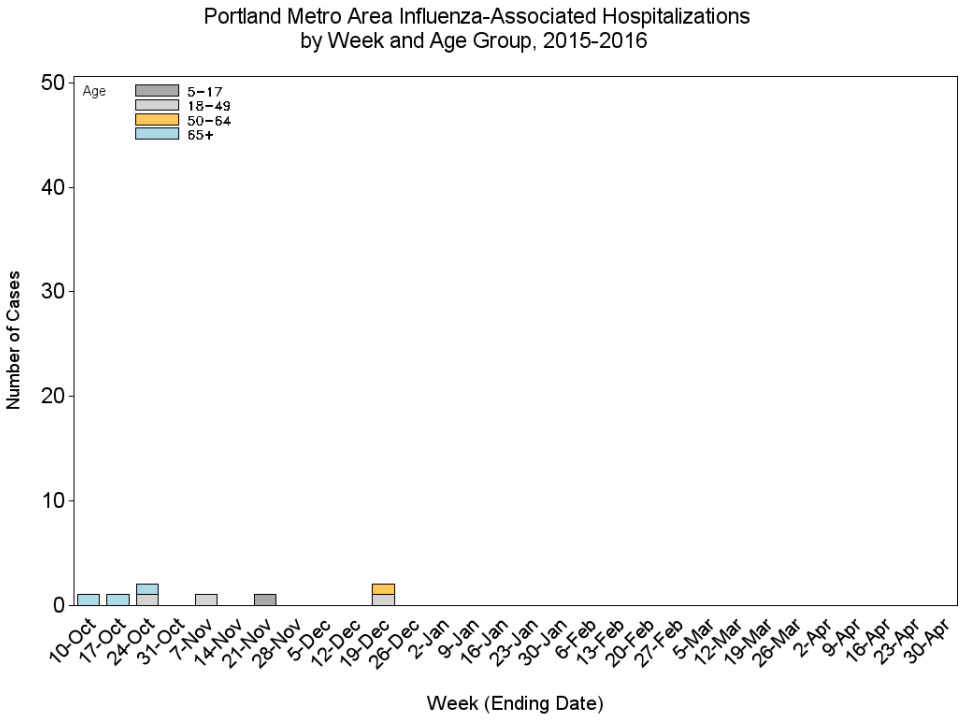


The 3-week moving average for percent of outpatients seen with ILI in week 50 was 1.15%, which is above the historical moving average baseline for this week.

The 3-week moving average does not show actual weekly percentage of ILI, but an average that includes the current week and preceding 2 weeks, and is used to smooth out fluctuations in the data. The historical baseline is the average 3-week moving averages over the preceding four flu seasons.

All Flu Bites data provided are preliminary and may change as additional reports are received.

Hospitalizations: In Clackamas, Multnomah, and Washington counties, 8 total reported hospitalizations occurred up through MMWR week 50, with 2 cases reported during week 50. Of reported cases, 38% were among people aged 18-49 years and 38% were among people aged ≥65 years.



Laboratory Surveillance:

The Oregon State Public Health Laboratory (OSPHL) is performing influenza typing and sub-typing by PCR on specimens from the following groups of patients:

- Patients seen by Oregon Sentinel providers from ILINet.
- Patients hospitalized with influenza-like illness in the Portland Tri-County area (Multnomah, Clackamas and Washington counties) as part of the CDC-funded study, The Influenza Hospitalization Network (FluSurv-NET).
- Patients identified as part of an outbreak of respiratory illness. Please report clusters of respiratory illness to the on-call ACDP epidemiologist at (971-673-1111), who will then make decisions about the need for testing at the OSPHL.

Tables 1 and 2 show the current week and cumulative totals (**since October 1, 2015**) for influenza and other respiratory virus specimens tested at the OSPHL.

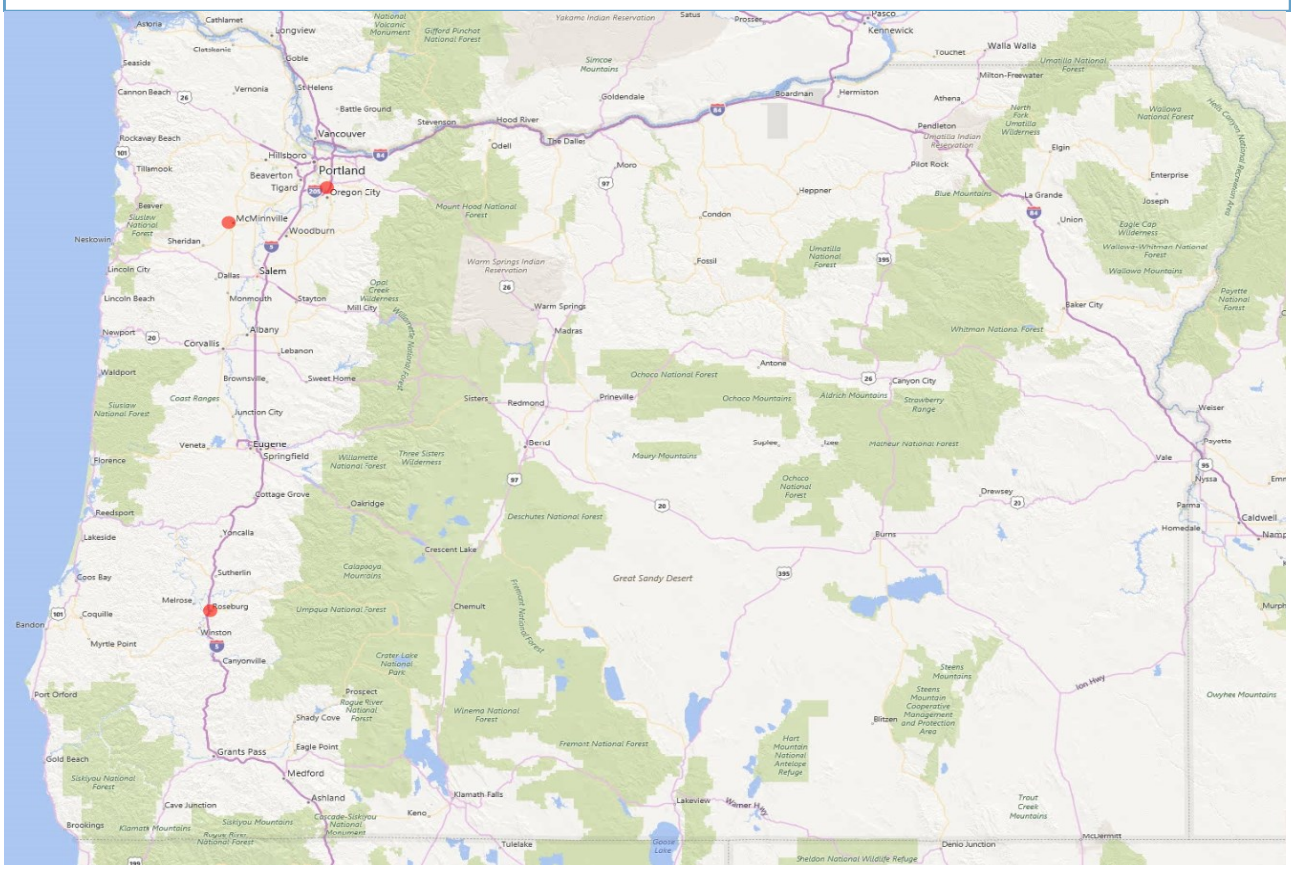
Table 1. Oregon State Public Health Laboratory Influenza Specimen Type and Subtype, 2015–2016.

	Current Week	Cumulative
Influenza A	3 (30%)	17 (33%)
2009 pH1N1	3 (30%)	5 (10%)
Seasonal A H3	0	12 (23%)
Not subtyped	0	0
Influenza B	1 (10%)	3 (6%)
Undetected	6 (60%)	31 (61%)
Total Tested	**10**	**51**

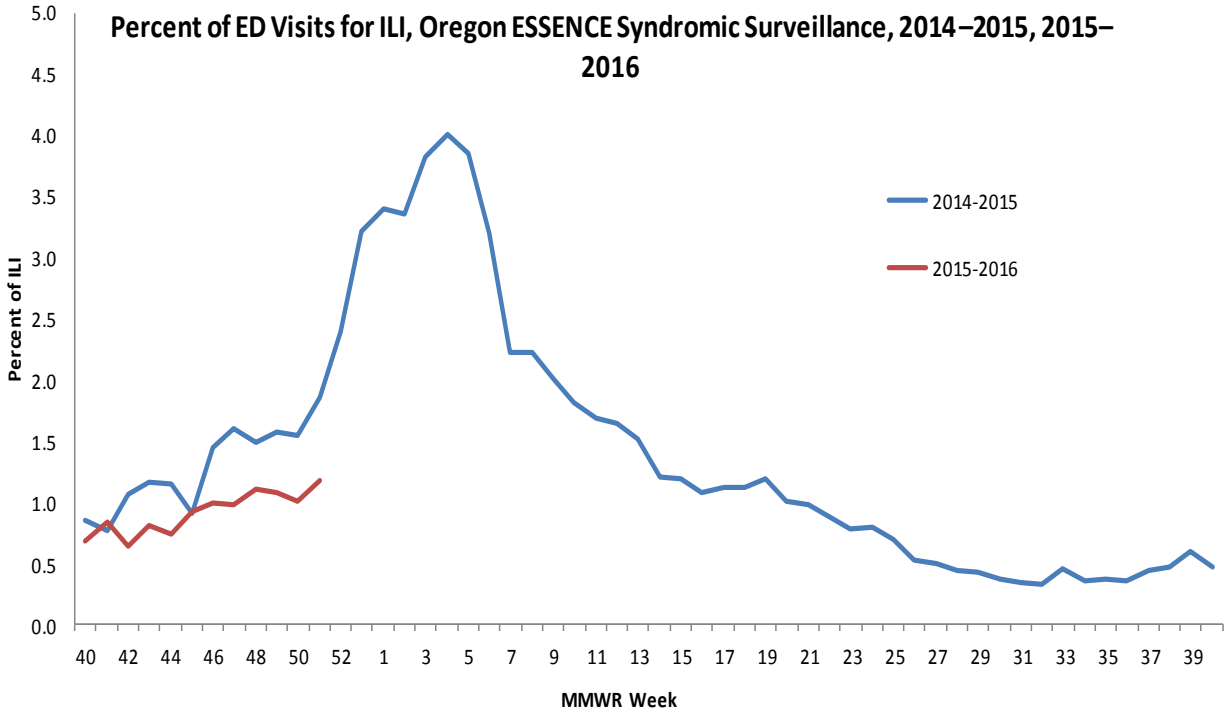
Table 2. Oregon State Public Health Laboratory *Non-Influenza Respiratory* Viruses, 2015–2016.

	Current Week	Cumulative
Adenovirus	2 (33%)	3 (14%)
Parainfluenza type 1	0	3 (14%)
Parainfluenza type 2	0	0
Parainfluenza type 3	1 (17%)	1 (4%)
Human Metapneumovirus	0	0
Rhinovirus	1 (17%)	4 (18%)
RSV	1 (17%)	2 (9%)
Undetected	1 (17%)	9 (41%)
Total Tested	**6**	**22**

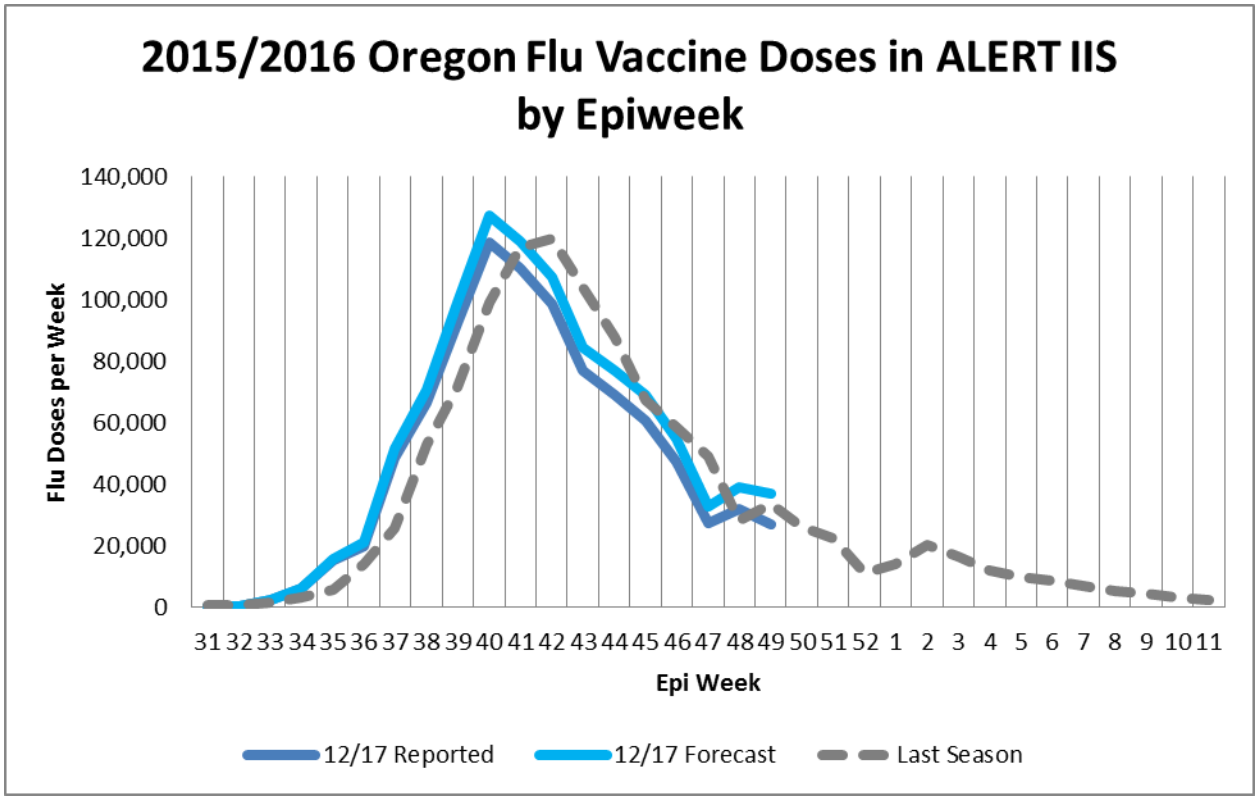
Influenza Outbreaks: In Oregon, 3 influenza/ILI outbreaks have occurred since October 1, 2015, with 1 reported during week 50. The red dots on the map show where flu outbreaks have occurred throughout the state this season. As outbreaks accumulate, numbers inside the dots will indicate that multiple outbreaks have occurred in that area.

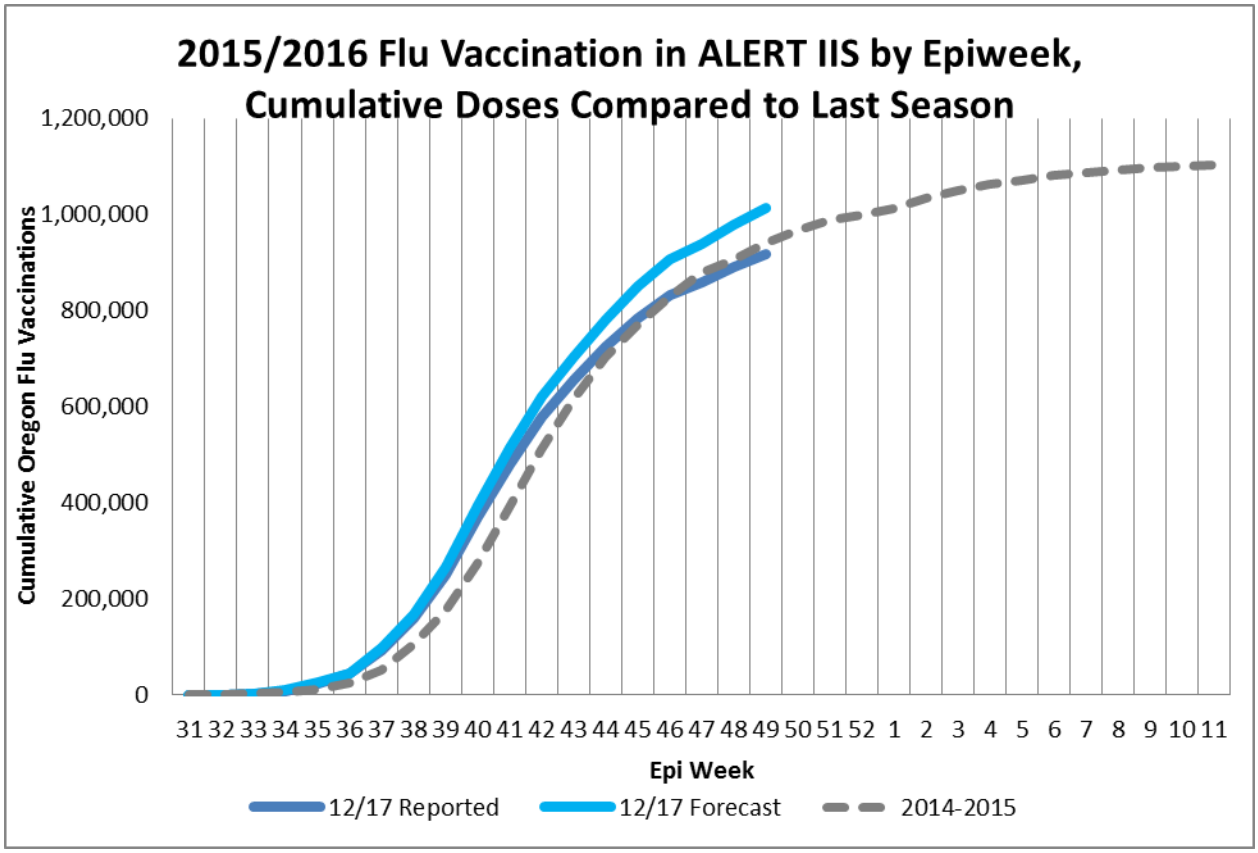


Oregon ESSENCE Syndromic Surveillance: Oregon Public Health tracks hospital emergency department (ED) visits throughout the state using the Oregon ESSENCE syndromic surveillance system. ESSENCE categorizes chief complaints into syndrome categories, which include ILI. The percent of ED visits for ILI was 1.18% during week 50, 2015.



As of December 17th, influenza immunizations are following the expected pattern of decline into the holiday season. Overall the receipt of influenza immunizations remains similar to what was observed in the 2014-2015 season. As of this date the ALERT Immunization Information System has received reports of approximately 920,000 influenza immunizations given to Oregonians this season. Whether this season stays at the levels of 2014-2015 or exceeds those will depend on whether there is a January surge in immunization activity. In two of the past four influenza seasons we have seen substantial January immunization surges.





US Data (from CDC FluView): During week 50 (December 13-19, 2015), influenza activity increased slightly in the United States.

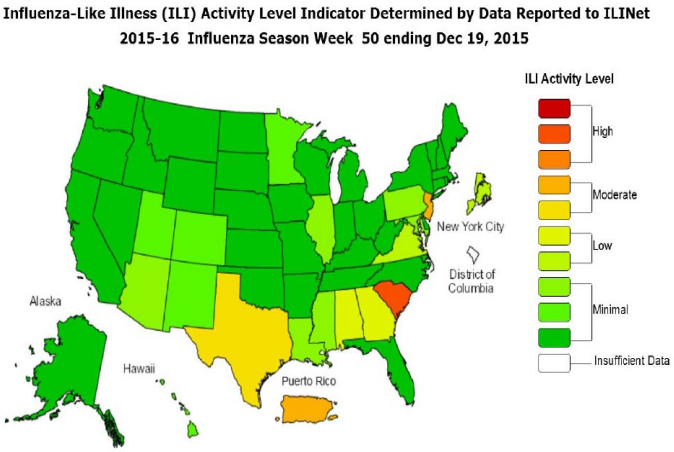
- **Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories during week 50 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories was low.

- **Pneumonia and Influenza Mortality**: The proportion of deaths attributed to pneumonia and influenza (P&I) was below their system-specific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.

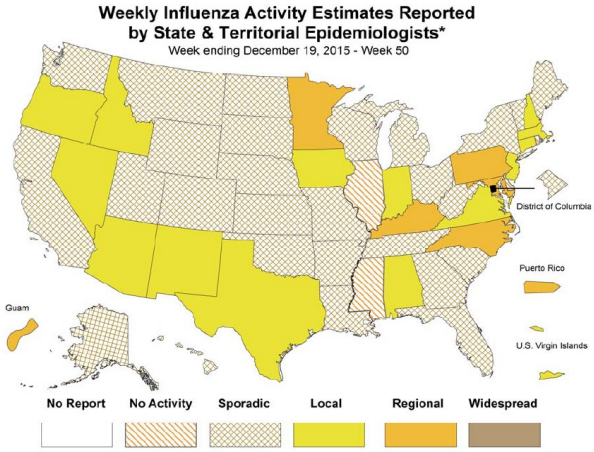
- **Influenza-associated Pediatric Deaths:** One influenza-associated pediatric death was reported.

- **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 2.2%, which is above the national baseline of 2.1%. Four of 10 regions reported ILI at or above region-specific baseline levels. One state experienced high ILI activity; Puerto Rico and two states experienced moderate ILI activity; New York City and three states experienced low ILI activity; 44 states experienced minimal ILI activity; and the District of Columbia had insufficient data.

- **Geographic Spread of Influenza:** The geographic spread of influenza in Guam, Puerto Rico, and five states was reported as regional; the U.S. Virgin Islands and 14 states reported local activity; the District of Columbia and 27 states reported sporadic activity; and four states reported no influenza activity.



Map above left: This map uses the proportion of outpatient visits to ILINet sentinel providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.



Map above right: This map measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

Additional resources:

- CDC Weekly Surveillance Report: http://www.cdc.gov/flu/weekly

Flu Bites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

Oregon Health Authority

Oregon Public Health Division

Published January 5, 2016

Data at a Glance: December 20–26, 2015 (Week 51)

	Current Week (51)	Previous Week (50)
Oregon Influenza-Like Illness (ILI) Activity Level[1]	Minimal	Minimal
Oregon Influenza Activity Geographic Spread[2]	Local	Local
Percent of outpatient visits for ILI	1.03%	0.91%
Percent of emergency department visits for ILI[3]	1.26%	1.18%
Positive influenza tests[4]	2	4
Influenza-associated hospitalizations[5]	2	2
Reported ILI/Influenza outbreaks	0	1
Influenza-associated pediatric mortality	0	0
Respiratory Syncytial Virus (RSV) activity[6]	5%	4%

[1]Levels are determined by CDC. Based on proportion of outpatient visits– levels include minimal, low, moderate, and high.

[2]Levels for geographic spread include no activity, sporadic, local, regional, and widespread.

[3]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.

[4]Reported by state public health lab (OSPHL) from outbreaks, tri-county hospitalizations, and sentinel ILI surveillance; includes only current week positive tests.

[5]Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.

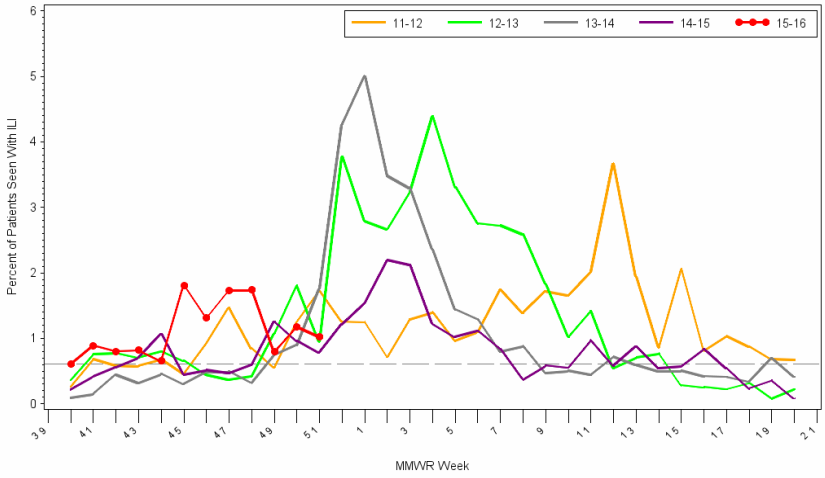
[6]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.

Oregon Health Authority, Acute and Communicable Disease Prevention 05JAN16

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

Percent of Outpatients with Influenza-like Illness (ILI)

2011-2012, 2012-2013, 2013-2014, 2014-2015, 2015-2016



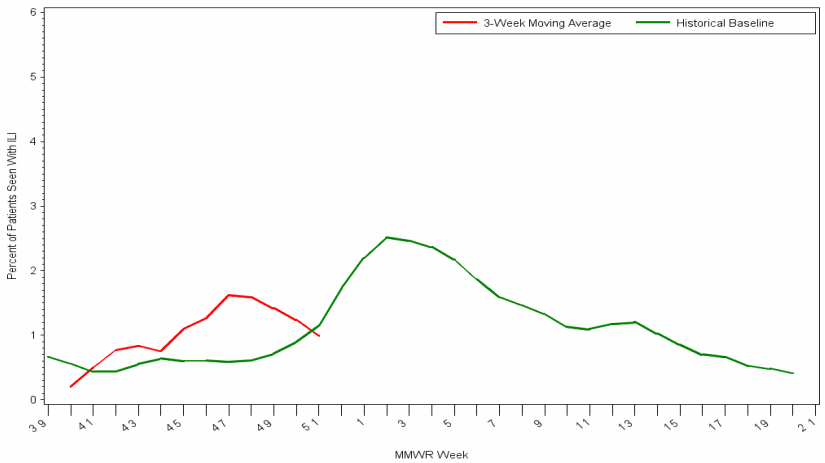
Surveillance weeks run from Sunday through Saturday

Sentinel providers report the number of patients seen with influenza-like illness as well as total patients seen each week.

Oregon Health Authority, Acute and Communicable Disease Prevention 05JAN16

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

3-Week Moving Average of Percent of Outpatients with Influenza-like Illness (ILI)



ILINet: Oregon's Outpatient Influenza-like Illness Surveillance Network: Oregon's outpatient influenza-like illness (ILI) network comprises 24 voluntary healthcare providers from across Oregon who report the number of patients with influenza-like illness as well as total number of patient visits for each week during the surveillance season. The percent of outpatients seen with ILI for week 51 of 2015 was 1.03% which is above Oregon's seasonal threshold of 0.61%.*

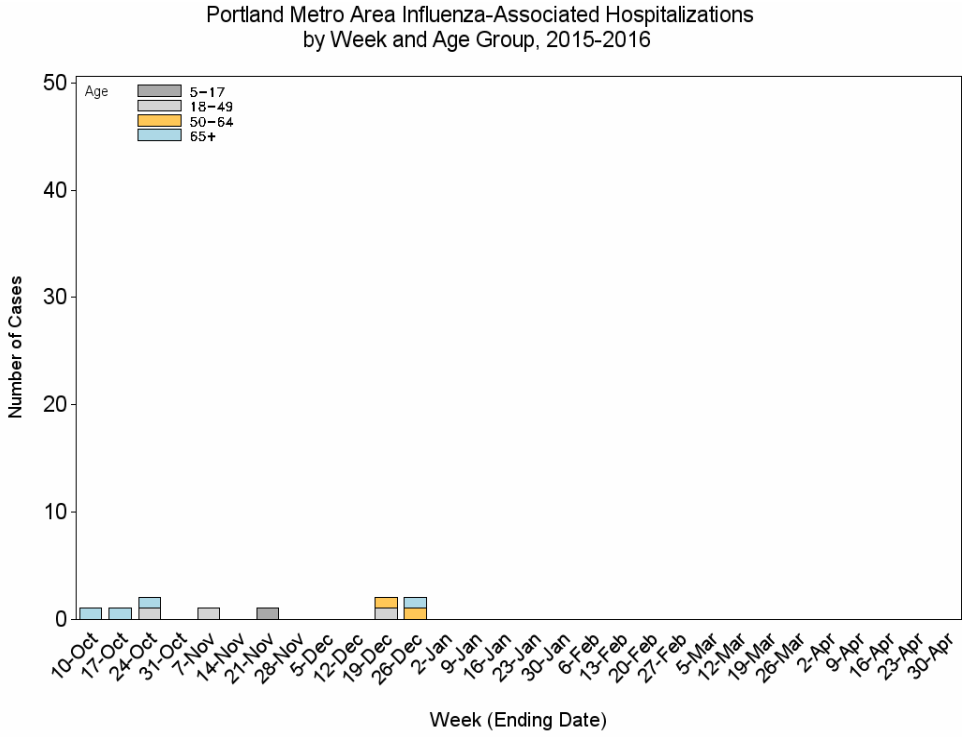
Note: ILI is defined as fever (≥100°F) and cough or sore throat. *The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

The 3-week moving average for percent of outpatients seen with ILI in week 51 was 1.00%, which is below the historical moving average baseline for this week.

The 3-week moving average does not show actual weekly percentage of ILI, but an average that includes the current week and preceding 2 weeks, and is used to smooth out fluctuations in the data. The historical baseline is the average 3-week moving averages over the preceding four flu seasons.

All Flu Bites data provided are preliminary and may change as additional reports are received.

Hospitalizations: In Clackamas, Multnomah, and Washington counties, 10 total reported hospitalizations occurred up through MMWR week 51, with 2 cases reported during week 51. Of reported cases, 30% were among people aged 18-49 years and 40% were among people aged ≥65 years.



Laboratory Surveillance:

The Oregon State Public Health Laboratory (OSPHL) is performing influenza typing and sub-typing by PCR on specimens from the following groups of patients:

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- Patients identified as part of an outbreak of respiratory illness. Please report clusters of respiratory illness to the on-call ACDP epidemiologist at (971-673-1111), who will then make decisions about the need for testing at the OSPHL.

Tables 1 and 2 show the current week and cumulative totals (**since October 1, 2015**) for influenza and other respiratory virus specimens tested at the OSPHL.

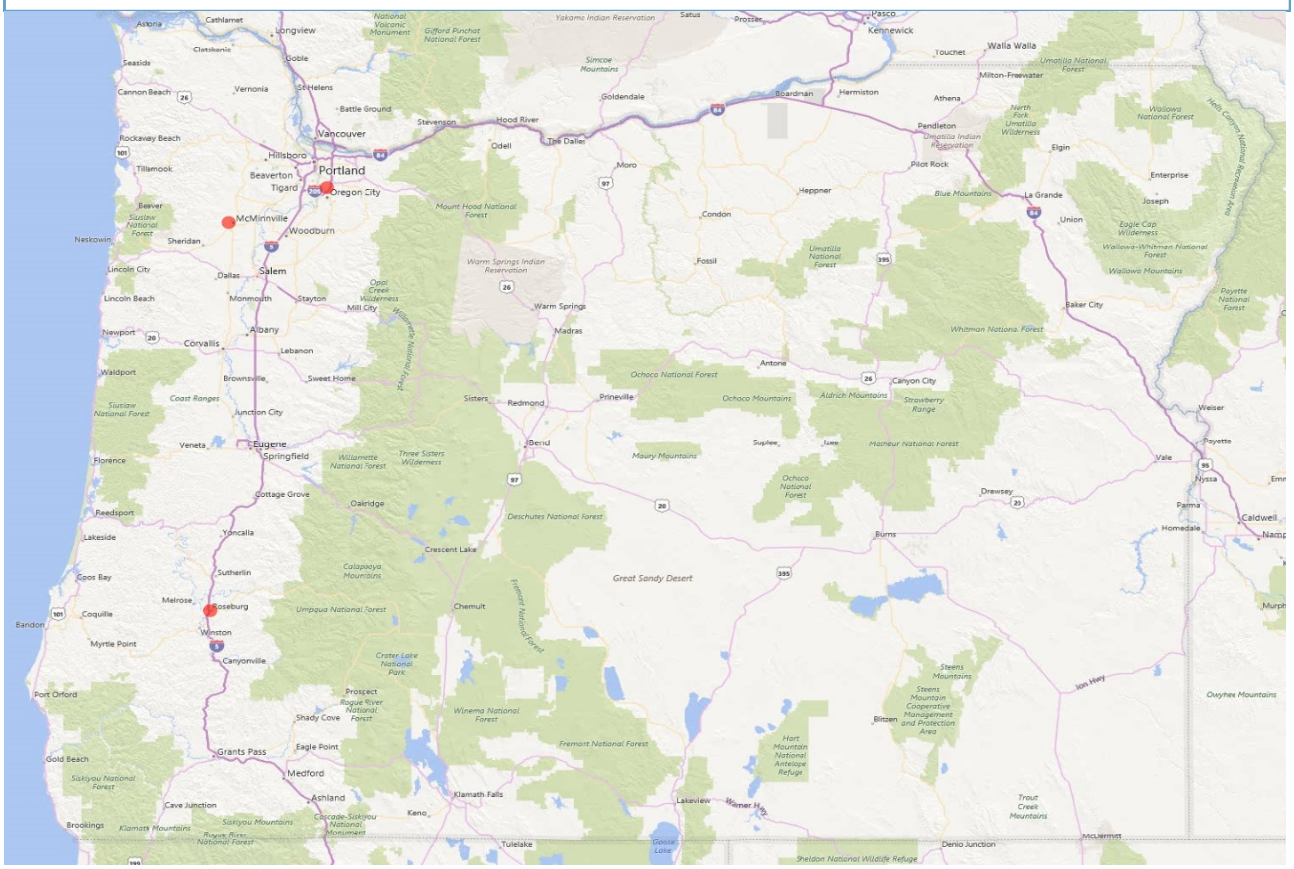
Table 1. Oregon State Public Health Laboratory Influenza Specimen Type and Subtype, 2015–2016.

	Current Week	Cumulative
Influenza A	1 (20%)	19 (35%)
2009 pH1N1	1 (20%)	7 (13%)
Seasonal A H3	0	12 (22%)
Not subtyped	0	0
Influenza B	1 (20%)	4 (7%)
Undetected	0	31 (57%)
Total Tested	**2**	**54**

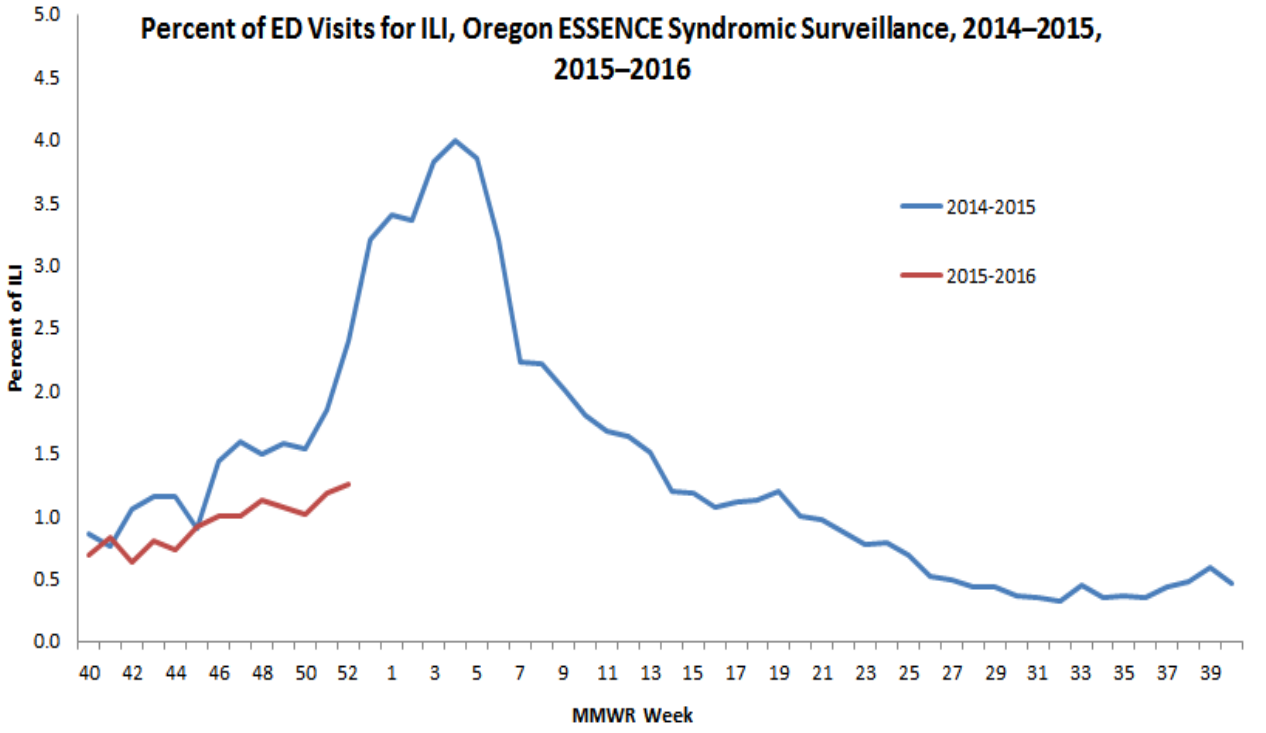
Table 2. Oregon State Public Health Laboratory *Non-Influenza Respiratory* Viruses, 2015–2016.

	Current Week	Cumulative
Adenovirus	0	3 (14%)
Parainfluenza type 1	0	3 (14%)
Parainfluenza type 2	0	0
Parainfluenza type 3	0	1 (4%)
Human Metapneumovirus	0	0
Rhinovirus	0	4 (18%)
RSV	0	2 (9%)
Undetected	0	9 (41%)
Total Tested	**0**	**22**

Influenza Outbreaks: In Oregon, 3 influenza/ILI outbreaks have occurred since October 1, 2015, with none reported during week 51. The red dots on the map show where flu outbreaks have occurred throughout the state this season. As outbreaks accumulate, numbers inside the dots will indicate that multiple outbreaks have occurred in that area.

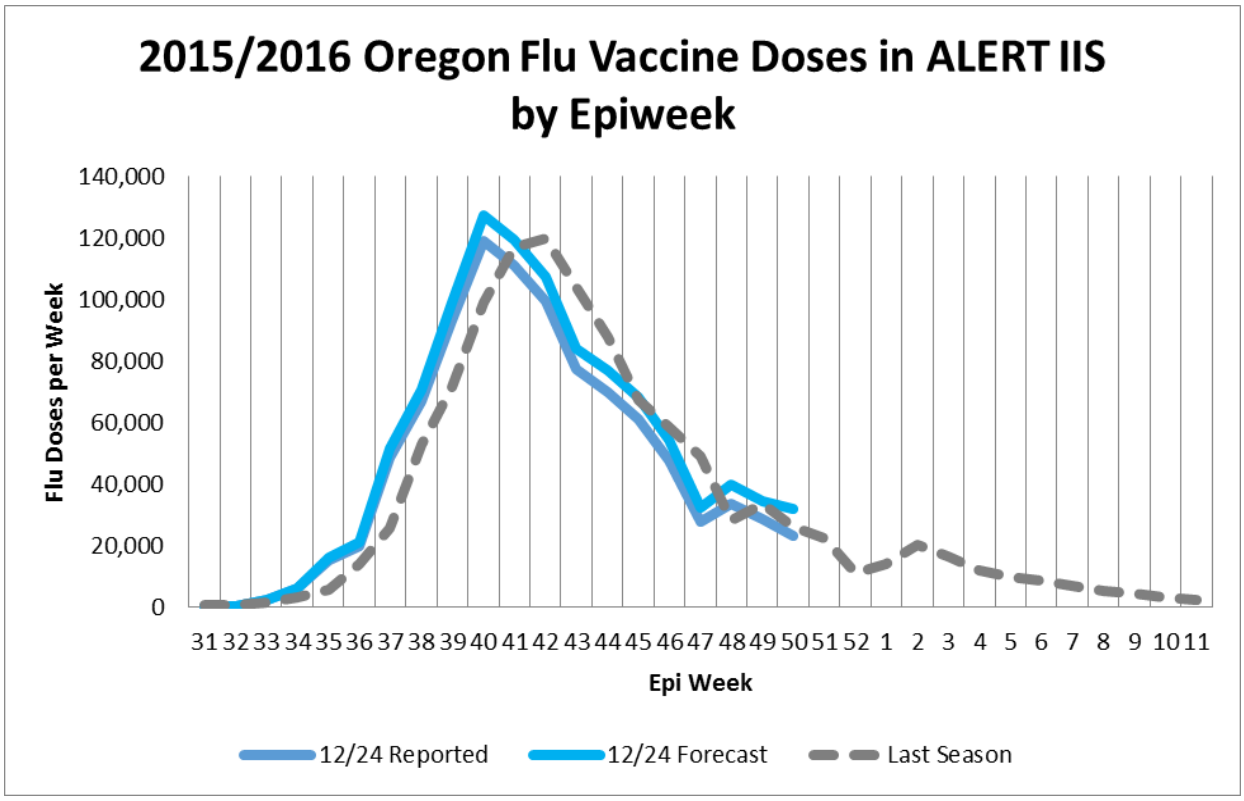


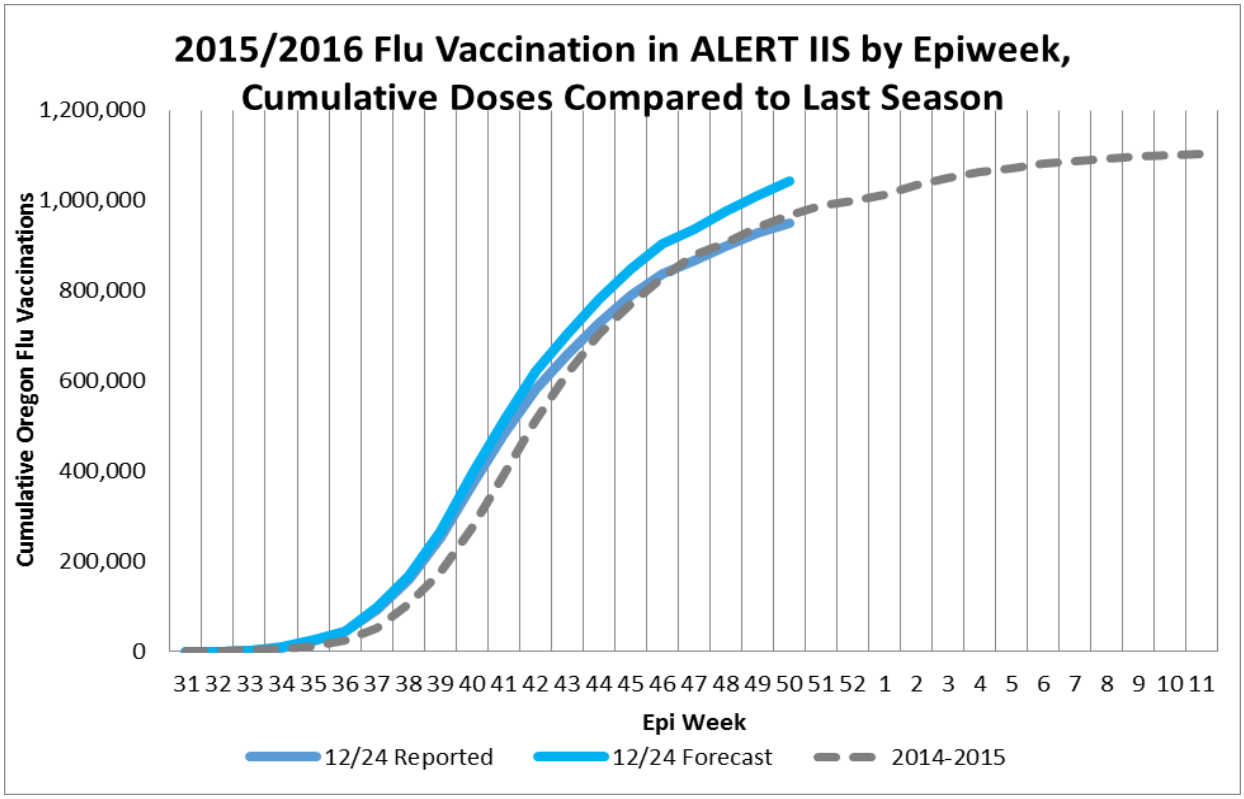
Oregon ESSENCE Syndromic Surveillance: Oregon Public Health tracks hospital emergency department (ED) visits throughout the state using the Oregon ESSENCE syndromic surveillance system. ESSENCE categorizes chief complaints into syndrome categories, which include ILI. The percent of ED visits for ILI was 1.26% during week 51, 2015.



For the week ending on December 19th, influenza immunizations in Oregon continue on a track similar to last season. To date the ALERT Immunization Information System has received over 950,000 influenza immunization records for Oregonians in this season. Typically weekly influenza immunizations decline to the end of the year, and pick up again in January.

Starting with the new year in 2016 pharmacists in Oregon are now allowed to immunize children as young as 7 years. In 2015 pharmacists were only allowed to immunize children 11 years or older. This change may provide a boost to influenza immunization rates among children age 7 to 10 years, though it may not have an effect until next season. To date in Oregon pharmacists have provided 9.1% of influenza immunizations received by children age 11 to 17 years.





US Data (from CDC FluView): During week 51 (December 20-26, 2015), influenza activity increased slightly in the United States.

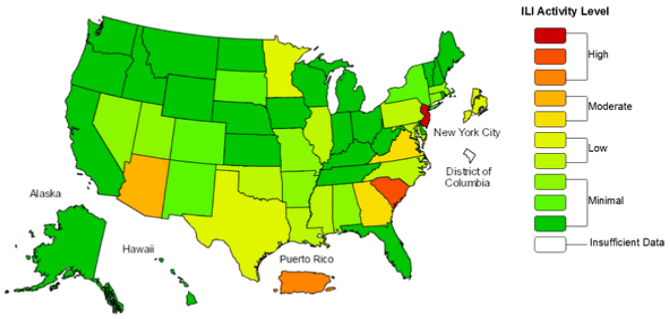
- **Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories during week 51 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories was low.

- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below their system-specific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.

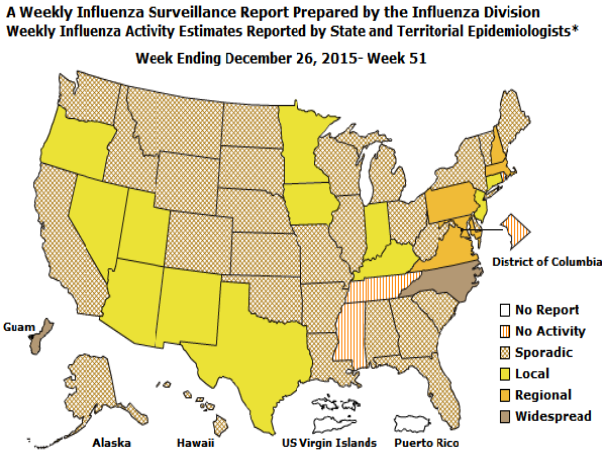
- **Influenza-associated Pediatric Deaths:** No influenza-associated pediatric deaths were reported.

- **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 2.6%, which is above the national baseline of 2.1%. Six of 10 regions reported ILI at or above region-specific baseline levels. Puerto Rico and two states experienced high ILI activity; three states experienced moderate ILI activity; New York City and nine states experienced low ILI activity; 36 states experienced minimal ILI activity; and the District of Columbia had insufficient data.

- **Geographic Spread of Influenza:** The geographic spread of influenza in Guam and one state was reported as widespread; five states reported regional activity; 12 states reported local activity; 29 states reported sporadic activity; the District of Columbia and three states reported no influenza activity; and Puerto Rico and the U.S. Virgin Islands did not report.



Map above left: This map uses the proportion of outpatient visits to ILINet sentinel providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.



Map above right: This map measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

Additional resources:

- CDC Weekly Surveillance Report: http://www.cdc.gov/flu/weekly

Flu Bites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

Oregon Health Authority

Oregon Public Health Division

Published January 8, 2016

Data at a Glance: December 27, 2015–January 2, 2016 (Week 52)

	Current Week (52)	Previous Week (51)
Oregon Influenza-Like Illness (ILI) Activity Level[1]	Minimal	Minimal
Oregon Influenza Activity Geographic Spread[2]	Local	Local
Percent of outpatient visits for ILI	0.96%	1.03%
Percent of emergency department visits for ILI[3]	1.28%	1.26%
Positive influenza tests[4]	2	2
Influenza-associated hospitalizations[5]	1	2
Reported ILI/Influenza outbreaks	0	0
Influenza-associated pediatric mortality	0	0
Respiratory Syncytial Virus (RSV) activity[6]	8%	5%

[1]Levels are determined by CDC. Based on proportion of outpatient visits– levels include minimal, low, moderate, and high.

[2]Levels for geographic spread include no activity, sporadic, local, regional, and widespread.

[3]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.

[4]Reported by state public health lab (OSPHL) from outbreaks, tri-county hospitalizations, and sentinel ILI surveillance; includes only current week positive tests.

[5]Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.

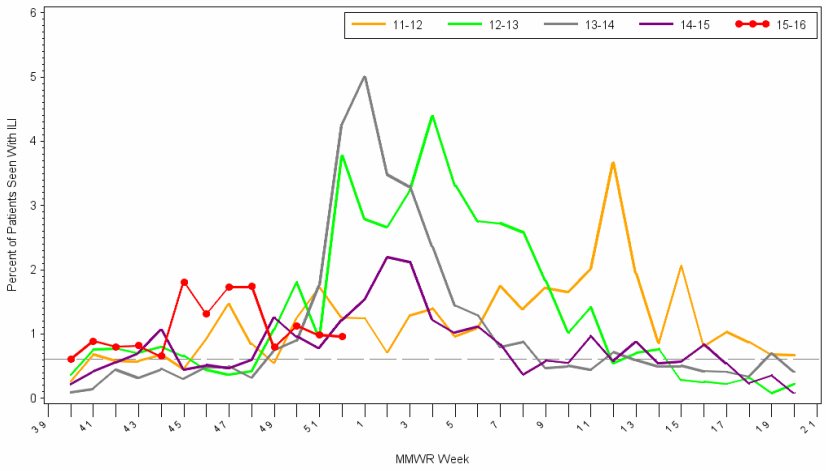
[6]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.

Oregon Health Authority, Acute and Communicable Disease Prevention 08JAN16

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

Percent of Outpatients with Influenza-like Illness (ILI)

2011-2012, 2012-2013, 2013-2014, 2014-2015, 2015-2016



Surveillance weeks run from Sunday through Saturday
Sentinel providers report the number of patients seen with influenza-like illness as well as total patients seen each week.

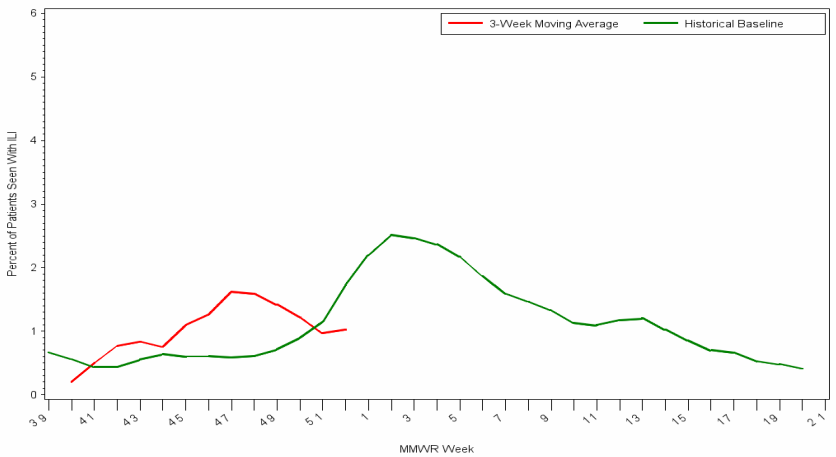
ILINet: Oregon's Outpatient Influenza-like Illness Surveillance Network: Oregon's outpatient influenza-like illness (ILI) network comprises 24 voluntary healthcare providers from across Oregon who report the number of patients with influenza-like illness as well as total number of patient visits for each week during the surveillance season. The percent of outpatients seen with ILI for week 52 of 2015 was 0.96% which is above Oregon's seasonal threshold of 0.61%.*

Note: ILI is defined as fever (≥100°F) and cough or sore throat. *The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

Oregon Health Authority, Acute and Communicable Disease Prevention 08JAN16

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

3-Week Moving Average of Percent of Outpatients with Influenza-like Illness (ILI)

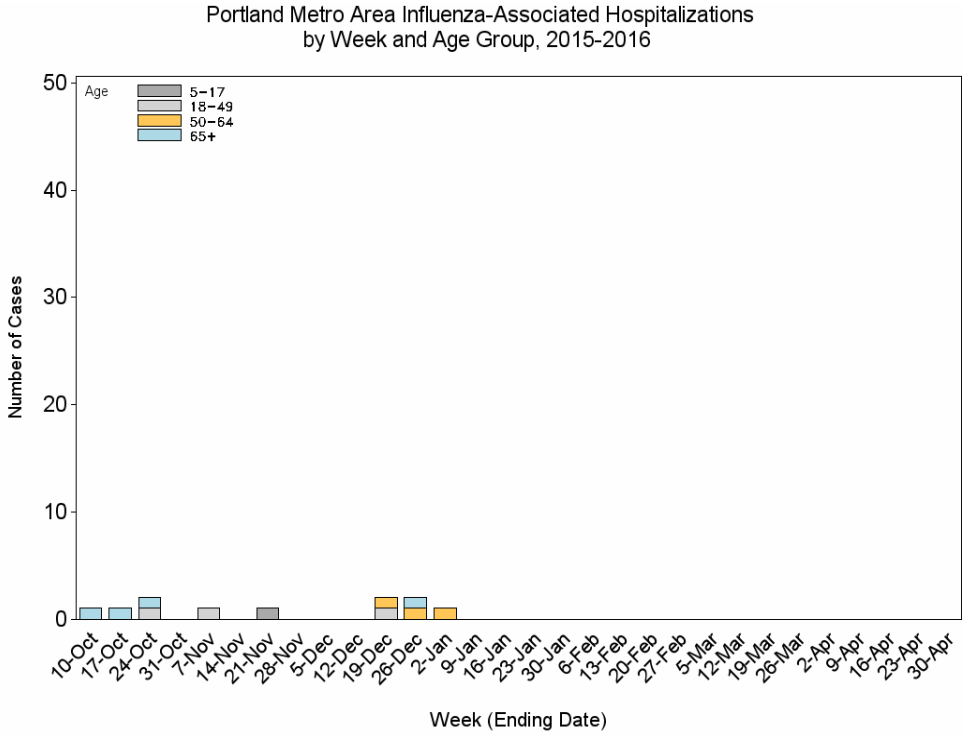


The 3-week moving average for percent of outpatients seen with ILI in week 52 was 1.02%, which is below the historical moving average baseline for this week.

The 3-week moving average does not show actual weekly percentage of ILI, but an average that includes the current week and preceding 2 weeks, and is used to smooth out fluctuations in the data. The historical baseline is the average 3-week moving averages over the preceding four flu seasons.

All Flu Bites data provided are preliminary and may change as additional reports are received.

Hospitalizations: In Clackamas, Multnomah, and Washington counties, 11 total reported hospitalizations occurred up through MMWR week 52, with 1 case reported during week 52. Of reported cases, 36% were among people aged ≥65 years.



Laboratory Surveillance:

The Oregon State Public Health Laboratory (OSPHL) is performing influenza typing and sub-typing by PCR on specimens from the following groups of patients:

- Patients seen by Oregon Sentinel providers from ILINet.
- Patients hospitalized with influenza-like illness in the Portland Tri-County area (Multnomah, Clackamas and Washington counties) as part of the CDC-funded study, The Influenza Hospitalization Network (FluSurv-NET).
- Patients identified as part of an outbreak of respiratory illness. Please report clusters of respiratory illness to the on-call ACDP epidemiologist at (971-673-1111), who will then make decisions about the need for testing at the OSPHL.

Tables 1 and 2 show the current week and cumulative totals (**since October 1, 2015**) for influenza and other respiratory virus specimens tested at the OSPHL.

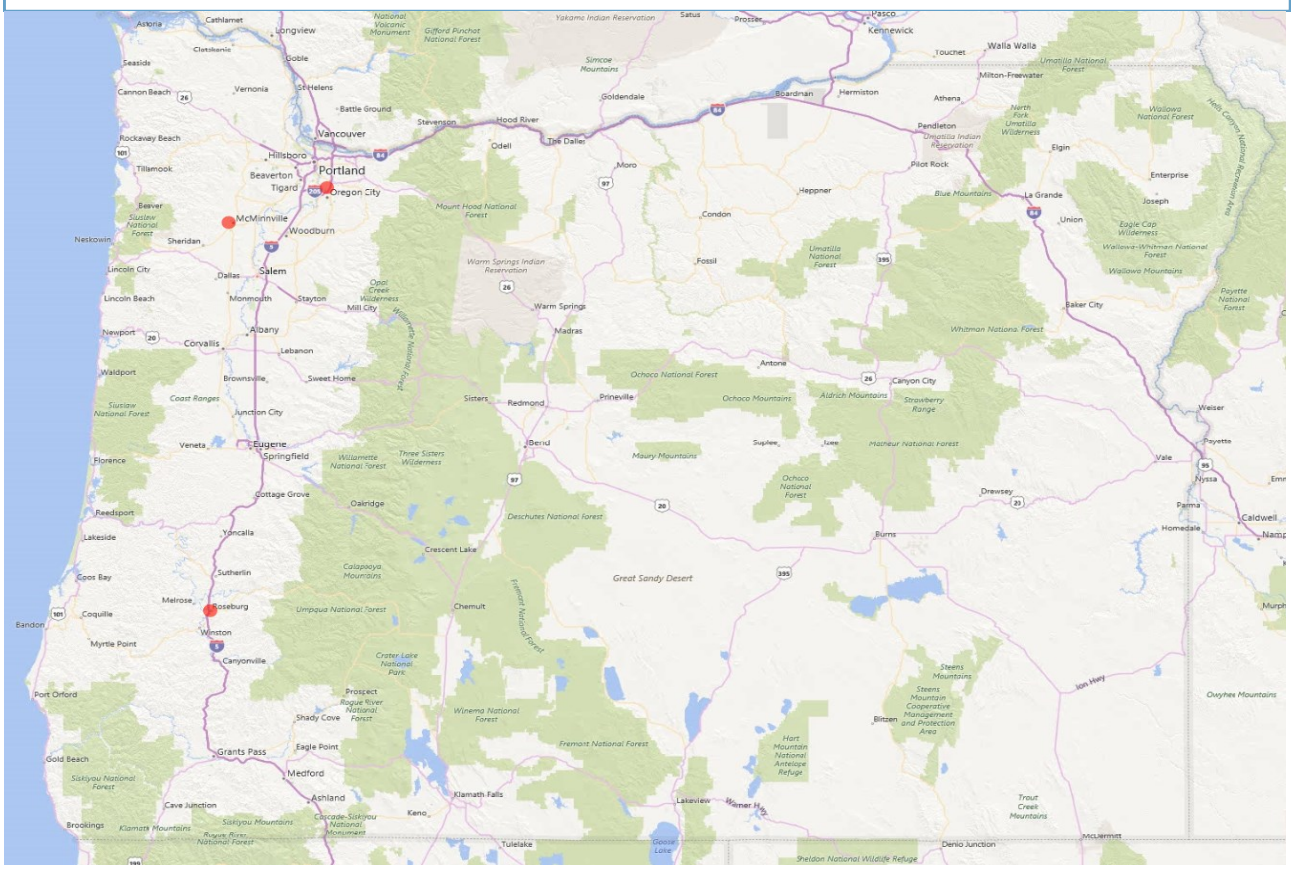
Table 1. Oregon State Public Health Laboratory Influenza Specimen Type and Subtype, 2015–2016.

	Current Week	Cumulative
Influenza A	1 (50%)	21 (37%)
2009 pH1N1	1 (50%)	9 (16%)
Seasonal A H3	0	12 (21%)
Not subtyped	0	0
Influenza B	1 (50%)	6 (10%)
Undetected	0	31 (53%)
Total Tested	**2**	**58**

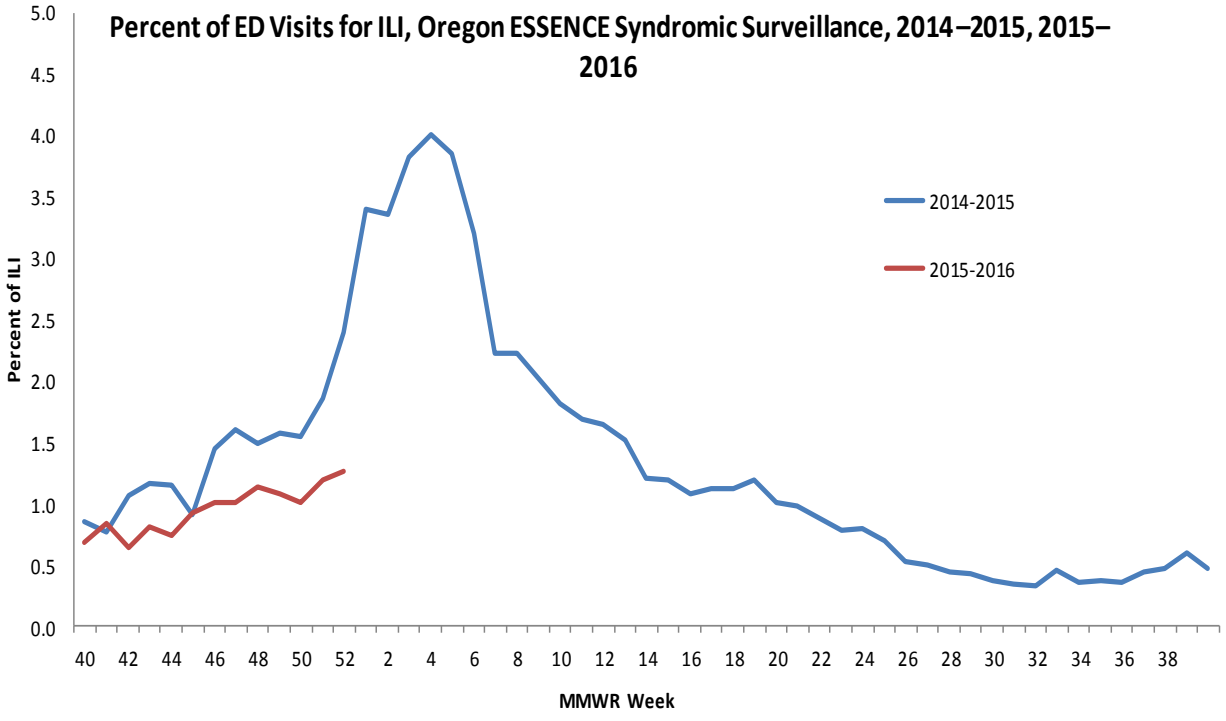
Table 2. Oregon State Public Health Laboratory *Non-Influenza Respiratory* Viruses, 2015–2016.

	Current Week	Cumulative
Adenovirus	0	3 (14%)
Parainfluenza type 1	0	3 (14%)
Parainfluenza type 2	0	0
Parainfluenza type 3	0	1 (4%)
Human Metapneumovirus	0	0
Rhinovirus	0	4 (18%)
RSV	0	2 (9%)
Undetected	0	9 (41%)
Total Tested	**0**	**22**

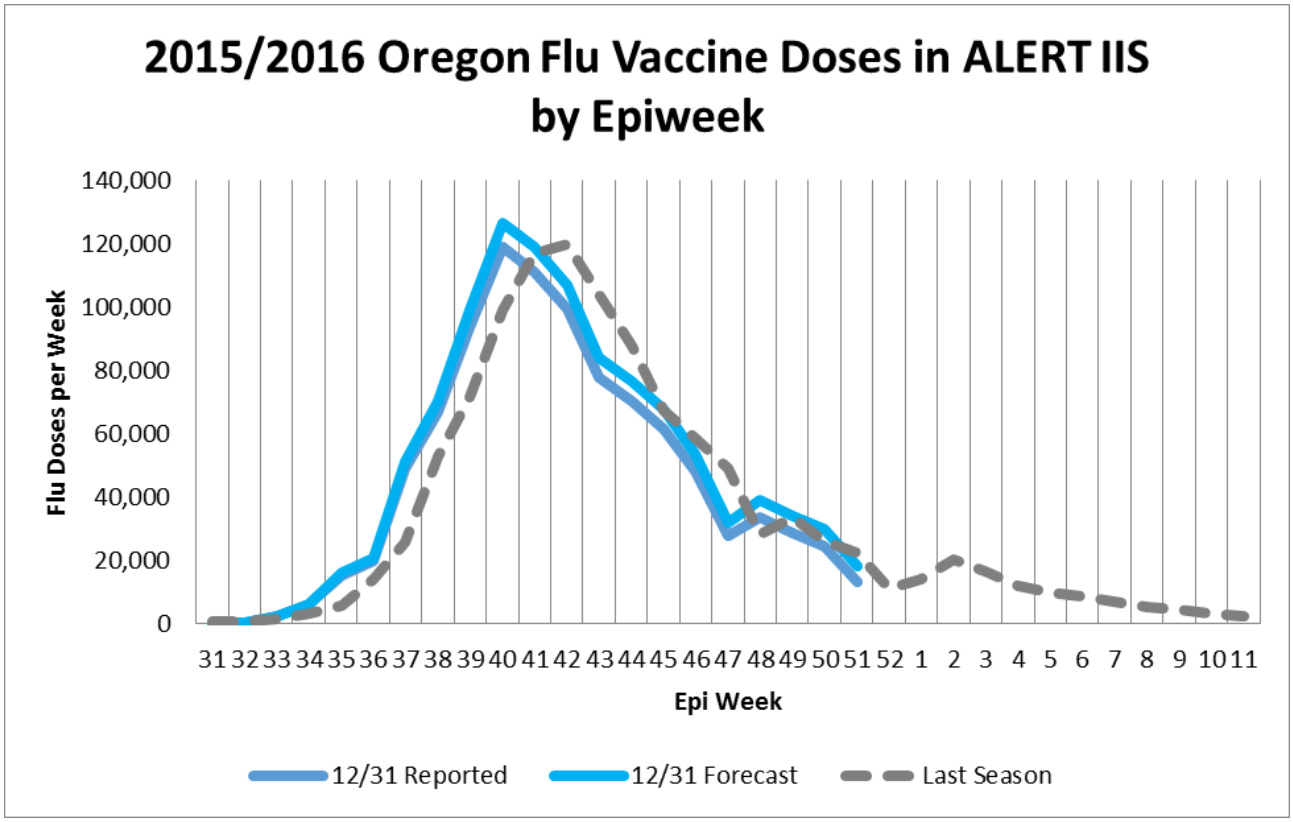
Influenza Outbreaks: In Oregon, 3 influenza/ILI outbreaks have occurred since October 1, 2015, with none reported during week 52. The red dots on the map show where flu outbreaks have occurred throughout the state this season. As outbreaks accumulate, numbers inside the dots will indicate that multiple outbreaks have occurred in that area.

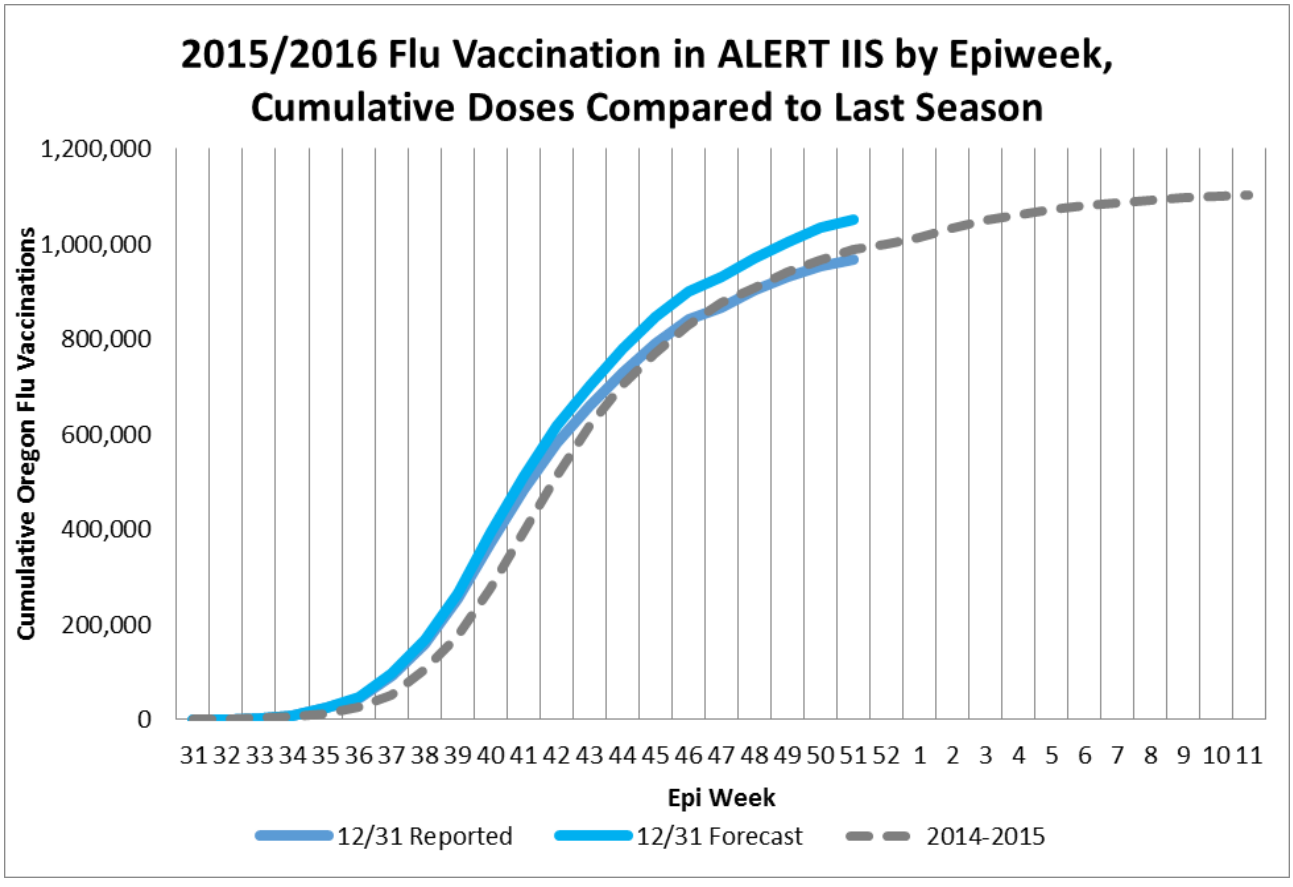


Oregon ESSENCE Syndromic Surveillance: Oregon Public Health tracks hospital emergency department (ED) visits throughout the state using the Oregon ESSENCE syndromic surveillance system. ESSENCE categorizes chief complaints into syndrome categories, which include ILI. The percent of ED visits for ILI was 1.28% during week 52, 2015.



For the week ending on December 26th, weekly influenza immunizations in Oregon continued to decline. An upturn in weekly influenza immunizations is expected in January; however the magnitude of any January surges is unpredictable at this point. To date the ALERT Immunization Information System has received approximately 970,000 influenza immunization records for Oregonians in this season.





US Data (from CDC FluView): During week 52 (December 26, 2015-January 2, 2016), influenza activity increased slightly in the United States.

- **Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories during week 52 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories was low.

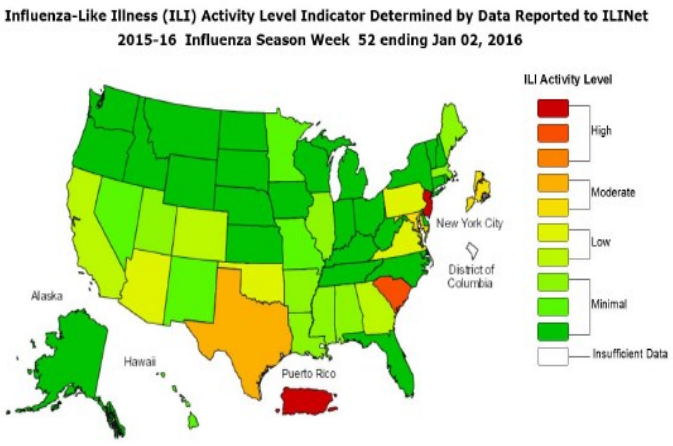
- **Novel Influenza A Virus:** One human infection with a novel influenza A virus was reported.

- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below their system-specific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.

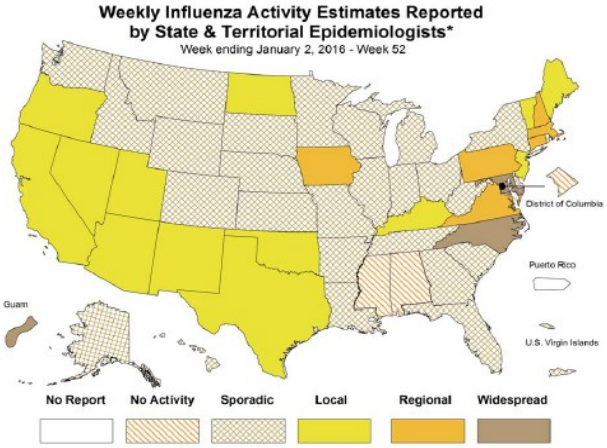
- **Influenza-associated Pediatric Deaths:** Two influenza-associated pediatric deaths were reported.

- **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 2.8%, which is above the national baseline of 2.1%. Seven of 10 regions reported ILI at or above region-specific baseline levels. Puerto Rico and two states experienced high ILI activity; New York City and two states experienced moderate ILI activity; seven states experienced low ILI activity; 39 states experienced minimal ILI activity; and the District of Columbia had insufficient data.

- **Geographic Spread of Influenza:** The geographic spread of influenza in Guam and two states were reported as widespread; six states reported regional activity; 13 states reported local activity; the U.S. Virgin Islands and 27 states reported sporadic activity; the District of Columbia and two states reported no influenza activity; and Puerto Rico did not report.



Map above left: This map uses the proportion of outpatient visits to ILINet sentinel providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.



Map above right: This map measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

Additional resources:

- CDC Weekly Surveillance Report: http://www.cdc.gov/flu/weekly

FluBites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

Oregon Health Authority

Oregon Public Health Division

Published January 15, 2016

Data at a Glance: January 3–9, 2016 (Week 1)

	Current Week (1)	Previous Week (52)
Oregon Influenza-Like Illness (ILI) Activity Level[1]	Minimal	Minimal
Oregon Influenza Activity Geographic Spread[2]	Local	Local
Percent of outpatient visits for ILI	0.52%	0.96%
Percent of emergency department visits for ILI[3]	1.10%	1.28%
Positive influenza tests[4]	3	2
Influenza-associated hospitalizations[5]	3	3
Reported ILI/Influenza outbreaks	2	0
Influenza-associated pediatric mortality	0	0
Respiratory Syncytial Virus (RSV) activity[6]	6%	8%

[1]Levels are determined by CDC. Based on proportion of outpatient visits– levels include minimal, low, moderate, and high.

[2]Levels for geographic spread include no activity, sporadic, local, regional, and widespread.

[3]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.

[4]Reported by state public health lab (OSPHL) from outbreaks, tri-county hospitalizations, and sentinel ILI surveillance; includes only current week positive tests.

[5]Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.

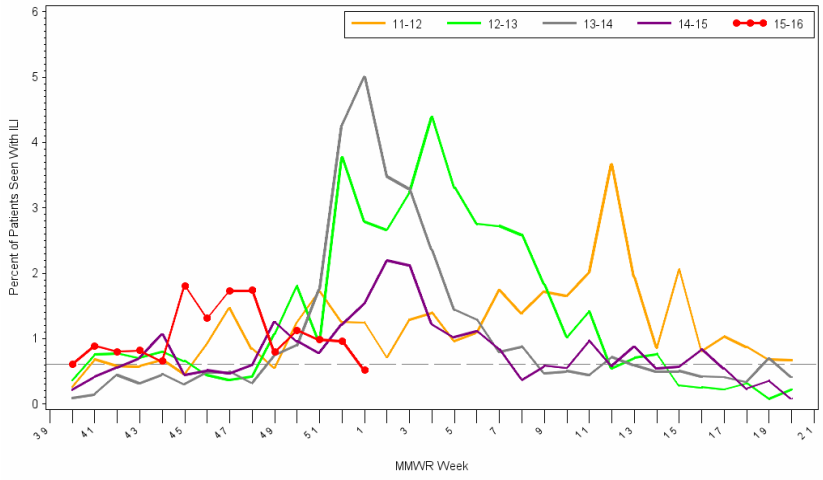
[6]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.

Oregon Health Authority, Acute and Communicable Disease Prevention 14JAN16

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

Percent of Outpatients with Influenza-like Illness (ILI)

2011-2012, 2012-2013, 2013-2014, 2014-2015, 2015-2016



Surveillance weeks run from Sunday through Saturday
Sentinel providers report the number of patients seen with influenza-like illness as well as total patients seen each week.

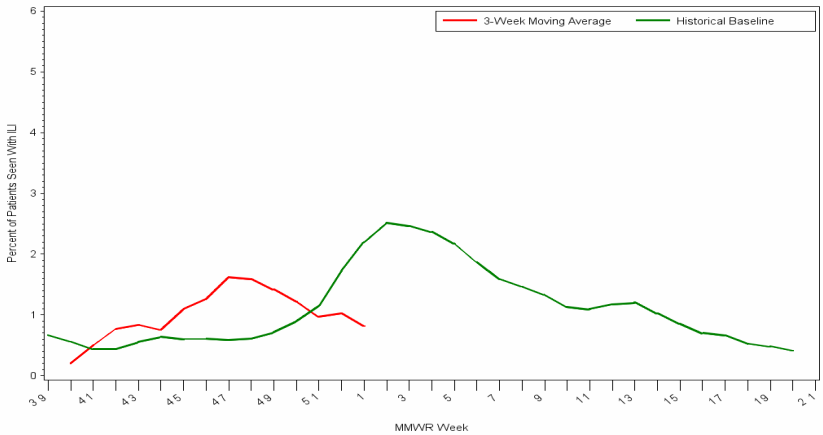
ILINet: Oregon's Outpatient Influenza-like Illness Surveillance Network: Oregon's outpatient influenza-like illness (ILI) network comprises 24 voluntary healthcare providers from across Oregon who report the number of patients with influenza-like illness as well as total number of patient visits for each week during the surveillance season. The percent of outpatients seen with ILI for week 1 of 2016 was 0.52% which is below Oregon's seasonal threshold of 0.61%.*

Note: ILI is defined as fever (≥100°F) and cough or sore throat. *The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

Oregon Health Authority, Acute and Communicable Disease Prevention 14JAN16

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

3-Week Moving Average of Percent of Outpatients with Influenza-like Illness (ILI)

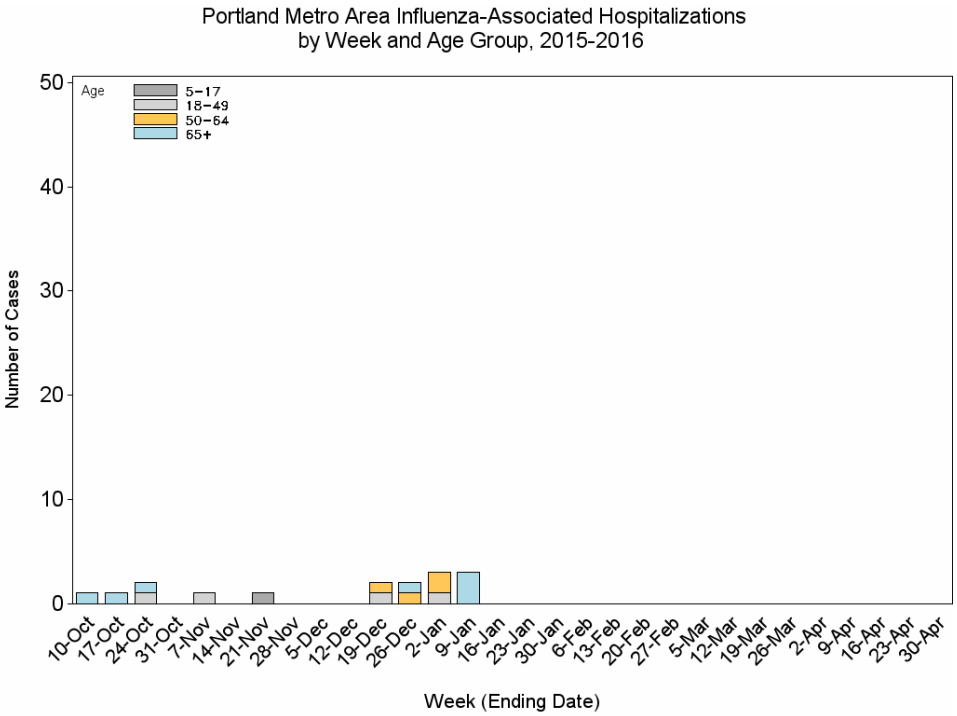


The 3-week moving average for percent of outpatients seen with ILI in week 1 was 0.82%, which is below the historical moving average baseline for this week.

The 3-week moving average does not show actual weekly percentage of ILI, but an average that includes the current week and preceding 2 weeks, and is used to smooth out fluctuations in the data. The historical baseline is the average 3-week moving averages over the preceding four flu seasons.

All Flu Bites data provided are preliminary and may change as additional reports are received.

Hospitalizations: In Clackamas, Multnomah, and Washington counties, 16 total reported hospitalizations occurred up through MMWR week 1, with 3 cases reported during week 1. Of reported cases, 44% were among people aged ≥65 years.



Laboratory Surveillance:

The Oregon State Public Health Laboratory (OSPHL) is performing influenza typing and sub-typing by PCR on specimens from the following groups of patients:

- Patients seen by Oregon Sentinel providers from ILINet.
- Patients hospitalized with influenza-like illness in the Portland Tri-County area (Multnomah, Clackamas and Washington counties) as part of the CDC-funded study, The Influenza Hospitalization Network (FluSurv-NET).
- Patients identified as part of an outbreak of respiratory illness. Please report clusters of respiratory illness to the on-call ACDP epidemiologist at (971-673-1111), who will then make decisions about the need for testing at the OSPHL.

Tables 1 and 2 show the current week and cumulative totals (**since October 1, 2015**) for influenza and other respiratory virus specimens tested at the OSPHL.

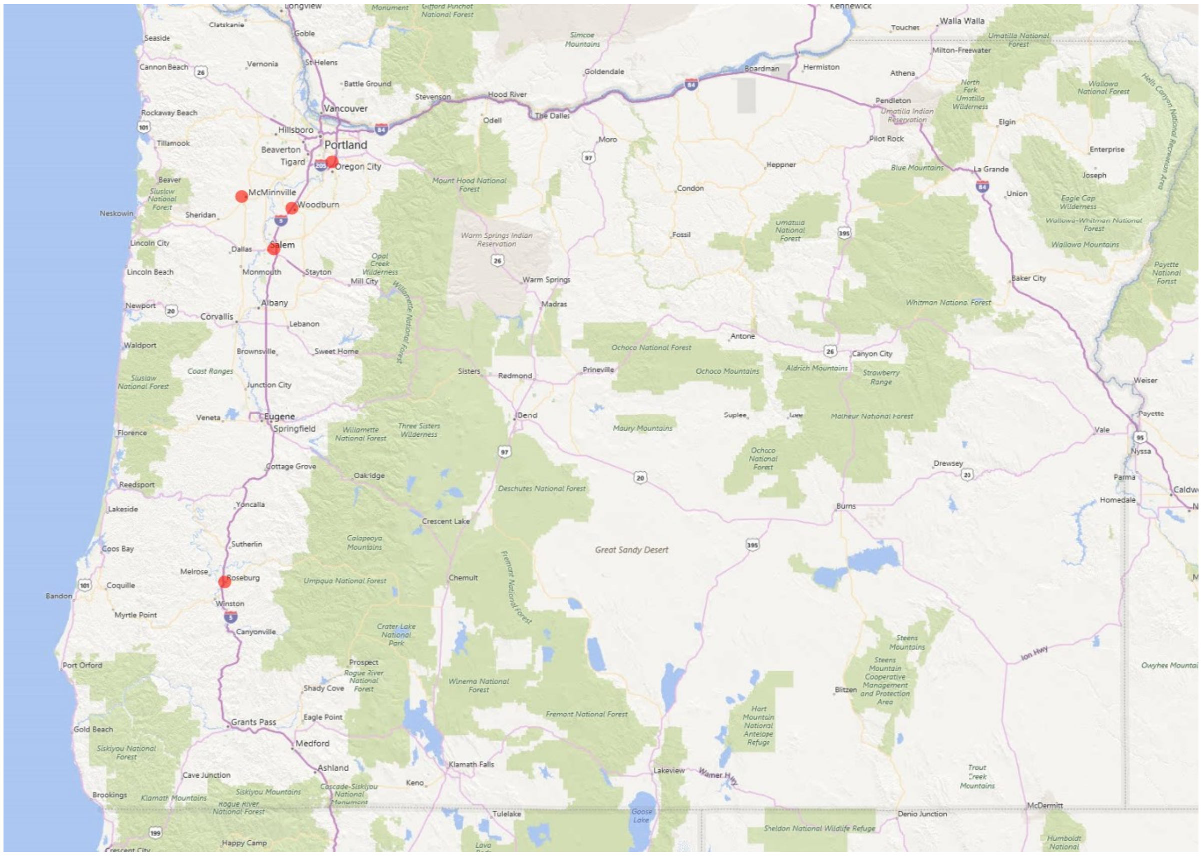
Table 1. Oregon State Public Health Laboratory Influenza Specimen Type and Subtype, 2015–2016.

	Current Week	Cumulative
Influenza A	2 (40%)	23 (36%)
2009 pH1N1	0	9 (14%)
Seasonal A/H3	2 (40%%)	14 (22%)
Not subtyped	0	0
Influenza B	1 (20%%)	7 (11%)
Undetected	2 (40%)	33 (53%)
Total Tested	**5**	**63**

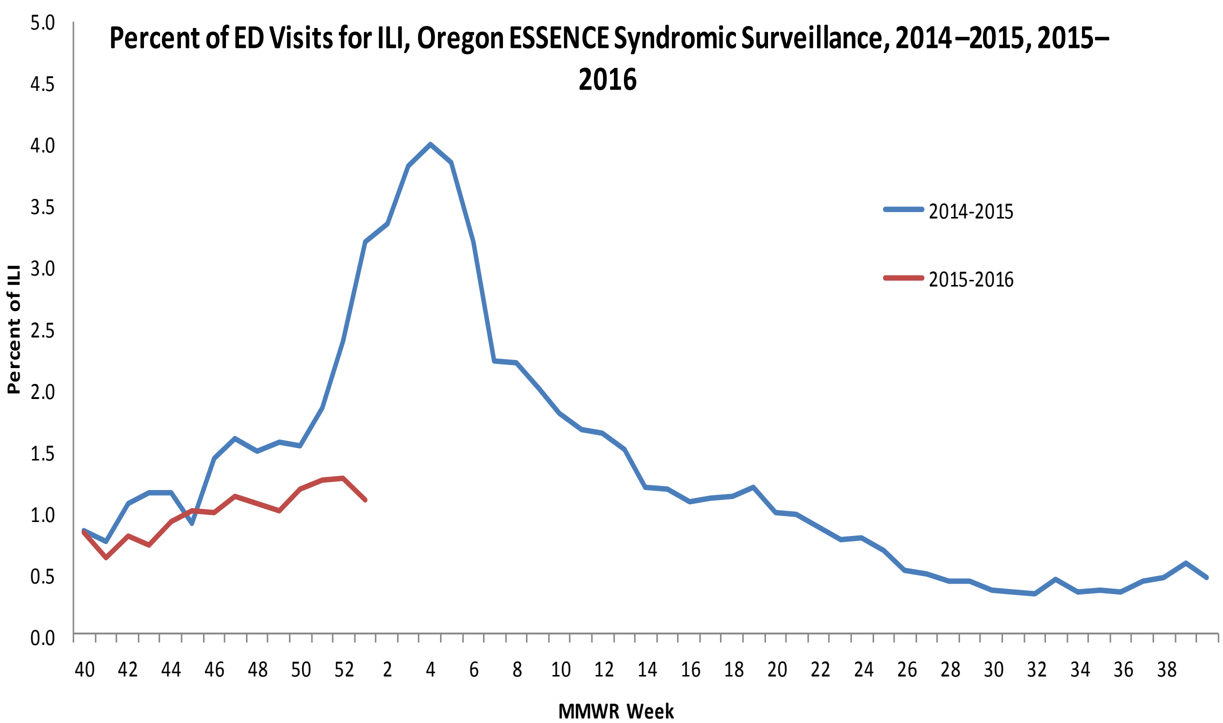
Table 2. Oregon State Public Health Laboratory *Non-Influenza Respiratory* Viruses, 2015–2016.

	Current Week	Cumulative
Adenovirus	0	3 (11%)
Parainfluenza type 1	0	3 (11%)
Parainfluenza type 2	0	0
Parainfluenza type 3	0	1 (4%)
Human Metapneumovirus	0	0
Rhinovirus	0	4 (15%)
RSV	0	2 (7%)
Undetected	5	14 (52%)
Total Tested	**5**	**27**

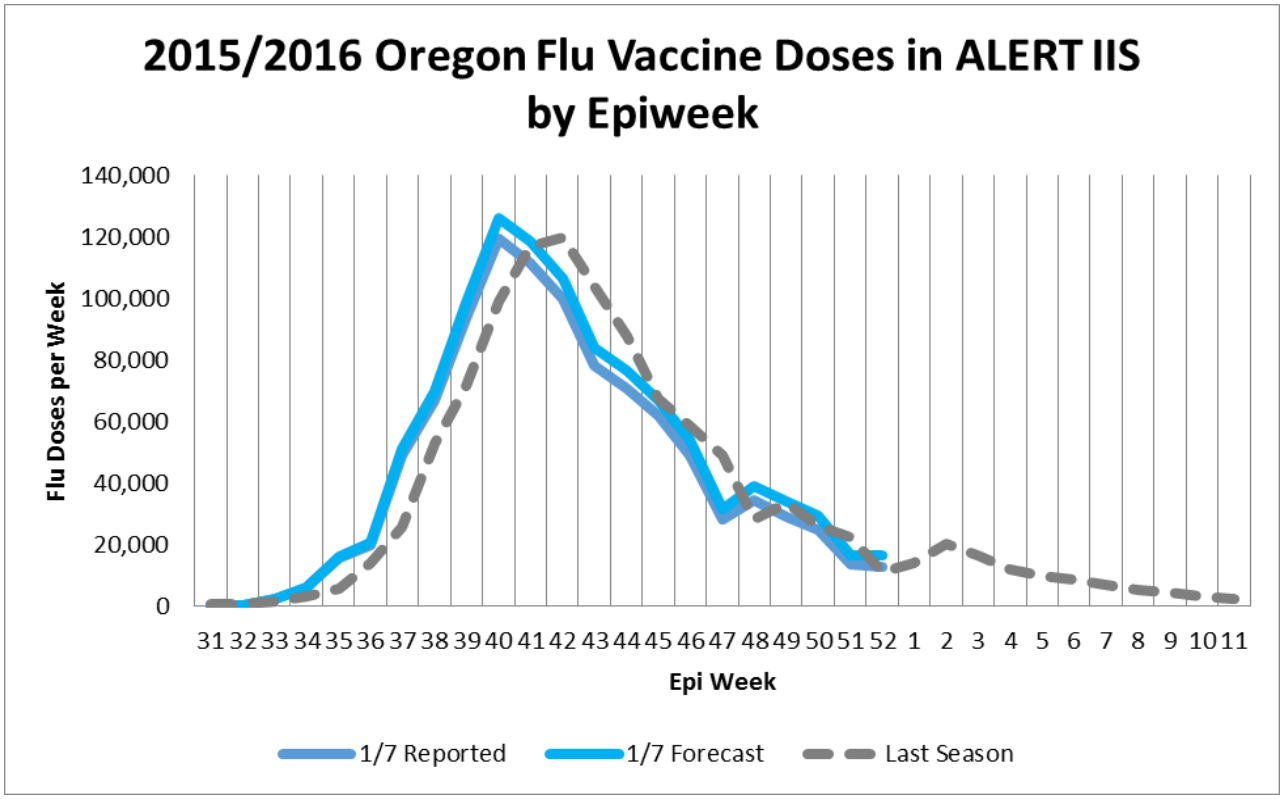
Influenza Outbreaks: In Oregon, 5 influenza/ILI outbreaks have occurred since October 1, 2015, with 2 reported during week 1. The red dots on the map show where flu outbreaks have occurred throughout the state this season. As outbreaks accumulate, numbers inside the dots will indicate that multiple outbreaks have occurred in that area.

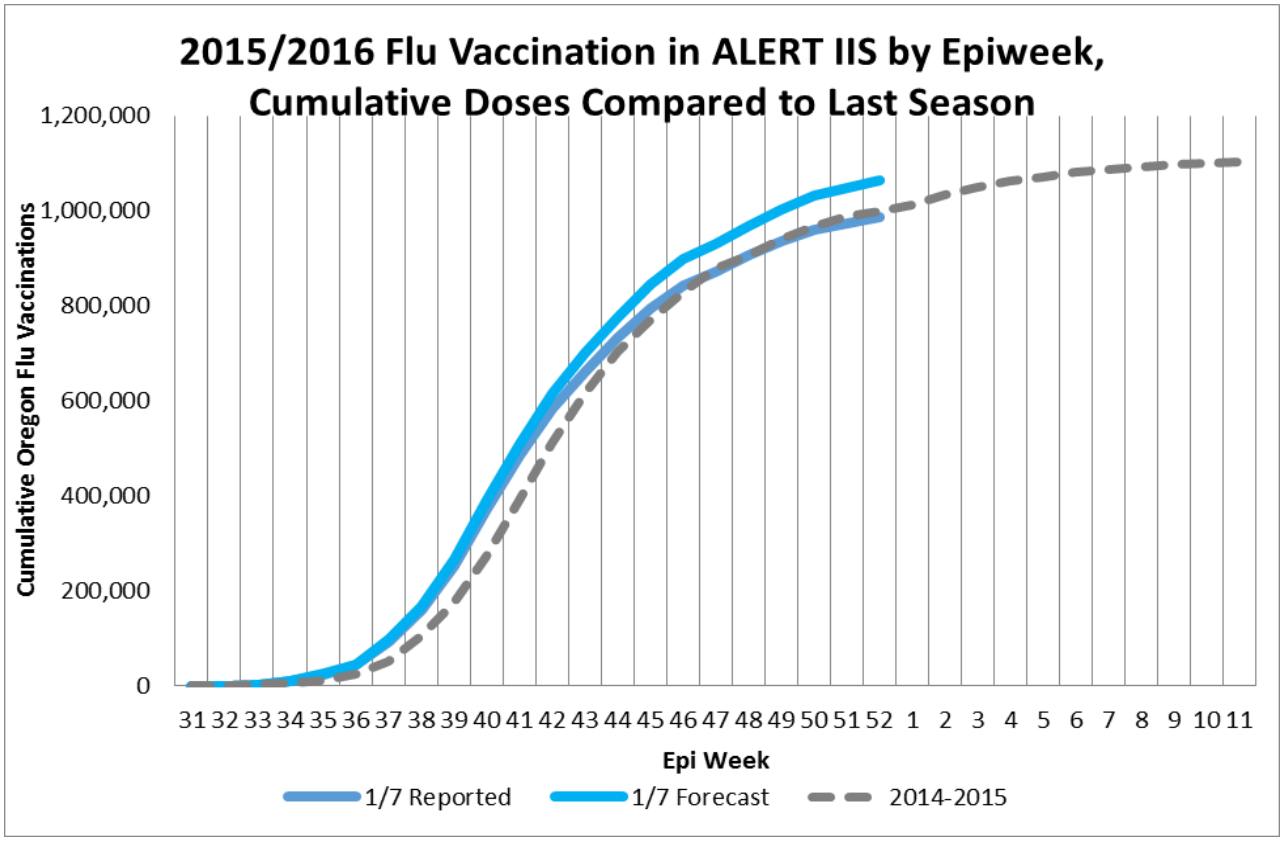


Oregon ESSENCE Syndromic Surveillance: Oregon Public Health tracks hospital emergency department (ED) visits throughout the state using the Oregon ESSENCE syndromic surveillance system. ESSENCE categorizes chief complaints into syndrome categories, which include ILI. The percent of ED visits for ILI was 1.10% during week 1, 2016.



As of the week ending on January 2nd, the ALERT Immunization Information System has received almost 1 million influenza immunization reports for Oregon residents (987,000). Whether a January surge in influenza immunizations occurs should become clearer with the next report. Also as of this date pharmacists are now allowed to immunize children as young as 7 years. Any impact from this on influenza immunization rates may take time to develop, however it may provide an opportunity for parents and older children to receive their immunizations at the same time and place.





US Data (from CDC FluView): During week 1 (January 3-9, 2016), laboratory data indicated that influenza activity increased slightly in the United States.

- **Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories during week 1 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories was low.

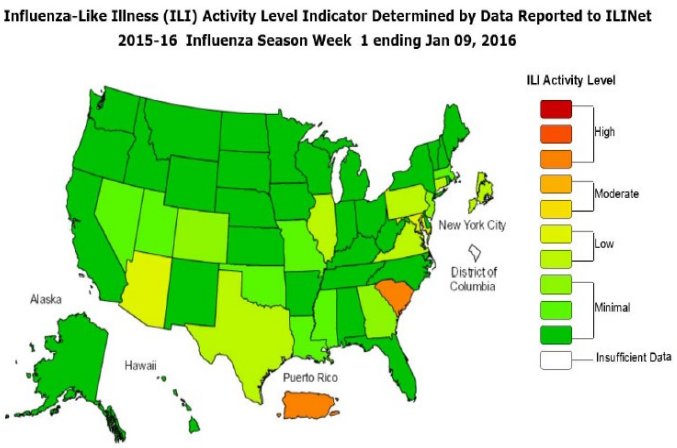
- **Pneumonia and Influenza Mortality**: The proportion of deaths attributed to pneumonia and influenza (P&I) was below their system-specific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.

- **Influenza-associated Pediatric Deaths**: One influenza-associated pediatric death was reported.

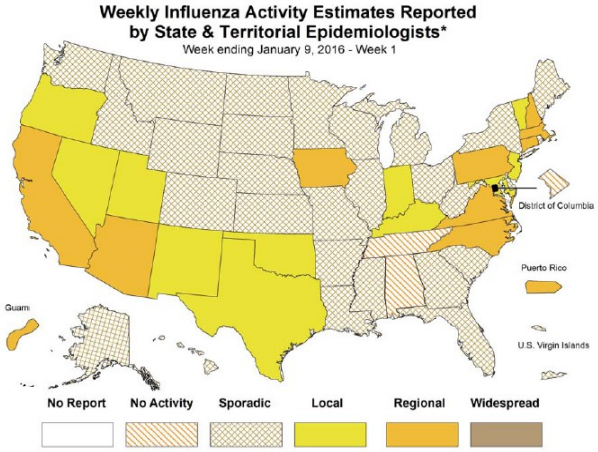
- **Influenza-associated Hospitalizations**: A cumulative rate for the season of 1.5 laboratory confirmed influenza-associated hospitalizations per 100,000 population was reported.

- **Outpatient Illness Surveillance**: The proportion of outpatient visits for influenza-like illness (ILI) was 2.0%, which is below the national baseline of 2.1%. Four of 10 regions reported ILI at or above region-specific baseline levels. Puerto Rico and one state experienced high ILI activity; New York City and seven states experienced low ILI activity; 42 states experienced minimal ILI activity; and the District of Columbia had insufficient data.

- **Geographic Spread of Influenza**: The geographic spread of influenza in Guam, Puerto Rico, and nine states were reported as regional; 11 states reported local activity; the U.S. Virgin Islands and 28 states reported sporadic activity; and the District of Columbia and two states reported no influenza activity.



Map above left: This map uses the proportion of outpatient visits to ILINet sentinel providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.



Map above right: This map measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

Additional resources:

- CDC Weekly Surveillance Report: http://www.cdc.gov/flu/weekly

Flu Bites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

Oregon Health Authority

Oregon Public Health Division

Published January 22, 2016

Data at a Glance: January 10–16, 2016 (Week 2)

	Current Week (2)	Previous Week (1)
Oregon Influenza-Like Illness (ILI) Activity Level[1]	Minimal	Minimal
Oregon Influenza Activity Geographic Spread[2]	Regional	Local
Percent of outpatient visits for ILI	1.68%	1.33%
Percent of emergency department visits for ILI[3]	1.03%	1.10%
Positive influenza tests[4]	0	3
Influenza-associated hospitalizations[5]	2	3
Reported ILI/Influenza outbreaks	1	2
Influenza-associated pediatric mortality	0	0
Respiratory Syncytial Virus (RSV) activity[6]	9%	6%

[1]Levels are determined by CDC. Based on proportion of outpatient visits– levels include minimal, low, moderate, and high.

[2]Levels for geographic spread include no activity, sporadic, local, regional, and widespread.

[3]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.

[4]Reported by state public health lab (OSPHL) from outbreaks, tri-county hospitalizations, and sentinel ILI surveillance; includes only current week positive tests.

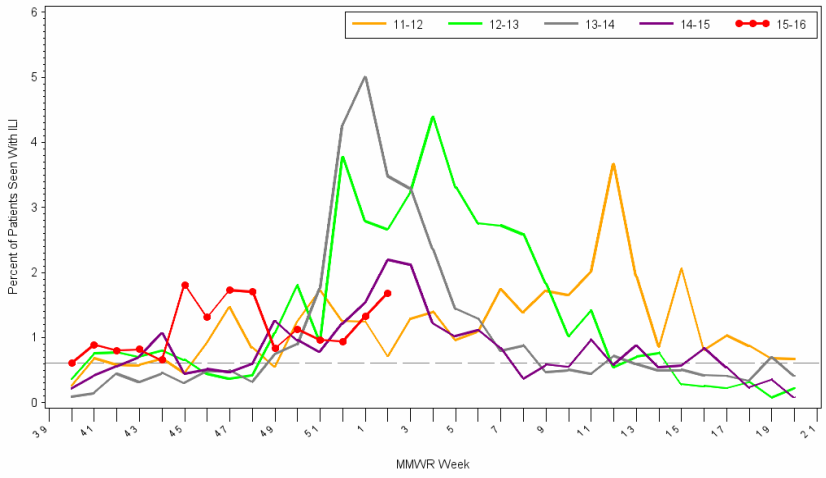
[5]Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.

[6]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.

Oregon Health Authority, Acute and Communicable Disease Prevention 22JAN16

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

Percent of Outpatients with Influenza-like Illness (ILI)
2011-2012, 2012-2013, 2013-2014, 2014-2015, 2015-2016



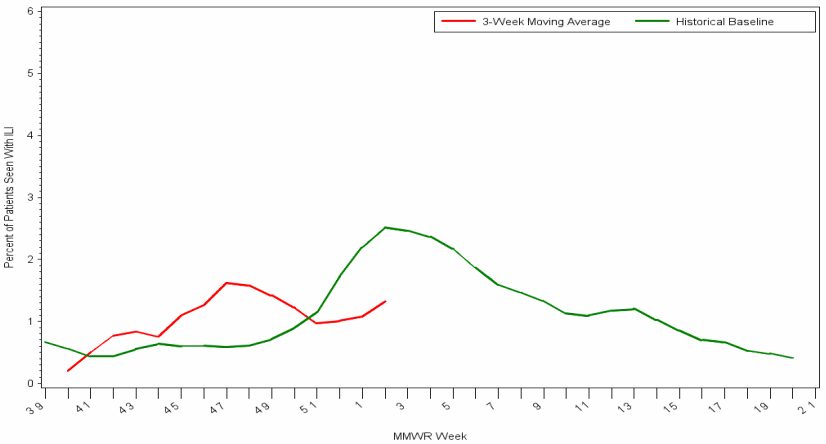
Surveillance weeks run from Sunday through Saturday
Sentinel providers report the number of patients seen with influenza-like illness as well as total patients seen each week.

ILINet: Oregon's Outpatient Influenza-like Illness Surveillance Network: Oregon's outpatient influenza-like illness (ILI) network comprises 24 voluntary healthcare providers from across Oregon who report the number of patients with influenza-like illness as well as total number of patient visits for each week during the surveillance season. The percent of outpatients seen with ILI for week 2 of 2016 was 1.68% which is above Oregon's seasonal threshold of 0.61%.*

Note: ILI is defined as fever (≥100°F) and cough or sore throat. *The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

Oregon Health Authority, Acute and Communicable Disease Prevention 22JAN16

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)
3-Week Moving Average of Percent of Outpatients with Influenza-like Illness (ILI)

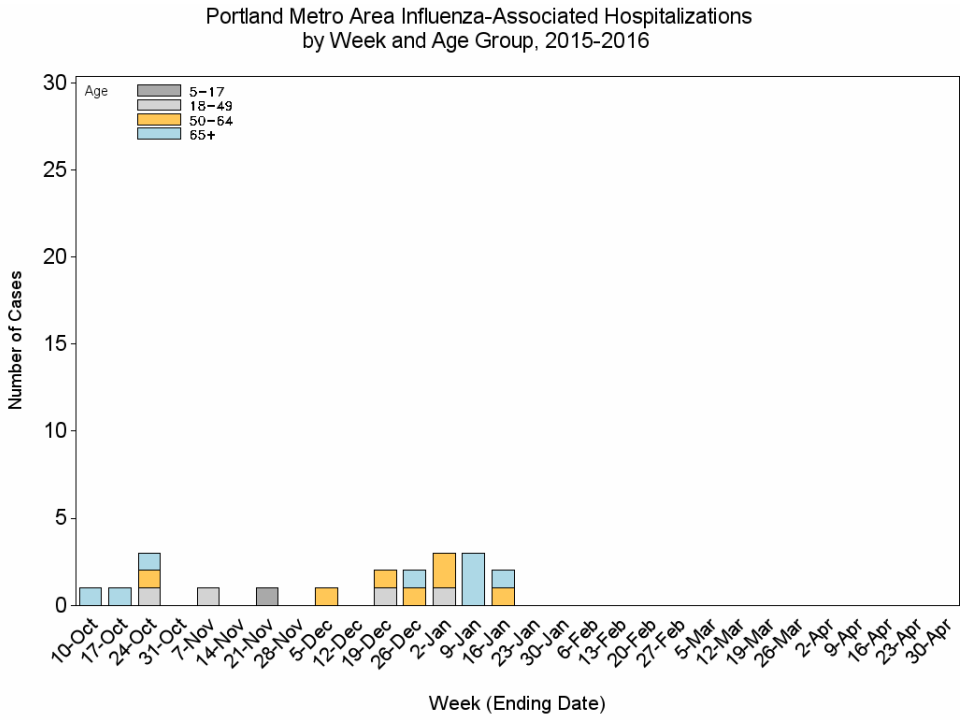


The 3-week moving average for percent of outpatients seen with ILI in week 2 was 1.31%, which is below the historical moving average baseline for this week.

The 3-week moving average does not show actual weekly percentage of ILI, but an average that includes the current week and preceding 2 weeks, and is used to smooth out fluctuations in the data. The historical baseline is the average 3-week moving averages over the preceding four flu seasons.

All Flu Bites data provided are preliminary and may change as additional reports are received.

Hospitalizations: In Clackamas, Multnomah, and Washington counties, 20 total reported hospitalizations occurred up through MMWR week 2, with 2 cases reported during week 2. Of reported cases, 40% were among people aged ≥65 years.



Laboratory Surveillance:

The Oregon State Public Health Laboratory (OSPHL) is performing influenza typing and sub-typing by PCR on specimens from the following groups of patients:

- Patients seen by Oregon Sentinel providers from ILINet.
- Patients hospitalized with influenza-like illness in the Portland Tri-County area (Multnomah, Clackamas and Washington counties) as part of the CDC-funded study, The Influenza Hospitalization Network (FluSurv-NET).
- Patients identified as part of an outbreak of respiratory illness. Please report clusters of respiratory illness to the on-call ACDP epidemiologist at (971-673-1111), who will then make decisions about the need for testing at the OSPHL.

Tables 1 and 2 show the current week and cumulative totals (**since October 1, 2015**) for influenza and other respiratory virus specimens tested at the OSPHL.

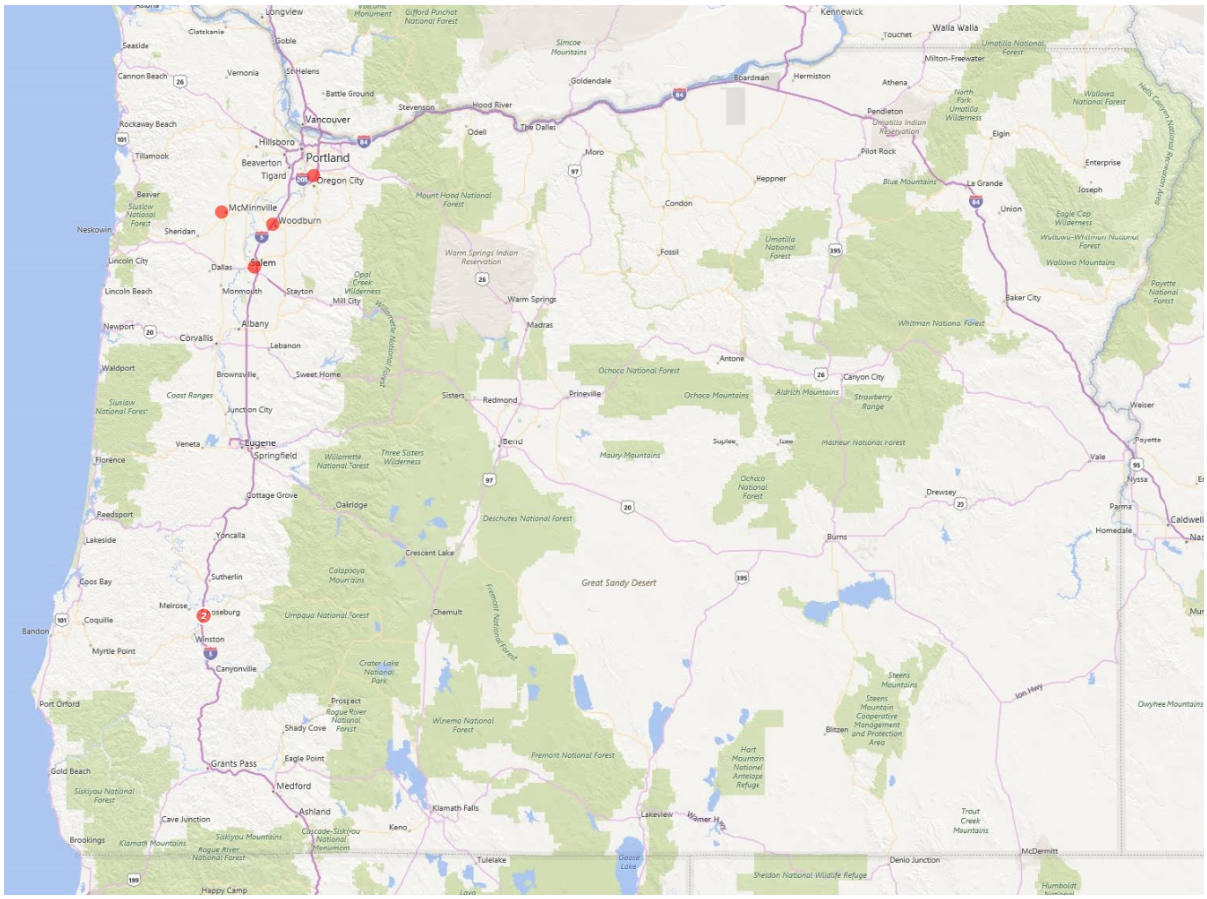
Table 1. Oregon State Public Health Laboratory Influenza Specimen Type and Subtype, 2015–2016.

	Current Week	Cumulative
Influenza A	0	23 (36%)
2009 pH1N1	0	9 (14%)
Seasonal A/H3	0	14 (22%)
Not subtyped	0	0
Influenza B	0	7 (11%)
Undetected	0	33 (53%)
Total Tested	**0**	**63**

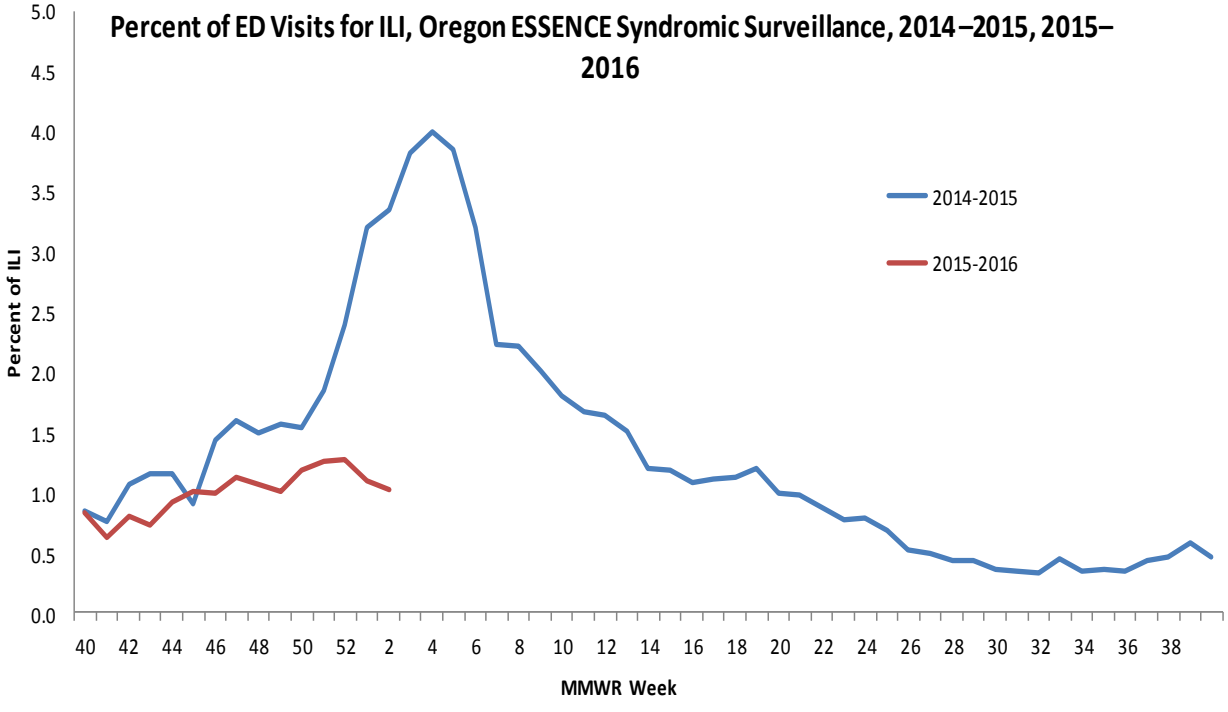
Table 2. Oregon State Public Health Laboratory *Non-Influenza Respiratory* Viruses, 2015–2016.

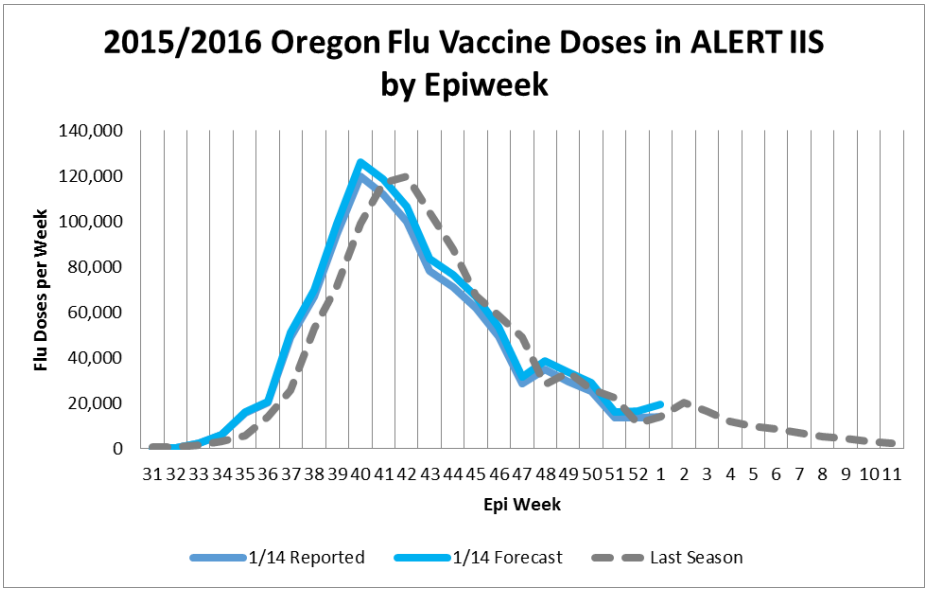
	Current Week	Cumulative
Adenovirus	0	3 (11%)
Parainfluenza type 1	0	3 (11%)
Parainfluenza type 2	0	0
Parainfluenza type 3	0	1 (4%)
Human Metapneumovirus	0	0
Rhinovirus	0	4 (15%)
RSV	0	2 (7%)
Undetected	0	14 (52%)
Total Tested	**0**	**27**

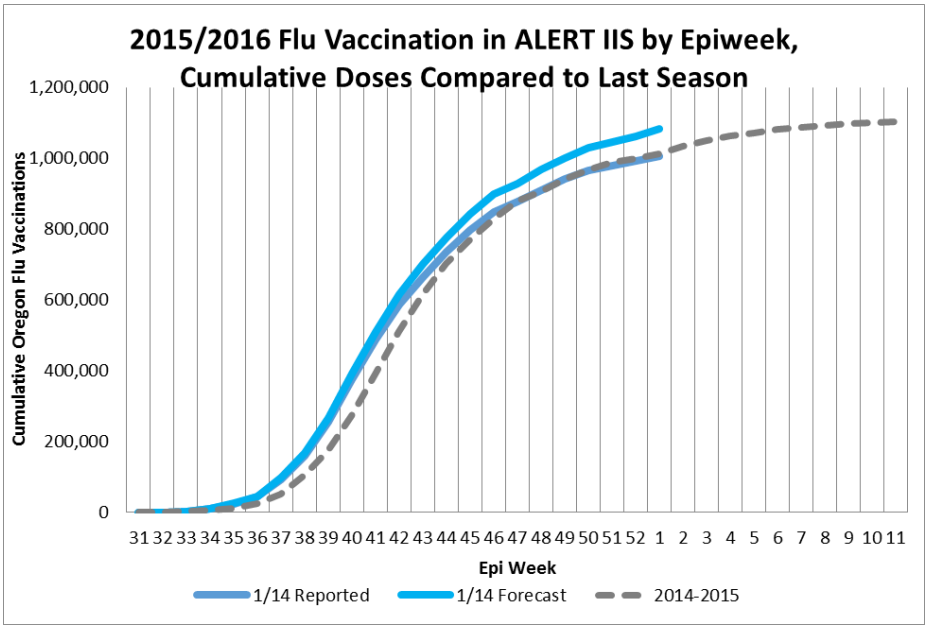
Influenza Outbreaks: In Oregon, 6 influenza/ILI outbreaks have occurred since October 1, 2015, with 1 reported during week 2. The red dots on the map show where flu outbreaks have occurred throughout the state this season. Numbers inside the dots indicate that multiple outbreaks have occurred in that area.



Oregon ESSENCE Syndromic Surveillance: Oregon Public Health tracks hospital emergency department (ED) visits throughout the state using the Oregon ESSENCE syndromic surveillance system. ESSENCE categorizes chief complaints into syndrome categories, which include ILI. The percent of ED visits for ILI was 1.03% during week 2, 2016.



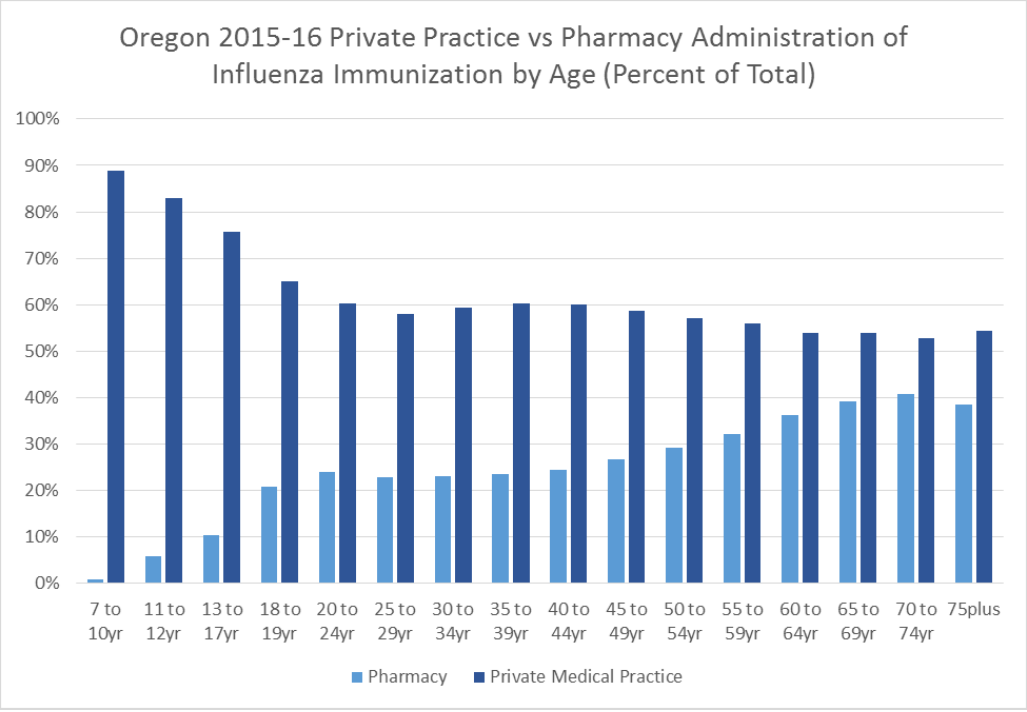




For the week ending on January 9th there was a small upturn in weekly influenza immunization totals. An upturn in influenza immunizations is typical in January, though the magnitude varies substantially across seasons. To date the ALERT Immunization Information System has received over 1 million influenza immunization reports for Oregon residents.

Under the age of 65 years, vaccination varies by gender, with non-senior men receiving fewer (39.6%) influenza immunizations than women (60.4%).

The chart below displays the two largest categories of influenza immunizers in Oregon, which are private medical practices and pharmacies. Private medical practices to date account for 62.5% of total influenza immunizations, while pharmacies account for 25.6%.



US Data (from CDC FluView): During week 2 (January 10-16, 2016), influenza activity increased slightly in the United States.

- **Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories during week 2 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories increased.

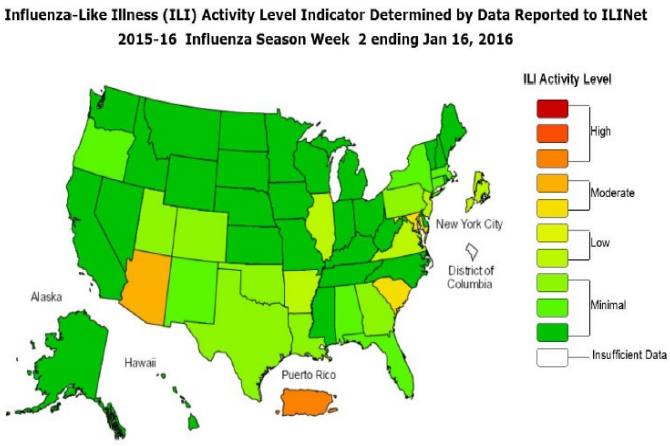
- **Pneumonia and Influenza Mortality**: The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold in the NCHS Mortality Surveillance System and above the system-specific epidemic threshold in the 122 Cities Mortality Reporting System.

- **Influenza-associated Pediatric Deaths**: No influenza-associated pediatric deaths were reported.

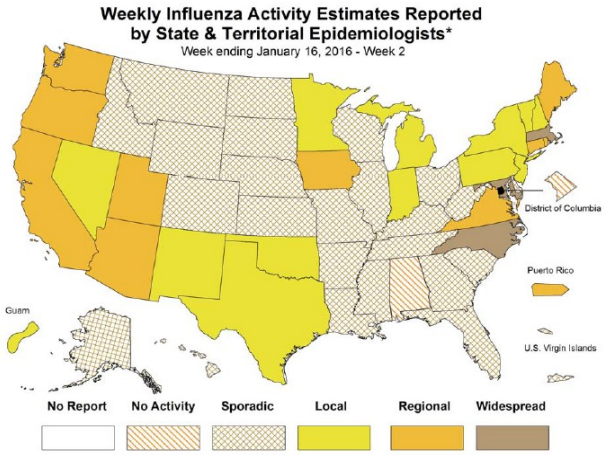
- **Influenza-associated Hospitalizations**: A cumulative rate for the season of 1.8 laboratory confirmed influenza-associated hospitalizations per 100,000 population was reported.

- **Outpatient Illness Surveillance**: The proportion of outpatient visits for influenza-like illness (ILI) was 2.1%, which is at the national baseline of 2.1%. Six of 10 regions reported ILI at or above region-specific baseline levels. Puerto Rico experienced high ILI activity; three states experienced moderate ILI activity; New York City and four states experienced low ILI activity; 43 states experienced minimal ILI activity; and the District of Columbia had insufficient data.

- **Geographic Spread of Influenza**: The geographic spread of influenza in three states was reported as widespread; Puerto Rico and 10 states reported regional activity; Guam and 12 states reported local activity; the U.S. Virgin Islands and 24 states reported sporadic activity; and the District of Columbia and one state reported no influenza activity.



Map above left: This map uses the proportion of outpatient visits to ILINet sentinel providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.



Map above right: This map measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

Additional resources:

- CDC Weekly Surveillance Report: http://www.cdc.gov/flu/weekly

Flu Bites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

Oregon Health Authority

Oregon Public Health Division

Published January 29, 2016

Data at a Glance: January 17–23, 2016 (Week 3)

	Current Week (3)	Previous Week (2)
Oregon Influenza-Like Illness (ILI) Activity Level[1]	Minimal	Minimal
Oregon Influenza Activity Geographic Spread[2]	Local	Regional
Percent of outpatient visits for ILI	2.34%	1.68%
Percent of emergency department visits for ILI[3]	1.360%	1.044%
Positive influenza tests[4]	3	0
Influenza-associated hospitalizations[5]	8	5
Reported ILI/Influenza outbreaks	0	1
Influenza-associated pediatric mortality	0	0
Respiratory Syncytial Virus (RSV) activity[6]	11%	9%

[1]Levels are determined by CDC. Based on proportion of outpatient visits– levels include minimal, low, moderate, and high.

[2]Levels for geographic spread include no activity, sporadic, local, regional, and widespread.

[3]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.

[4]Reported by state public health lab (OSPHL) from outbreaks, tri-county hospitalizations, and sentinel ILI surveillance; includes only current week positive tests.

[5]Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.

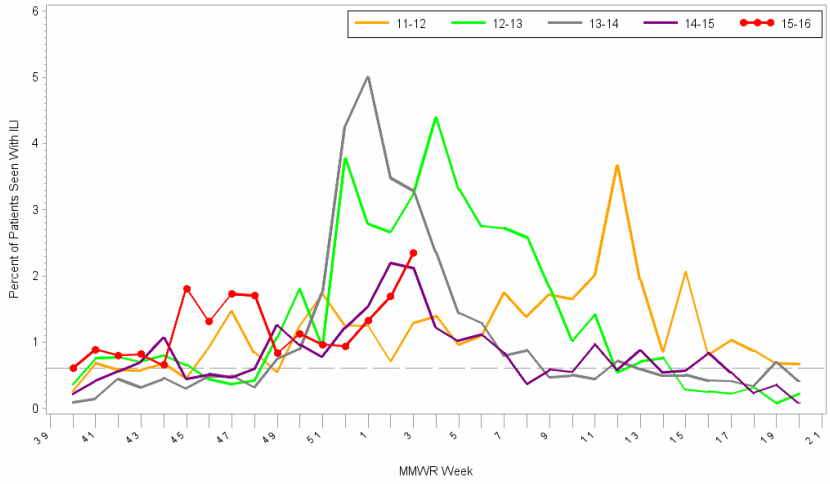
[6]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.

Oregon Health Authority, Acute and Communicable Disease Prevention 29JAN16

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

Percent of Outpatients with Influenza-like Illness (ILI)

2011-2012, 2012-2013, 2013-2014, 2014-2015, 2015-2016



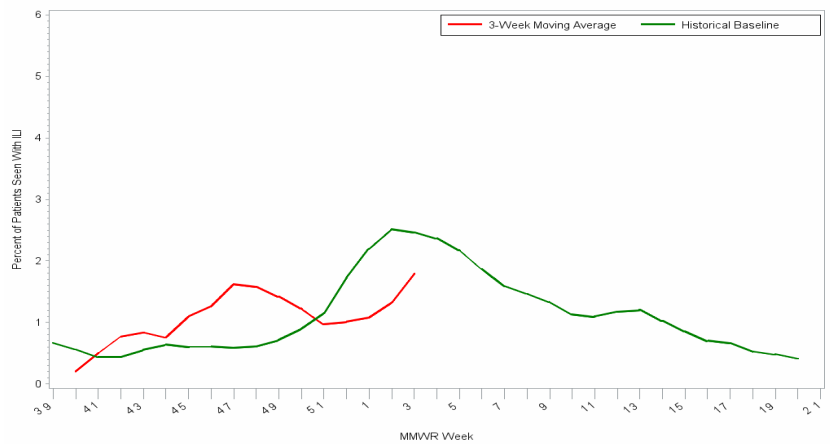
Surveillance weeks run from Sunday through Saturday

Sentinel providers report the number of patients seen with influenza-like illness as well as total patients seen each week.

Oregon Health Authority, Acute and Communicable Disease Prevention 29JAN16

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

3-Week Moving Average of Percent of Outpatients with Influenza-like Illness (ILI)



ILINet: Oregon's Outpatient Influenza-like Illness Surveillance Network: Oregon's outpatient influenza-like illness (ILI) network comprises 24 voluntary healthcare providers from across Oregon who report the number of patients with influenza-like illness as well as total number of patient visits for each week during the surveillance season. The percent of outpatients seen with ILI for week 3 of 2016 was 2.34% which is above Oregon's seasonal threshold of 0.61%.*

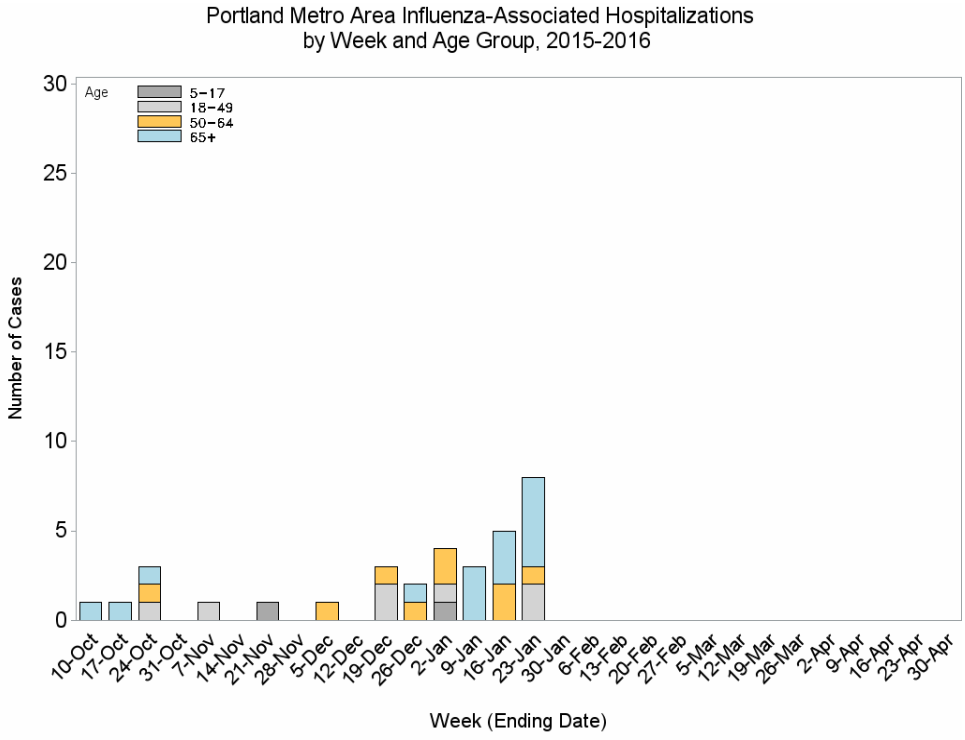
Note: ILI is defined as fever (≥100°F) and cough or sore throat. *The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

The 3-week moving average for percent of outpatients seen with ILI in week 3 was 1.360%, which is below the historical moving average baseline for this week.

The 3-week moving average does not show actual weekly percentage of ILI, but an average that includes the current week and preceding 2 weeks, and is used to smooth out fluctuations in the data. The historical baseline is the average 3-week moving averages over the preceding four flu seasons.

All Flu Bites data provided are preliminary and may change as additional reports are received.

Hospitalizations: In Clackamas, Multnomah, and Washington counties, 33 total reported hospitalizations occurred up through MMWR week 3, with 8 cases reported during week 2. Of reported cases, 45% were among people aged ≥65 years.



Laboratory Surveillance:

The Oregon State Public Health Laboratory (OSPHL) is performing influenza typing and sub-typing by PCR on specimens from the following groups of patients:

- Patients seen by Oregon Sentinel providers from ILINet.
- Patients hospitalized with influenza-like illness in the Portland Tri-County area (Multnomah, Clackamas and Washington counties) as part of the CDC-funded study, The Influenza Hospitalization Network (FluSurv-NET).
- Patients identified as part of an outbreak of respiratory illness. Please report clusters of respiratory illness to the on-call ACDP epidemiologist at (971-673-1111), who will then make decisions about the need for testing at the OSPHL.

Tables 1 and 2 show the current week and cumulative totals (**since October 1, 2015**) for influenza and other respiratory virus specimens tested at the OSPHL.

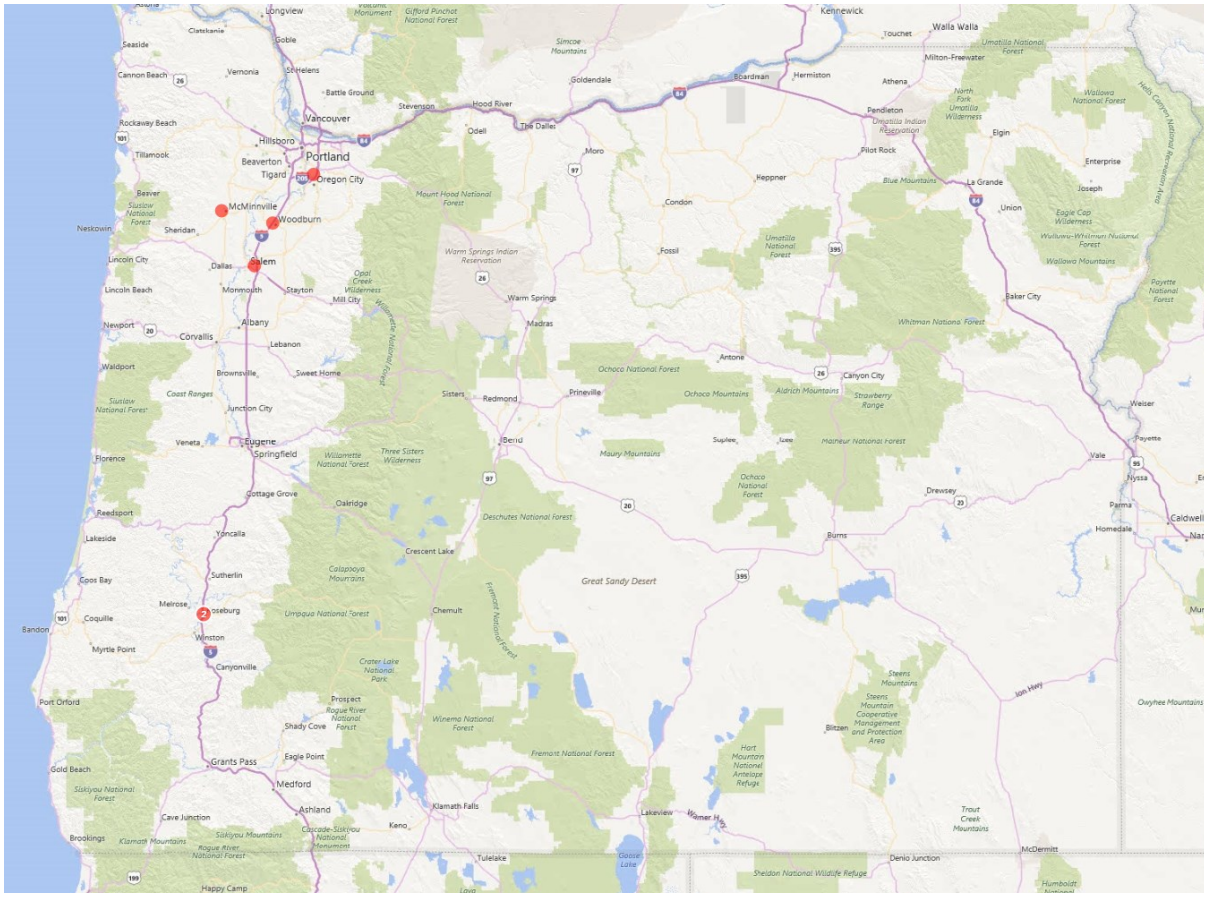
Table 1. Oregon State Public Health Laboratory Influenza Specimen Type and Subtype, 2015–2016.

	Current Week	Cumulative
Influenza A	0	25 (32%)
2009 pH1N1	0	9 (11%)
Seasonal A/H3	0	16 (20%)
Not subtyped	0	0
Influenza B	3	13 (16%)
Undetected	5	41 (52%)
Total Tested	**8**	**79**

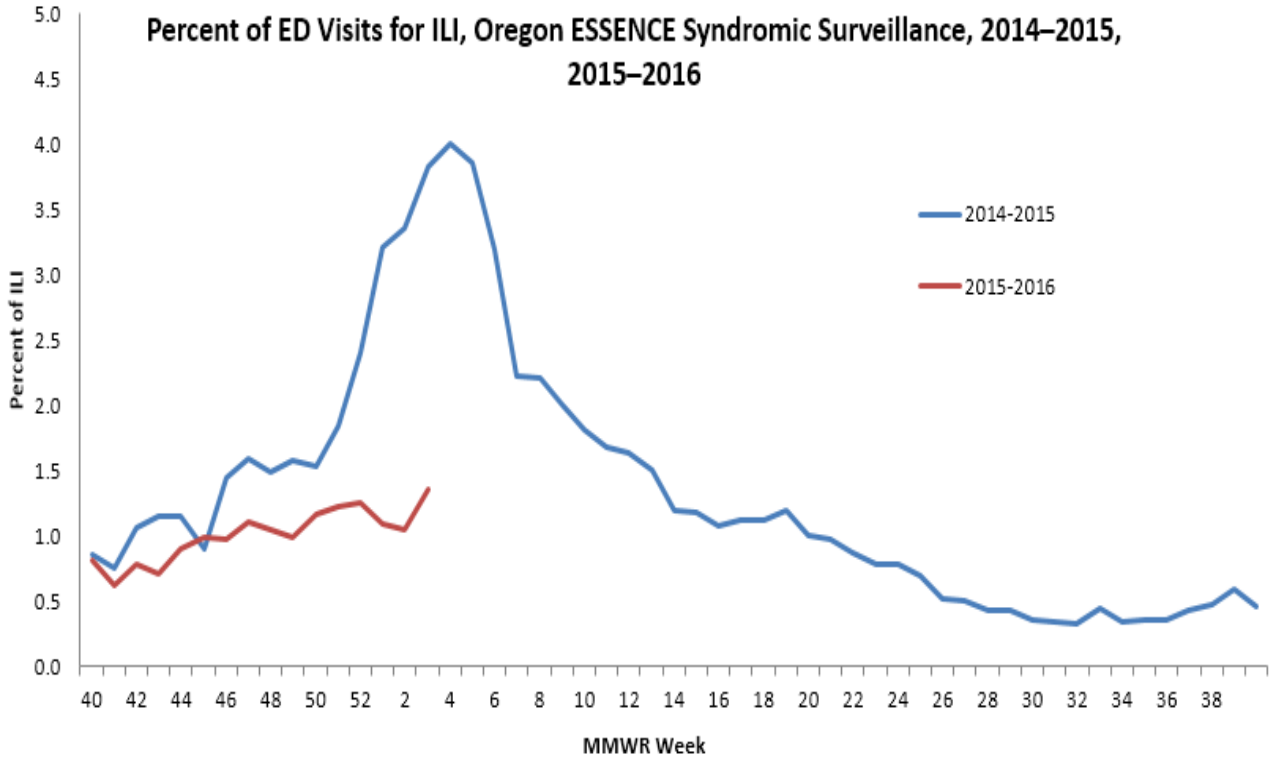
Table 2. Oregon State Public Health Laboratory *Non-Influenza Respiratory* Viruses, 2015–2016.

	Current Week	Cumulative
Adenovirus	0	2 (5%)
Parainfluenza type 1	0	3 (8%)
Parainfluenza type 2	0	0
Parainfluenza type 3	0	1 (3%)
Human Metapneumovirus	0	0
Rhinovirus	1	5 (14%)
RSV	0	2 (5%)
Undetected	4	24 (65%)
Total Tested	**5**	**37**

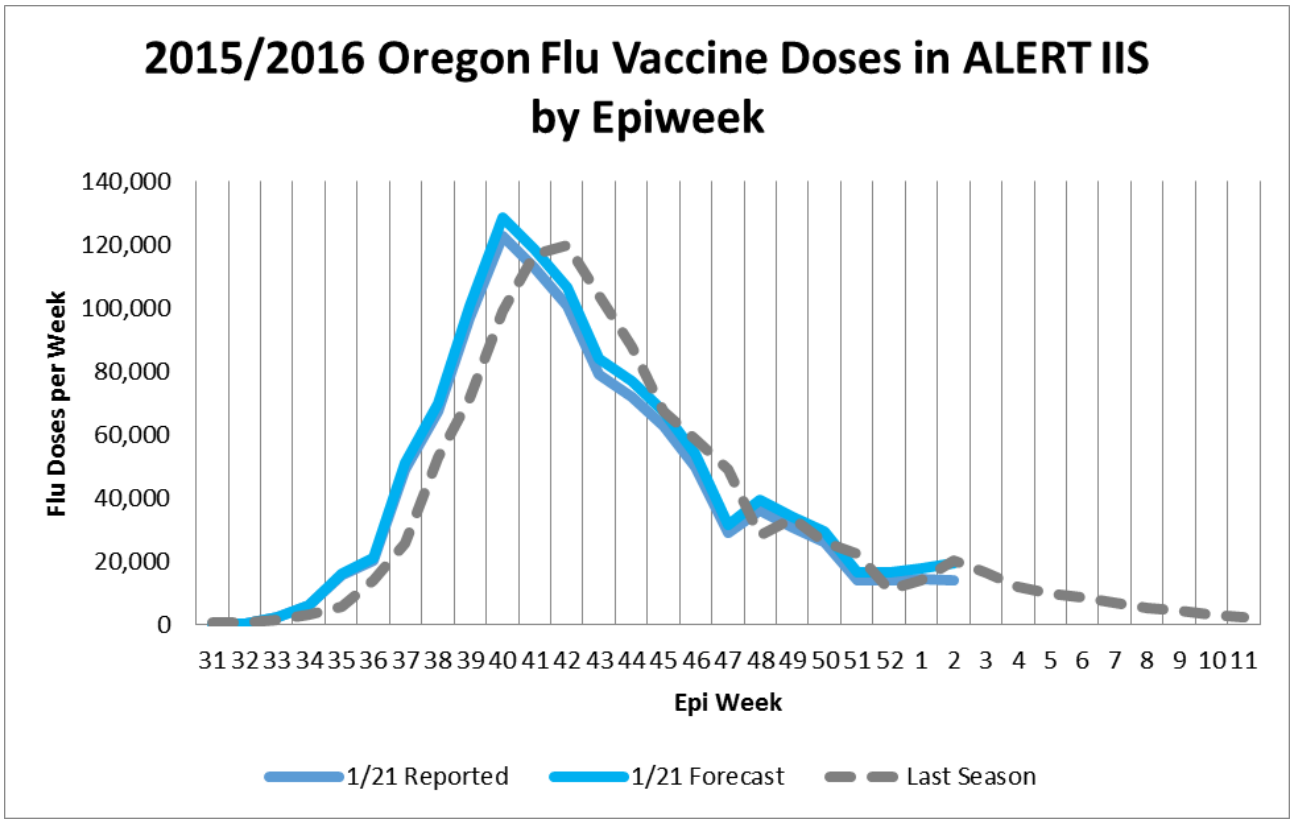
Influenza Outbreaks: In Oregon, 6 influenza/ILI outbreaks have occurred since October 1, 2015, with none reported during week 3. The red dots on the map show where flu outbreaks have occurred throughout the state this season. Numbers inside the dots indicate that multiple outbreaks have occurred in that area.

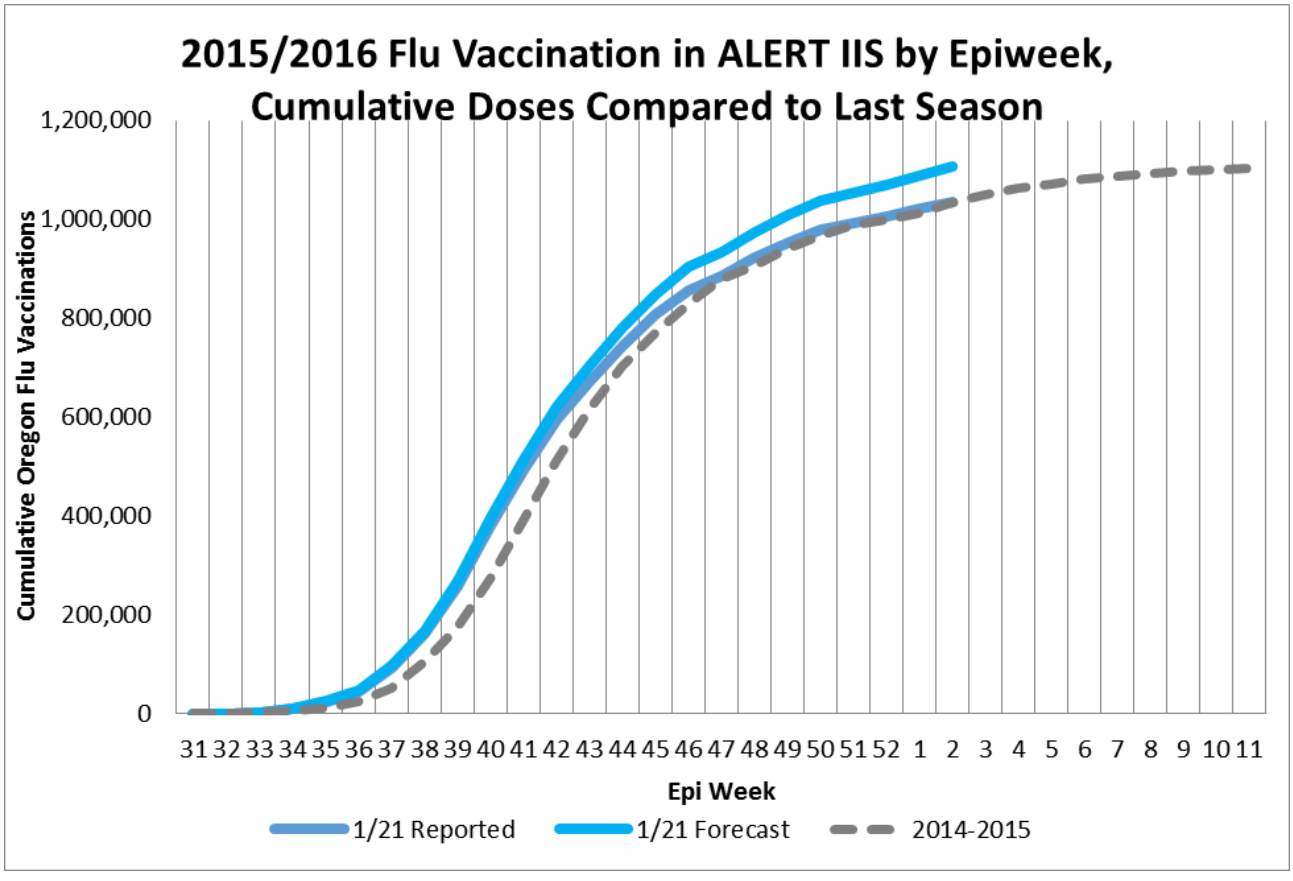


Oregon ESSENCE Syndromic Surveillance: Oregon Public Health tracks hospital emergency department (ED) visits throughout the state using the Oregon ESSENCE syndromic surveillance system. ESSENCE categorizes chief complaints into syndrome categories, which include ILI. The percent of ED visits for ILI was 1.36% during week 3, 2016.



For the week ending on January 16th there was only a modest increase in weekly influenza immunizations. At this point in time it is unlikely that we will see any substantial surges in weekly influenza immunizations. Total influenza immunizations remain at or above the levels observed last year at this time. To date the ALERT Immunization Information System has received over 1.04 million influenza immunization reports for Oregon residents.





US Data (from CDC FluView): During week 3 (January 17-23, 2016), influenza activity increased slightly in the United States.

- **Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories during week 3 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories increased.

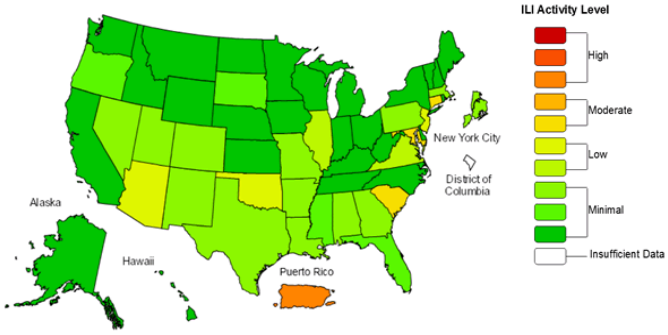
- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below their system-specific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.

- **Influenza-associated Pediatric Deaths:** No influenza-associated pediatric deaths were reported.

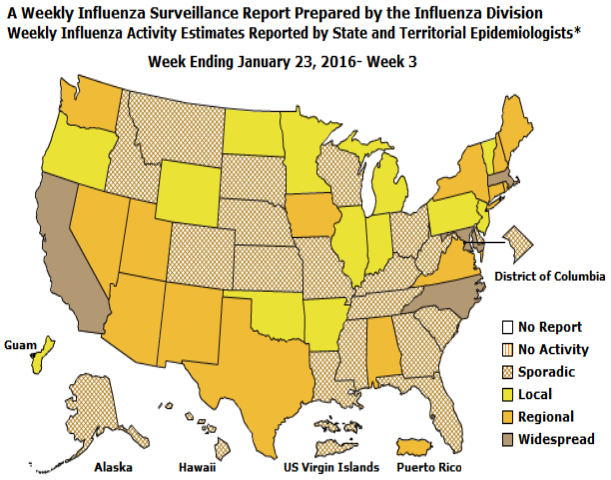
- **Influenza-associated Hospitalizations:** A cumulative rate for the season of 2.1 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported.

- **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 2.2%, which is above the national baseline of 2.1%. Six of 10 regions reported ILI at or above region-specific baseline levels. Puerto Rico experienced high ILI activity; three states experienced moderate ILI activity; five states experienced low ILI activity; New York City and 42 states experienced minimal ILI activity; and the District of Columbia had insufficient data.

- **Geographic Spread of Influenza:** The geographic spread of influenza in four states was reported as widespread; Puerto Rico and 14 states reported regional activity; Guam and 12 states reported local activity; and the District of Columbia, the U.S. Virgin Islands and 20 states reported sporadic activity.



Map above left: This map uses the proportion of outpatient visits to ILINet sentinel providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.



Map above right: This map measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

Additional resources:

- CDC Weekly Surveillance Report: http://www.cdc.gov/flu/weekly

Flu Bites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

Oregon Health Authority

Oregon Public Health Division

Published February 5, 2016

Data at a Glance: January 24–30, 2016 (Week 4)

	Current Week (4)	Previous Week (3)
Oregon Influenza-Like Illness (ILI) Activity Level[1]	Minimal	Minimal
Oregon Influenza Activity Geographic Spread[2]	Local	Local
Percent of outpatient visits for ILI	1.24%	2.18%
Percent of emergency department visits for ILI[3]	1.34%	1.36%
Positive influenza tests[4]	5	3
Influenza-associated hospitalizations[5]	14	8
Reported ILI/Influenza outbreaks	0	0
Influenza-associated pediatric mortality	0	0
Respiratory Syncytial Virus (RSV) activity[6]	16%	11%

[1]Levels are determined by CDC. Based on proportion of outpatient visits– levels include minimal, low, moderate, and high.

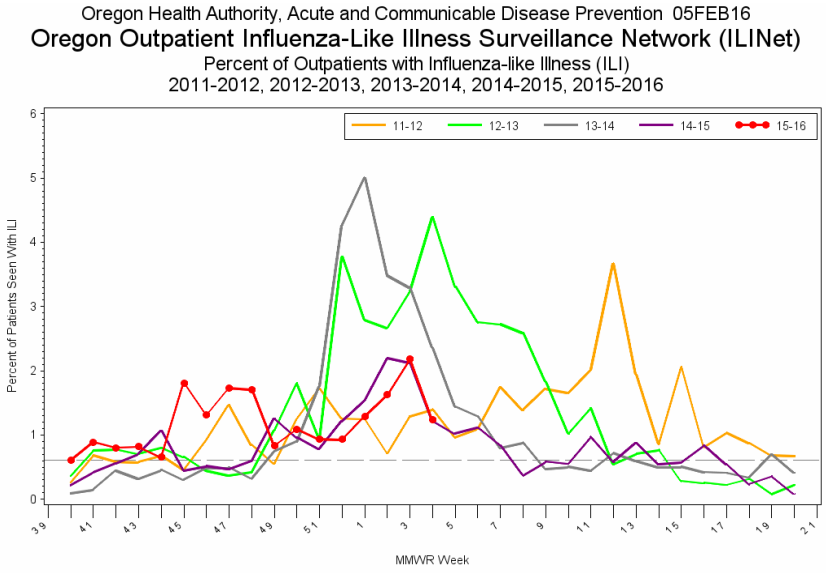
[2]Levels for geographic spread include no activity, sporadic, local, regional, and widespread.

[3]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.

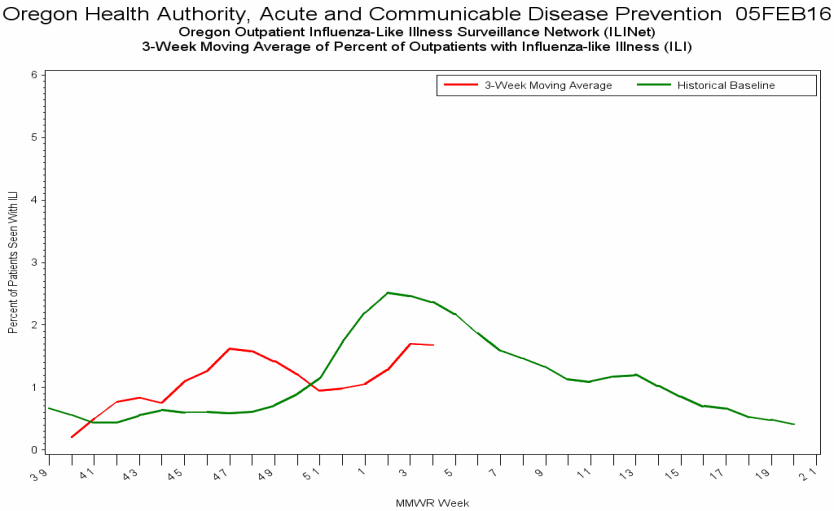
[4]Reported by state public health lab (OSPHL) from outbreaks, tri-county hospitalizations, and sentinel ILI surveillance; includes only current week positive tests.

[5]Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.

[6]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.



Surveillance weeks run from Sunday through Saturday
Sentinel providers report the number of patients seen with influenza-like illness as well as total patients seen each week.



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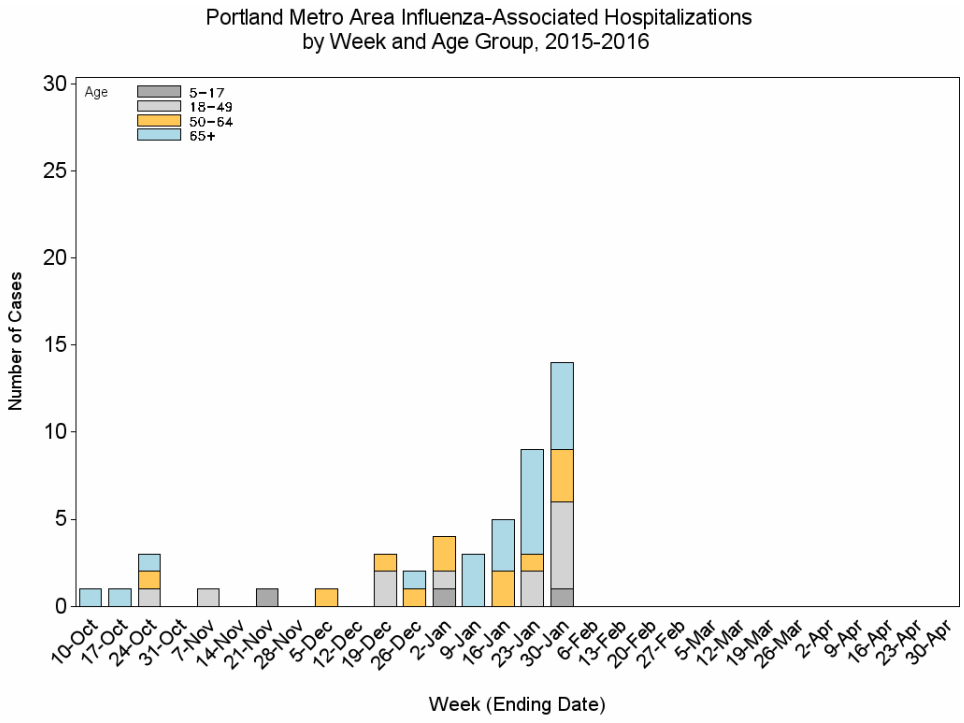
Note: ILI is defined as fever (≥100°F) and cough or sore throat. *The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

The 3-week moving average for percent of outpatients seen with ILI in week 4 was 1.68%, which is below the historical moving average baseline for this week.

The 3-week moving average does not show actual weekly percentage of ILI, but an average that includes the current week and preceding 2 weeks, and is used to smooth out fluctuations in the data. The historical baseline is the average 3-week moving averages over the preceding four flu seasons.

All Flu Bites data provided are preliminary and may change as additional reports are received.

Hospitalizations: In Clackamas, Multnomah, and Washington counties, 48 total reported hospitalizations occurred up through MMWR week 4, with 14 cases reported during week 4. Of reported cases, 44% were among people aged ≥65 years.



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- Patients identified as part of an outbreak of respiratory illness. Please report clusters of respiratory illness to the on-call ACDP epidemiologist at (971-673-1111), who will then make decisions about the need for testing at the OSPHL.

Tables 1 and 2 show the current week and cumulative totals (**since October 1, 2015**) for influenza and other respiratory virus specimens tested at the OSPHL.

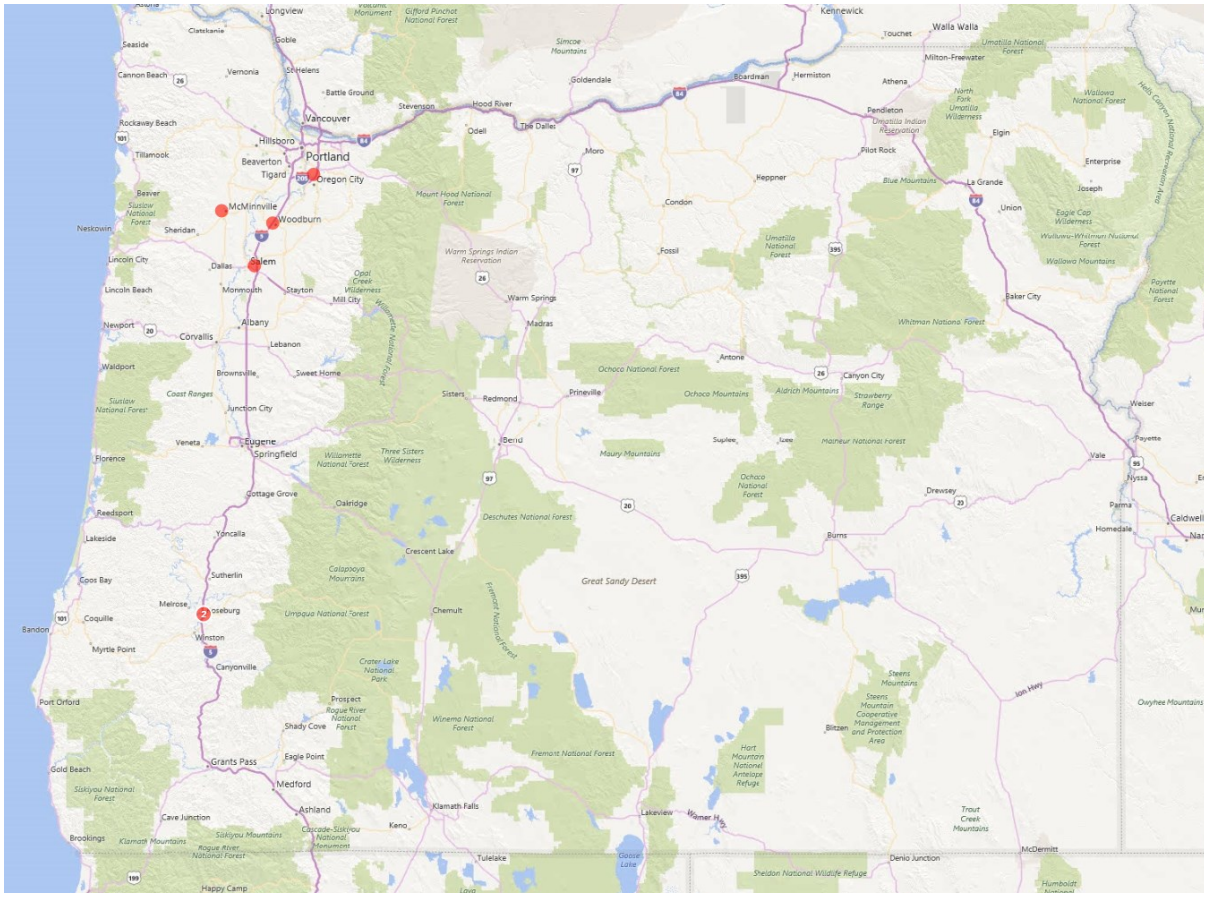
Table 1. Oregon State Public Health Laboratory Influenza Specimen Type and Subtype, 2015–2016.

	Current Week	Cumulative
Influenza A	1 (14%)	26 (29%)
2009 pH1N1	1 (14%)	10 (11%)
Seasonal A/H3	0	16 (18%)
Not subtyped	0	0
Influenza B	4 (57%)	19 (22%)
Undetected	2 (29%)	43 (49%)
Total Tested	**7**	**88**

Table 2. Oregon State Public Health Laboratory *Non-Influenza Respiratory* Viruses, 2015–2016.

	Current Week	Cumulative
Adenovirus	0	2 (5%)
Parainfluenza type 1	0	3 (7%)
Parainfluenza type 2	0	0
Parainfluenza type 3	0	1 (2%)
Human Metapneumovirus	0	0
Rhinovirus	0	5 (11%)
RSV	0	2 (5%)
Undetected	7	31 (70%)
Total Tested	**7**	**44**

Influenza Outbreaks: In Oregon, 6 influenza/ILI outbreaks have occurred since October 1, 2015, with none reported during week 4. The red dots on the map show where flu outbreaks have occurred throughout the state this season. Numbers inside the dots indicate that multiple outbreaks have occurred in that area.



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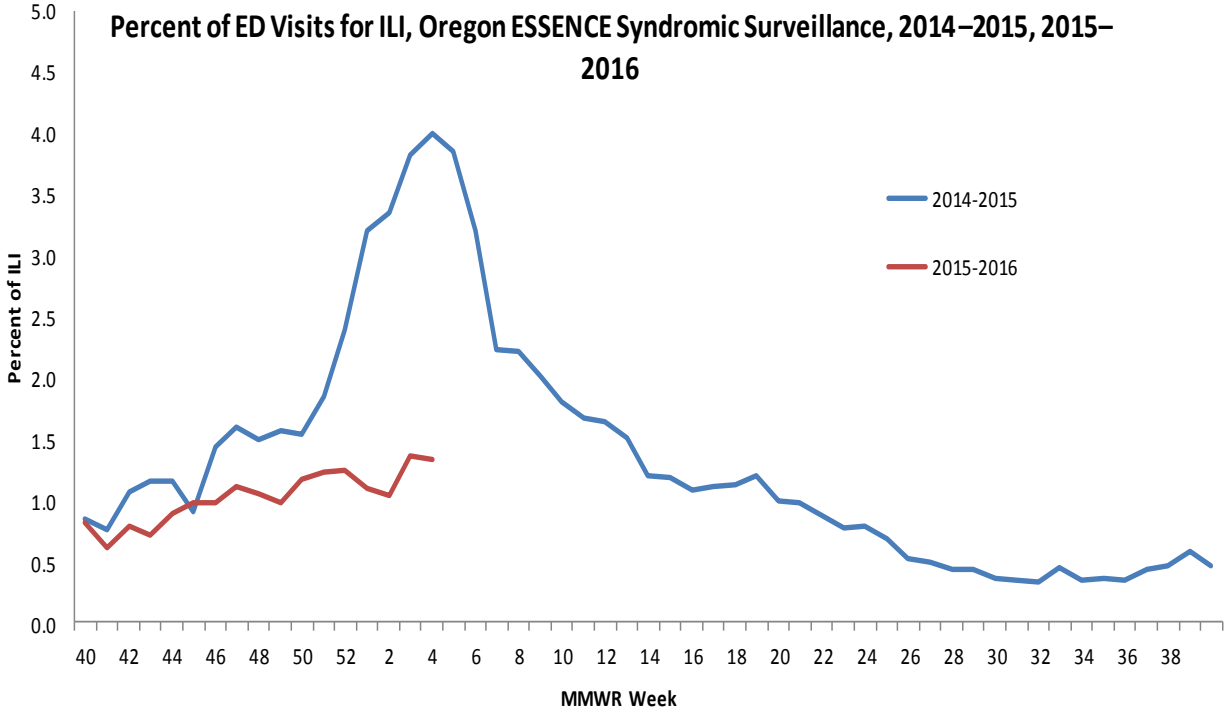
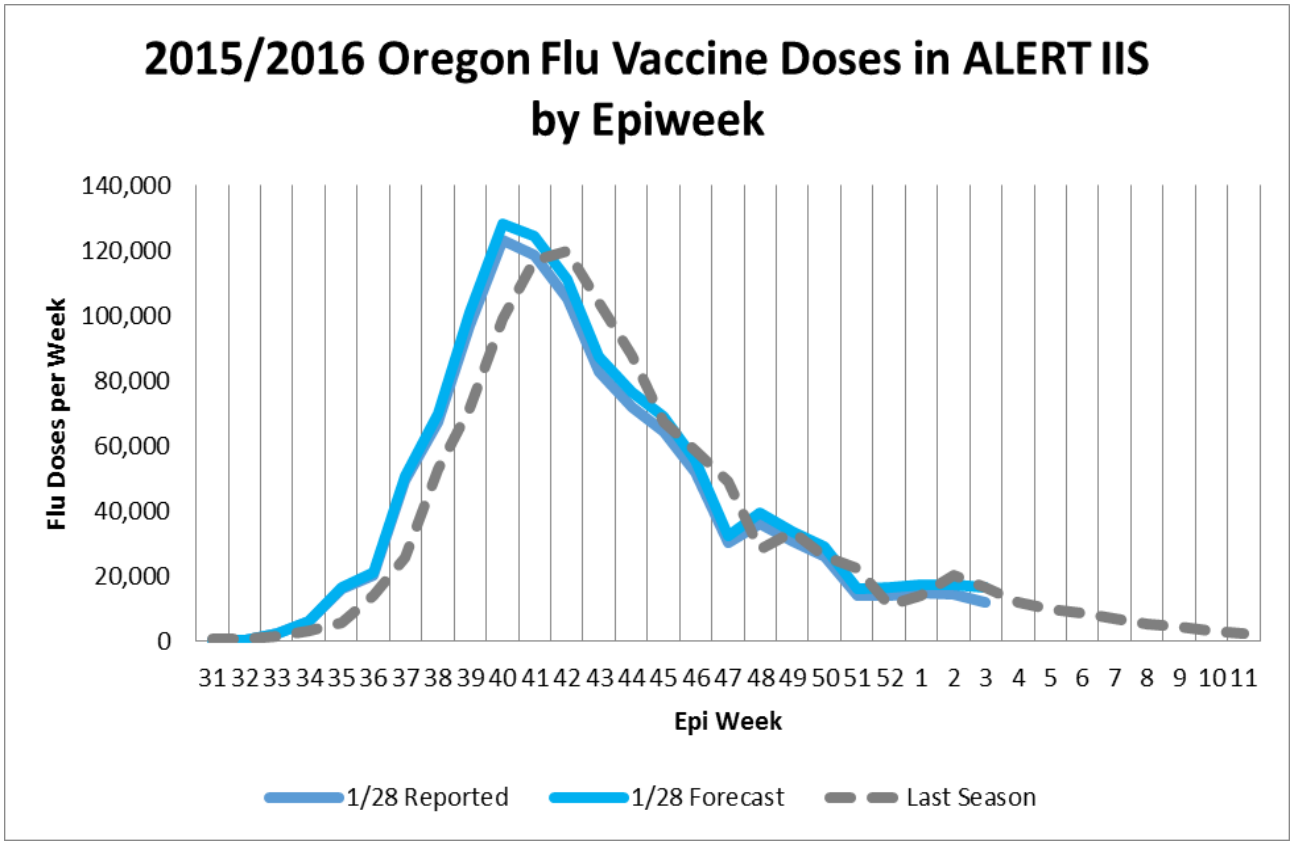
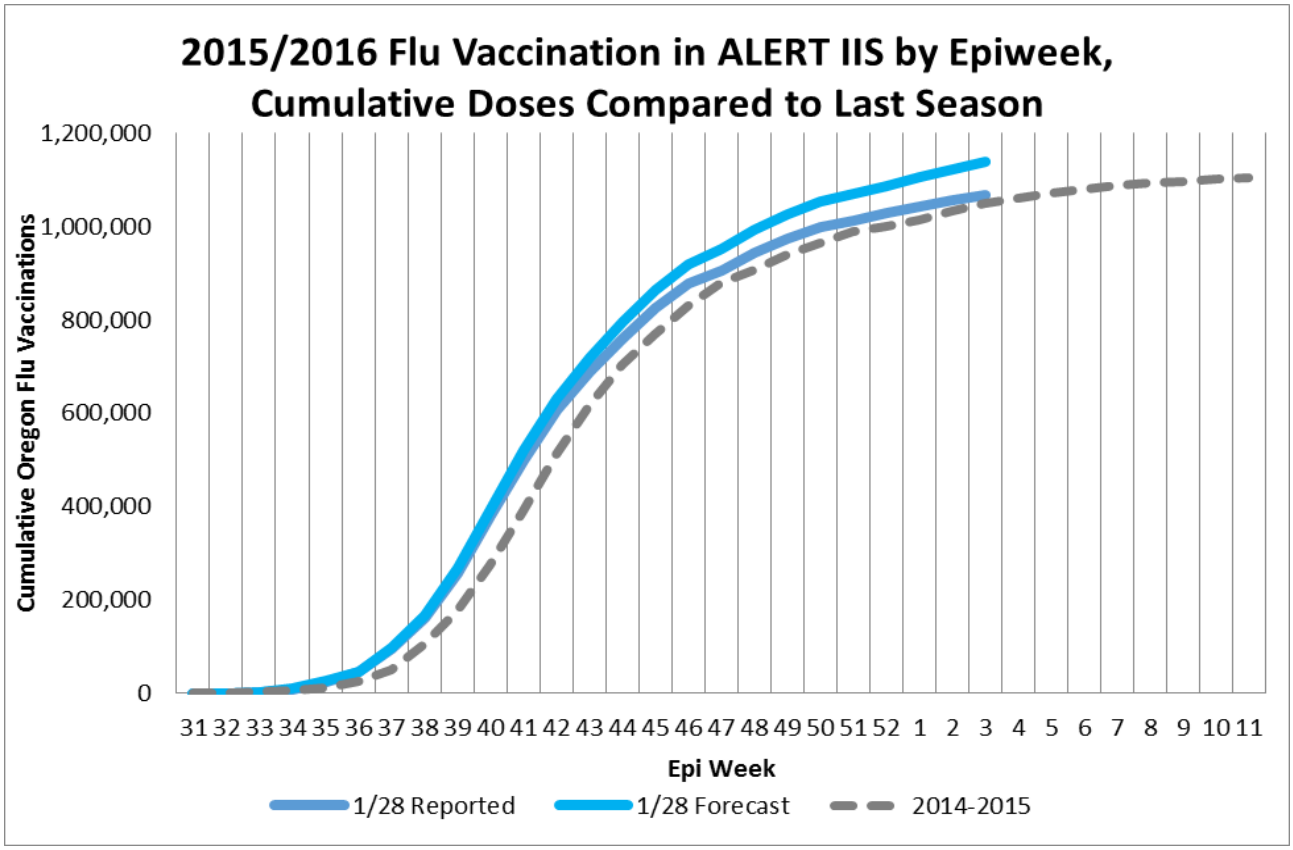


For the week ending on January 23rd the weekly total of new influenza immunizations declined when compared with past weeks. At this point a strong rally in weekly influenza immunization is not likely, though immunization activity will continue for the next three months. To date 1.07 million influenza immunizations given to Oregonians this season are in the ALERT IIS. This is above last season's total for this time of year of 1.05 million influenza immunizations.





- **US Data (from CDC FluView):** During week 4 (January 24-30, 2016), influenza activity increased slightly in the United States.

- **Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories during week 4 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories increased.

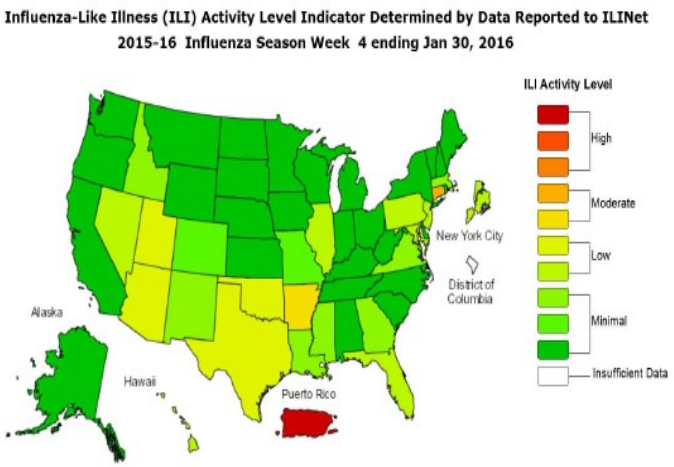
- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below their system-specific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.

- **Influenza-associated Pediatric Deaths:** Two influenza-associated pediatric deaths were reported.

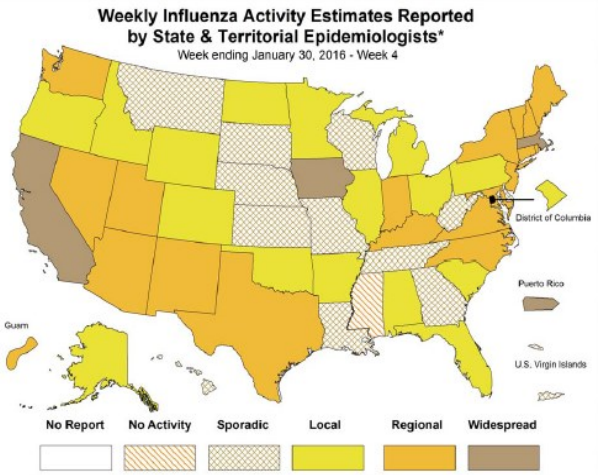
- **Influenza-associated Hospitalizations:** A cumulative rate for the season of 2.6 laboratory confirmed influenza-associated hospitalizations per 100,000 population was reported.

- **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 2.2%, which is above the national baseline of 2.1%. Six of 10 regions reported ILI at or above region-specific baseline levels. Puerto Rico experienced high ILI activity; two states experienced moderate ILI activity; New York City and 11 states experienced low ILI activity; 37 states experienced minimal ILI activity; and the District of Columbia had insufficient data.

- **Geographic Spread of Influenza:** The geographic spread of influenza in Puerto Rico and three states was reported as widespread; Guam and 18 states reported regional activity; the District of Columbia and 16 states reported local activity; the U.S. Virgin Islands and 12 states reported sporadic activity; and one state reported no activity.



Map above left: This map uses the proportion of outpatient visits to ILINet sentinel providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.



Map above right: This map measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

Additional resources:

- CDC Weekly Surveillance Report: http://www.cdc.gov/flu/weekly

Flu Bites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

Oregon Health Authority

Oregon Public Health Division

Published February 19, 2016

Data at a Glance: February 7–February 13, 2016 (Week 6)

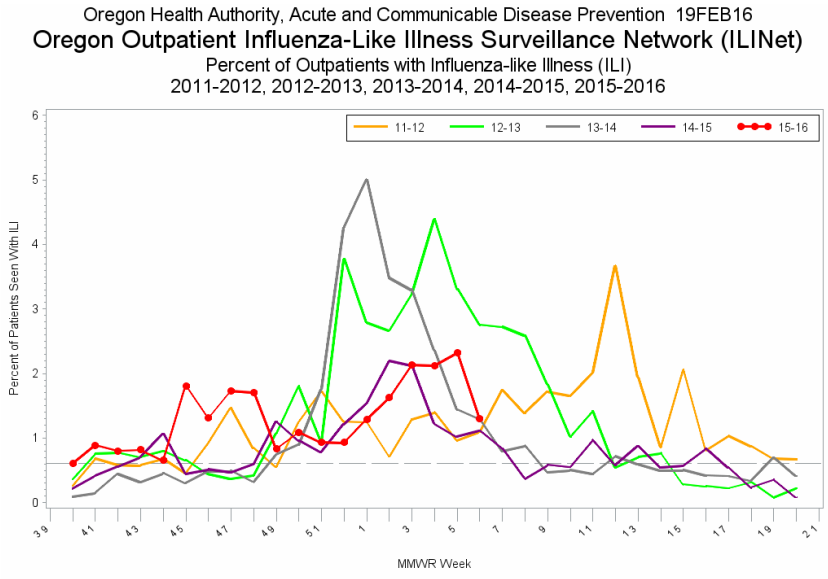
	Current Week (6)	Previous Week (5)
Percent of emergency department visits for ILI[1]	2.01%	1.70%
Percent positive influenza tests[2]	17.7%	14.2%
Influenza-associated hospitalizations[3]	24	19
Reported ILI/Influenza outbreaks	1	0
Influenza-associated pediatric mortality	0	0
Percent of outpatient visits for ILI	1.30%	2.32%
Respiratory Syncytial Virus (RSV) activity[4]	16%	16%

[1]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.

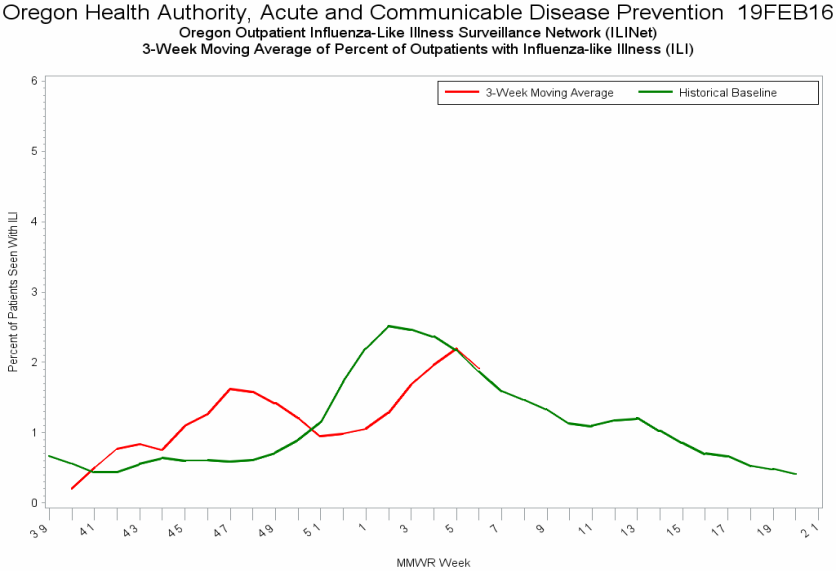
[2]Percent positivity based on data from Oregon reporters to the National Respiratory and Enteric Virus Surveillance System (NREVSS)

[3]Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.

[4]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.



Surveillance weeks run from Sunday through Saturday
Sentinel providers report the number of patients seen with influenza-like illness as well as total patients seen each week.



ILINet: Oregon's Outpatient Influenza-like Illness Surveillance Network: Oregon's outpatient influenza-like illness (ILI) network comprises 24 voluntary healthcare providers from across Oregon who report the number of patients with influenza-like illness as well as total number of patient visits for each week during the surveillance season. The percent of outpatients seen with ILI for week 6 of 2016 was 1.30% which is above Oregon's seasonal threshold of 0.61%.* ILI levels are currently considered to be Minimal with Local spread.

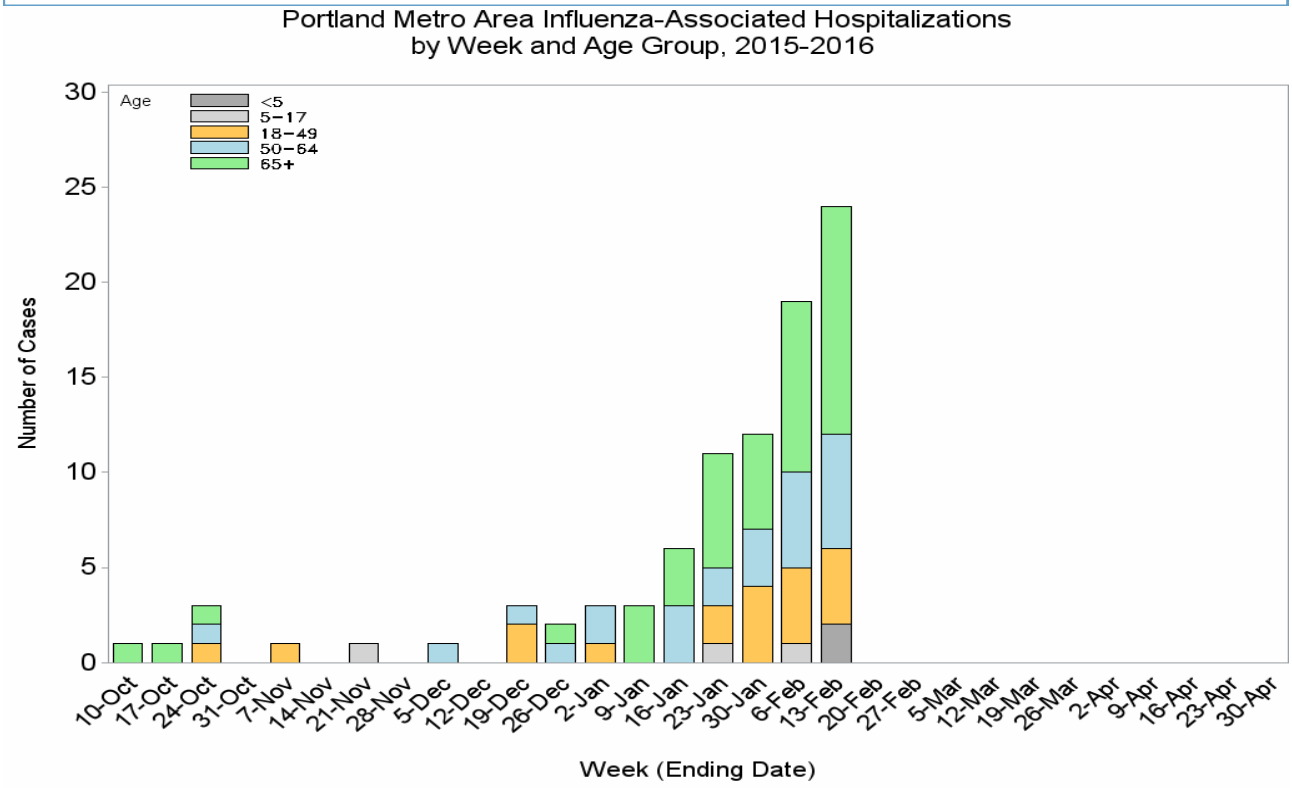
Note: ILI is defined as fever (≥100°F) and cough or sore throat. *The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

The 3-week moving average for percent of outpatients seen with ILI in week 6 was 1.90%, which is above the historical moving average baseline for this week.

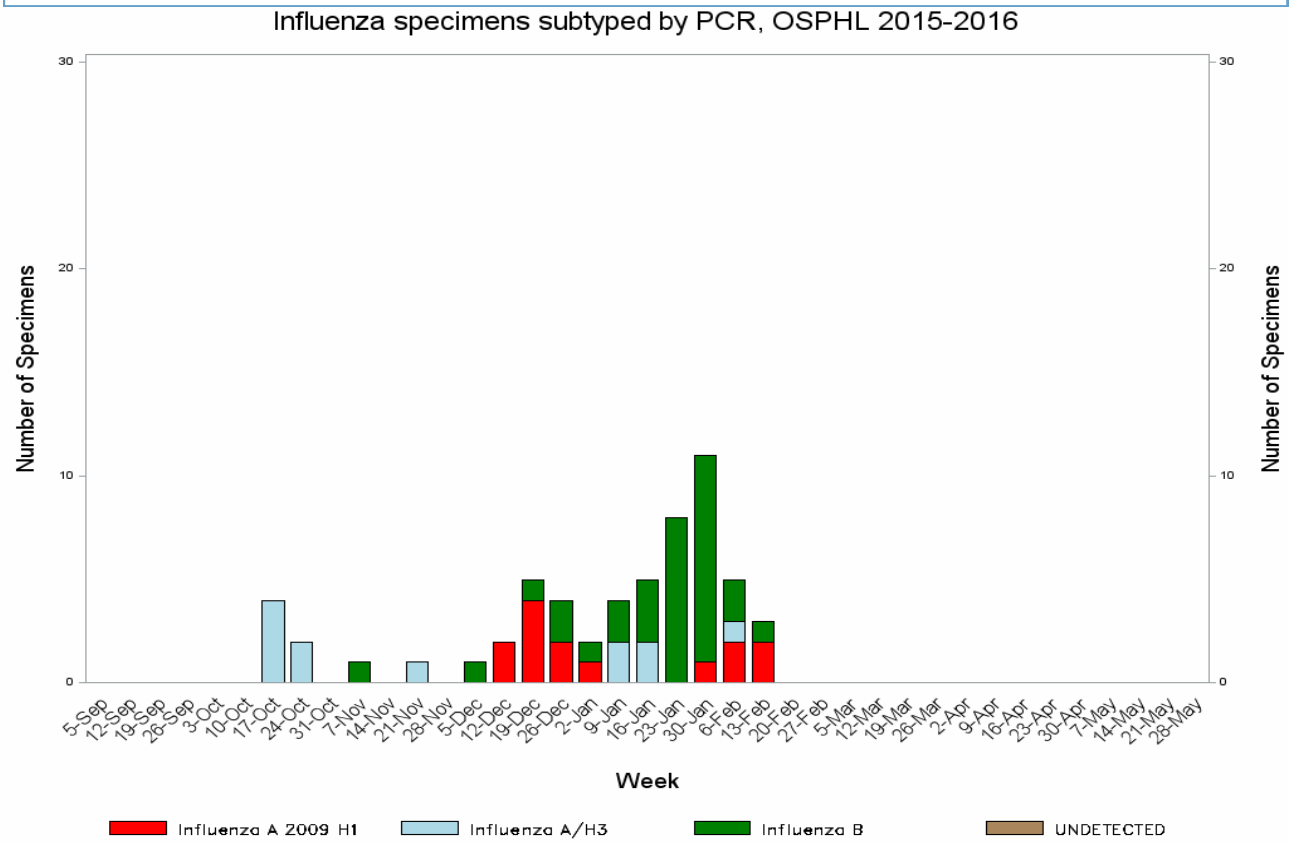
The 3-week moving average does not show actual weekly percentage of ILI, but an average that includes the current week and preceding 2 weeks, and is used to smooth out fluctuations in the data. The historical baseline is the average 3-week moving averages over the preceding four flu seasons.

All Flu Bites data provided are preliminary and may change as additional reports are received.

Hospitalizations:
In Clackamas, Multnomah, and Washington counties, 91 total reported hospitalizations occurred up through MMWR week 6, with 24 cases reported during week 6. Of reported cases, 46% were among people aged ≥65 years.



Influenza specimens by subtype:
Specimens tested at OSPHL early in the flu season were predominantly influenza A (H3). Beginning in December influenza A (H1N1) began circulating, and now influenza B viruses are the predominant circulating strain in Oregon. Fortunately, all circulating strains are contained in this season's flu vaccine.



Laboratory Surveillance:

The Oregon State Public Health Laboratory (OSPHL) is performing influenza typing and sub-typing by PCR on specimens from the following groups of patients:

- Patients seen by Oregon Sentinel providers from ILINet.
- Patients hospitalized with influenza-like illness in the Portland Tri-County area (Multnomah, Clackamas and Washington counties) as part of the CDC-funded study, The Influenza Hospitalization Network (FluSurv-NET).
- Patients identified as part of an outbreak of respiratory illness. Please report clusters of respiratory illness to the on-call ACDP epidemiologist at (971-673-1111), who will then make decisions about the need for testing at the OSPHL.

Tables 1 and 2 show the current week and cumulative totals (**since October 1, 2015**) for influenza and other respiratory virus specimens tested at the OSPHL.

Table 1. Oregon State Public Health Laboratory Influenza Specimen Type and Subtype, 2015–2016.

	Current Week	Cumulative
Influenza A	2 (29%)	29 (25%)
2009 pH1N1	2 (29%)	14 (12%)
Seasonal A/H3	0	17 (16%)
Not subtyped	0	0
Influenza B	1 (14%)	32 (27%)
Undetected	4 (57%)	55 (46%)
Total Tested	**7**	**118**

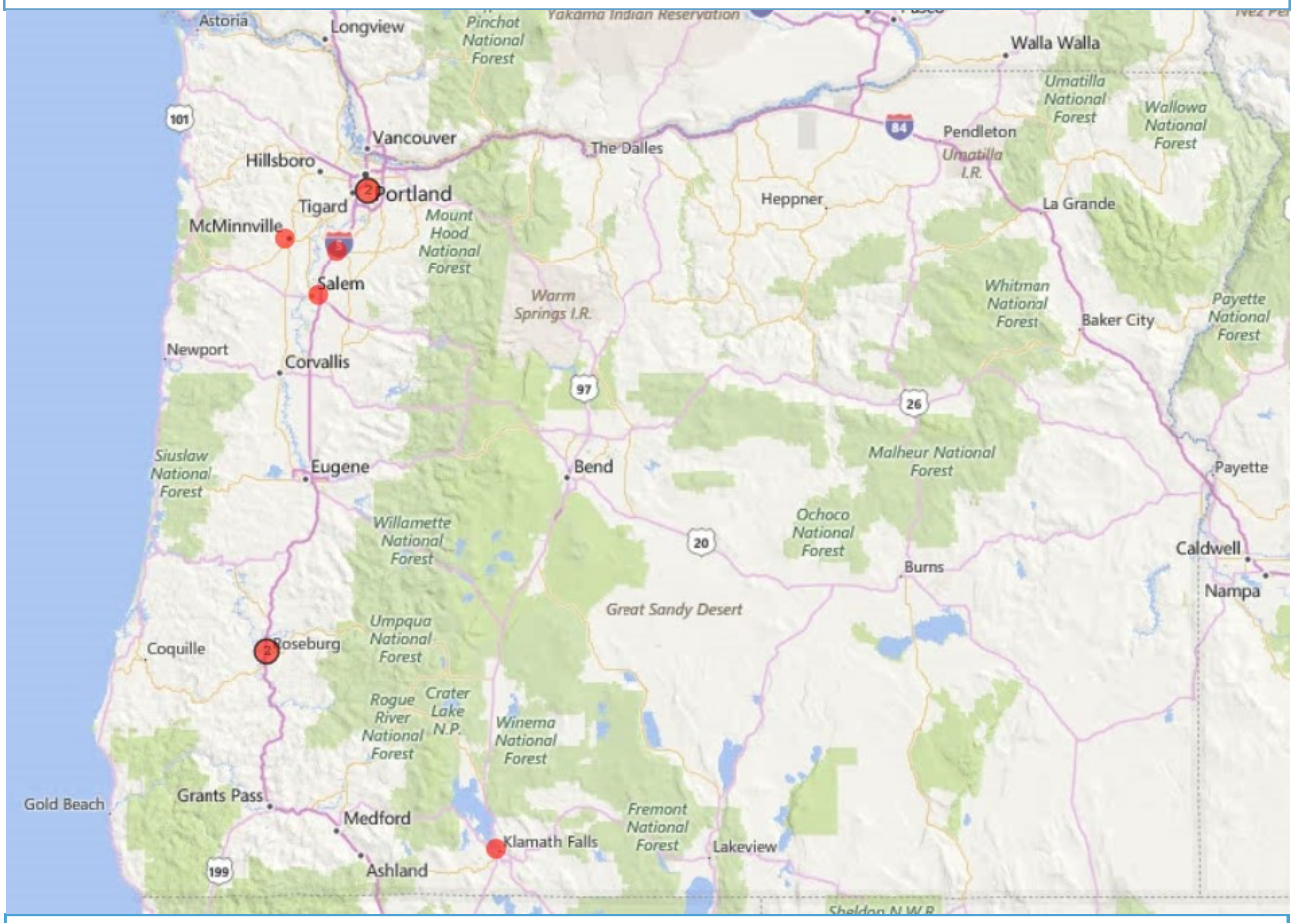
Table 2. Oregon State Public Health Laboratory *Non-Influenza Respiratory* Viruses, 2015–2016.

	Current Week	Cumulative
Adenovirus	0	2 (3%)
Parainfluenza type 1	0	3 (5%)
Parainfluenza type 2	0	0
Parainfluenza type 3	0	1 (2%)
Human Metapneumovirus	2 (40%)	5 (8%)
Rhinovirus	0	6 (10%)
RSV	2 (40%)	5 (8%)
Undetected	1 (20%)	37 (63%)
Total Tested	**5**	**59**

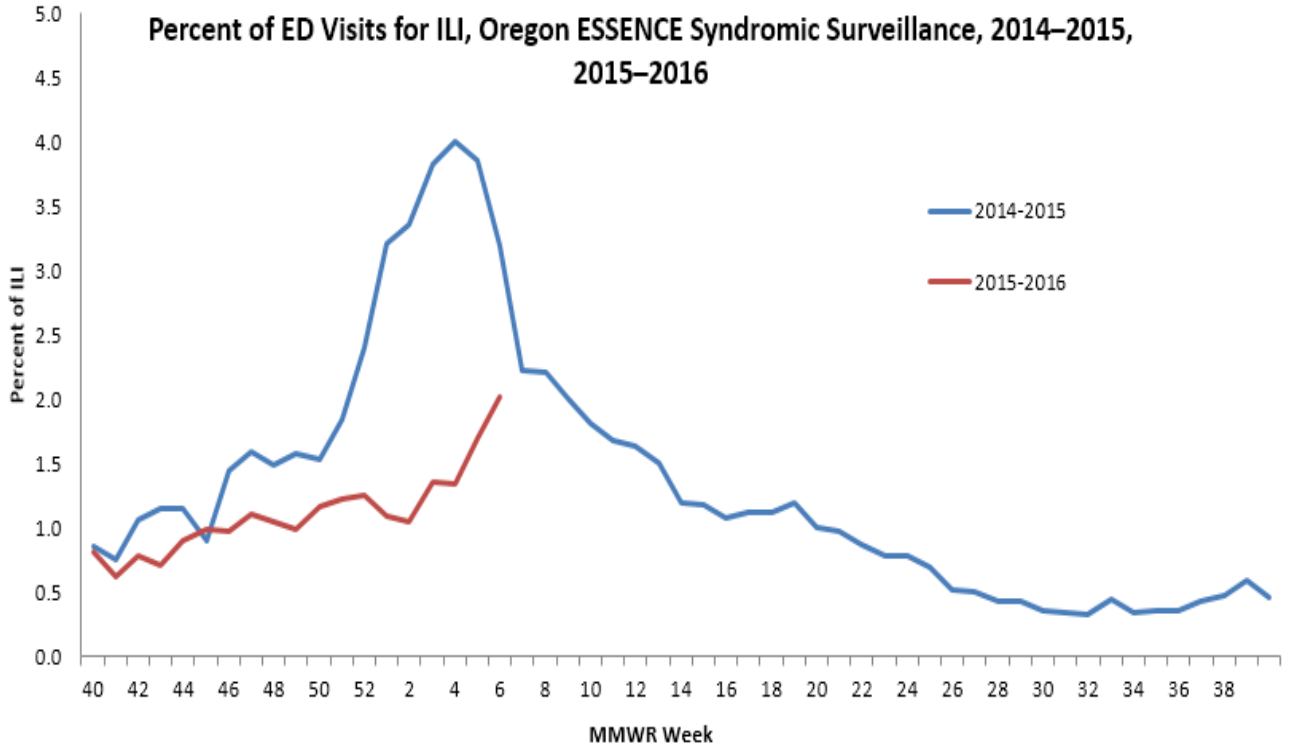
Additional resources:

- CDC Weekly Surveillance Report: http://www.cdc.gov/flu/weekly

Influenza Outbreaks: In Oregon, 8 influenza/ILI outbreaks have occurred since October 1, 2015, with one reported during week 5. The red dots on the map show where flu outbreaks have occurred throughout the state this season. Numbers inside the dots indicate that multiple outbreaks have occurred in that area.



Oregon ESSENCE Syndromic Surveillance: Oregon Public Health tracks hospital emergency department (ED) visits throughout the state using the Oregon ESSENCE syndromic surveillance system. ESSENCE categorizes chief complaints into syndrome categories, which include ILI. The percent of ED visits for ILI was 2.01% during week 6, 2016.



US Data (from CDC FluView): During week 6 (February 7-13, 2016), influenza activity increased in the United States.

- **Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories during week 6 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories increased.

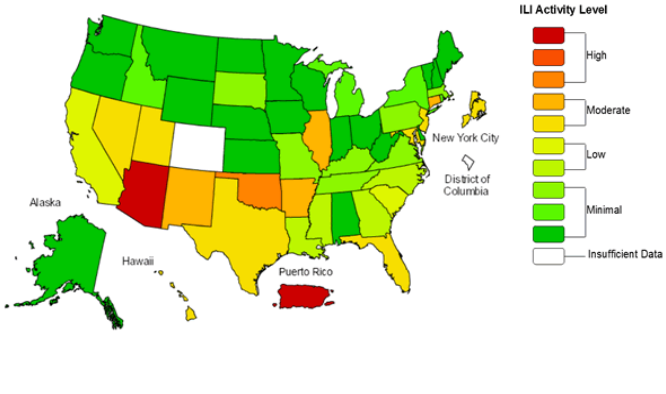
- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below their system-specific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.

- **Influenza-associated Pediatric Deaths:** Two influenza-associated pediatric deaths were reported.

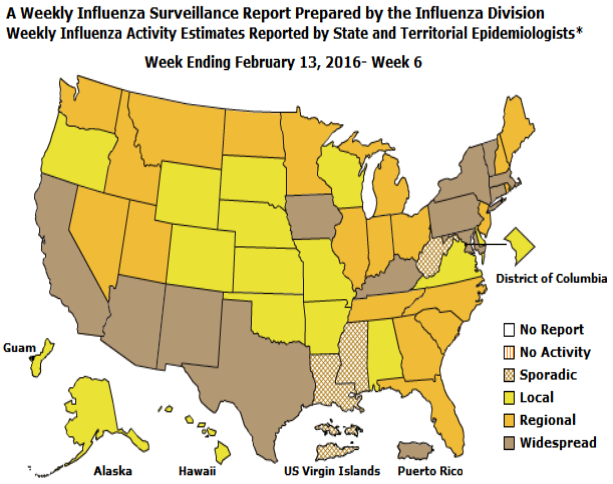
- **Influenza-associated Hospitalizations:** A cumulative rate for the season of 4.1 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported.

- **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 3.1%, which is above the national baseline of 2.1%. Nine of 10 regions reported ILI at or above region-specific baseline levels. Puerto Rico and two states experienced high ILI activity; New York City and 11 states experienced moderate ILI activity; 6 states experienced low ILI activity; 30 states experienced minimal ILI activity; and the District of Columbia and one state had insufficient data.

- **Geographic Spread of Influenza:** The geographic spread of influenza in Puerto Rico and 12 states was reported as widespread; 20 states reported regional activity; the District of Columbia, Guam, and 15 states reported local activity; and the U.S. Virgin Islands and three states reported sporadic activity.



Map above left: This map uses the proportion of outpatient visits to ILINet sentinel providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.



Map above right: This map measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

Additional resources:

- CDC Weekly Surveillance Report: http://www.cdc.gov/flu/weekly

FluBites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

Oregon Health Authority

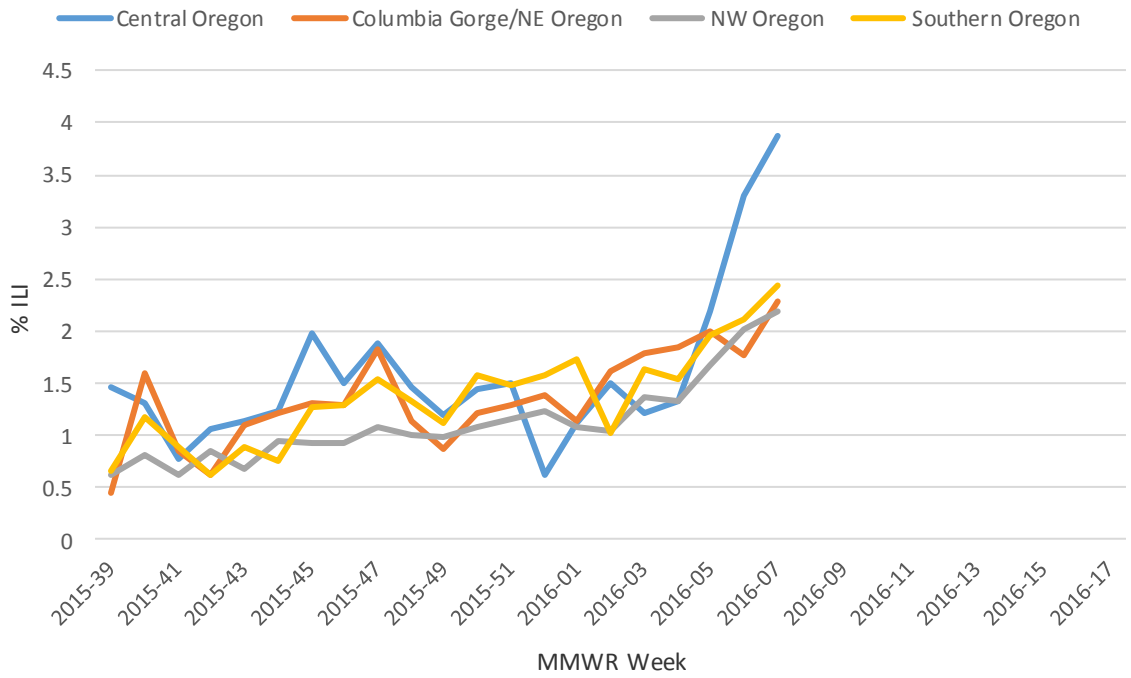
Oregon Public Health Division

Published February 26, 2016

Data at a Glance February 14–February 20, 2016 (Week 7)		
	Current Week (7)	**Previous Week (6)**
Percent of emergency department visits for ILI[1]	**2.3%**	**2.0%**
Percent positive influenza tests[2]	**14.3%**	**17.7%**
Influenza-associated hospitalizations[3]	**22**	**27**
Reported ILI/influenza outbreaks	**0**	**1**
Influenza-associated pediatric mortality	**0**	**0**
Percent of outpatient visits for ILI	**3.0%**	**2.0%**
Respiratory Syncytial Virus (RSV) activity[4]	**15%**	**16%**

[1]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.
[2]Percent positivity based on data from Oregon reporters to the National Respiratory and Enteric Virus Surveillance System (NREVSS)
[3]Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.
[4]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.

Figure 1. Percent ILI Seen in Emergency Departments by Week
Oregon ESSENCE Syndromic Surveillance, 2015-2016



Oregon ESSENCE Syndromic Surveillance: Oregon Public Health tracks hospital emergency department (ED) visits throughout the state using the Oregon ESSENCE syndromic surveillance system. ESSENCE categorizes chief complaints into syndrome categories, which include ILI. The figure above displays percentages by region. The percent of ED visits for ILI in all of Oregon was 2.3% during week 7, 2016.

Laboratory Surveillance:

The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based system that monitors influenza and other respiratory viruses circulating the United States. More information is at CDC's website.

Tables 1 shows the current week and cumulative totals (since October 1, 2015) for influenza in specimens tested at the Oregon laboratories reporting to NREVSS. Figure 2 displays the percent of specimens tested at Oregon labs that were positive for influenza.

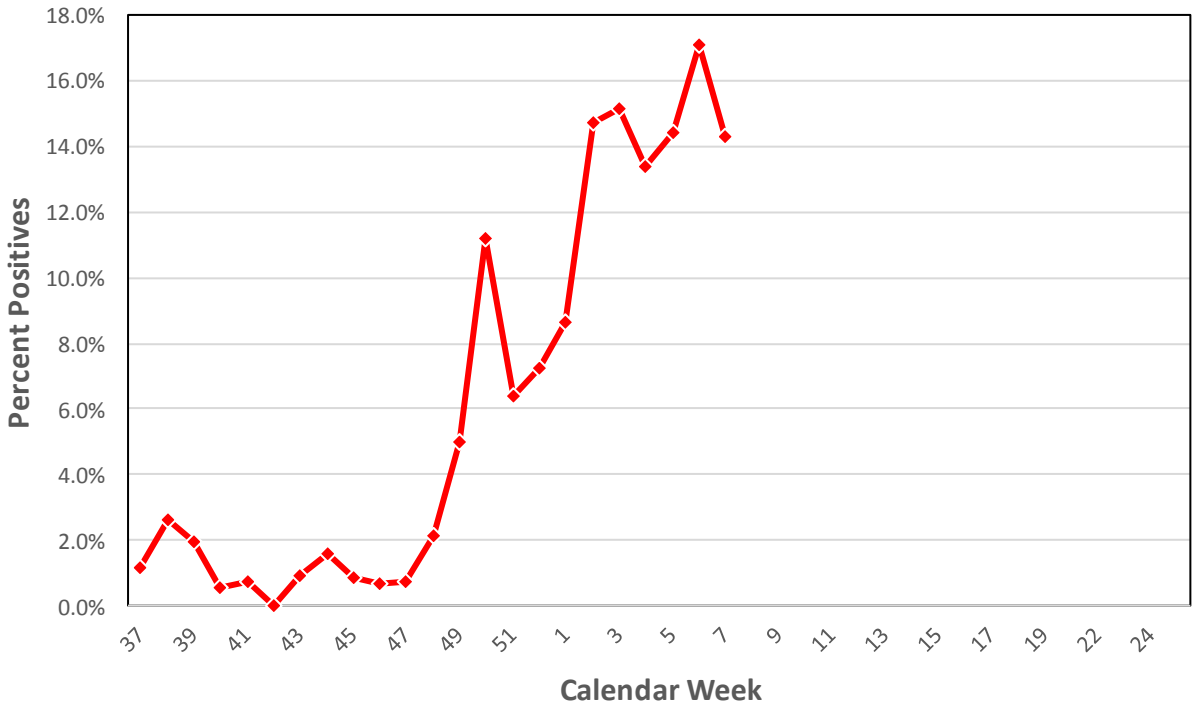
Participation by laboratories is voluntary. Current labs participating in NREVSS in Oregon include:

- Legacy Emanuel Hospital and Health Center, Portland, OR
- Mercy Medical Center, Roseburg, OR
- Oregon Medical Laboratories, Eugene, OR
- Oregon State Public Health Laboratories, Portland, OR
- Salem Hospital, Salem, OR
- Santiam Memorial Hospital, Stayton, OR

Table 1. Influenza Test Results in Oregon, NREVSS, 2015–2016.

	Current Week	Cumulative
No. of specimens tested	**700**	**7,388**
No. of positive specimens (%)	**100 (14.3%)**	**643 (8.7%)**
Positive specimens by type		
Influenza A	**46 (46%)**	**327 (51%)**
Influenza B	**54 (54%)**	**316 (49%)**

Figure 2. Oregon Influenza Surveillance
Percent Positive Influenza Tests by Week, NREVSS
2015-2016 Season



Hospitalizations:
In Clackamas, Multnomah, and Washington counties, 114 total reported influenza-associated hospitalizations occurred up through MMWR week 7, with 22 cases reported during week 7. Of reported cases, 47% were among people aged ≥65 years and 52% of illnesses were caused by influenza B.

Figure 3. Portland Metro Area Influenza-Associated Hospitalizations by Week and Influenza Type, 2015-2016

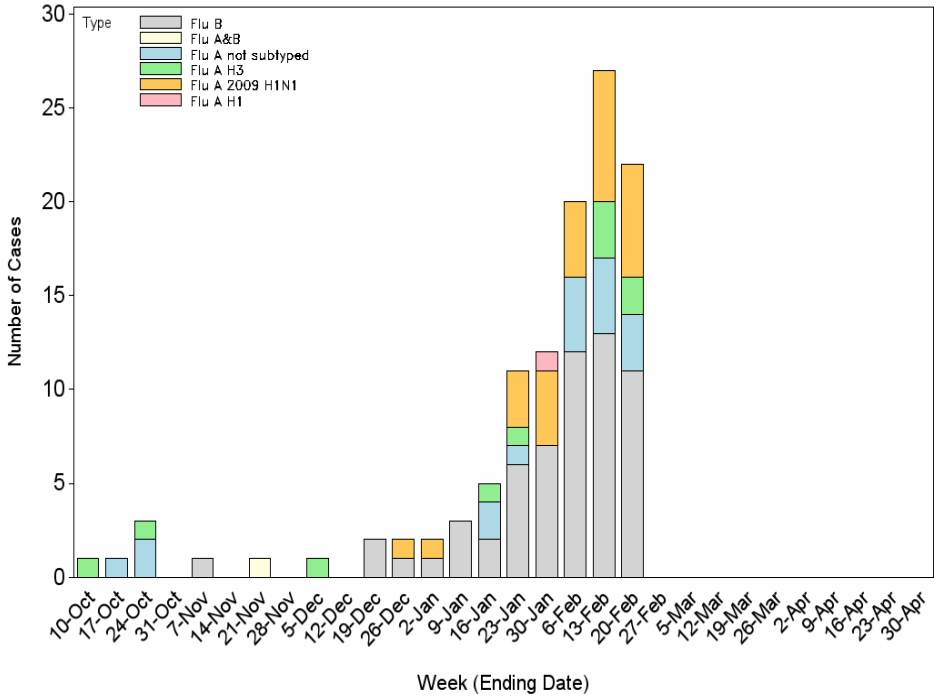


Table 2. Portland Metro-area Hospitalized Influenza Cases by Age Group, 2015–2016.

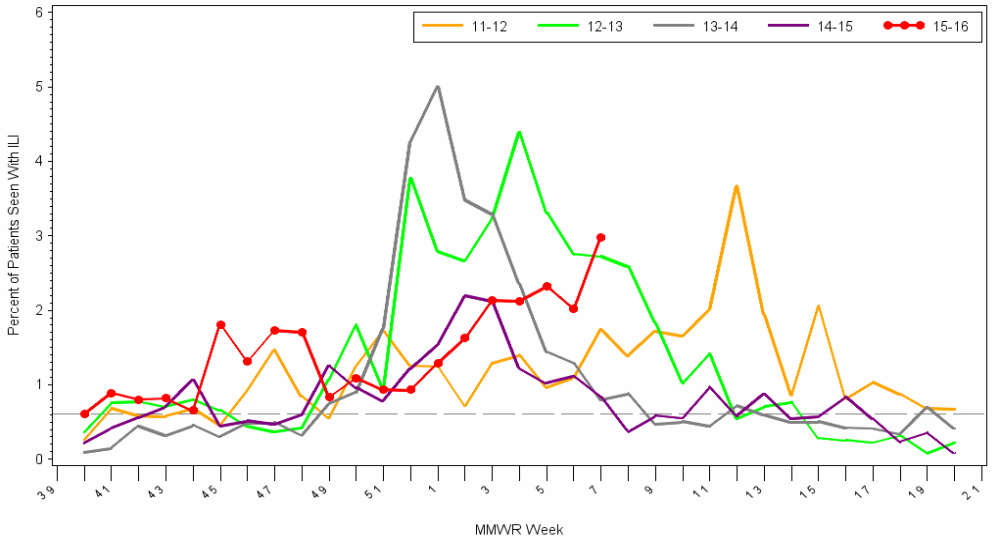
Age Group (years)	n (%)
<5	2 (2%)
5-17	4 (4%)
18-49	23 (20%)
50-64	31 (27%)
65+	54 (47%)
Total	114

ILINet: Oregon's Outpatient Influenza-like Illness Surveillance Network: Oregon's outpatient influenza-like illness (ILI) network comprises 24 voluntary healthcare providers from across Oregon who report the number of patients with influenza-like illness as well as total number of patient visits for each week during the surveillance season. The percent of outpatients seen with ILI for week 7 of 2016 was 3.0% which is above Oregon's seasonal threshold of 0.6%.* ILI levels are currently considered to be Moderate with Regional activity.

Figure 4. Oregon Health Authority, Acute and Communicable Disease Prevention 26FEB16

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

Percent of Outpatients with Influenza-like Illness (ILI)
2011-2012, 2012-2013, 2013-2014, 2014-2015, 2015-2016



Note: ILI is defined as fever (≥100°F) and cough or sore throat. *The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

All Flu Bites data provided are preliminary and may change as additional reports are received.

Surveillance weeks run from Sunday through Saturday
Sentinel providers report the number of patients seen with influenza-like illness as well as total patients seen each week.

US Data (from CDC FluView): During week 7 (February 14-20, 2016), influenza activity increased in the United States.

- **Viral Surveillance**: The most frequently identified influenza virus type reported by public health laboratories during week 7 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories increased.

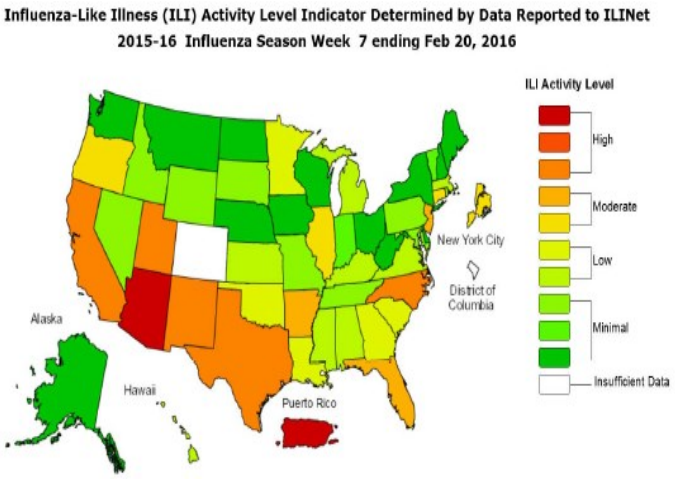
- **Pneumonia and Influenza Mortality**: The proportion of deaths attributed to pneumonia and influenza (P&I) was below their system-specific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.

- **Influenza-associated Pediatric Deaths**: One influenza-associated pediatric death was reported.

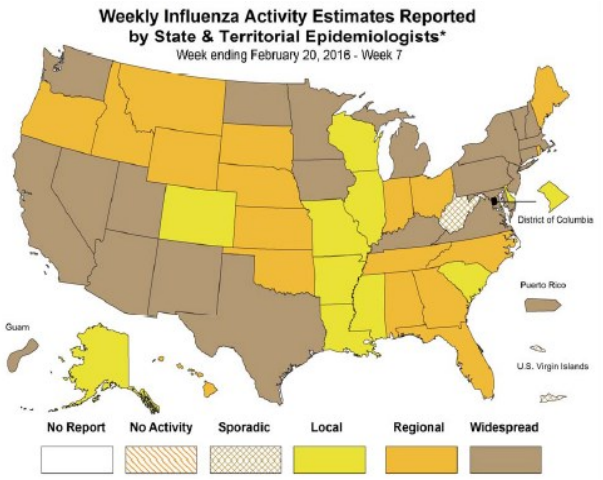
- **Influenza-associated Hospitalizations**: A cumulative rate for the season of 5.8 laboratory confirmed influenza-associated hospitalizations per 100,000 population was reported.

- **Outpatient Illness Surveillance**: The proportion of outpatient visits for influenza-like illness (ILI) was 3.2%, which is above the national baseline of 2.1%. All 10 regions reported ILI at or above region-specific baseline levels. Puerto Rico and six states experienced high ILI activity; New York City and six states experienced moderate ILI activity; 13 states experienced low ILI activity; 24 states experienced minimal ILI activity; and the District of Columbia and one state had insufficient data.

- **Geographic Spread of Influenza**: The geographic spread of influenza in Guam, Puerto Rico, and 21 states was reported as widespread; 18 states reported regional activity; the District of Columbia and 10 states reported local activity; and the U.S. Virgin Islands and one state reported sporadic activity.



Map above left: This map uses the proportion of outpatient visits to ILINet sentinel providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.



Map above right: This map measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

Additional resources:

- CDC Weekly Surveillance Report: http://www.cdc.gov/flu/weekly

FluBites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

Oregon Health Authority

Oregon Public Health Division

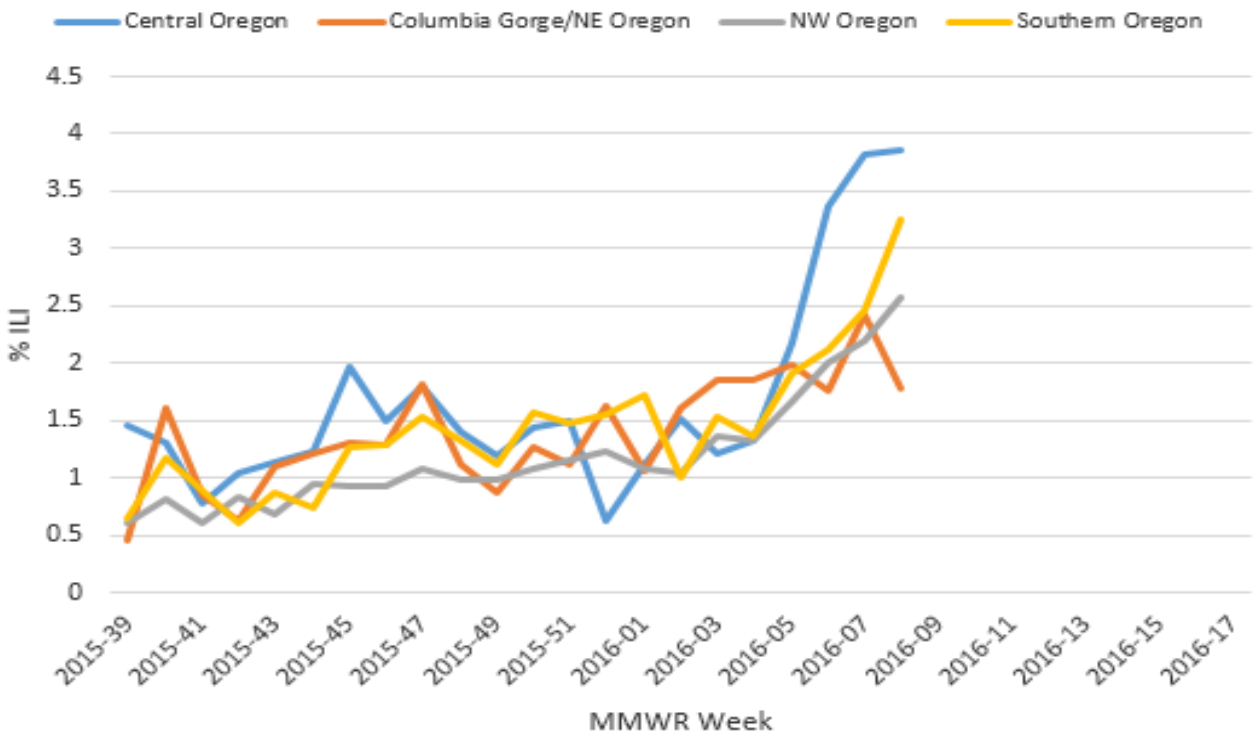
Published March 4, 2016

Data at a Glance
February 21–February 27, 2016 (Week 8)

	Current Week (8)	Previous Week (7)
Percentage of emergency department visits for ILI[1]	**2.6%**	**2.3%**
Percentage positive influenza tests[2]	**16.1%**	**14.9%**
Influenza-associated hospitalizations[3]	**17**	**25**
Reported ILI/influenza outbreaks	**0**	**0**
Influenza-associated pediatric mortality	**0**	**0**
Percentage of outpatient visits for ILI	**2.5%**	**2.9%**
Respiratory Syncytial Virus (RSV) activity[4]	**18%**	**15%**

[1]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.
[2]Percent positivity based on data from Oregon reporters to the National Respiratory and Enteric Virus Surveillance System (NREVSS)
[3]Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.
[4]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.

Figure 1. Percent ILI in Emergency Departments by Week
Oregon ESSENCE Syndromic Surveillance, 2015-2016



Oregon ESSENCE Syndromic Surveillance: Oregon Public Health tracks hospital emergency department (ED) visits throughout the state using the Oregon ESSENCE syndromic surveillance system. ESSENCE categorizes chief complaints into syndrome categories, which include ILI. The figure above displays percentages by region. The percent of ED visits for ILI in all of Oregon was 2.5% during week 8, 2016.

Laboratory Surveillance:

The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based system that monitors influenza and other respiratory viruses circulating the United States. More information is at CDC's website.

Table 1 shows the current week and cumulative totals (since October 1, 2015) for influenza in specimens tested at the Oregon laboratories reporting to NREVSS. Figure 2 displays the percent of specimens tested at Oregon labs that were positive for influenza.

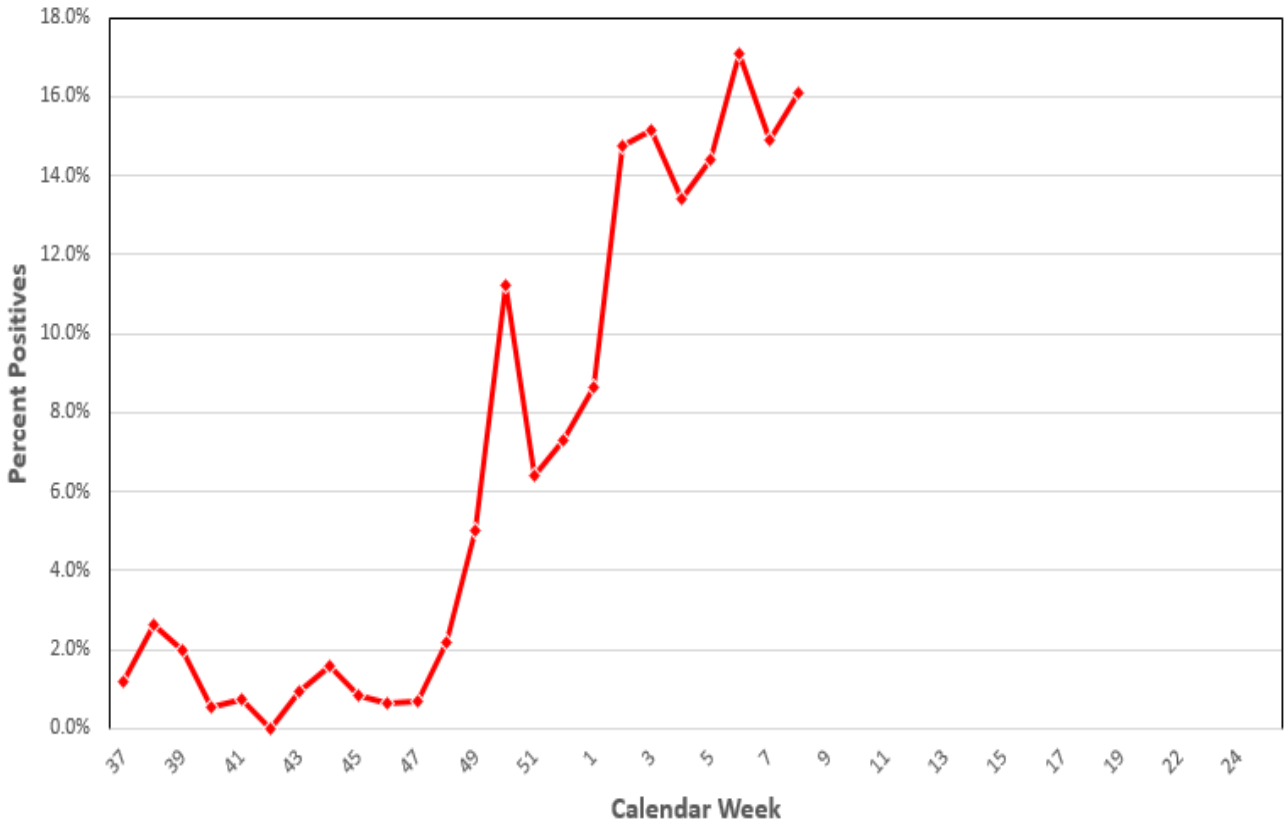
Participation by laboratories is voluntary. Current labs participating in NREVSS in Oregon include:

- Legacy Emanuel Hospital and Health Center, Portland, OR
- Mercy Medical Center, Roseburg, OR
- Oregon Medical Laboratories, Eugene, OR
- Oregon State Public Health Laboratories, Portland, OR
- Salem Hospital, Salem, OR
- Santiam Memorial Hospital, Stayton, OR

Table 1. Influenza Test Results in Oregon, NREVSS, 2015–2016.

	Current Week	Cumulative
No. of specimens tested	**733**	**8,132**
No. of positive specimens (%)	**118 (16.1%)**	**767 (9.4%)**
Positive specimens by type		
Influenza A	**42 (36%)**	**375 (49%)**
Influenza B	**76 (64%)**	**392 (51%)**

Figure 2. Oregon Influenza Surveillance
Percent Positive Influenza Tests by Week, NREVSS
2015-2016 Season



Hospitalizations:
In Clackamas, Multnomah, and Washington counties, 134 total reported influenza-associated hospitalizations occurred up through MMWR week 8, with 17 cases reported during week 8. Of reported cases, 46% were among people aged ≥65 years and 51% of illnesses were caused by influenza B.

Figure 3. Portland Metro Area Influenza–Associated Hospitalizations
by Week and Influenza Type, 2015-2016

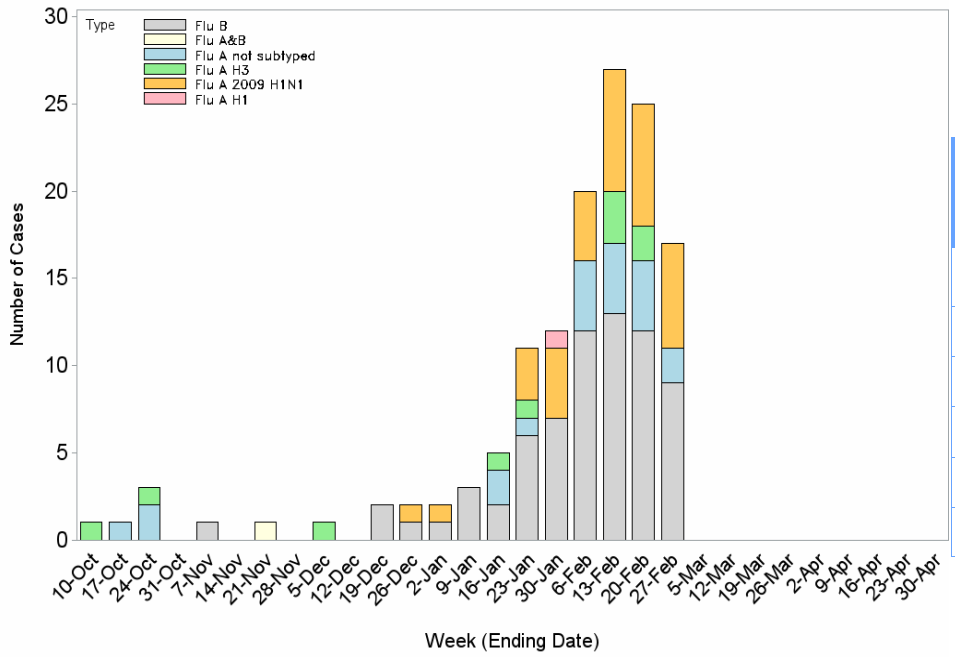


Table 2. Portland Metro-area Hospitalized Influenza Cases by Age Group, 2015–2016.

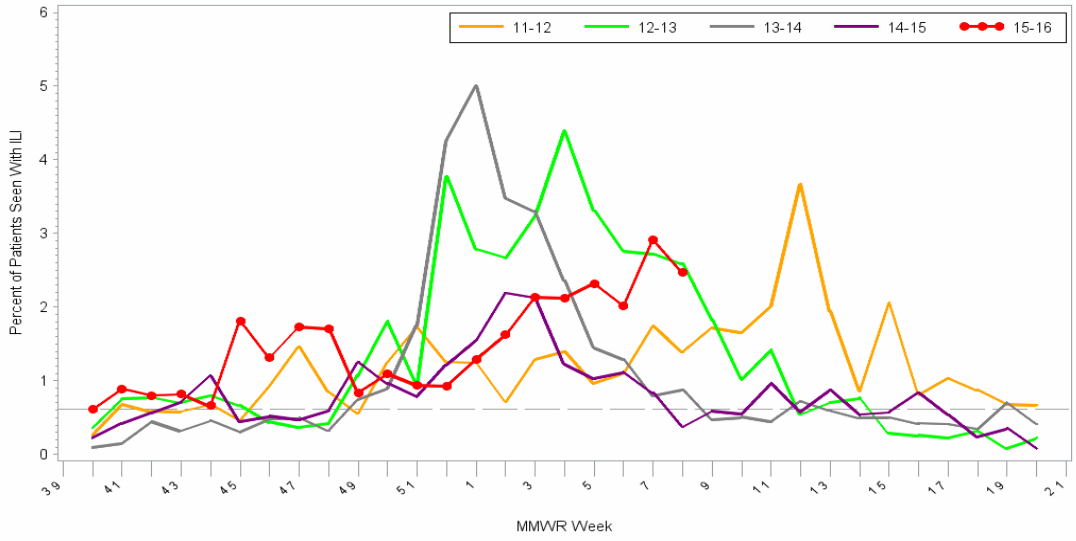
Age Group (years)	n (%)
<5	3 (2%)
5-17	5 (4%)
18-49	26 (19%)
50-64	38 (28%)
65+	62 (46%)
Total	134

ILINet: Oregon's Outpatient Influenza-like Illness Surveillance Network: Oregon's outpatient influenza-like illness (ILI) network comprises 24 voluntary healthcare providers from across Oregon who report the number of patients with influenza-like illness as well as total number of patient visits for each week during the surveillance season. The percent of outpatients seen with ILI for week 8 of 2016 was 2.5% which is above Oregon's seasonal threshold of 0.6%.* ILI levels are currently considered to be Low with Sporadic activity.

Oregon Health Authority, Acute and Communicable Disease Prevention 02MAR16

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

Percent of Outpatients with Influenza-like Illness (ILI)
2011-2012, 2012-2013, 2013-2014, 2014-2015, 2015-2016

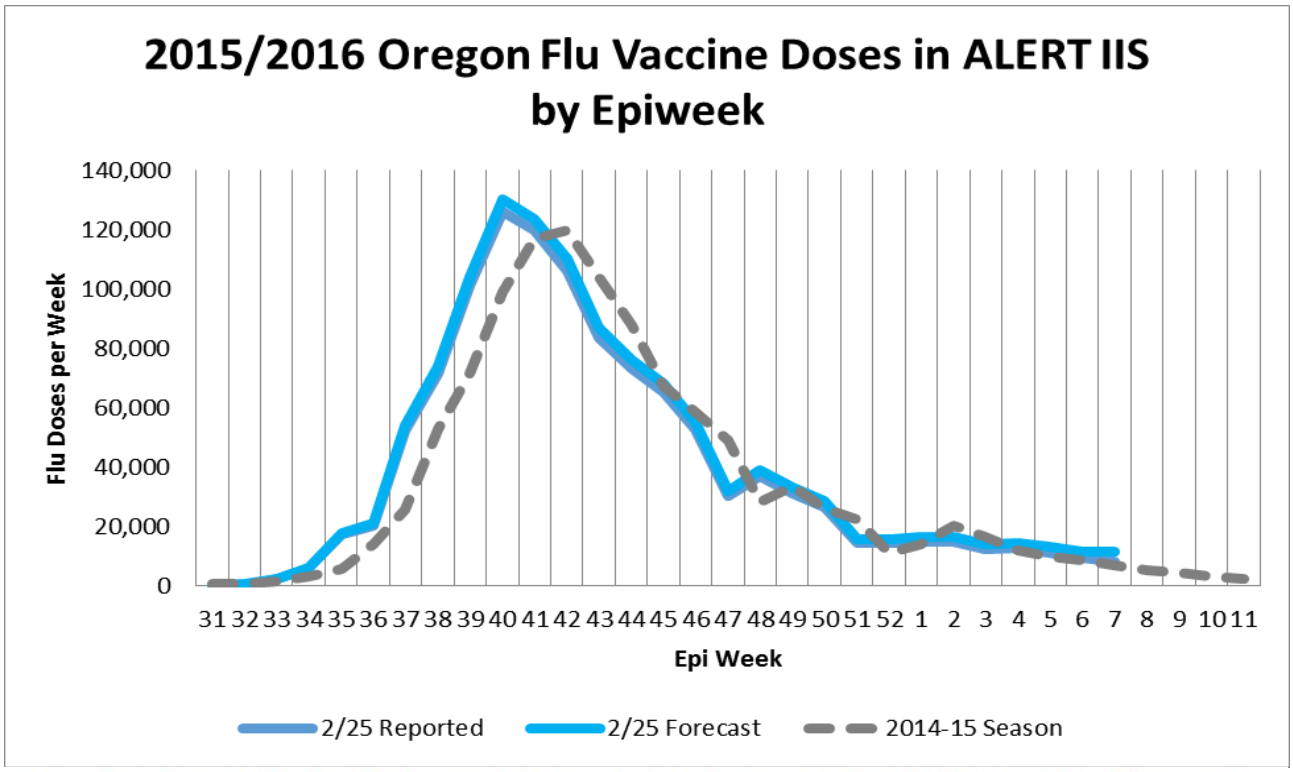


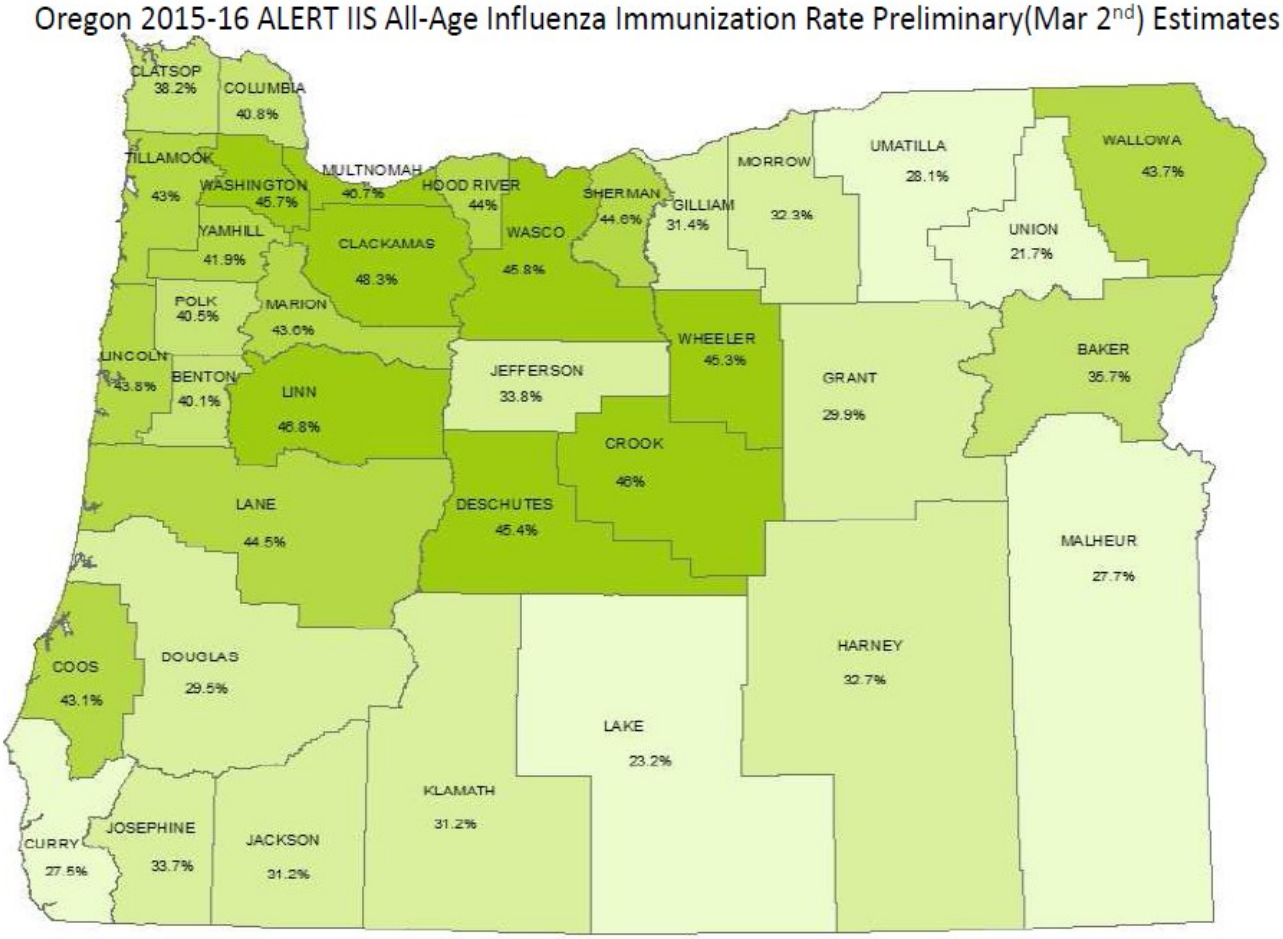
Note: ILI is defined as fever (≥100°F) and cough or sore throat. *The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

All Flu Bites data provided are preliminary and may change as additional reports are received.

Surveillance weeks run from Sunday through Saturday
Sentinel providers report the number of patients seen with influenza-like illness as well as total patients seen each week.

Through the week ending on Feb 20th over 1.14 million influenza immunizations have been given to Oregonians and reported to the ALERT Immunization Information System. Influenza immunization at this time is continuing at a weekly rate above last year's activity. Overall more influenza immunizations have been given this season than last season, with most of the increase occurring among senior adults. For this week the Oregon Immunization Program has included a map of Oregon counties by their projected all-age influenza immunization rate.





US Data (from CDC FluView): During week 8 (February 21-27, 2016), influenza activity remained elevated in theUnited States.

o **Viral Surveillance**: The most frequently identified influenza virus type reported by public health laboratories during week 8 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories increased.

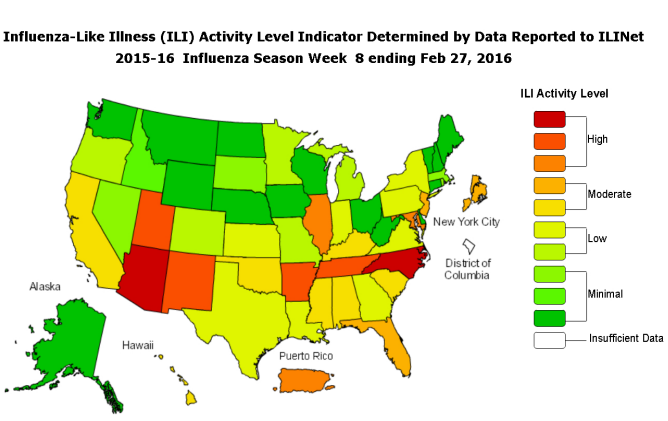
o **Pneumonia and Influenza Mortality**: The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold in the NCHS Mortality Surveillance System and above the system-specific epidemic threshold in the 122 Cities Mortality Reporting System.

o **Influenza-associated Pediatric Deaths**: Four influenza-associated pediatric deaths were reported.

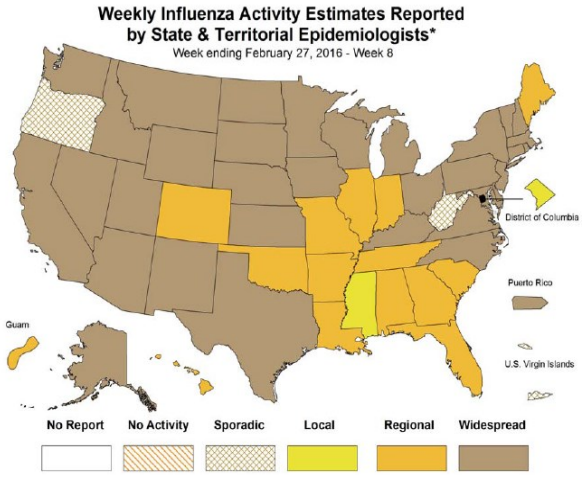
o **Influenza-associated Hospitalizations:** A cumulative rate for the season of 7.8 laboratory confirmed influenza-associated hospitalizations per 100,000 population was reported.

o **Outpatient Illness Surveillance**: The proportion of outpatient visits for influenza-like illness (ILI) was 3.2%, which is above the national baseline of 2.1%. Nine of 10 regions reported ILI at or above region-specific baseline levels. Puerto Rico and eight states experienced high ILI activity; New York City and nine states experienced moderate ILI activity; 13 states experienced low ILI activity; 20 states experienced minimal ILI activity; and the District of Columbia had insufficient data.

o **Geographic Spread of Influenza**: The geographic spread of influenza in Puerto Rico and 33 states was reported as widespread; Guam and 14 states reported regional activity; the District of Columbia and one state reported local activity; and the U.S. Virgin Islands and two states reported sporadic activity.



Map above left: This map uses the proportion of outpatient visits to ILINet sentinel providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.



Map above right: This map measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

Additional resources:

- CDC Weekly Surveillance Report: http://www.cdc.gov/flu/weekly

FLU Bites
Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

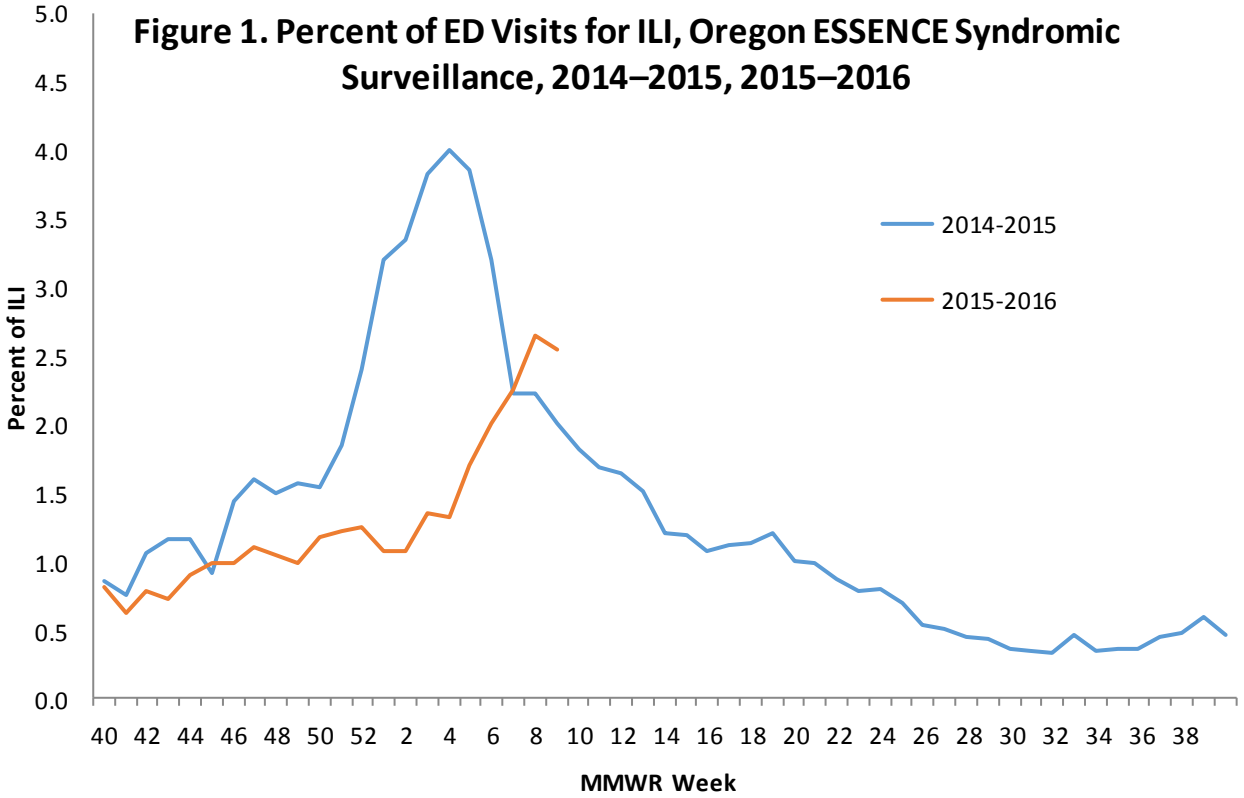
Oregon Health Authority

Oregon Public Health Division

Published March 11, 2016

Data at a Glance February 28–March 5, 2016 (Week 9)		
	Current Week (9)	**Previous Week (8)**
Percentage of emergency department visits for ILI[1]	**2.5%**	**2.6%**
Percentage positive influenza tests[2]	**21.6%**	**16.1%**
Influenza-associated hospitalizations[3]	**36**	**17**
Reported ILI/influenza outbreaks	**3**	**0**
Influenza-associated pediatric mortality	**0**	**0**
Percentage of outpatient visits for ILI	**2.1%**	**2.5%**
Respiratory Syncytial Virus (RSV) activity[4]	**16%**	**18%**

[1]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.
[2]Percent positivity based on data from Oregon reporters to the National Respiratory and Enteric Virus Surveillance System (NREVSS)
[3]Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.
[4]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.



Oregon ESSENCE Syndromic Surveillance: Oregon Public Health tracks hospital emergency department (ED) visits throughout the state using the Oregon ESSENCE syndromic surveillance system. ESSENCE categorizes chief complaints into syndrome categories, which include ILI. Figure 1, above, displays percentages for all of Oregon during this flu season and last season. The percent of ED visits for ILI in all of Oregon was 2.5% during week 9, 2016.

Laboratory Surveillance:

The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based system that monitors influenza and other respiratory viruses circulating the United States. More information is at CDC's website.

Table 1 shows the current week and cumulative totals (since October 1, 2015) for influenza in specimens tested at the Oregon laboratories reporting to NREVSS. Figure 2 displays the percent of specimens tested at Oregon labs that were positive for influenza.

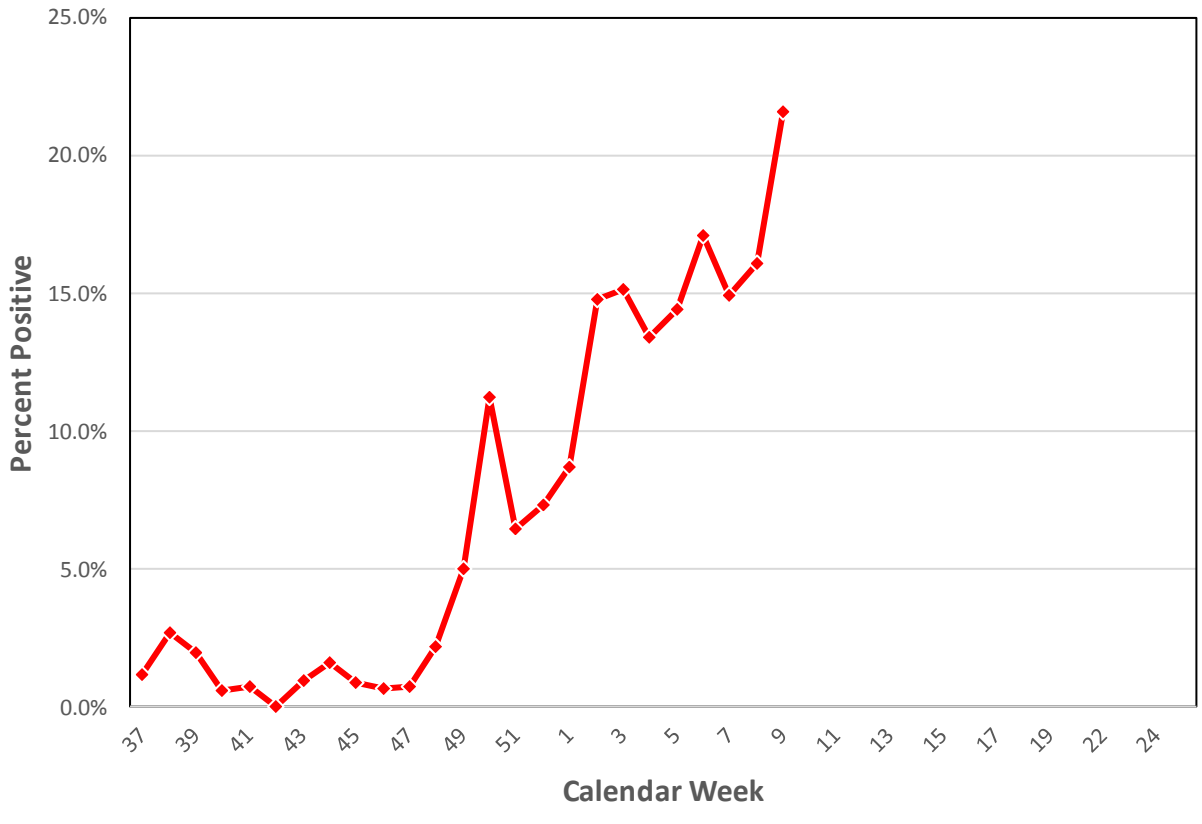
Participation by laboratories is voluntary. Current labs participating in NREVSS in Oregon include:

- Legacy Emanuel Hospital and Health Center, Portland, OR
- Mercy Medical Center, Roseburg, OR
- Oregon Medical Laboratories, Eugene, OR
- Oregon State Public Health Laboratories, Portland, OR
- Salem Hospital, Salem, OR
- Santiam Memorial Hospital, Stayton, OR

Table 1. Influenza Test Results in Oregon, NREVSS, 2015–2016.

	Current Week	Cumulative
No. of specimens tested	**810**	**8,942**
No. of positive specimens (%)	**175 (21.6%)**	**942 (10.5%)**
Positive specimens by type		
Influenza A	**83 (47%)**	**458 (49%)**
Influenza B	**92 (53%)**	**484 (51%)**

Figure 2. Oregon Influenza Surveillance
Percent Positive Influenza Tests by Week, NREVSS
2015-2016 Season



Hospitalizations:
In Clackamas, Multnomah, and Washington counties, 173 total reported influenza-associated hospitalizations occurred up through MMWR week 9, with 36 cases reported during week 9. Of reported cases, 45% were among people aged ≥65 years and 53% of illnesses were caused by influenza B.

Figure 3. Portland Metro Area Influenza-Associated Hospitalizations by Week and Influenza Type, 2015-2016

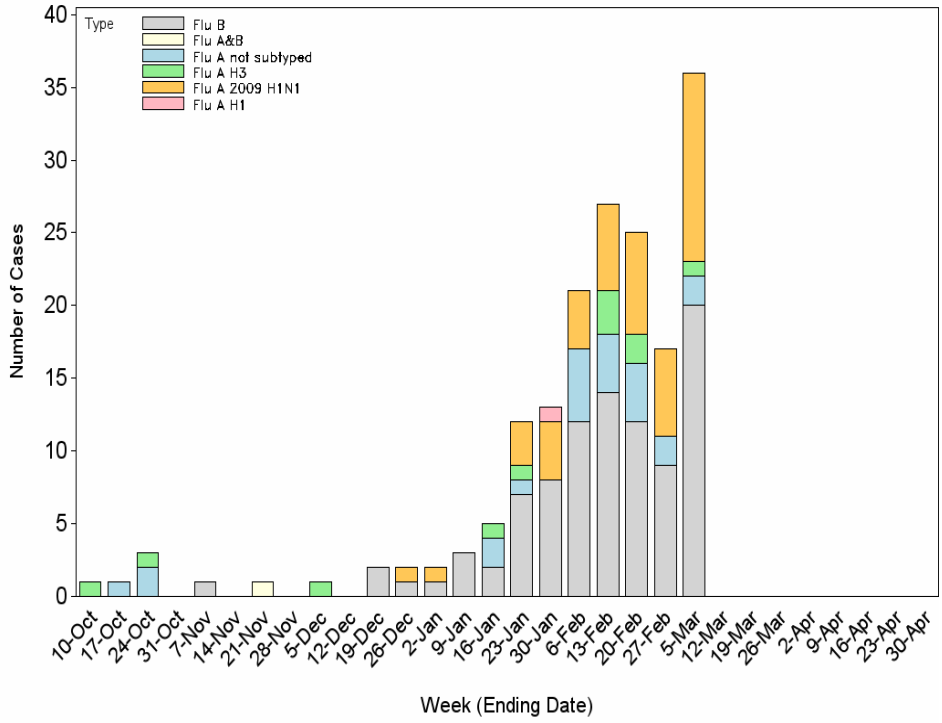
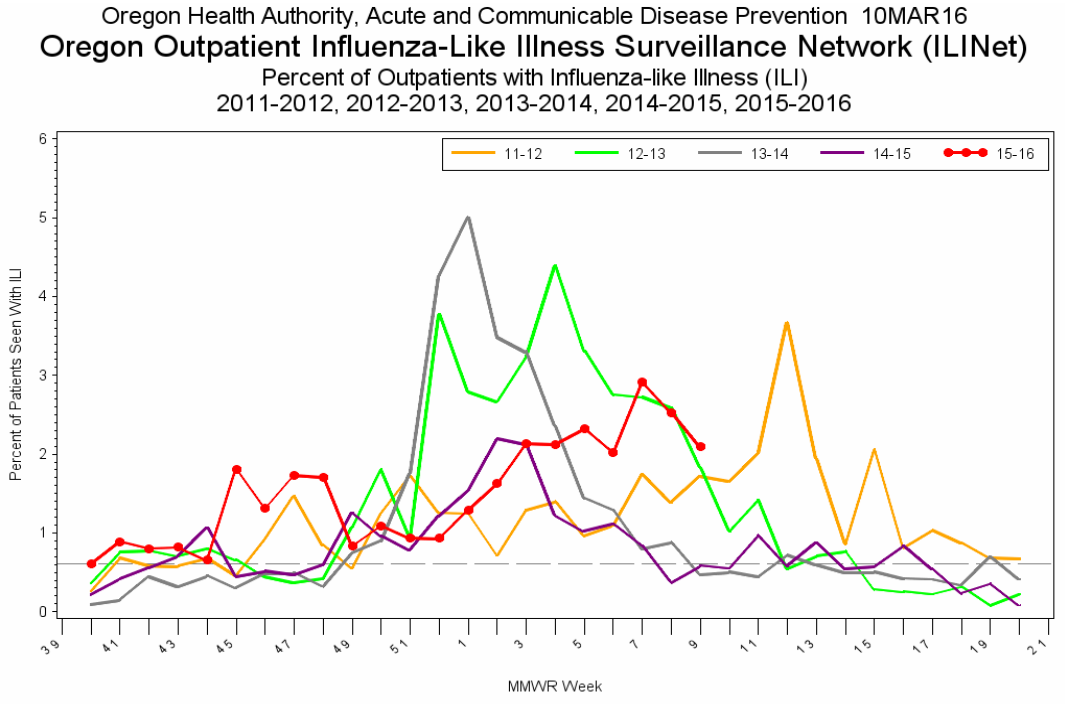


Table 2. Portland Metro-area Hospitalized Influenza Cases by Age Group, 2015–2016.

Age Group (years)	n (%)
<5	4 (2%)
5-17	7 (4%)
18-49	34 (20%)
50-64	50 (29%)
65+	78 (45%)
Total	173

ILINet: Oregon's Outpatient Influenza-like Illness Surveillance Network: Oregon's outpatient influenza-like illness (ILI) network comprises 24 voluntary healthcare providers from across Oregon who report the number of patients with influenza-like illness as well as total number of patient visits for each week during the surveillance season. The percent of outpatients seen with ILI for week 9 of 2016 was 2.1% which is above Oregon's seasonal threshold of 0.6%.*



Note: ILI is defined as fever (≥100°F) and cough or sore throat.
*The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

All Flu Bites data provided are preliminary and may change as additional reports are received.

Surveillance weeks run from Sunday through Saturday
Sentinel providers report the number of patients seen with influenza-like illness as well as total patients seen each week.

US Data (from CDC FluView): During week 9 (February 28-March 5, 2016), influenza activity remained elevated in the United States.

- **Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories during week 9 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories increased.

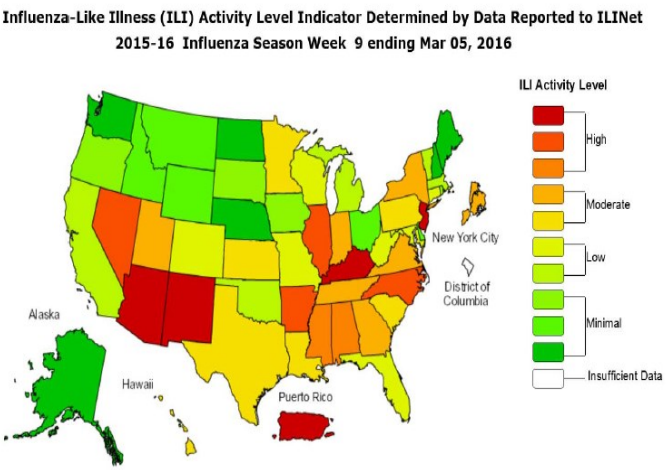
- **Pneumonia and Influenza Mortality**: The proportion of deaths attributed to pneumonia and influenza (P&I) was below their system-specific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.

- **Influenza-associated Pediatric Deaths**: Two influenza-associated pediatric deaths were reported.

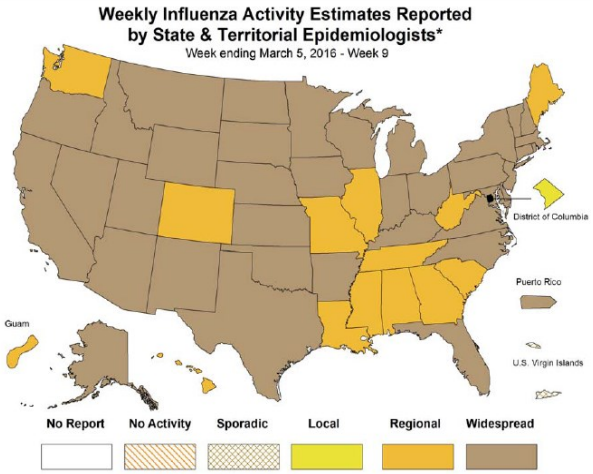
- **Influenza-associated Hospitalizations**: A cumulative rate for the season of 10.4 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported.

- **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 3.5%, which is above the national baseline of 2.1%. All 10 regions reported ILI at or above region-specific baseline levels. Puerto Rico and 10 states experienced high ILI activity; New York City and 13 states experienced moderate ILI activity; 12 states experienced low ILI activity; 15 states experienced minimal ILI activity; and the District of Columbia had insufficient data.

- **Geographic Spread of Influenza**: The geographic spread of influenza in Puerto Rico and 37 states was reported as widespread; Guam and 13 states reported regional activity; the District of Columbia reported local activity; and the U.S. Virgin Islands reported sporadic activity.



Map above left: This map uses the proportion of outpatient visits to ILINet sentinel providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.



Map above right: This map measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

Additional resources:

- CDC Weekly Surveillance Report: http://www.cdc.gov/flu/weekly

FluBites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

Oregon Health Authority

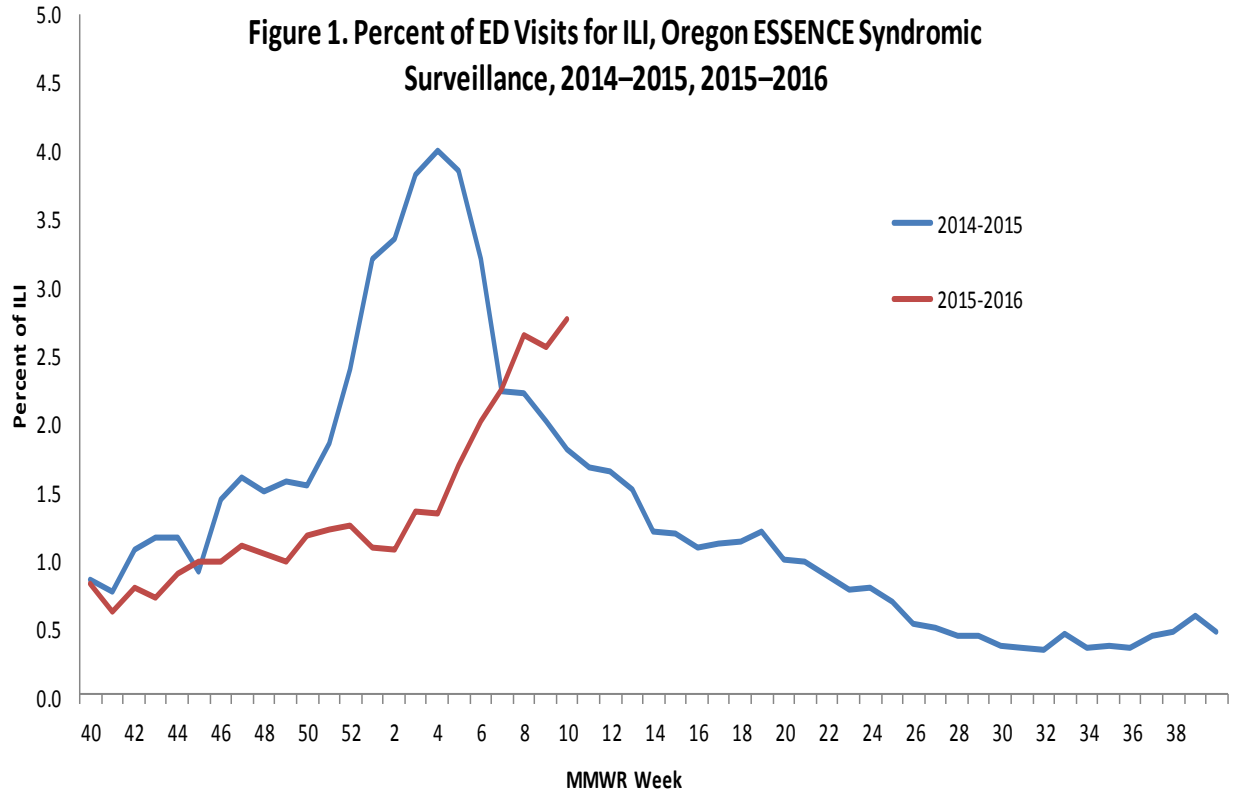
Oregon Public Health Division

Published March 18, 2016

Data at a Glance March 6–March 12, 2016 (Week 10)		
	Current Week (10)	**Previous Week (9)**
Percentage of emergency department visits for ILI[1]	**2.8%**	**2.5%**
Percentage positive influenza tests[2]	**20.1%**	**21.6%**
Influenza-associated hospitalizations[3]	**33**	**46**
Reported ILI/influenza outbreaks	**1**	**3**
Influenza-associated pediatric mortality	**0**	**0**
Percentage of outpatient visits for ILI	**3.8%**	**2.8%**
Respiratory Syncytial Virus (RSV) activity[4]	**13%**	**16%**

[1]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.
[2]Percent positivity based on data from Oregon reporters to the National Respiratory and Enteric Virus Surveillance System (NREVSS)
[3]Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.
[4]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.

Figure 1. Percent of ED Visits for ILI, Oregon ESSENCE Syndromic Surveillance, 2014–2015, 2015–2016



Oregon ESSENCE Syndromic Surveillance: Oregon Public Health tracks hospital emergency department (ED) visits throughout the state using the Oregon ESSENCE syndromic surveillance system. ESSENCE categorizes chief complaints into syndrome categories, which include ILI. Figure 1, above, displays percentages for all of Oregon during this flu season and last season. The percent of ED visits for ILI in all of Oregon was 2.8% during week 10, 2016.

Laboratory Surveillance:

The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based system that monitors influenza and other respiratory viruses circulating the United States. More information is at CDC's website.

Table 1 shows the current week and cumulative totals (since October 1, 2015) for influenza in specimens tested at the Oregon laboratories reporting to NREVSS. Figure 2 shows that 20.1% of specimens tested at Oregon labs were positive for influenza during week 10, and the bar chart displays the number of influenza-positive tests by flu type.

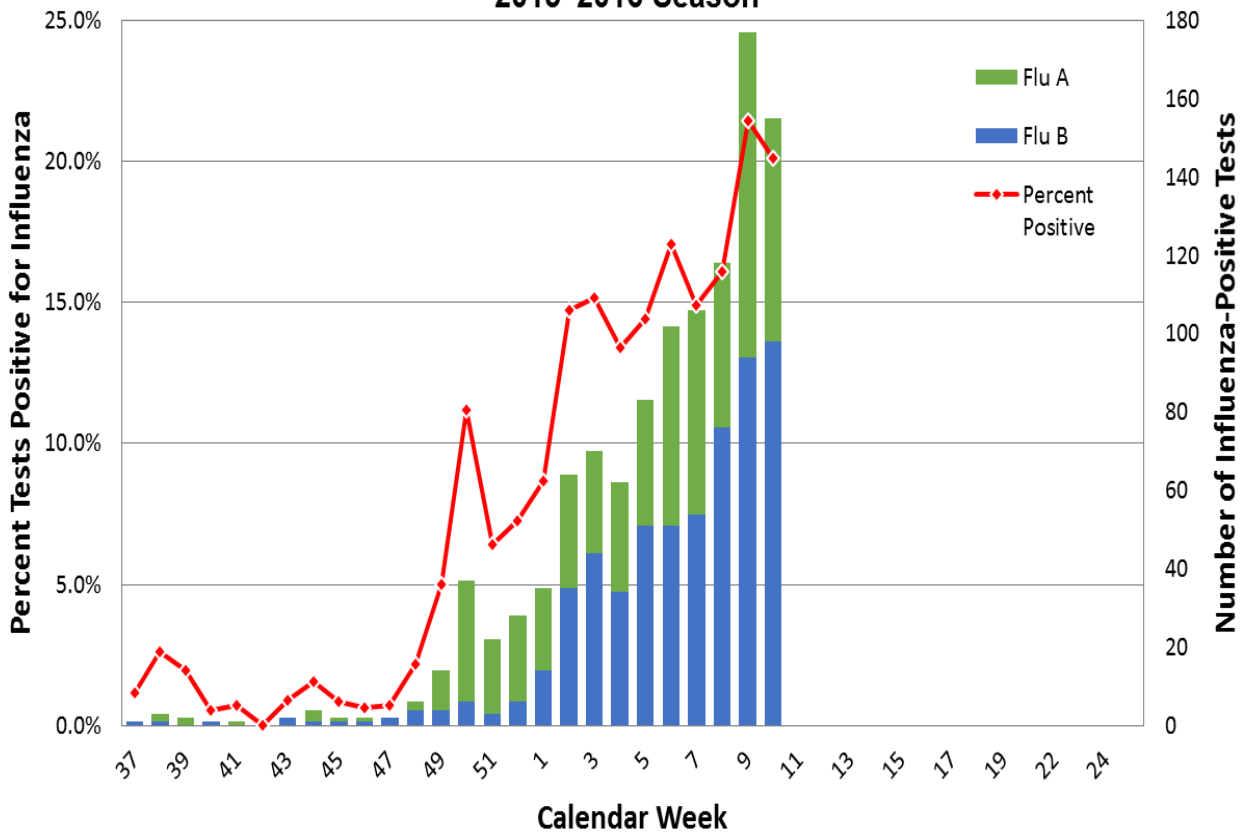
Participation by laboratories is voluntary. Current labs participating in NREVSS in Oregon include:

- Legacy Emanuel Hospital and Health Center, Portland, OR
- Mercy Medical Center, Roseburg, OR
- Oregon Medical Laboratories, Eugene, OR
- Oregon State Public Health Laboratories, Portland, OR
- Salem Hospital, Salem, OR
- Santiam Memorial Hospital, Stayton, OR

Table 1. Influenza Test Results in Oregon, NREVSS, 2015–2016.

	Current Week	Cumulative
No. of specimens tested	**770**	**9,727**
No. of positive specimens (%)	**155 (20.1%)**	**1,099 (11.3%)**
Positive specimens by type		
Influenza A	**57 (37%)**	**515 (47%)**
Influenza B	**98 (63%)**	**584 (53%)**

Figure 2. Oregon Influenza Surveillance
Percent Positive Influenza Tests by Week, NREVSS
2015–2016 Season



Hospitalizations:
In Clackamas, Multnomah, and Washington counties, 222 total reported influenza-associated hospitalizations occurred up through MMWR week 10, with 33 cases reported during week 10. Of reported cases, 45% were among people aged ≥65 years and 55% of illnesses were caused by influenza B.

Figure 3. Portland Metro Area Influenza-Associated Hospitalizations by Week and Influenza Type, 2015-2016

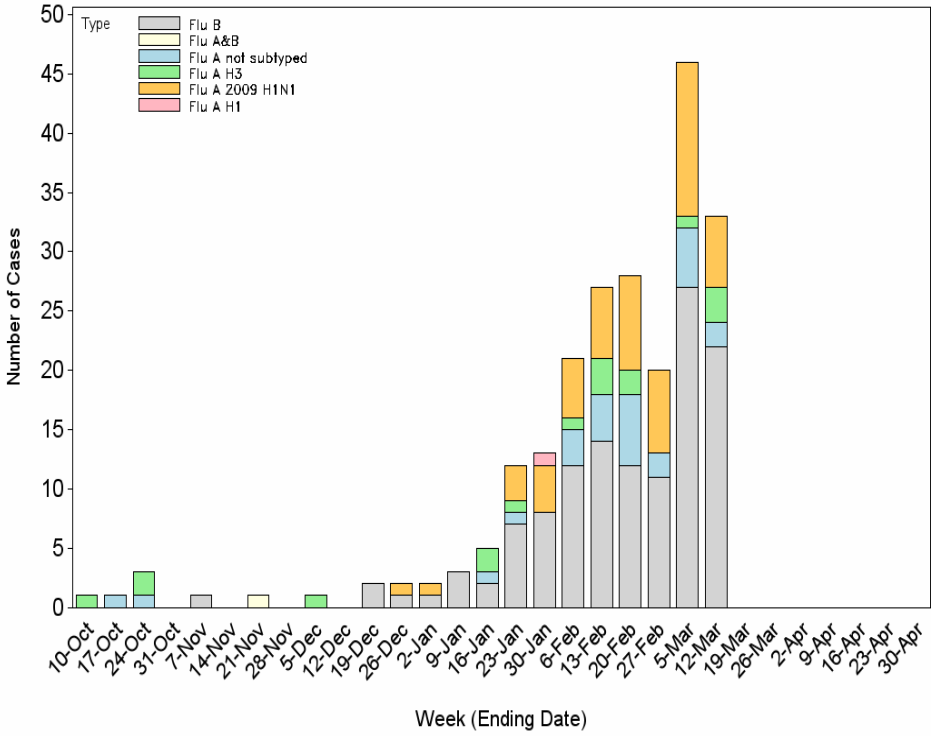


Table 2. Portland Metro-area Hospitalized Influenza Cases by Age Group, 2015–2016.

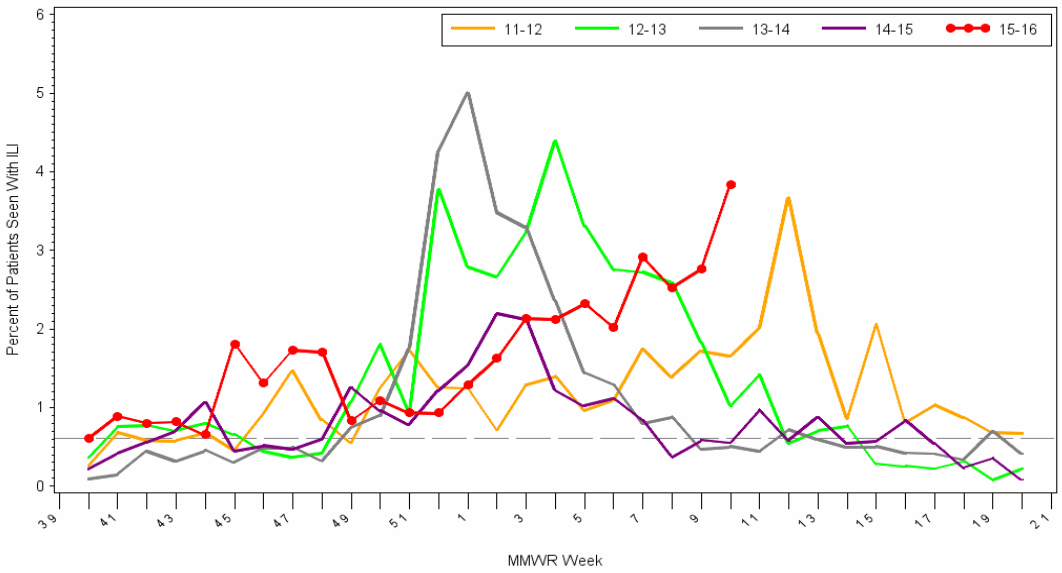
Age Group (years)	n (%)
<5	7 (3%)
5-17	11 (5%)
18-49	44 (20%)
50-64	61 (27%)
65+	99 (45%)
Total	222

ILINet: Oregon's Outpatient Influenza-like Illness Surveillance Network: Oregon's outpatient influenza-like illness (ILI) network comprises 24 voluntary healthcare providers from across Oregon who report the number of patients with influenza-like illness as well as total number of patient visits for each week during the surveillance season. The percent of outpatients seen with ILI for week 10 of 2016 was 3.8% which is above Oregon's seasonal threshold of 0.6%.*

Oregon Health Authority, Acute and Communicable Disease Prevention 18MAR16

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

Percent of Outpatients with Influenza-like Illness (ILI)
2011-2012, 2012-2013, 2013-2014, 2014-2015, 2015-2016



Note: ILI is defined as fever (≥100°F) and cough or sore throat. *The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

All Flu Bites data provided are preliminary and may change as additional reports are received.

Surveillance weeks run from Sunday through Saturday
Sentinel providers report the number of patients seen with influenza-like illness as well as total patients seen each week.

US Data (from CDC FluView): During week 10 (March 6-12, 2016), influenza activity increased in the United States.

- **Viral Surveillance**: The most frequently identified influenza virus type reported by public health laboratories during week 10 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories increased.

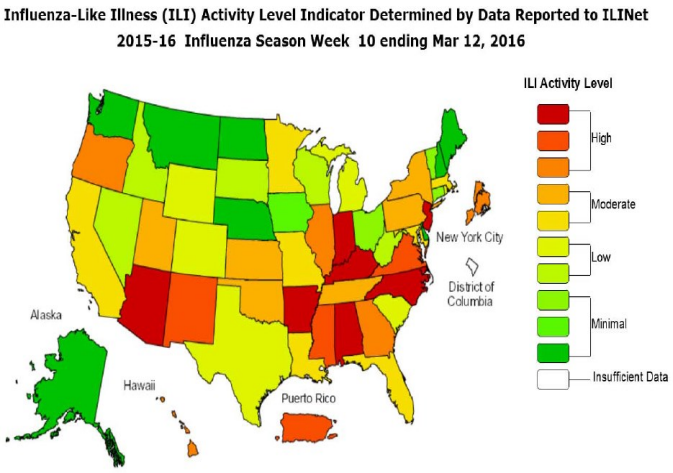
- **Pneumonia and Influenza Mortality**: The proportion of deaths attributed to pneumonia and influenza (P&I) was below their system-specific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.

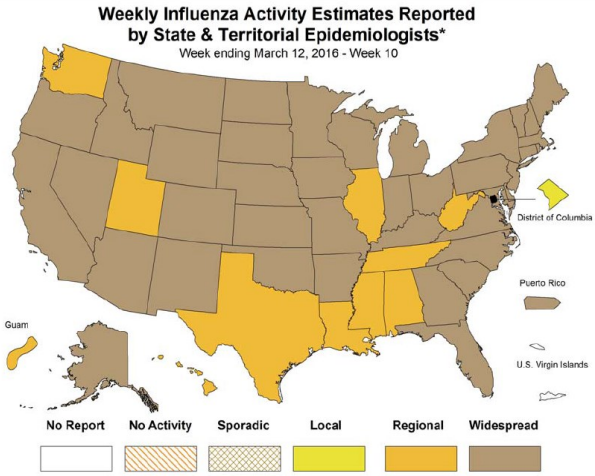
- **Influenza-associated Pediatric Deaths**: Eight influenza-associated pediatric deaths were reported.

- **Influenza-associated Hospitalizations**: A cumulative rate for the season of 14.5 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported.

- **Outpatient Illness Surveillance**: The proportion of outpatient visits for influenza-like illness (ILI) was 3.7%, which is above the national baseline of 2.1%. All 10 regions reported ILI at or above region-specific baseline levels. New York City, Puerto Rico, and 14 states experienced high ILI activity; 13 states experienced moderate ILI activity; 11 states experienced low ILI activity; 12 states experienced minimal ILI activity; and the District of Columbia had insufficient data.

- **Geographic Spread of Influenza**: The geographic spread of influenza in Puerto Rico and 40 states was reported as widespread; Guam and 10 states reported regional activity; the District of Columbia reported local activity; and the U.S. Virgin Islands did not report.





Map above left: This map uses the proportion of outpatient visits to ILINet sentinel providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.

Map above right: This map measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

Additional resources:

- CDC Weekly Surveillance Report: http://www.cdc.gov/flu/weekly

FluBites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

Oregon Health Authority

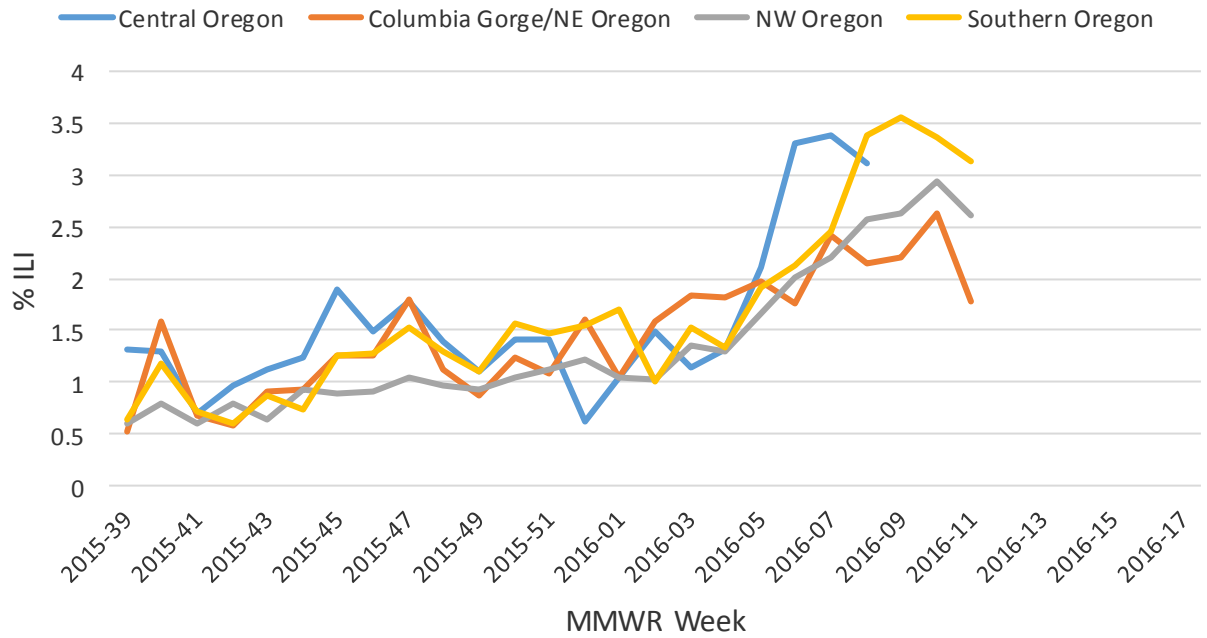
Oregon Public Health Division

Published March 25, 2016

Data at a Glance March 13–March 19, 2016 (Week 11)		
	Current Week (11)	**Previous Week (10)**
Percentage of emergency department visits for ILI[1]	**2.5%**	**2.8%**
Percentage positive influenza tests[2]	**20.9%**	**20.5%**
Influenza-associated hospitalizations[3]	**38**	**34**
Reported ILI/influenza outbreaks	**4**	**1**
Influenza-associated pediatric mortality	**0**	**0**
Percentage of outpatient visits for ILI	**1.3%**	**3.5%**
Respiratory Syncytial Virus (RSV) activity[4]	**14%**	**13%**

[1]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.
[2]Percent positivity based on data from Oregon reporters to the National Respiratory and Enteric Virus Surveillance System (NREVSS)
[3]Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.
[4]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.

Figure 1. Percent ILI in Emergency Departments by Week
Oregon ESSENCE Syndromic Surveillance, 2015-2016



Oregon ESSENCE Syndromic Surveillance: Oregon Public Health tracks hospital emergency department (ED) visits throughout the state using the Oregon ESSENCE syndromic surveillance system. ESSENCE categorizes chief complaints into syndrome categories, which include ILI. Figure 1, above, displays percentages for four regions in Oregon during this flu season. The percent of ED visits for ILI in all of Oregon was 2.5% during week 11, 2016.

Laboratory Surveillance:

The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based system that monitors influenza and other respiratory viruses circulating the United States. More information is at CDC's website.

Table 1 shows the current week and cumulative totals (since October 1, 2015) for influenza in specimens tested at the Oregon laboratories reporting to NREVSS. Figure 2 shows that 20.9% of specimens tested at Oregon labs were positive for influenza during week 11, and the bar chart displays the number of influenza-positive tests by flu type.

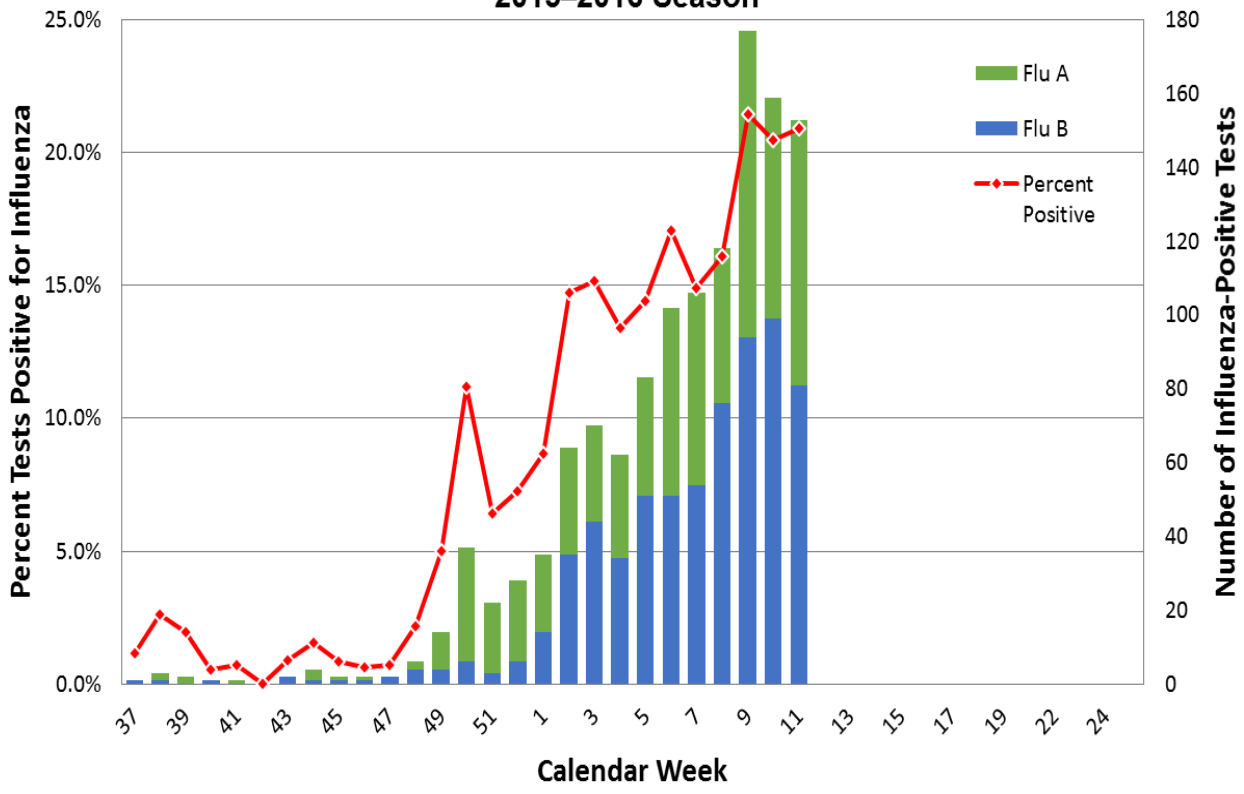
Participation by laboratories is voluntary. Current labs participating in NREVSS in Oregon include:

- Legacy Emanuel Hospital and Health Center, Portland, OR
- Mercy Medical Center, Roseburg, OR
- Oregon Medical Laboratories, Eugene, OR
- Oregon State Public Health Laboratories, Portland, OR
- Salem Hospital, Salem, OR
- Santiam Memorial Hospital, Stayton, OR

Table 1. Influenza Test Results in Oregon, NREVSS, 2015–2016.

	Current Week	Cumulative
No. of specimens tested	**732**	**10,465**
No. of positive specimens (%)	**153 (20.9%)**	**1,256 (12.0%)**
Positive specimens by type		
Influenza A	**72 (47%)**	**590 (47%)**
Influenza B	**81 (53%)**	**666 (53%)**

Figure 2. Oregon Influenza Surveillance
Percent Positive Influenza Tests by Week, NREVSS
2015–2016 Season



Hospitalizations:
In Clackamas, Multnomah, and Washington counties, 263 total reported influenza-associated hospitalizations occurred up through MMWR week 11, with 38 cases reported during week 11. Of reported cases, 44% were among people aged ≥65 years and 53% of illnesses were caused by influenza B.

Figure 3. Portland Metro Area Influenza-Associated Hospitalizations by Week and Influenza Type, 2015-2016

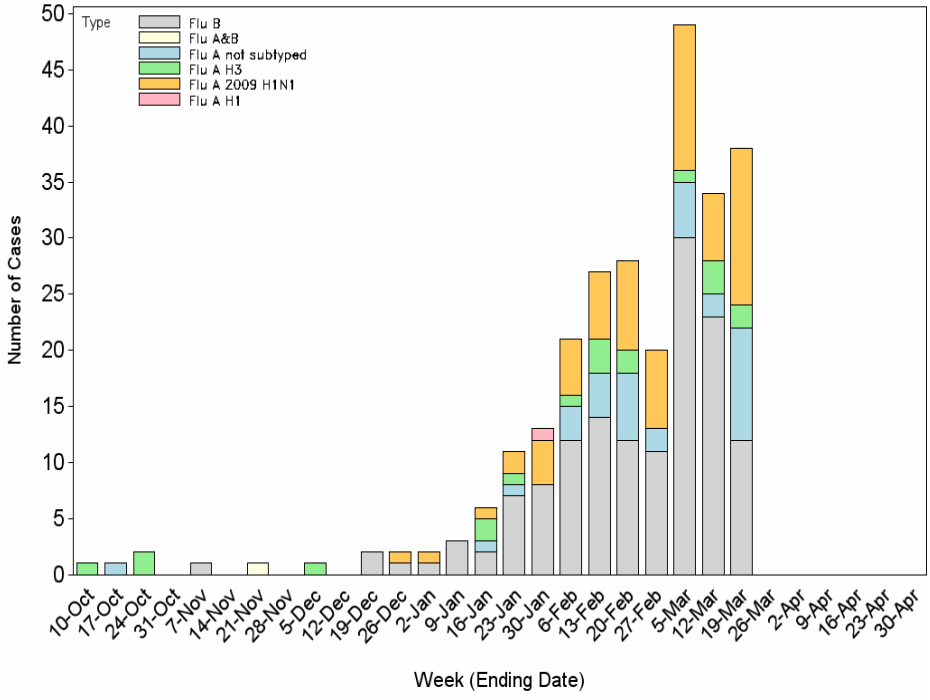


Table 2. Portland Metro-area Hospitalized Influenza Cases by Age Group, 2015–2016.

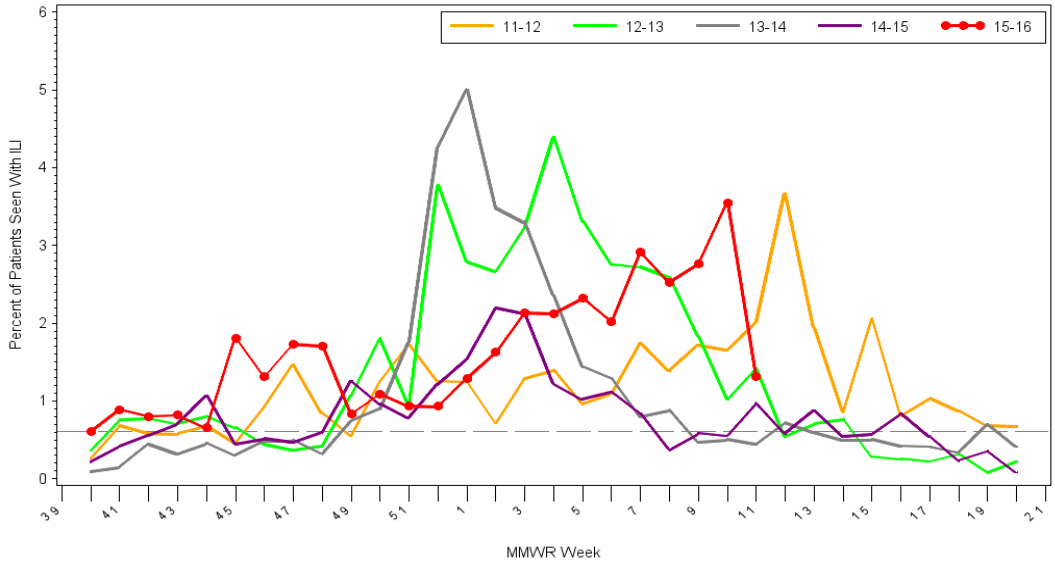
Age Group (years)	n (%)
<5	8 (3%)
5-17	13 (5%)
18-49	55 (21%)
50-64	72 (27%)
65+	115 (44%)
Total	263

ILINet: Oregon's Outpatient Influenza-like Illness Surveillance Network: Oregon's outpatient influenza-like illness (ILI) network comprises 24 voluntary healthcare providers from across Oregon who report the number of patients with influenza-like illness as well as total number of patient visits for each week during the surveillance season. The percent of outpatients seen with ILI for week 11 of 2016 was 1.3% which is above Oregon's seasonal threshold of 0.6%.*

Oregon Health Authority, Acute and Communicable Disease Prevention 25MAR16

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

Percent of Outpatients with Influenza-like Illness (ILI)
2011-2012, 2012-2013, 2013-2014, 2014-2015, 2015-2016



Note: ILI is defined as fever (≥100°F) and cough or sore throat. *The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

All Flu Bites data provided are preliminary and may change as additional reports are received.

Surveillance weeks run from Sunday through Saturday
Sentinel providers report the number of patients seen with influenza-like illness as well as total patients seen each week.

US Data (from CDC FluView): During week 11 (March 13-19, 2016), influenza activity decreased slightly, but remained elevated in the United States.

- **Viral Surveillance**: The most frequently identified influenza virus type reported by public health laboratories during week 11 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories decreased.

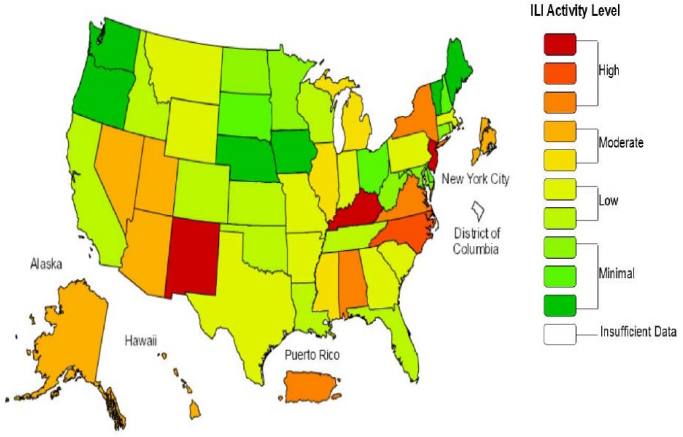
- **Pneumonia and Influenza Mortality**: The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold in the NCHS Mortality Surveillance System and above the system-specific epidemic threshold in the 122 Cities Mortality Reporting System.

- **Influenza-associated Pediatric Deaths**: Two influenza-associated pediatric deaths were reported.

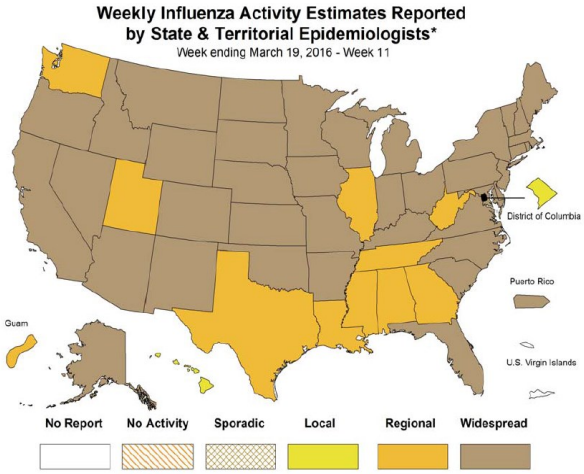
- **Influenza-associated Hospitalizations**: A cumulative rate for the season of 18.2 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported.

- **Outpatient Illness Surveillance**: The proportion of outpatient visits for influenza-like illness (ILI) was 3.2%, which is above the national baseline of 2.1%. All 10 regions reported ILI at or above region-specific baseline levels. Puerto Rico and seven states experienced high ILI activity; New York City and eight states experienced moderate ILI activity; 20 states experienced low ILI activity; 15 states experienced minimal ILI activity; and the District of Columbia had insufficient data.

- **Geographic Spread of Influenza**: The geographic spread of influenza in Puerto Rico and 39 states was reported as widespread; Guam and 10 states reported regional activity; the District of Columbia and one state reported local activity; and the U.S. Virgin Islands did not report.



Map above left: This map uses the proportion of outpatient visits to ILINet sentinel providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.



Map above right: This map measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

Additional resources:

- CDC Weekly Surveillance Report: http://www.cdc.gov/flu/weekly

FluBites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

Oregon Health Authority

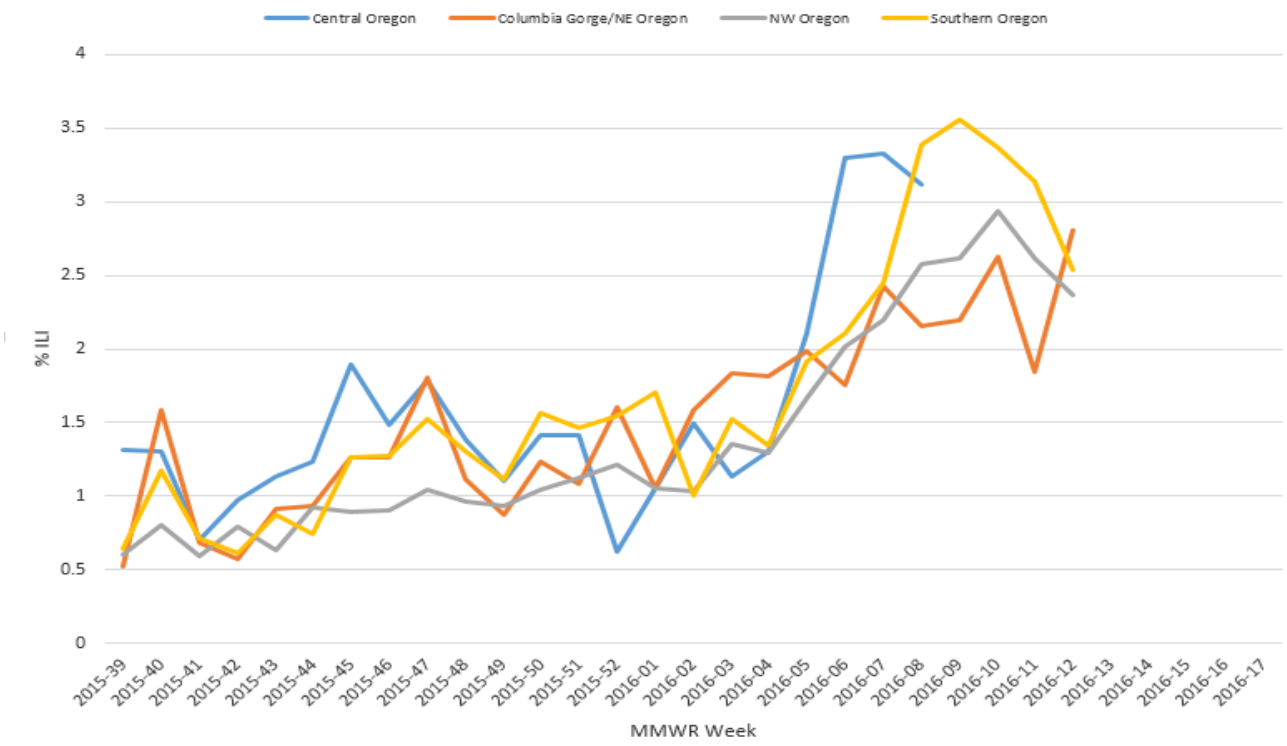
Oregon Public Health Division

Published April 1, 2016

Data at a Glance March 20–March 26, 2016 (Week 12)		
	Current Week (12)	**Previous Week (11)**
Percentage of emergency department visits for ILI[1]	**2.3%**	**2.5%**
Percentage positive influenza tests[2]	**20.9%**	**20.9%**
Influenza-associated hospitalizations[3]	**37**	**42**
Reported ILI/influenza outbreaks	**1**	**4**
Influenza-associated pediatric mortality	**0**	**0**
Percentage of outpatient visits for ILI	**1.5%**	**1.1%**
Respiratory Syncytial Virus (RSV) activity[4]	**14%**	**14%**

[1]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.
[2]Percent positivity based on data from Oregon reporters to the National Respiratory and Enteric Virus Surveillance System (NREVSS)
[3]Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.
[4]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.

Figure 1. Percent ILI in Emergency Departments by Week
Oregon ESSENCE Syndromic Surveillance, 2015-2016



Oregon ESSENCE Syndromic Surveillance: Oregon Public Health tracks hospital emergency department (ED) visits throughout the state using the Oregon ESSENCE syndromic surveillance system. ESSENCE categorizes chief complaints into syndrome categories, which include ILI. Figure 1, above, displays percentages for four regions in Oregon during this flu season. The percent of ED visits for ILI in all of Oregon was 2.3% during week 12, 2016.

Laboratory Surveillance:

The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based system that monitors influenza and other respiratory viruses circulating the United States. More information is at CDC's website.

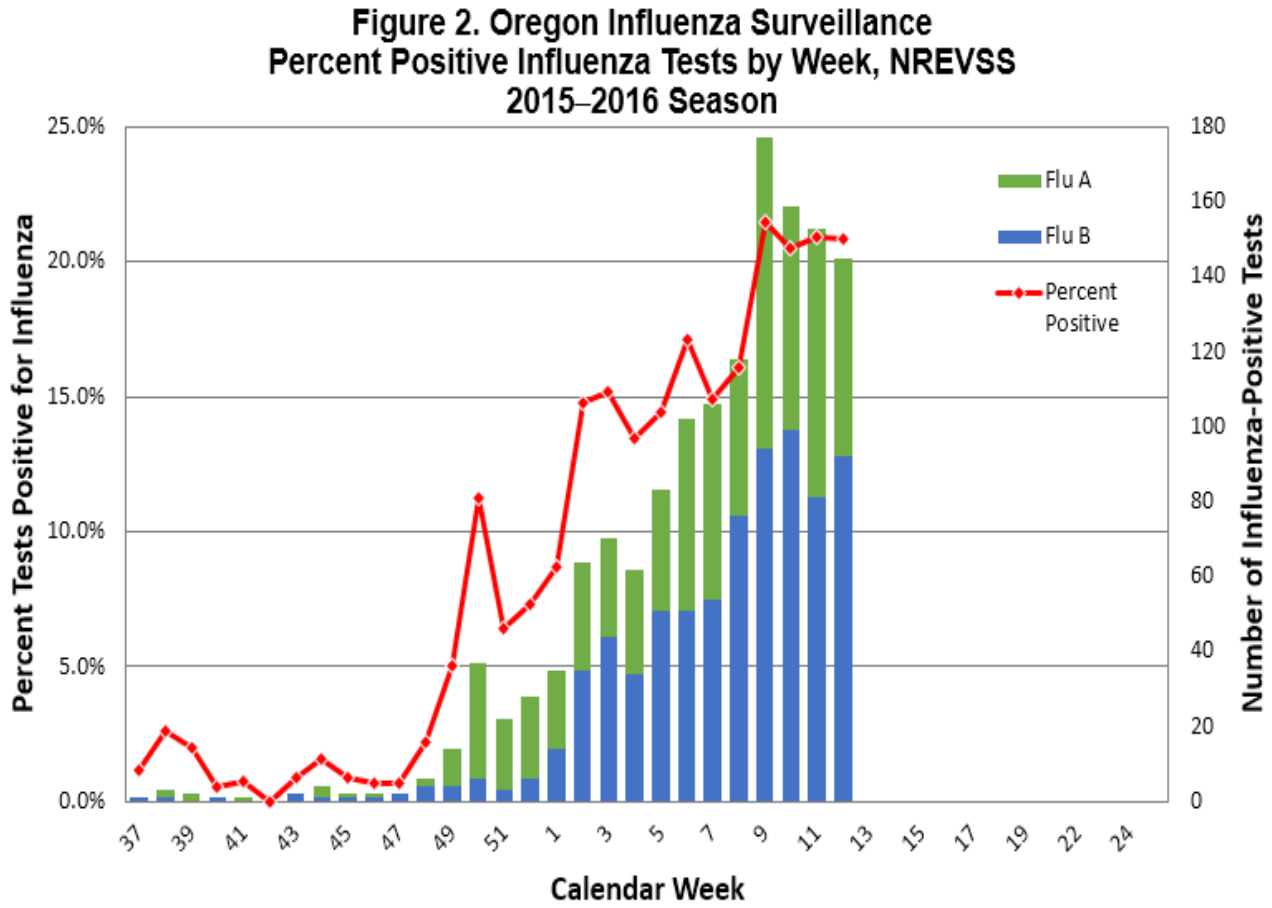
Table 1 shows the current week and cumulative totals (since October 1, 2015) for influenza in specimens tested at the Oregon laboratories reporting to NREVSS. Figure 2 shows that 20.9% of specimens tested at Oregon labs were positive for influenza during week 12, and the bar chart displays the number of influenza-positive tests by flu type.

Participation by laboratories is voluntary. Current labs participating in NREVSS in Oregon include:

- Legacy Emanuel Hospital and Health Center, Portland, OR
- Mercy Medical Center, Roseburg, OR
- Oregon Medical Laboratories, Eugene, OR
- Oregon State Public Health Laboratories, Portland, OR
- Salem Hospital, Salem, OR
- Santiam Memorial Hospital, Stayton, OR

Table 1. Influenza Test Results in Oregon, NREVSS, 2015–2016.

	Current Week	Cumulative
No. of specimens tested	**695**	**11,160**
No. of positive specimens (%)	**145 (20.9%)**	**1,401 (12.6%)**
Positive specimens by type		
Influenza A	**53 (37%)**	**643 (46%)**
Influenza B	**92 (63%)**	**758 (54%)**



Hospitalizations:
In Clackamas, Multnomah, and Washington counties, 309 total reported influenza-associated hospitalizations occurred up through MMWR week 12, with 37 cases reported during week 12. Of reported cases, 44% were among people aged ≥65 years and 51% of illnesses were caused by influenza B.

Figure 3. Portland Metro Area Influenza-Associated Hospitalizations by Week and Influenza Type, 2015-2016

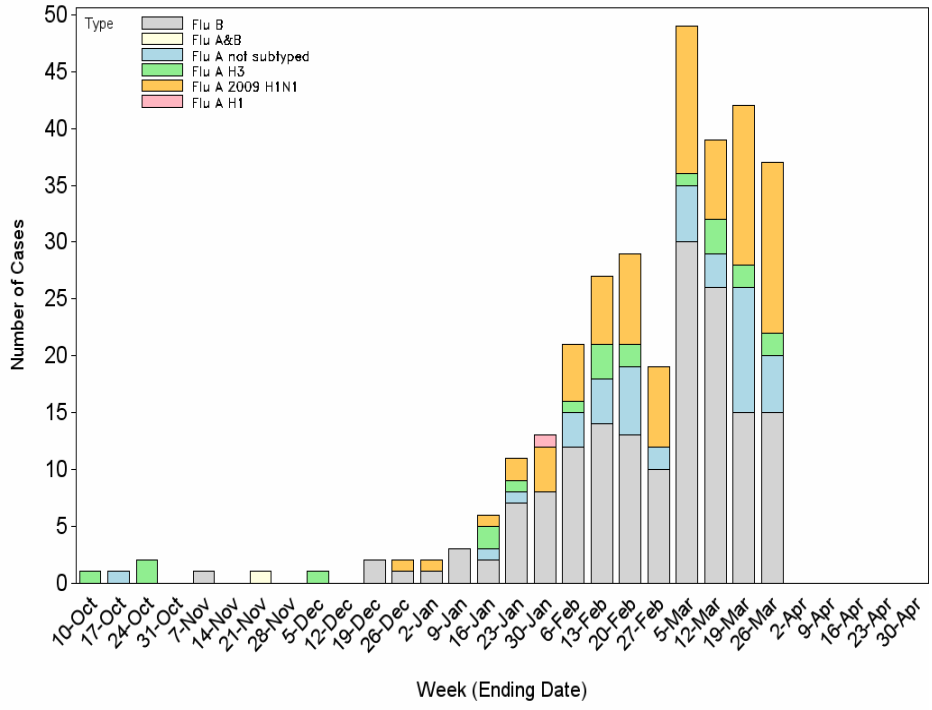
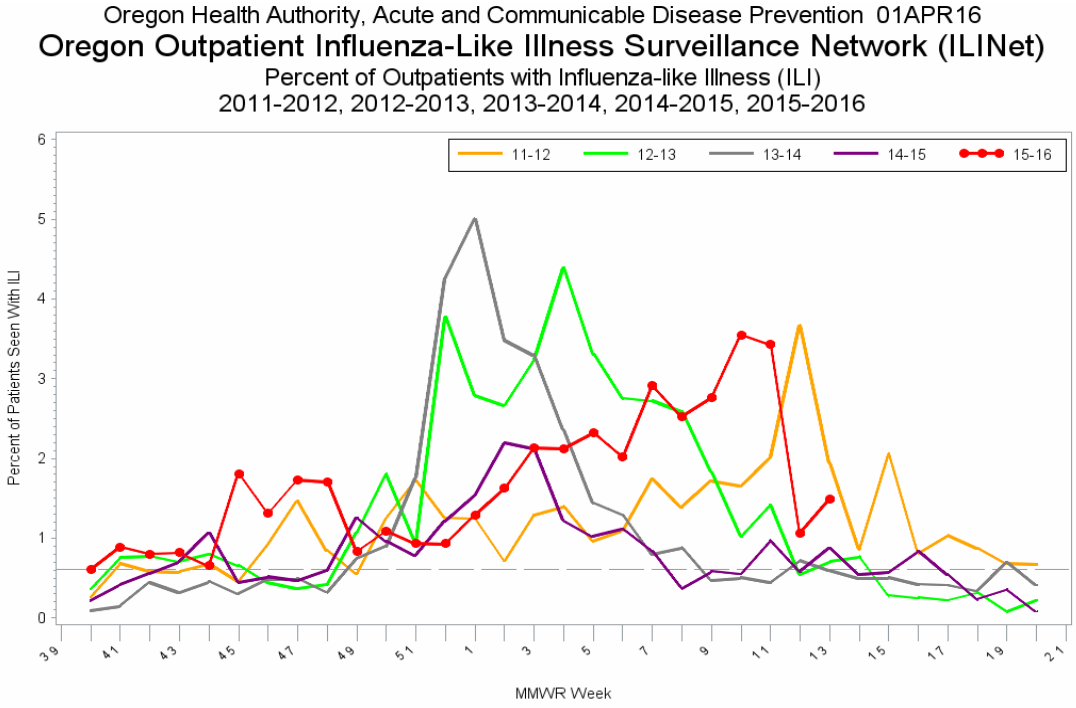


Table 2. Portland Metro-area Hospitalized Influenza Cases by Age Group, 2015–2016.

Age Group (years)	n (%)
<5	10 (3%)
5-17	16 (5%)
18-49	69 (22%)
50-64	80 (26%)
65+	134 (44%)
Total	309

ILINet: Oregon's Outpatient Influenza-like Illness Surveillance Network: Oregon's outpatient influenza-like illness (ILI) network comprises 24 voluntary healthcare providers from across Oregon who report the number of patients with influenza-like illness as well as total number of patient visits for each week during the surveillance season. The percent of outpatients seen with ILI for week 12 of 2016 was 1.5% which is above Oregon's seasonal threshold of 0.6%.*

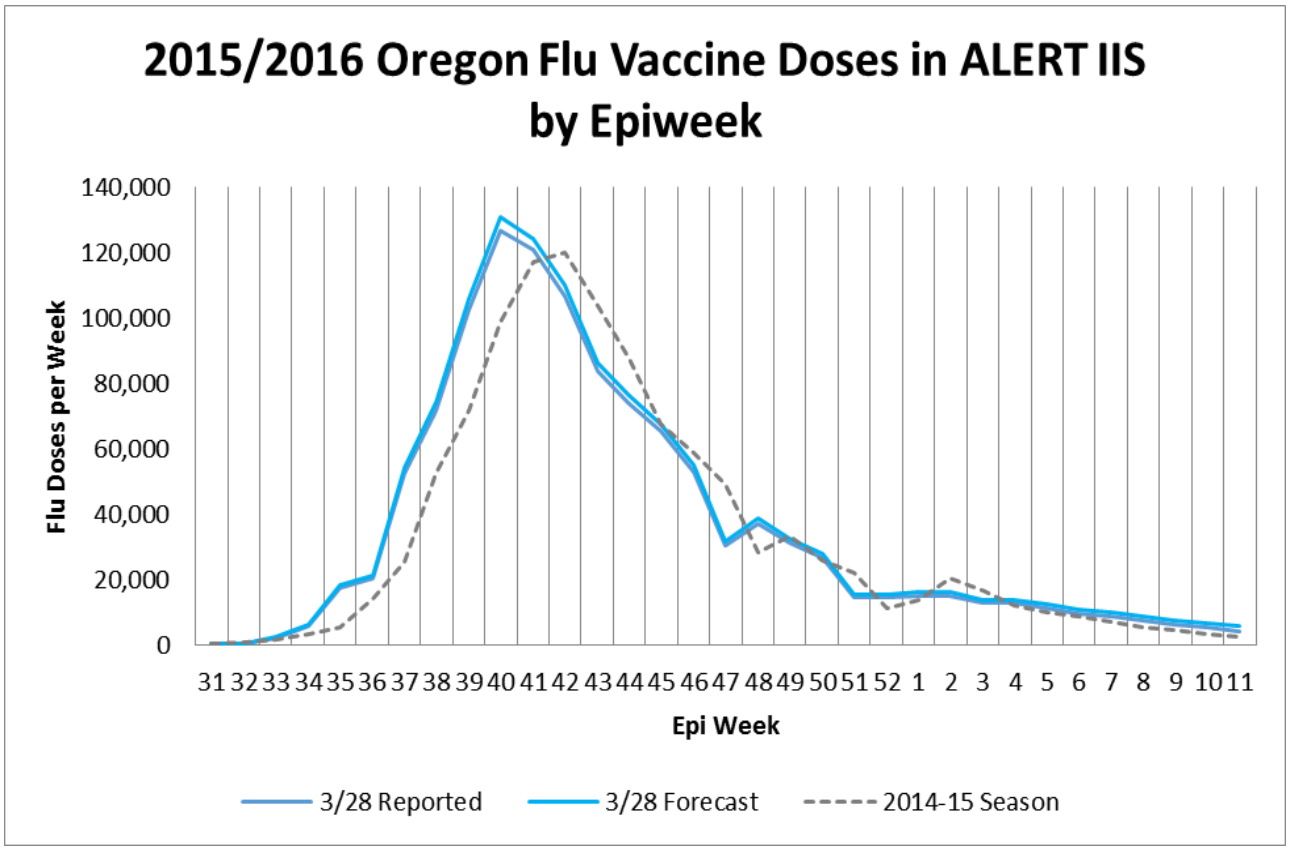


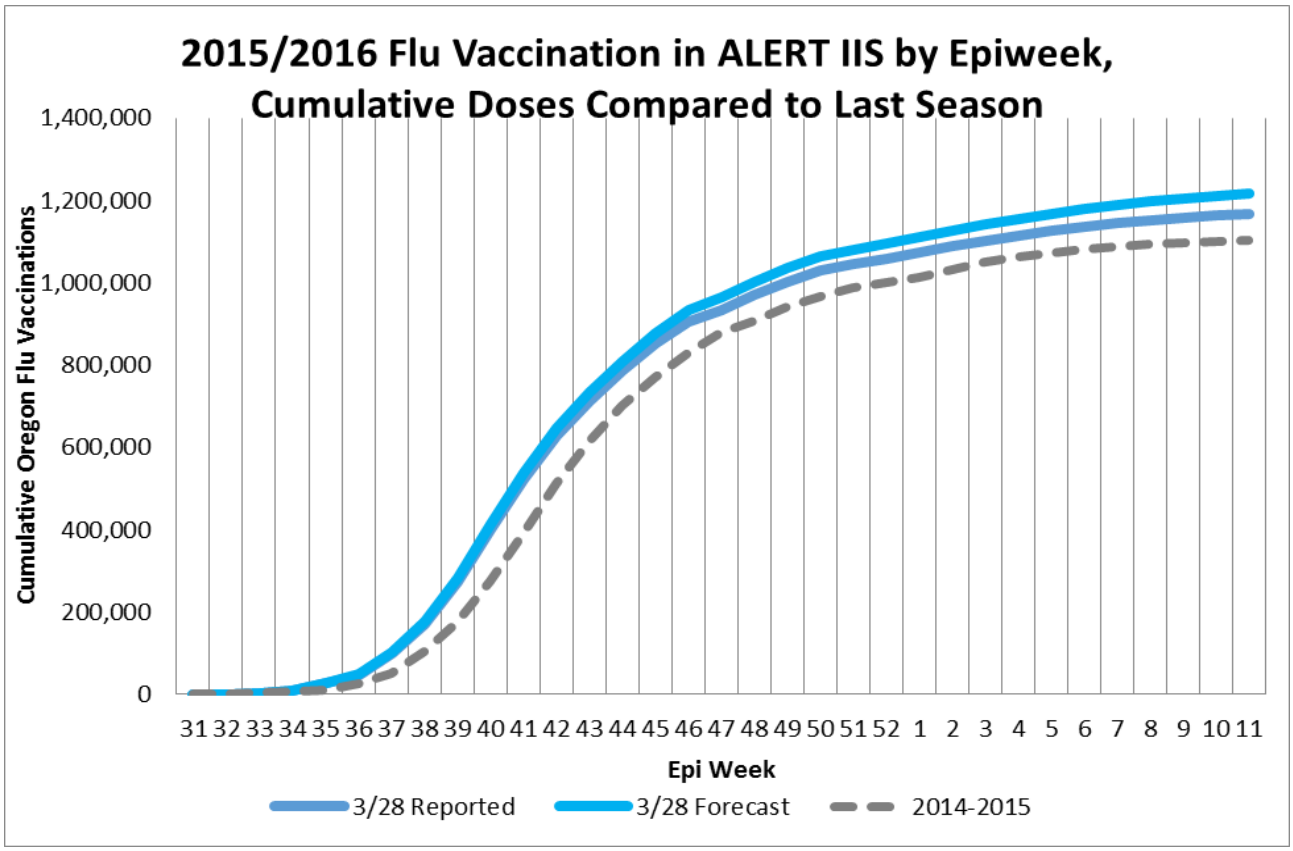
Note: ILI is defined as fever (≥100°F) and cough or sore throat.
*The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

All Flu Bites data provided are preliminary and may change as additional reports are received.

Surveillance weeks run from Sunday through Saturday
Sentinel providers report the number of patients seen with influenza-like illness as well as total patients seen each week.

Through the week ending on March 19th, 1.17 million influenza immunizations have been given to Oregonians and reported to the ALERT Immunization Information System. Influenza immunization activity at this time is tapering off, but continues at a rate above last season's activity at this time.





US Data (from CDC FluView): During week 12 (March 20-26, 2016), influenza activity decreased slightly, but remained elevated in the United States.

- **Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories during week 12 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories decreased.

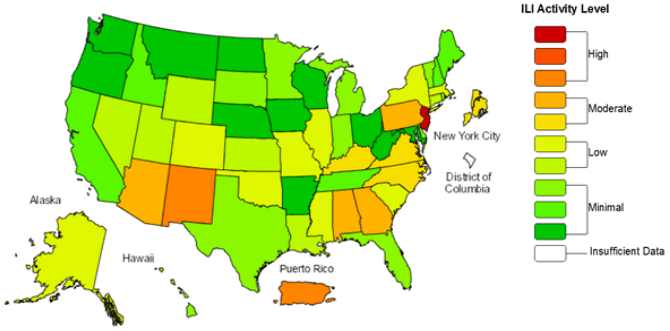
- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold in the NCHS Mortality Surveillance System and above the system-specific epidemic threshold in the 122 Cities Mortality Reporting System.

- **Influenza-associated Pediatric Deaths:** Three influenza-associated pediatric deaths were reported.

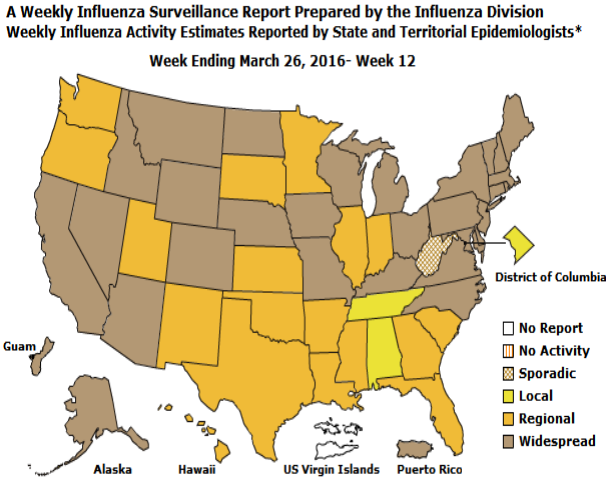
- **Influenza-associated Hospitalizations:** A cumulative rate for the season of 21.4 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported.

- **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 2.9%, which is above the national baseline of 2.1%. Nine of 10 regions reported ILI at or above region-specific baseline levels. Puerto Rico and two states experienced high ILI activity; New York City and seven states experienced moderate ILI activity; 15 states experienced low ILI activity; 26 states experienced minimal ILI activity; and the District of Columbia had insufficient data.

- **Geographic Spread of Influenza:** The geographic spread of influenza in Guam, Puerto Rico and 29 states was reported as widespread; 18 states reported regional activity; the District of Columbia and two states reported local activity; one state reported sporadic activity; and the U.S. Virgin Islands did not report.



Map above left: This map uses the proportion of outpatient visits to ILINet sentinel providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.



Map above right: This map measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

Additional resources:

- CDC Weekly Surveillance Report: http://www.cdc.gov/flu/weekly

FluBites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

Oregon Health Authority

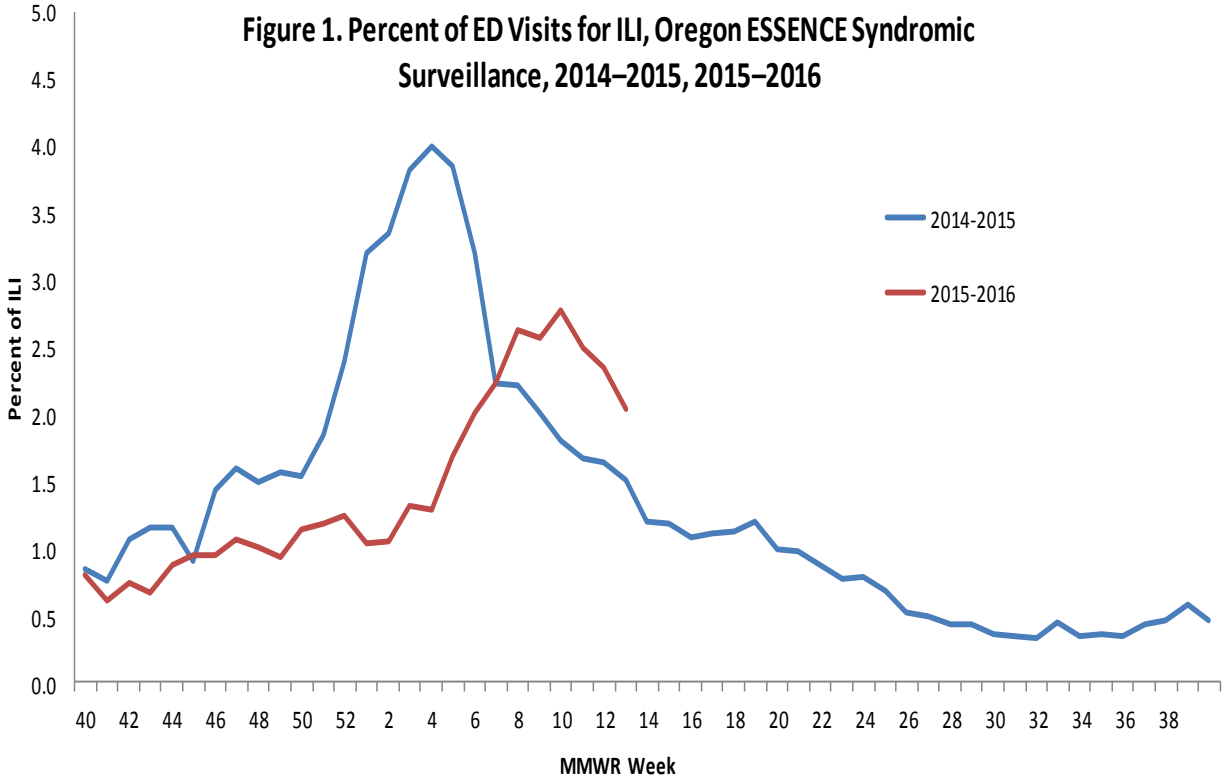
Oregon Public Health Division

Published April 8, 2016

Data at a Glance March 27–April 2, 2016 (Week 13)		
	Current Week (13)	**Previous Week (12)**
Percentage of emergency department visits for ILI[1]	**2.0%**	**2.3%**
Percentage positive influenza tests[2]	**19.9%**	**20.9%**
Influenza-associated hospitalizations[3]	**32**	**39**
Reported ILI/influenza outbreaks	**4**	**1**
Influenza-associated pediatric mortality	**0**	**0**
Percentage of outpatient visits for ILI	**0.8%**	**1.1%**
Respiratory Syncytial Virus (RSV) activity[4]	**12%**	**14%**

[1]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.
[2]Percent positivity based on data from Oregon reporters to the National Respiratory and Enteric Virus Surveillance System (NREVSS)
[3]Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.
[4]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.

Figure 1. Percent of ED Visits for ILI, Oregon ESSENCE Syndromic Surveillance, 2014–2015, 2015–2016



Oregon ESSENCE Syndromic Surveillance: Oregon Public Health tracks hospital emergency department (ED) visits throughout the state using the Oregon ESSENCE syndromic surveillance system. ESSENCE categorizes chief complaints into syndrome categories, which include ILI. Figure 1, above, Displays percentages for all of Oregon during this flu season. The percent of ED visits for ILI in all of Oregon was 2.0% during week 13, 2016.

Laboratory Surveillance:

The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based system that monitors influenza and other respiratory viruses circulating the United States. More information is at CDC's website.

Table 1 shows the current week and cumulative totals (since October 1, 2015) for influenza in specimens tested at the Oregon laboratories reporting to NREVSS. Figure 2 shows that 19.9% of specimens tested at Oregon labs were positive for influenza during week 13, and the bar chart displays the number of influenza-positive tests by flu type.

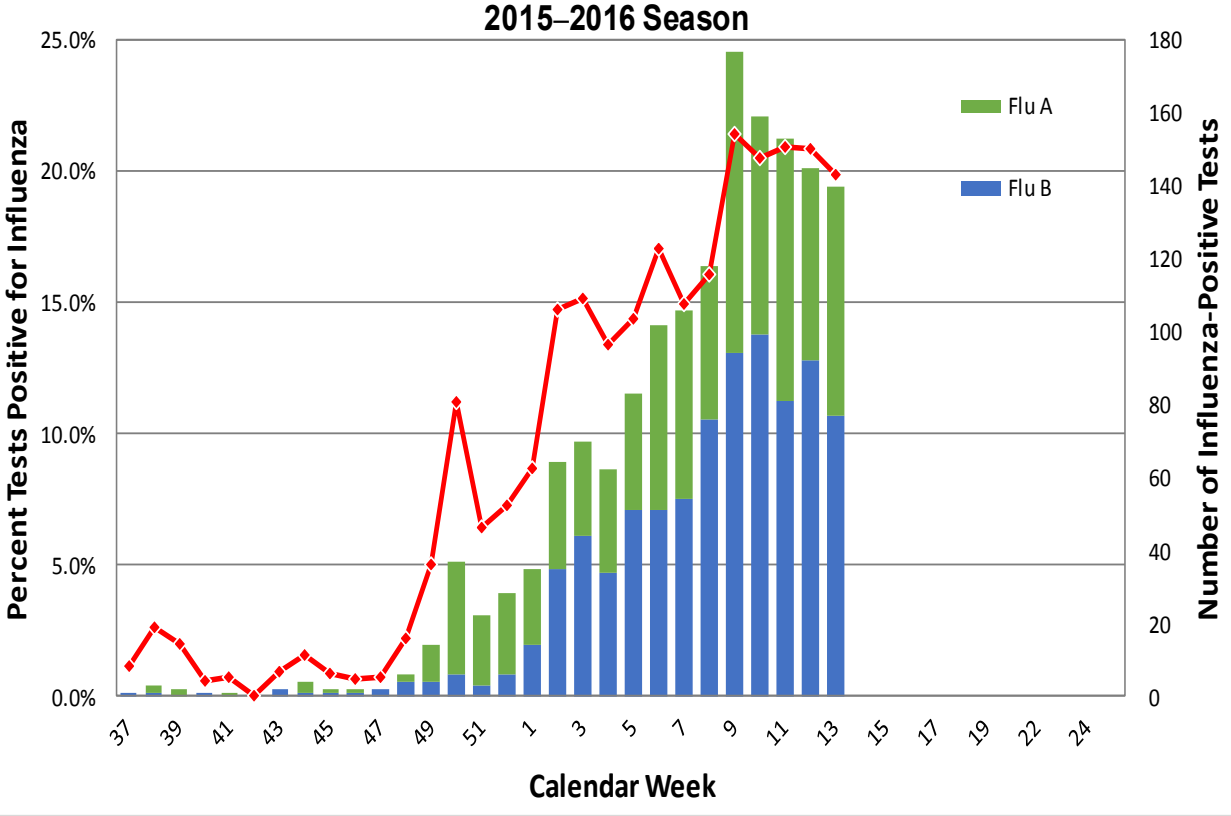
Participation by laboratories is voluntary. Current labs participating in NREVSS in Oregon include:

- Legacy Emanuel Hospital and Health Center, Portland, OR
- Mercy Medical Center, Roseburg, OR
- Oregon Medical Laboratories, Eugene, OR
- Oregon State Public Health Laboratories, Portland, OR
- Salem Hospital, Salem, OR
- Santiam Memorial Hospital, Stayton, OR

Table 1. Influenza Test Results in Oregon, NREVSS, 2015–2016.

	Current Week	Cumulative
No. of specimens tested	**704**	**11,864**
No. of positive specimens (%)	**140 (19.9%)**	**1,541 (13.0%)**
Positive specimens by type		
Influenza A	**63 (45%)**	**706 (46%)**
Influenza B	**77 (55%)**	**835 (54%)**

Figure 2. Oregon Influenza Surveillance
Percent Positive Influenza Tests by Week, NREVSS
2015–2016 Season



Hospitalizations:
In Clackamas, Multnomah, and Washington counties, 343 total reported influenza-associated hospitalizations occurred up through MMWR week 13, with 32 cases reported during week 13. Of reported cases, 43% were among people aged ≥65 years and 52% of illnesses were caused by influenza B.

Figure 3. Portland Metro Area Influenza-Associated Hospitalizations by Week and Influenza Type, 2015-2016

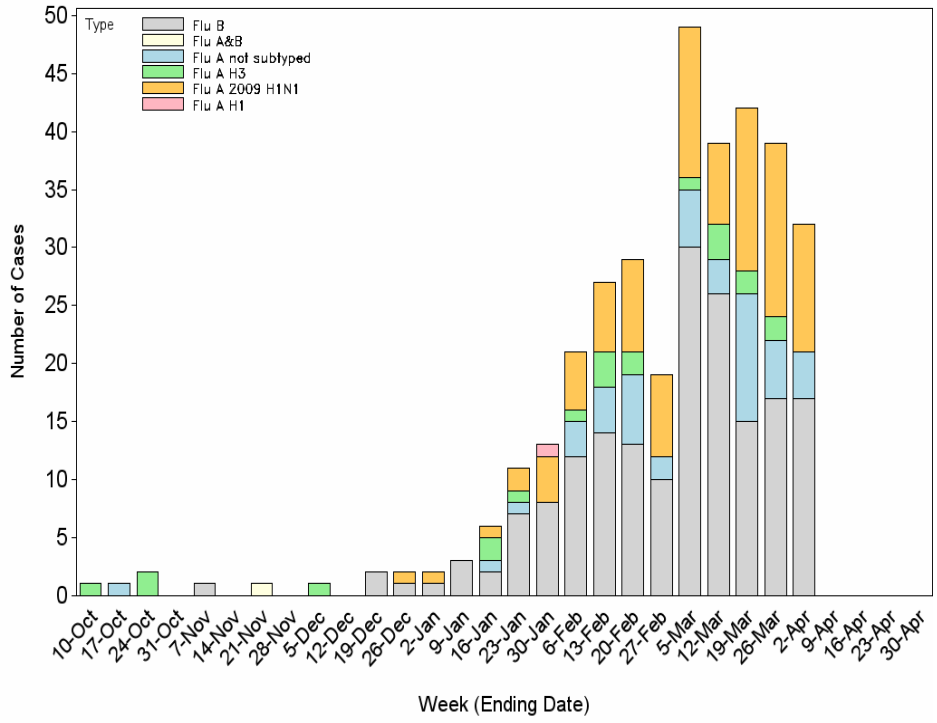


Table 2. Portland Metro-area Hospitalized Influenza Cases by Age Group, 2015–2016.

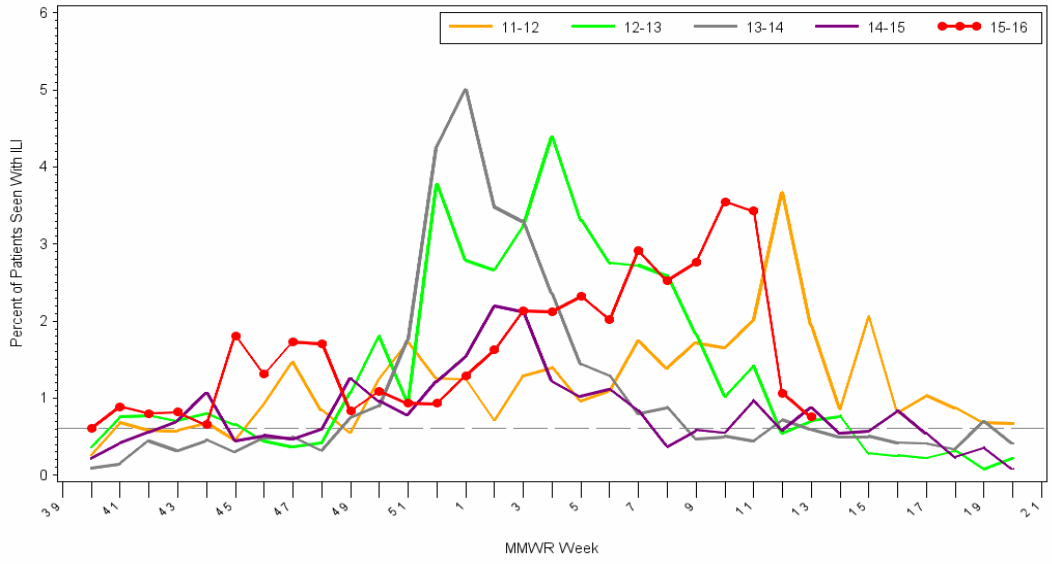
Age Group (years)	n (%)
<5	10 (3%)
5-17	16 (5%)
18-49	77 (22%)
50-64	93 (27%)
65+	147 (43%)
Total	343

ILINet: Oregon's Outpatient Influenza-like Illness Surveillance Network: Oregon's outpatient influenza-like illness (ILI) network comprises 24 voluntary healthcare providers from across Oregon who report the number of patients with influenza-like illness as well as total number of patient visits for each week during the surveillance season. The percent of outpatients seen with ILI for week 13 of 2016 was 0.8% which is above Oregon's seasonal threshold of 0.6%.*

Oregon Health Authority, Acute and Communicable Disease Prevention 08APR16

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet)

Percent of Outpatients with Influenza-like Illness (ILI)
2011-2012, 2012-2013, 2013-2014, 2014-2015, 2015-2016

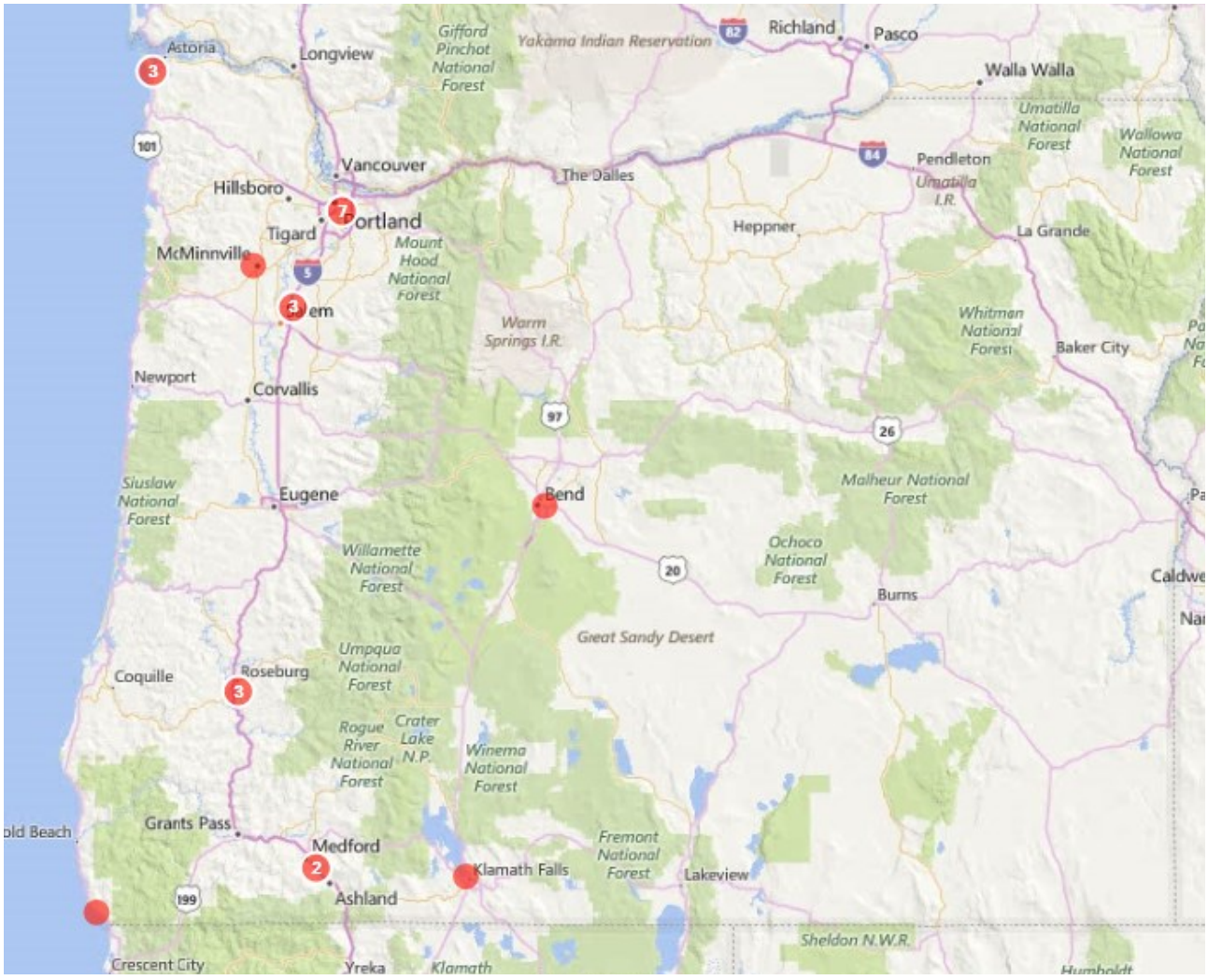


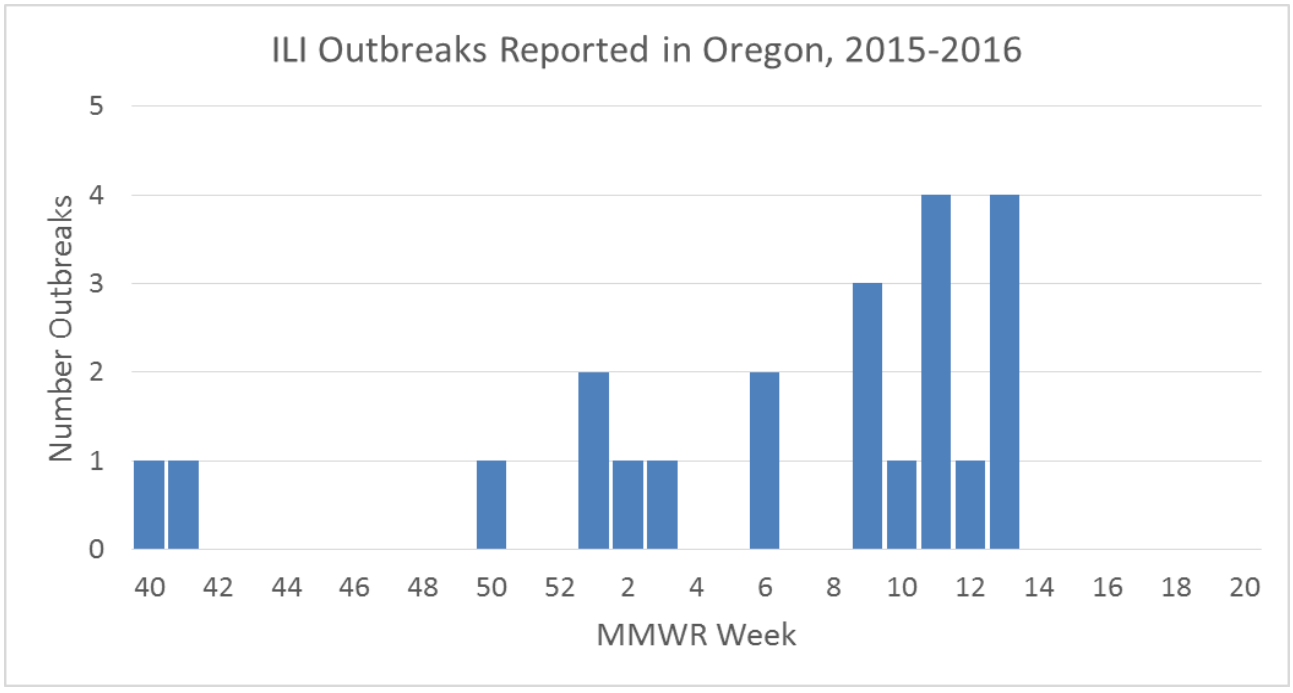
Note: ILI is defined as fever (≥100°F) and cough or sore throat.
*The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

All Flu Bites data provided are preliminary and may change as additional reports are received.

Surveillance weeks run from Sunday through Saturday
Sentinel providers report the number of patients seen with influenza-like illness as well as total patients seen each week.

Influenza Outbreaks: In Oregon, 22 influenza/ILI outbreaks have occurred since October 1, 2015, with 4 reported during week 13. The red dots on the map show where flu outbreaks have occurred throughout the state this season. The numbers inside the dots will indicate that multiple outbreaks have occurred in that area. The chart below shows the week during which ILI outbreaks occurred.





US Data (from CDC FluView): During week 13 (March 27-Aprl 2, 2016), influenza activity decreased slightly, but remained elevated in the United States.

- **Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories during week 13 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories decreased.

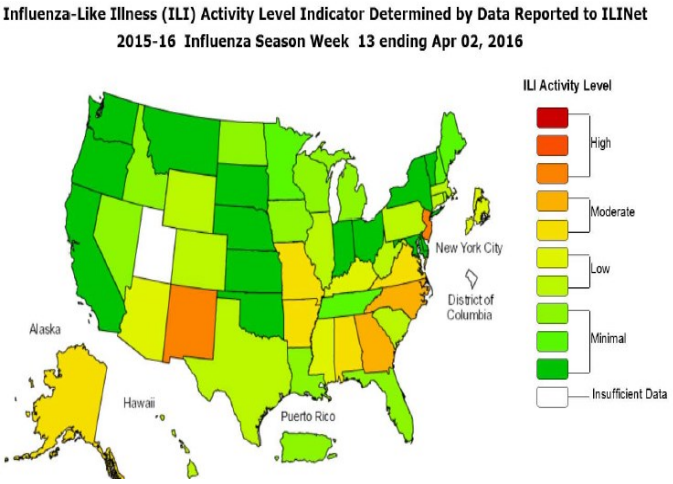
- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold in the NCHS Mortality Surveillance System and above the system-specific epidemic threshold in the 122 Cities Mortality Reporting System.

- **Influenza-associated Pediatric Deaths:** Seven influenza-associated pediatric deaths were reported.

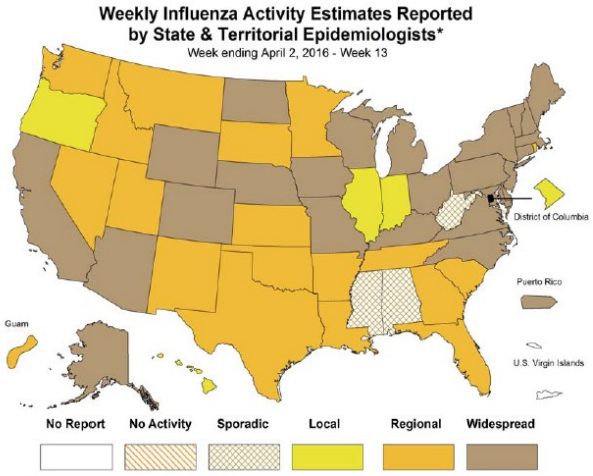
- **Influenza-associated Hospitalizations:** A cumulative rate for the season of 24.4 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported.

- **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 2.4%, which is above the national baseline of 2.1%. Eight of 10 regions reported ILI at or above region-specific baseline levels. Two states experienced high ILI activity; seven states experienced moderate ILI activity; New York City and 13 states experienced low ILI activity; Puerto Rico and 27 states experienced minimal ILI activity; and the District of Columbia and one state had insufficient data.

- **Geographic Spread of Influenza:** The geographic spread of influenza in Puerto Rico and 25 states was reported as widespread; Guam and 18 states reported regional activity; the District of Columbia and four states reported local activity; three states reported sporadic activity; and the U.S. Virgin Islands did not report.



Map above left: This map uses the proportion of outpatient visits to ILINet sentinel providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.



Map above right: This map measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

Additional resources:

- CDC Weekly Surveillance Report: http://www.cdc.gov/flu/weekly

FluBites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

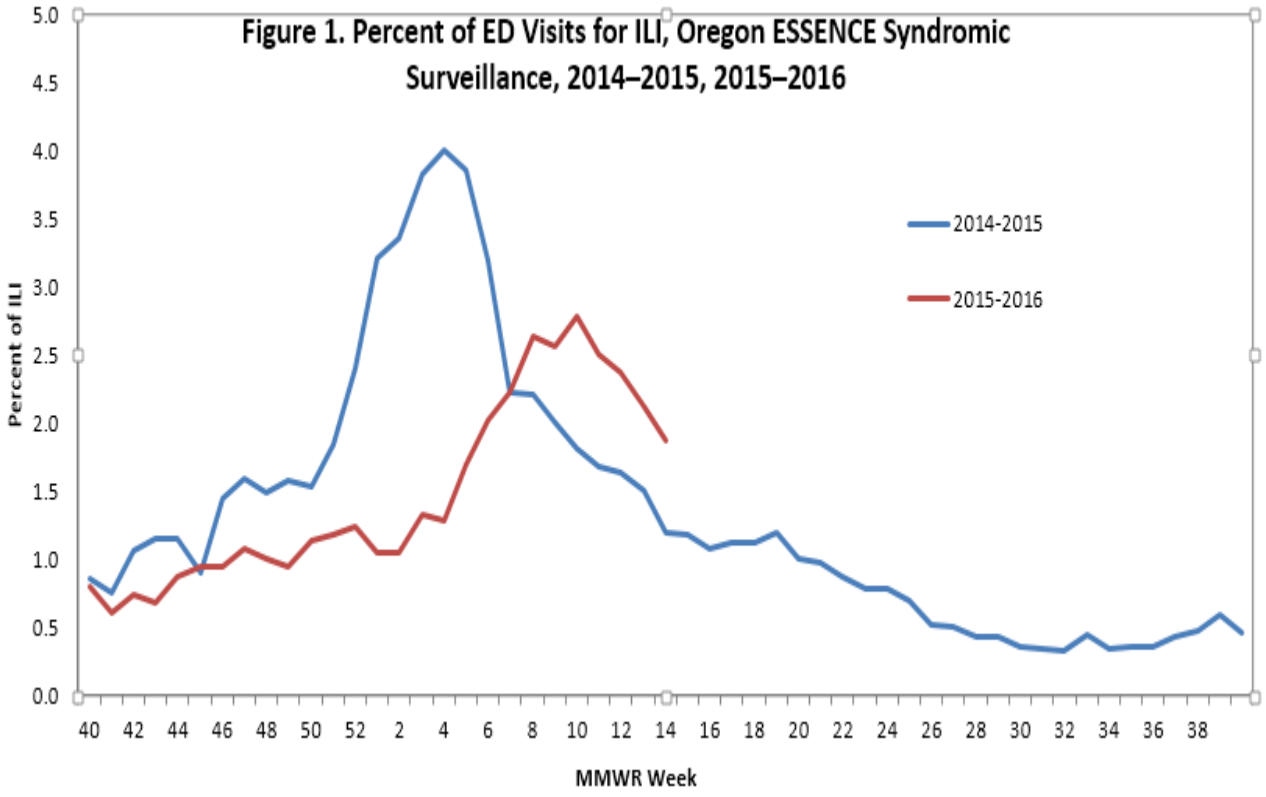
Oregon Health Authority

Oregon Public Health Division

Published April 15, 2016

Data at a Glance April 3–April 9, 2016 (Week 14)		
	Current Week (14)	**Previous Week (13)**
Percentage of emergency department visits for ILI[1]	**1.9%**	**2.1%**
Percentage positive influenza tests[2]	**21.9%**	**19.9%**
Influenza-associated hospitalizations[3]	**19**	**32**
Reported ILI/influenza outbreaks	**2**	**4**
Influenza-associated pediatric mortality	**0**	**0**
Percentage of outpatient visits for ILI	**2.6%**	**2.1%**
Respiratory Syncytial Virus (RSV) activity[4]	**8%**	**12%**

[1]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.
[2]Percent positivity based on data from Oregon reporters to the National Respiratory and Enteric Virus Surveillance System (NREVSS)
[3]Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.
[4]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.



Oregon ESSENCE Syndromic Surveillance: Oregon Public Health tracks hospital emergency department (ED) visits throughout the state using the Oregon ESSENCE syndromic surveillance system. ESSENCE categorizes chief complaints into syndrome categories, which include ILI. Figure 1, above, Displays percentages for all of Oregon during this flu season. The percent of ED visits for ILI in all of Oregon was 1.9% during week 14, 2016.

Laboratory Surveillance:

The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based system that monitors influenza and other respiratory viruses circulating the United States. More information is at CDC's website.

Table 1 shows the current week and cumulative totals (since October 1, 2015) for influenza in specimens tested at the Oregon laboratories reporting to NREVSS. Figure 2 shows that 21.9% of specimens tested at Oregon labs were positive for influenza during week 14, and the bar chart displays the number of influenza-positive tests by flu type.

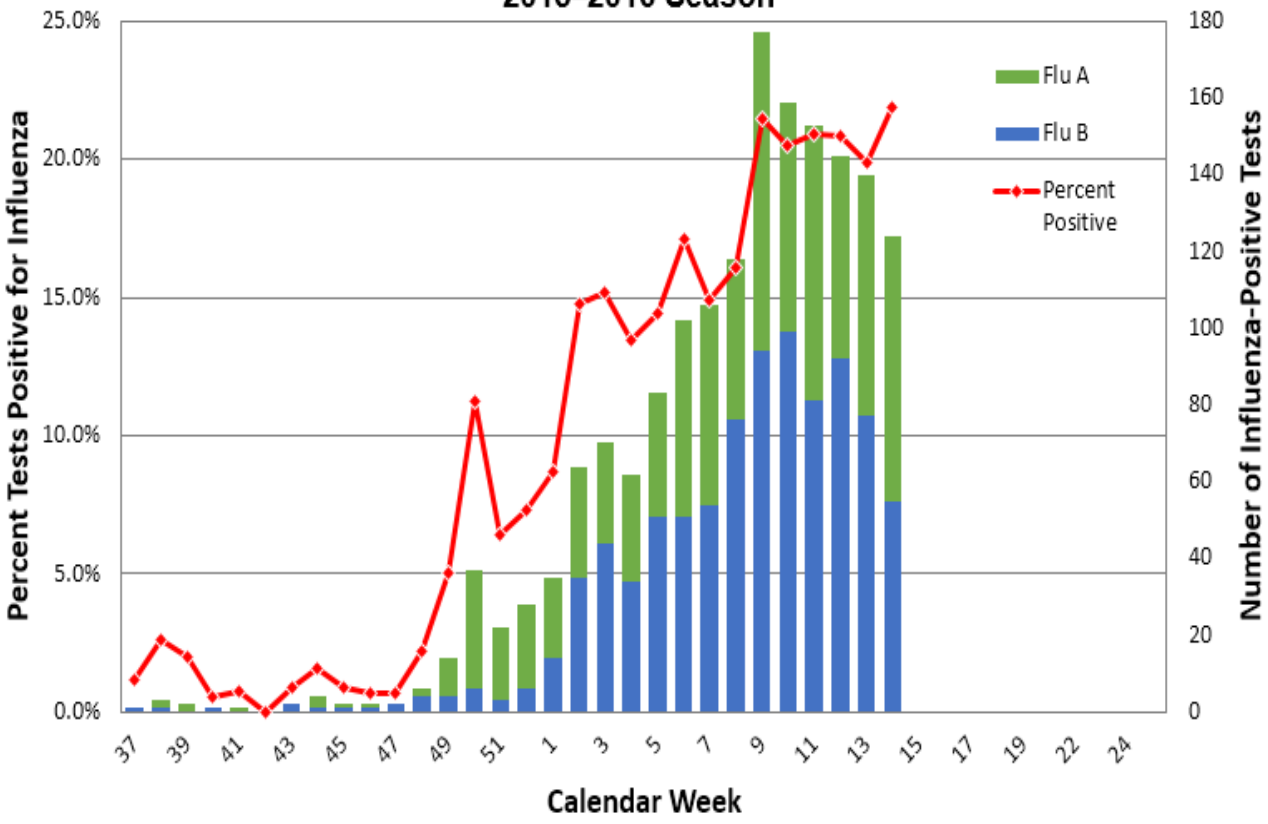
Participation by laboratories is voluntary. Current labs participating in NREVSS in Oregon include:

- Legacy Emanuel Hospital and Health Center, Portland, OR
- Mercy Medical Center, Roseburg, OR
- Oregon Medical Laboratories, Eugene, OR
- Oregon State Public Health Laboratories, Portland, OR
- Salem Hospital, Salem, OR
- Santiam Memorial Hospital, Stayton, OR

Table 1. Influenza Test Results in Oregon, NREVSS, 2015–2016.

	Current Week	Cumulative
No. of specimens tested	**567**	**12,431**
No. of positive specimens (%)	**124 (21.9%)**	**1,665 (13.4%)**
Positive specimens by type		
Influenza A	**69 (56%)**	**775 (47%)**
Influenza B	**55 (44%)**	**890 (53%)**

Figure 2. Oregon Influenza Surveillance
Percent Positive Influenza Tests by Week, NREVSS
2015–2016 Season



Hospitalizations:
In Clackamas, Multnomah, and Washington counties, 362 total reported influenza-associated hospitalizations occurred up through MMWR week 14, with 19 cases reported during week 14. Of reported cases, 42% were among people aged ≥65 years and 51% of illnesses were caused by influenza B.

Figure 3. Portland Metro Area Influenza-Associated Hospitalizations by Week and Influenza Type, 2015-2016

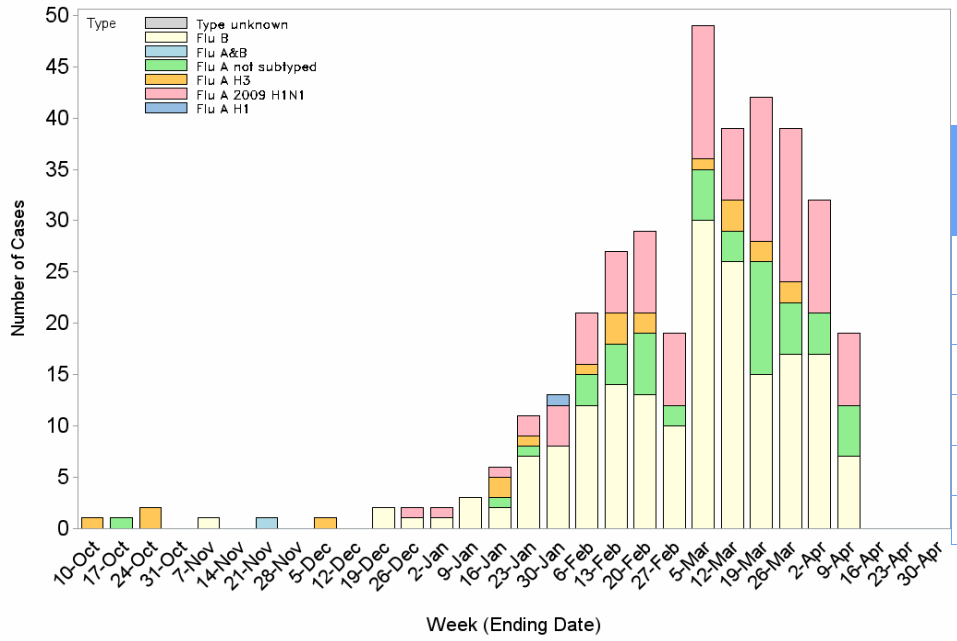
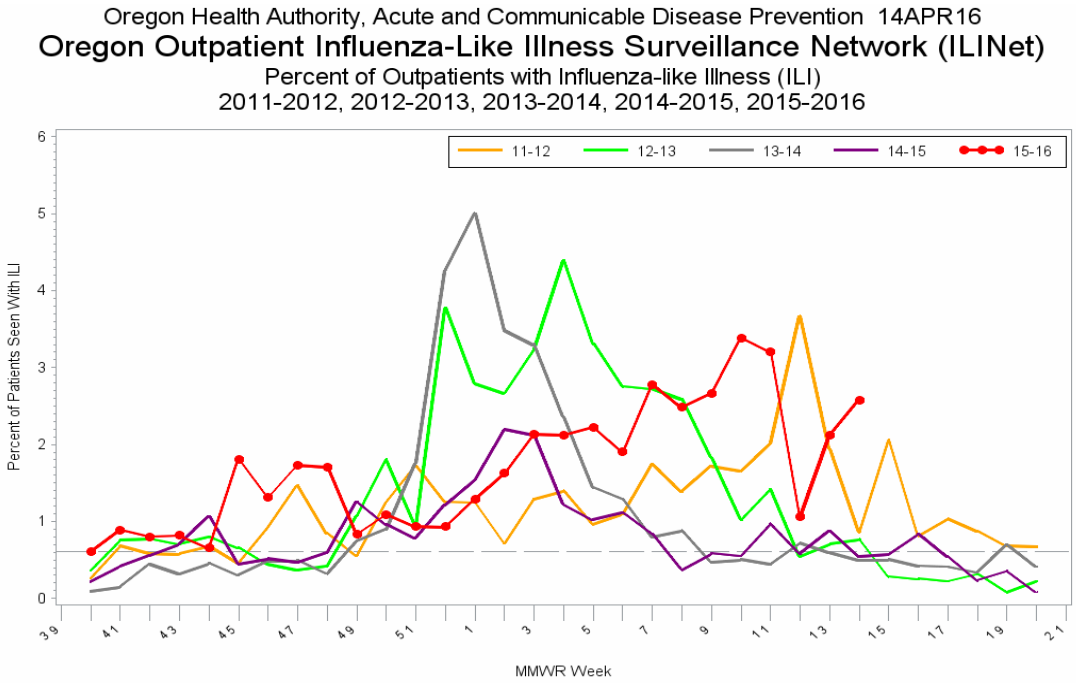


Table 2. Portland Metro-area Hospitalized Influenza Cases by Age Group, 2015–2016.

Age Group (years)	n (%)
<5	10 (3%)
5-17	16 (5%)
18-49	82 (23%)
50-64	102 (28%)
65+	151 (42%)
Total	362

ILINet: Oregon's Outpatient Influenza-like Illness Surveillance Network: Oregon's outpatient influenza-like illness (ILI) network comprises 24 voluntary healthcare providers from across Oregon who report the number of patients with influenza-like illness as well as total number of patient visits for each week during the surveillance season. The percent of outpatients seen with ILI for week 14 of 2016 was 2.6% which is above Oregon's seasonal threshold of 0.6%.*

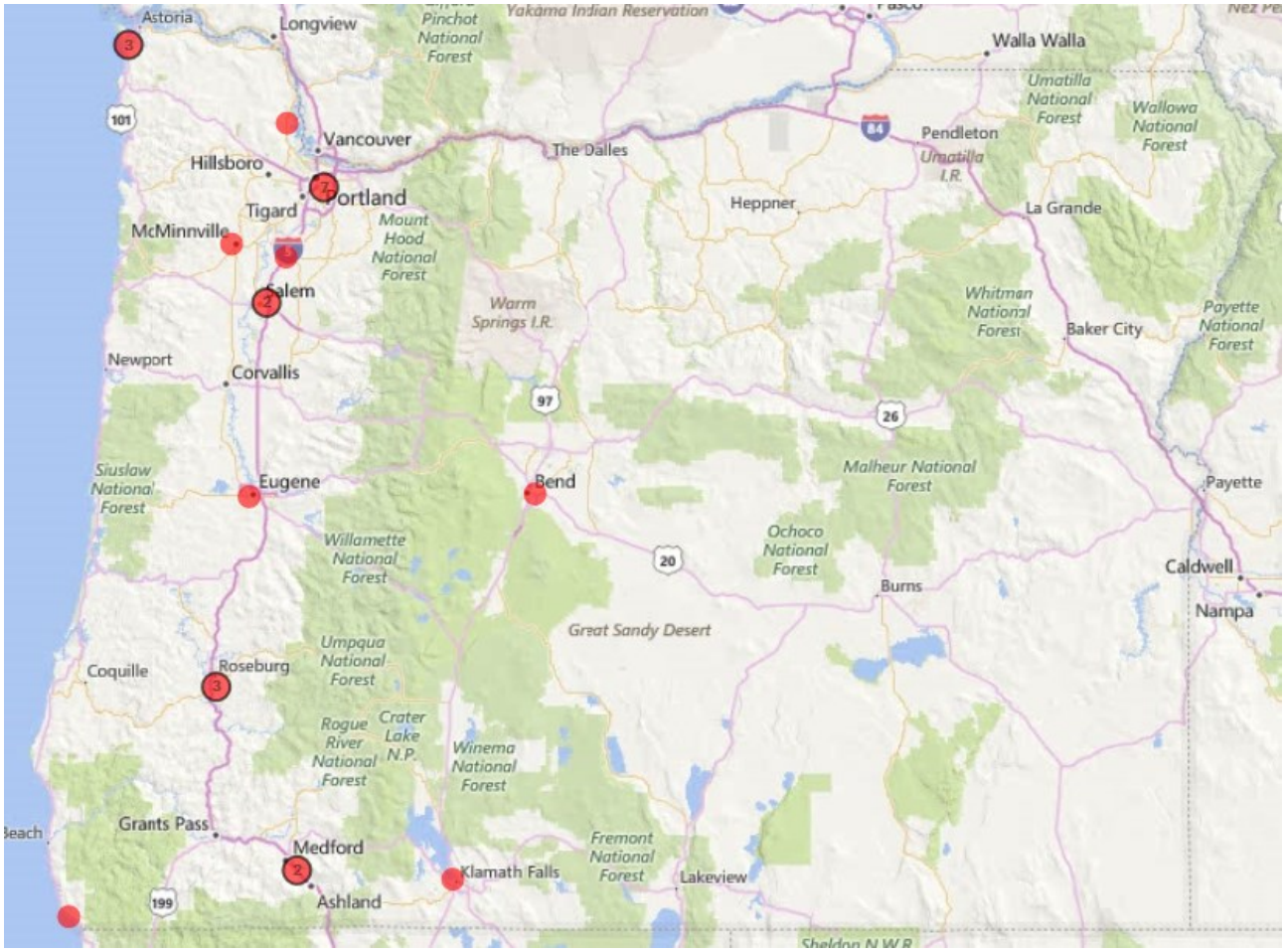


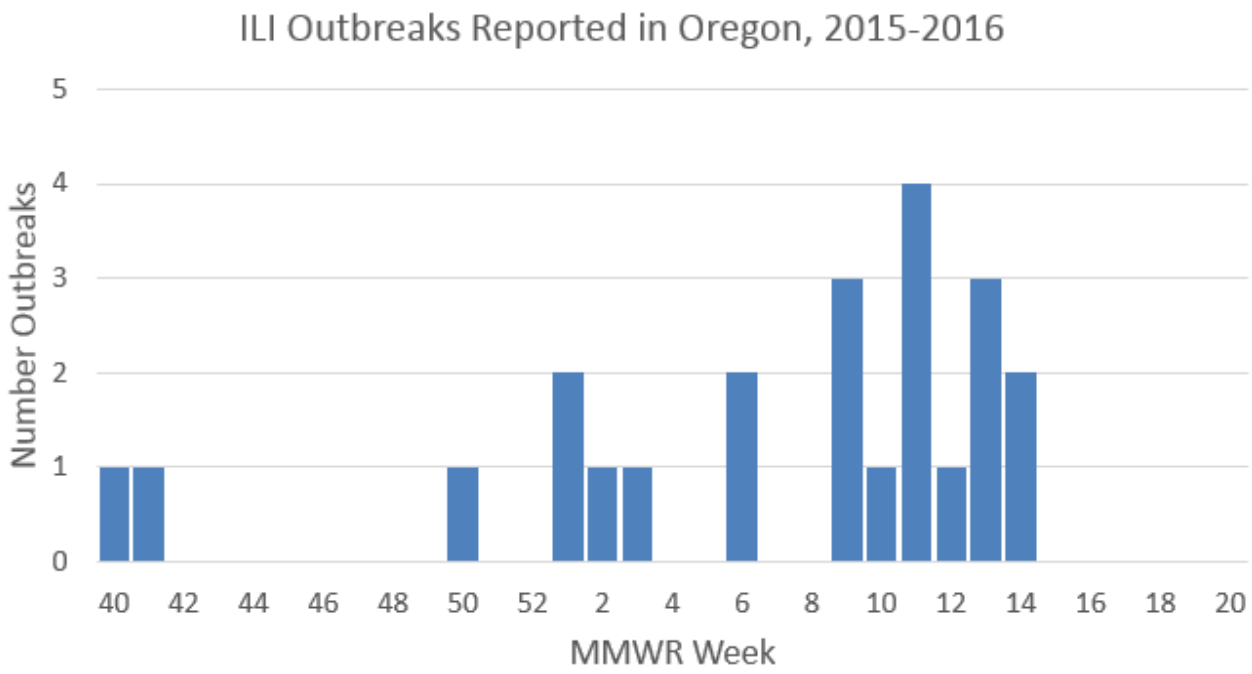
Note: ILI is defined as fever (≥100°F) and cough or sore throat.
*The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

All Flu Bites data provided are preliminary and may change as additional reports are received.

Surveillance weeks run from Sunday through Saturday
Sentinel providers report the number of patients seen with influenza-like illness as well as total patients seen each week.

Influenza Outbreaks: In Oregon, 22 influenza/ILI outbreaks have occurred since October 1, 2015, with 4 reported during week 13. The red dots on the map show where flu outbreaks have occurred throughout the state this season. The numbers inside the dots will indicate that multiple outbreaks have occurred in that area. The chart below shows the week during which ILI outbreaks occurred.





US Data (from CDC FluView): During week 14 (April 3-9, 2016), influenza activity decreased, but remained elevated in the United States.

- **Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories during week 14 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories decreased.

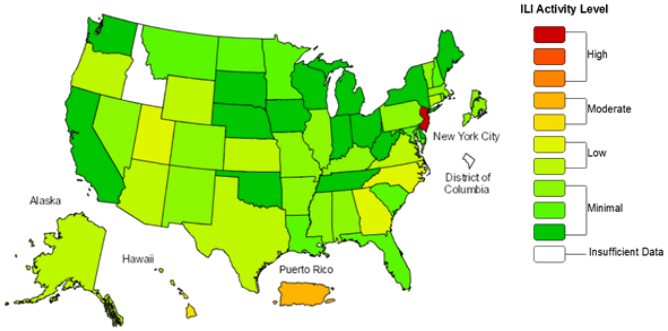
- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold in the NCHS Mortality Surveillance System and above the system-specific epidemic threshold in the 122 Cities Mortality Reporting System.

- **Influenza-associated Pediatric Deaths:** Ten influenza-associated pediatric deaths were reported.

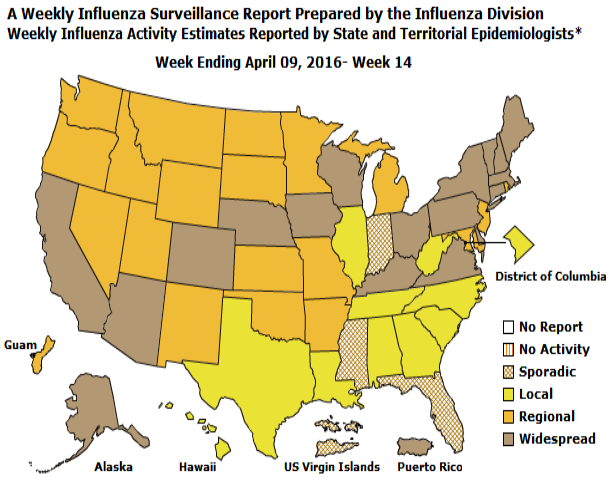
- **Influenza-associated Hospitalizations:** A cumulative rate for the season of 26.6 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported.

- **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 2.1%, which is at the national baseline of 2.1%. Six of 10 regions reported ILI at or above region-specific baseline levels. One state experienced high ILI activity; Puerto Rico and one state experienced moderate ILI activity; 11 states experienced low ILI activity; New York City and 36 states experienced minimal ILI activity; and the District of Columbia and one state had insufficient data.

- **Geographic Spread of Influenza:** The geographic spread of influenza in Puerto Rico and 18 states was reported as widespread; Guam and 19 states reported regional activity; the District of Columbia and ten states reported local activity; and the U.S. Virgin Islands and three states reported sporadic activity.



Map above left: This map uses the proportion of outpatient visits to ILINet sentinel providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.



Map above right: This map measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

Additional resources:

- CDC Weekly Surveillance Report: http://www.cdc.gov/flu/weekly

FluBites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

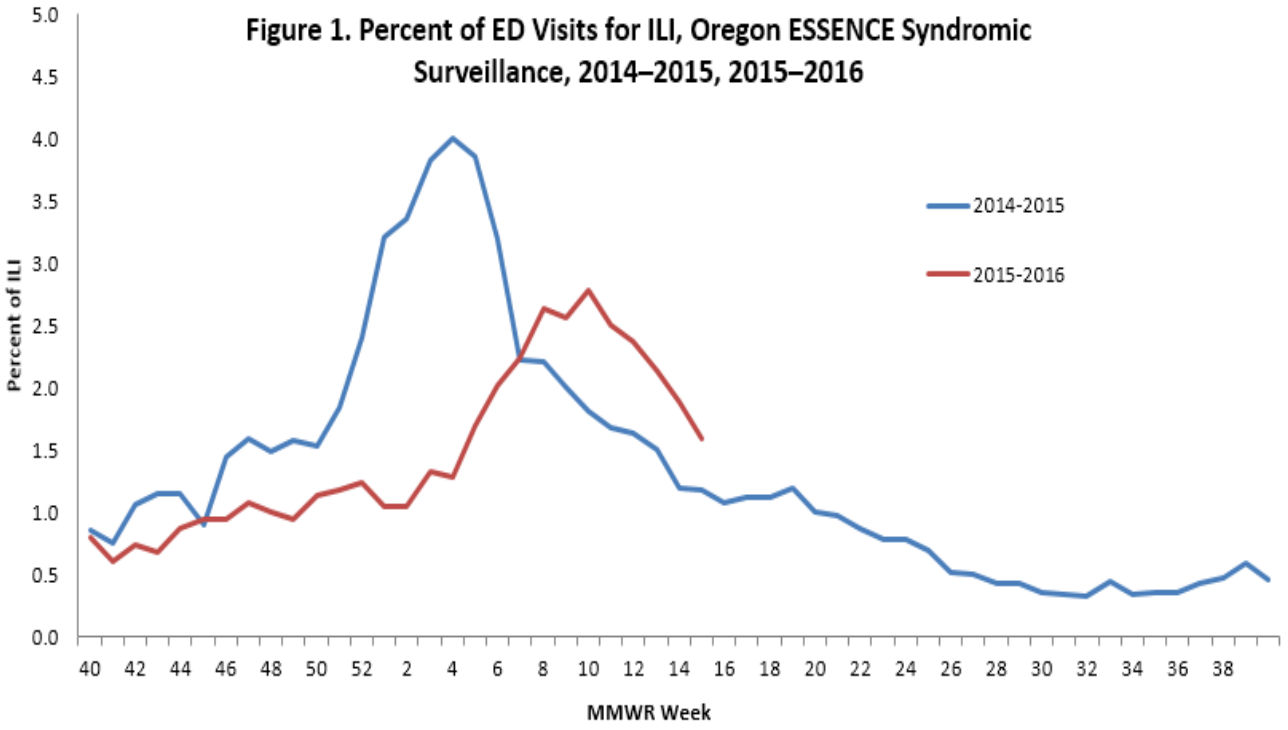
Oregon Health Authority

Oregon Public Health Division

Published April 22, 2016

Data at a Glance April 10–April 16, 2016 (Week 15)		
	Current Week (15)	**Previous Week (14)**
Percentage of emergency department visits for ILI[1]	**1.6%**	**1.9%**
Percentage positive influenza tests[2]	**14.5%**	**21.7%**
Influenza-associated hospitalizations[3]	**12**	**38**
Reported ILI/influenza outbreaks	**4**	**2**
Influenza-associated pediatric mortality	**1**	**0**
Percentage of outpatient visits for ILI	**0.5%**	**2.6%**
Respiratory Syncytial Virus (RSV) activity[4]	**11%**	**8%**

[1]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.
[2]Percent positivity based on data from Oregon reporters to the National Respiratory and Enteric Virus Surveillance System (NREVSS)
[3]Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.
[4]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.



Oregon ESSENCE Syndromic Surveillance: Oregon Public Health tracks hospital emergency department (ED) visits throughout the state using the Oregon ESSENCE syndromic surveillance system. ESSENCE categorizes chief complaints into syndrome categories, which include ILI. Figure 1, above, Displays percentages for all of Oregon during this flu season. The percent of ED visits for ILI in all of Oregon was 1.6% during week 15, 2016.

Laboratory Surveillance:

The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based system that monitors influenza and other respiratory viruses circulating the United States. More information is at CDC's website.

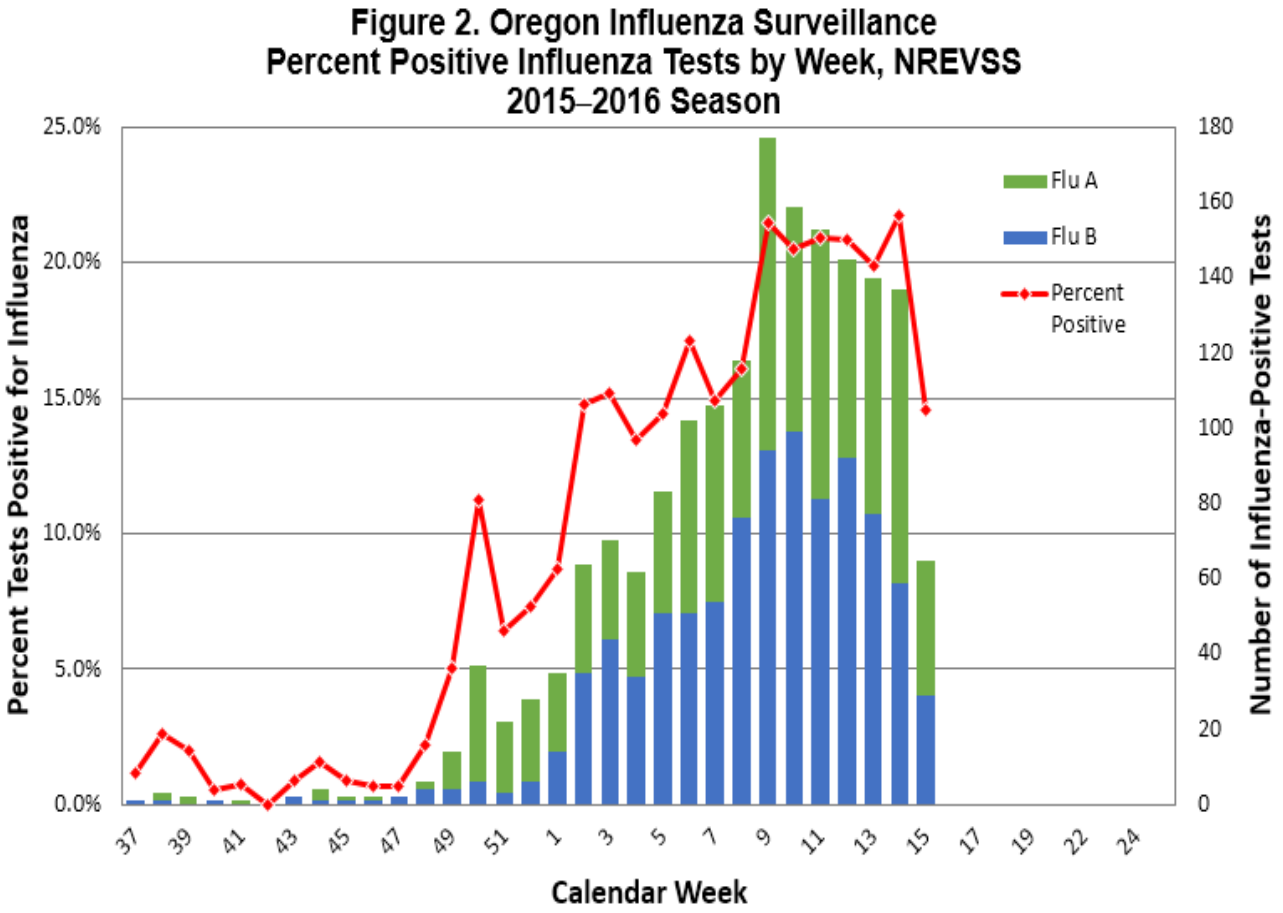
Table 1 shows the current week and cumulative totals (since October 1, 2015) for influenza in specimens tested at the Oregon laboratories reporting to NREVSS. Figure 2 shows that 14.5% of specimens tested at Oregon labs were positive for influenza during week 15, and the bar chart displays the number of influenza-positive tests by flu type.

Participation by laboratories is voluntary. Current labs participating in NREVSS in Oregon include:

- Legacy Emanuel Hospital and Health Center, Portland, OR
- Mercy Medical Center, Roseburg, OR
- Oregon Medical Laboratories, Eugene, OR
- Oregon State Public Health Laboratories, Portland, OR
- Salem Hospital, Salem, OR
- Santiam Memorial Hospital, Stayton, OR

Table 1. Influenza Test Results in Oregon, NREVSS, 2015–2016.

	Current Week	Cumulative
No. of specimens tested	**447**	**12,942**
No. of positive specimens (%)	**65 (14.5%)**	**1,743 (13.5%)**
Positive specimens by type		
Influenza A	**36 (55%)**	**820 (47%)**
Influenza B	**29 (45%)**	**923 (53%)**



Hospitalizations:
In Clackamas, Multnomah, and Washington counties, 406 total reported influenza-associated hospitalizations occurred up through MMWR week 15, with 12 cases reported during week 15. Of reported cases, 41% were among people aged ≥65 years and 51% of illnesses were caused by influenza B.

Figure 3. Portland Metro Area Influenza-Associated Hospitalizations by Week and Influenza Type, 2015-2016

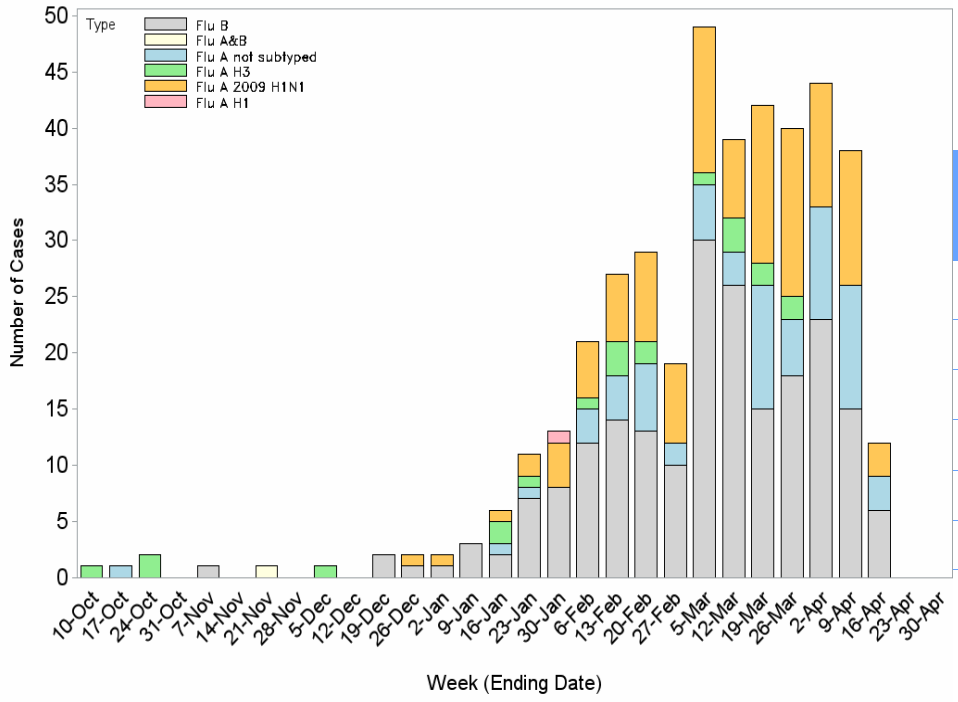
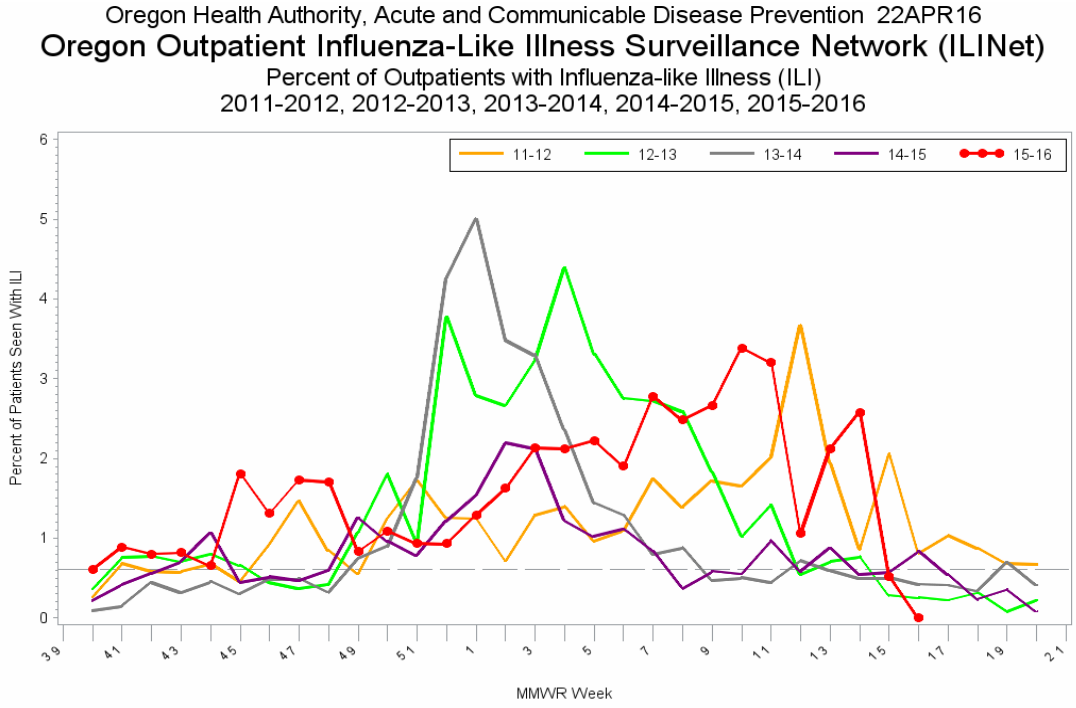


Table 2. Portland Metro-area Hospitalized Influenza Cases by Age Group, 2015–2016.

Age Group (years)	n (%)
<5	15 (4%)
5-17	20 (5%)
18-49	91 (22%)
50-64	112 (28%)
65+	168 (41%)
Total	406

ILINet: Oregon's Outpatient Influenza-like Illness Surveillance Network: Oregon's outpatient influenza-like illness (ILI) network comprises 24 voluntary healthcare providers from across Oregon who report the number of patients with influenza-like illness as well as total number of patient visits for each week during the surveillance season. The percent of outpatients seen with ILI for week 15 of 2016 was 0.5% which is just below Oregon's seasonal threshold of 0.6%.*

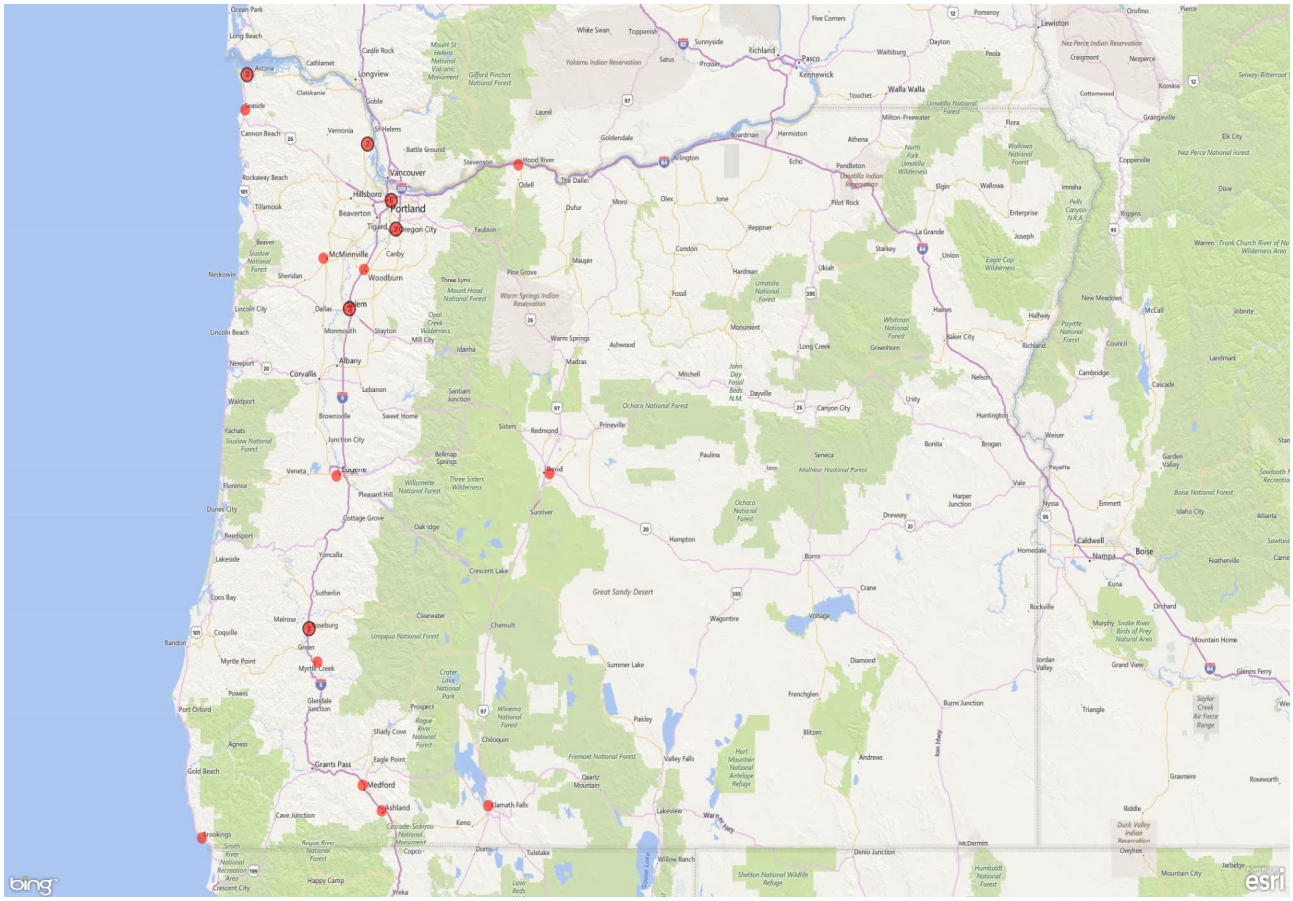


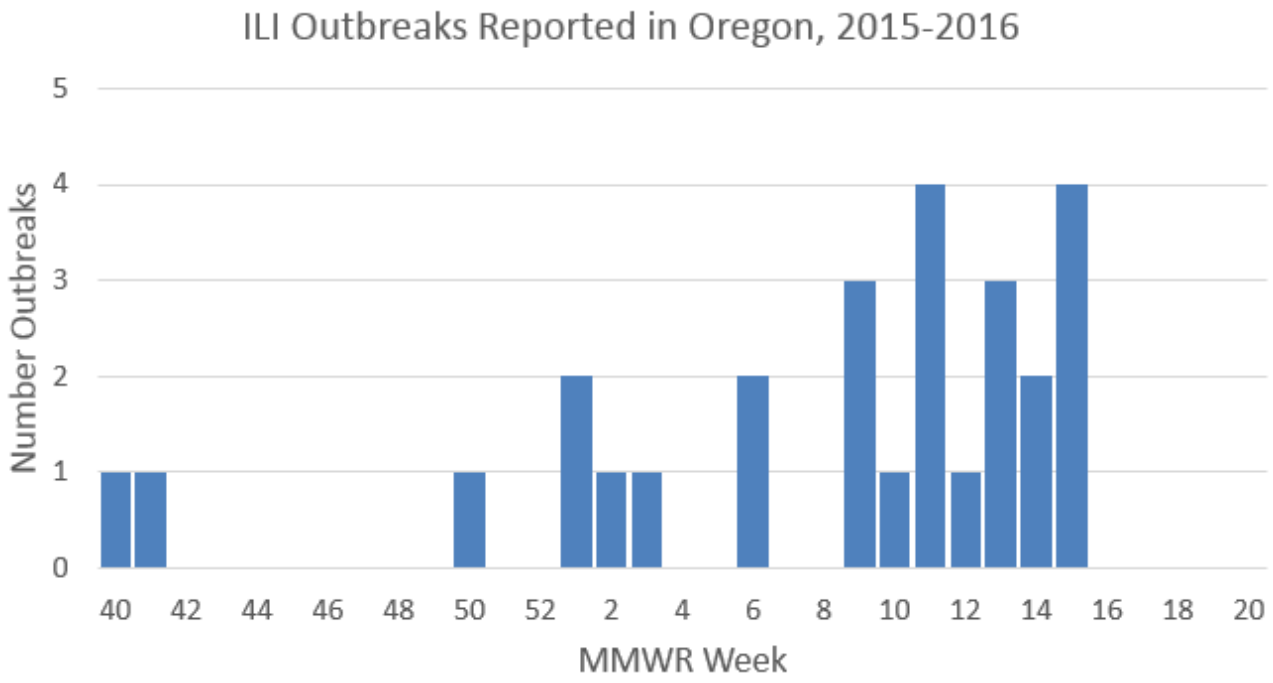
Note: ILI is defined as fever (≥100°F) and cough or sore throat.
*The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

All Flu Bites data provided are preliminary and may change as additional reports are received.

Surveillance weeks run from Sunday through Saturday
Sentinel providers report the number of patients seen with influenza-like illness as well as total patients seen each week.

Influenza Outbreaks: In Oregon, 27 influenza/ILI outbreaks have occurred since October 1, 2015, with 4 reported during week 15. The red dots on the map show where flu outbreaks have occurred throughout the state this season. The numbers inside the dots ndicate that multiple outbreaks have occurred in that area. The chart below shows the week during which ILI outbreaks occurred.





US Data (from CDC FluView): During week 15 (April 10-16, 2016), influenza activity decreased in the United States.

- **Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories during week 15 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories decreased.

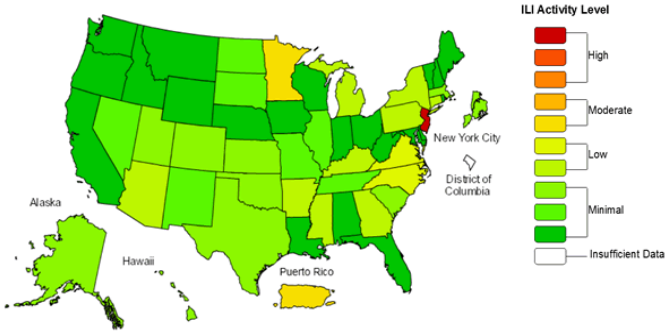
- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold in the NCHS Mortality Surveillance System and above the system-specific epidemic threshold in the 122 Cities Mortality Reporting System.

- **Influenza-associated Pediatric Deaths:** Six influenza-associated pediatric deaths were reported.

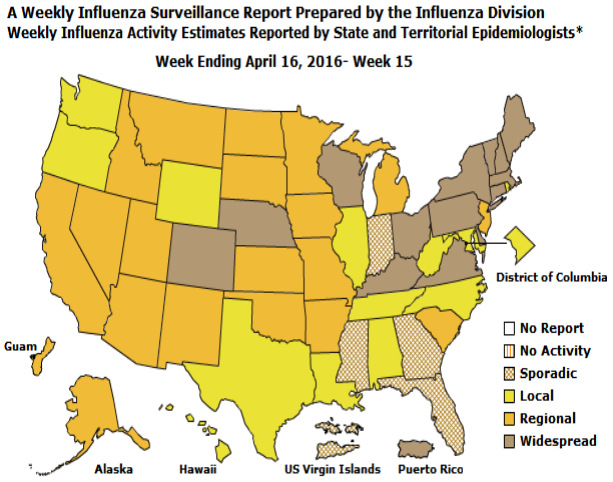
- **Influenza-associated Hospitalizations:** A cumulative rate for the season of 28.4 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported.

- **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 2.1%, which is at the national baseline of 2.1%. Five of 10 regions reported ILI at or above region-specific baseline levels. One state experienced high ILI activity; Puerto Rico and one state experienced moderate ILI activity; 11 states experienced low ILI activity; New York City and 37 states experienced minimal ILI activity; and the District of Columbia had insufficient data.

- **Geographic Spread of Influenza:** The geographic spread of influenza in Puerto Rico and 14 states was reported as widespread; Guam and 19 states reported regional activity; the District of Columbia and 13 states reported local activity; and the U.S. Virgin Islands and four states reported sporadic activity.



Map above left: This map uses the proportion of outpatient visits to ILINet sentinel providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.



Map above right: This map measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

Additional resources:

- CDC Weekly Surveillance Report: http://www.cdc.gov/flu/weekly

FluBites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

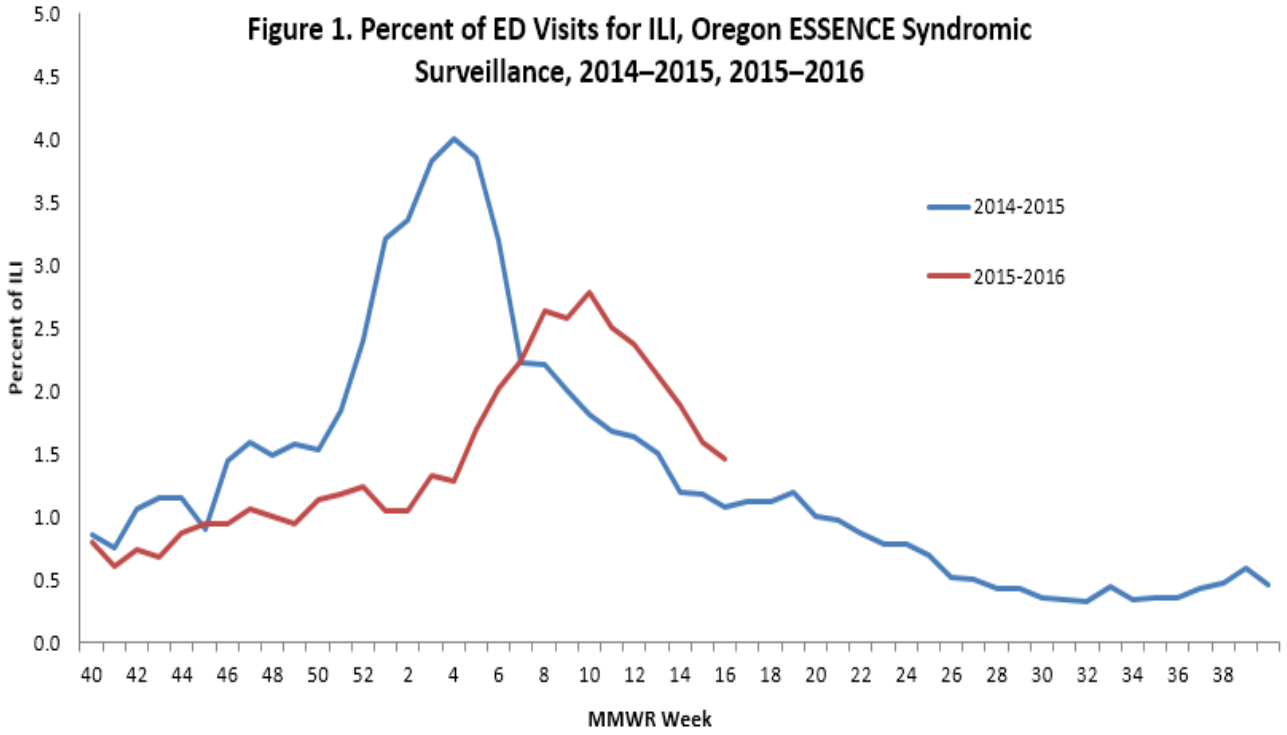
Oregon Health Authority

Oregon Public Health Division

Published April 29, 2016

Data at a Glance April 17–April 23, 2016 (Week 16)		
	Current Week (16)	**Previous Week (15)**
Percentage of emergency department visits for ILI[1]	**1.5%**	**1.6%**
Percentage positive influenza tests[2]	**11.8%**	**14.5%**
Influenza-associated hospitalizations[3]	**18**	**19**
Reported ILI/influenza outbreaks	**1**	**4**
Influenza-associated pediatric mortality	**0**	**1**
Percentage of outpatient visits for ILI	**0.9%**	**1.0%**
Respiratory Syncytial Virus (RSV) activity[4]	**7%**	**11%**

[1]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.
[2]Percent positivity based on data from Oregon reporters to the National Respiratory and Enteric Virus Surveillance System (NREVSS)
[3]Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.
[4]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.



Oregon ESSENCE Syndromic Surveillance: Oregon Public Health tracks hospital emergency department (ED) visits throughout the state using the Oregon ESSENCE syndromic surveillance system. ESSENCE categorizes chief complaints into syndrome categories, which include ILI. Figure 1, above, Displays percentages for all of Oregon during this flu season. The percent of ED visits for ILI in all of Oregon was 1.5% during week 16, 2016.

Laboratory Surveillance:

The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based system that monitors influenza and other respiratory viruses circulating the United States. More information is at CDC's website.

Table 1 shows the current week and cumulative totals (since October 1, 2015) for influenza in specimens tested at the Oregon laboratories reporting to NREVSS. Figure 2 shows that 11.8% of specimens tested at Oregon labs were positive for influenza during week 16, and the bar chart displays the number of influenza-positive tests by flu type.

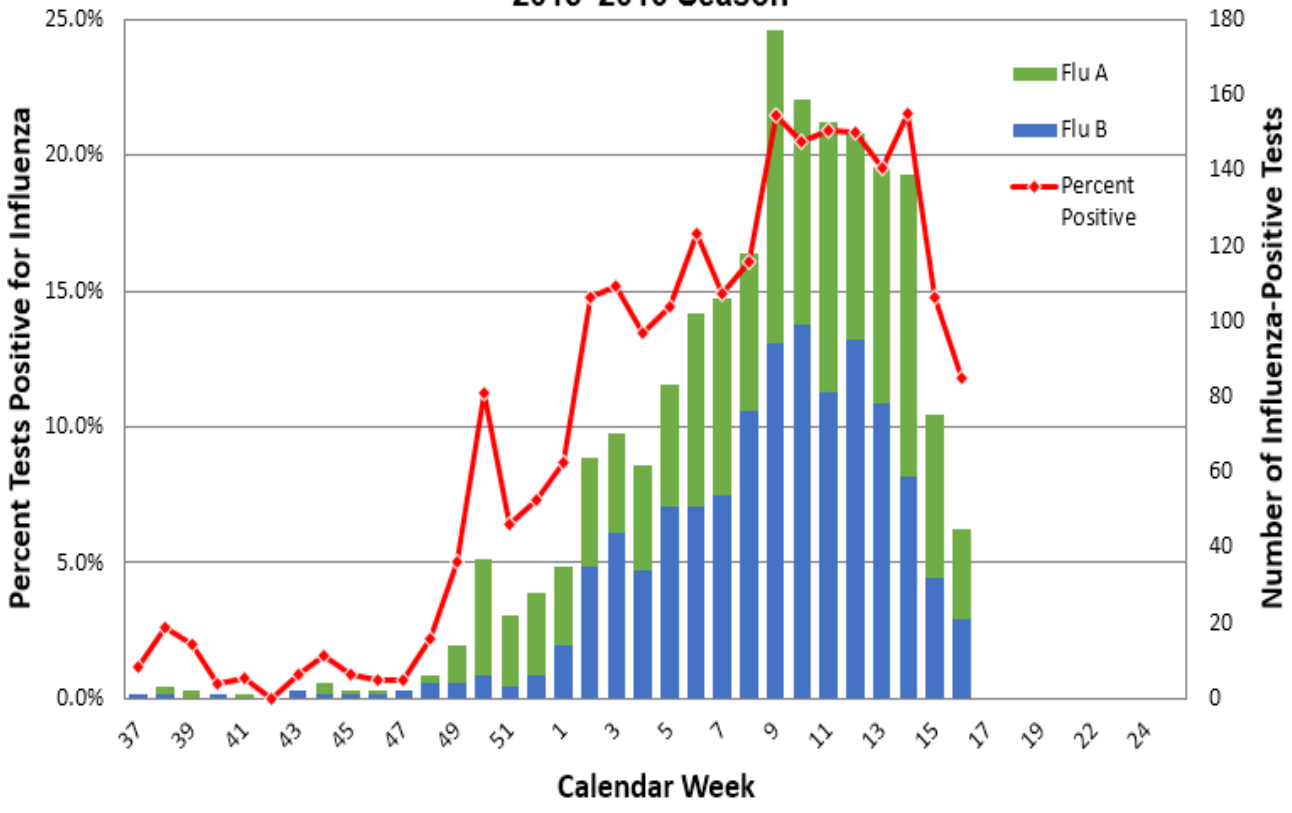
Participation by laboratories is voluntary. Current labs participating in NREVSS in Oregon include:

- Legacy Emanuel Hospital and Health Center, Portland, OR
- Mercy Medical Center, Roseburg, OR
- Oregon Medical Laboratories, Eugene, OR
- Oregon State Public Health Laboratories, Portland, OR
- Salem Hospital, Salem, OR
- Santiam Memorial Hospital, Stayton, OR

Table 1. Influenza Test Results in Oregon, NREVSS, 2015–2016.

	Current Week	Cumulative
No. of specimens tested	**381**	**13,440**
No. of positive specimens (%)	**45 (11.8%)**	**1,806 (13.4%)**
Positive specimens by type		
Influenza A	**24 (53%)**	**855 (47%)**
Influenza B	**21 (47%)**	**951 (53%)**

Figure 2. Oregon Influenza Surveillance
Percent Positive Influenza Tests by Week, NREVSS
2015–2016 Season



Hospitalizations:
In Clackamas, Multnomah, and Washington counties, 432 total reported influenza-associated hospitalizations occurred up through MMWR week 16, with 18 cases reported during week 16. Of reported cases, 42% were among people aged ≥65 years and 50% of illnesses were caused by influenza B.

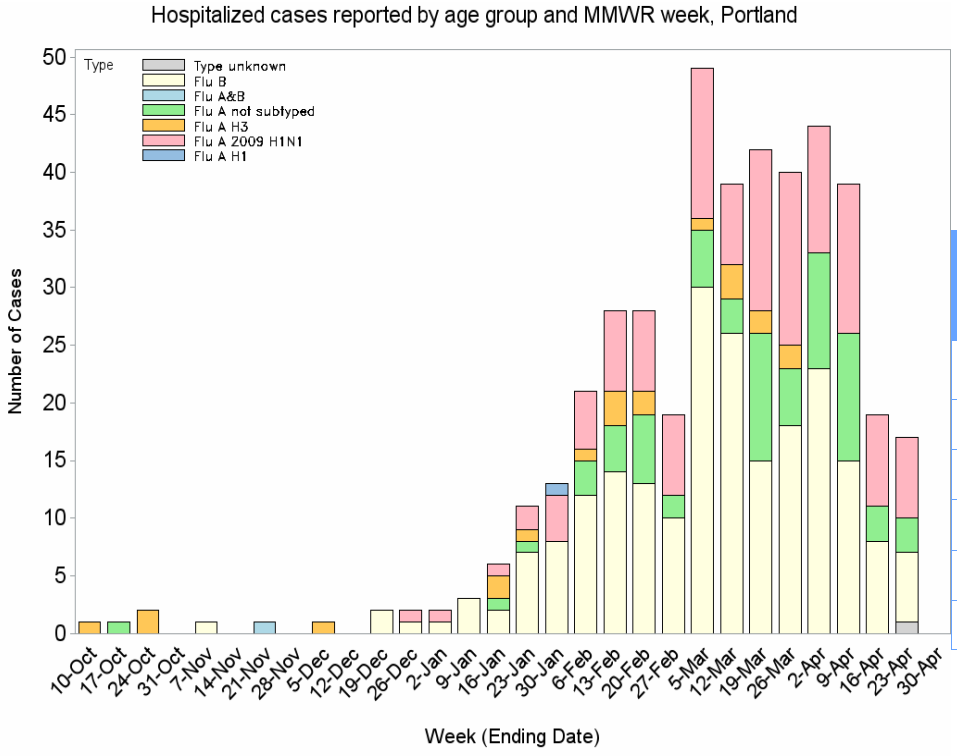
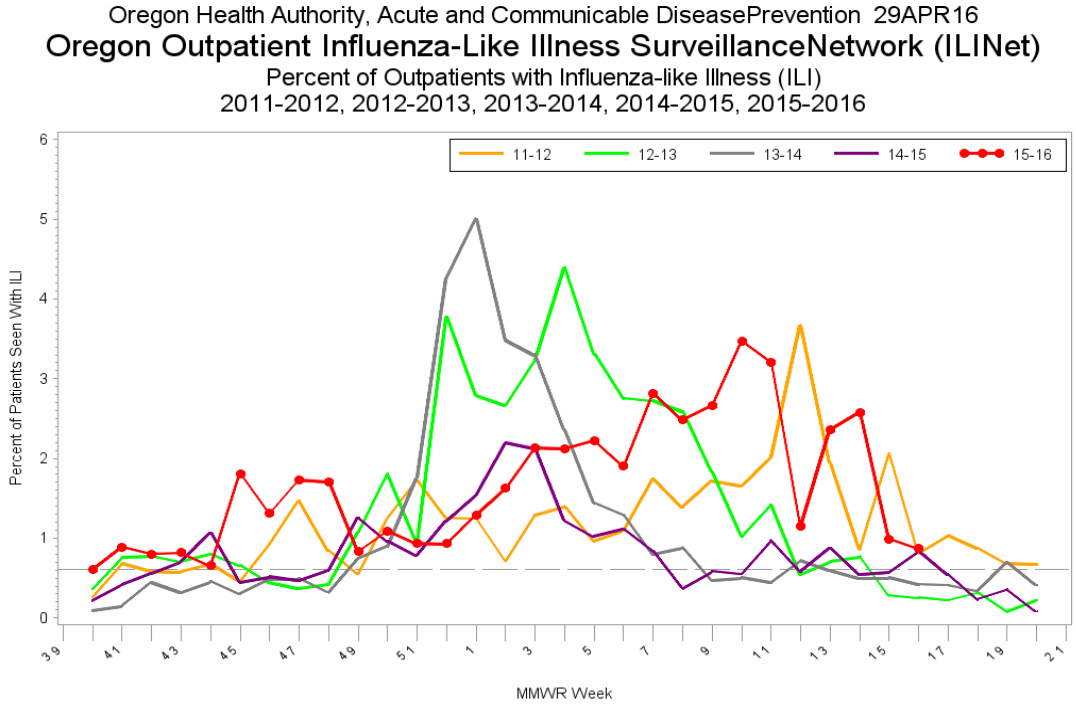


Table 2. Portland Metro-area Hospitalized Influenza Cases by Age Group, 2015–2016.

Age Group (years)	n (%)
<5	15 (3%)
5-17	21 (5%)
18-49	95 (22%)
50-64	118 (27%)
65+	183 (42%)
Total	432

ILINet: Oregon's Outpatient Influenza-like Illness Surveillance Network: Oregon's outpatient influenza-like illness (ILI) network comprises 24 voluntary healthcare providers from across Oregon who report the number of patients with influenza-like illness as well as total number of patient visits for each week during the surveillance season. The percent of outpatients seen with ILI for week 16 of 2016 was 0.5% which is just below Oregon's seasonal threshold of 0.6%.*

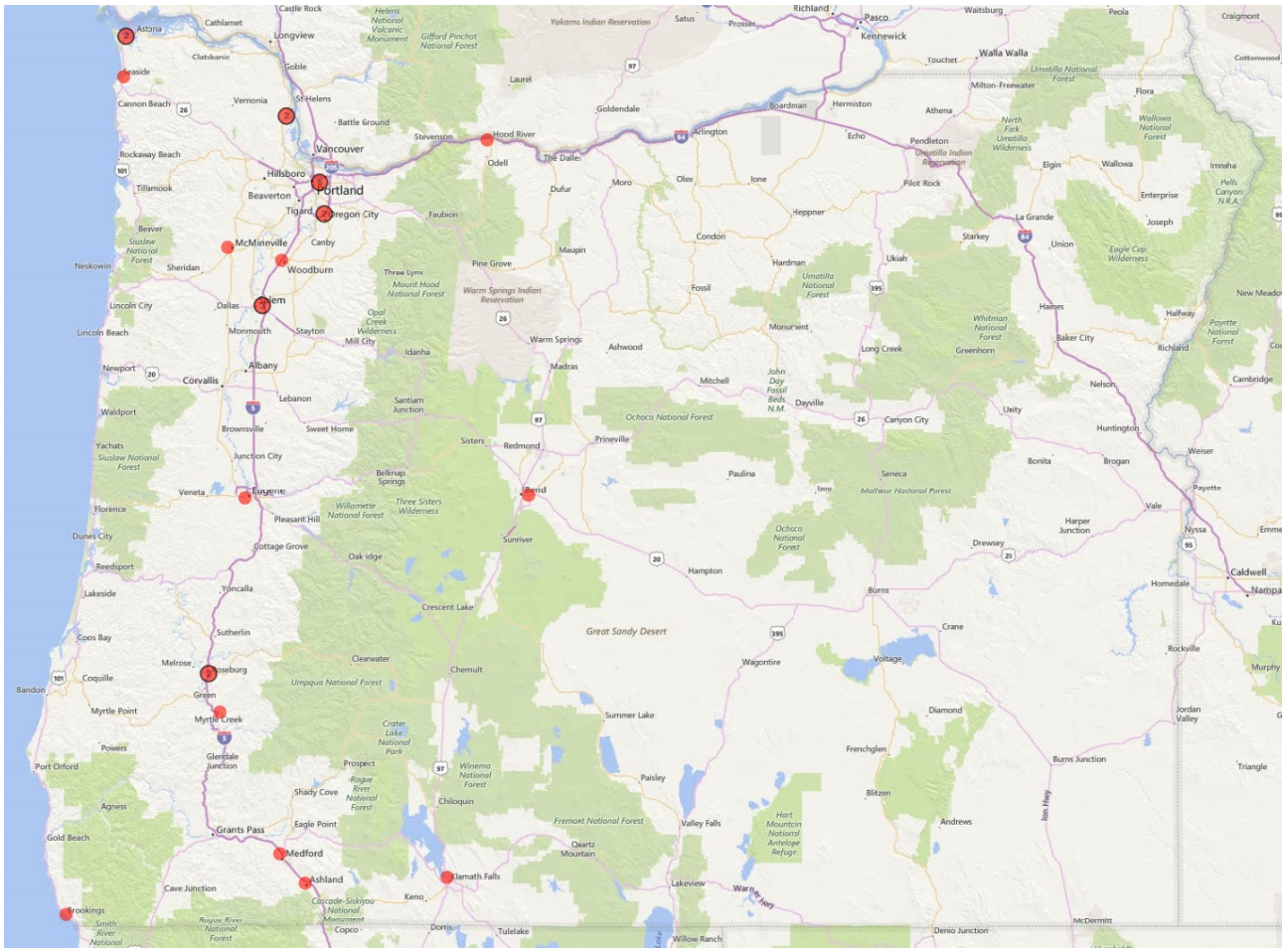


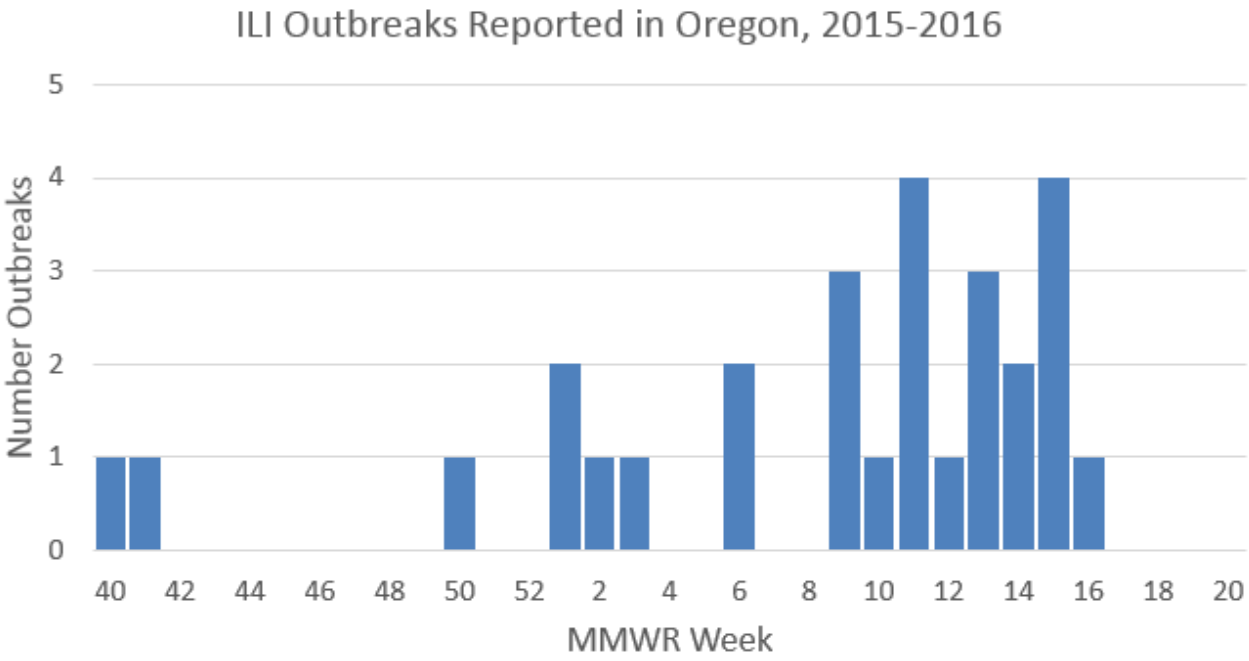
Note: ILI is defined as fever (≥100°F) and cough or sore throat.
*The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

All Flu Bites data provided are preliminary and may change as additional reports are received.

Surveillance weeks run from Sunday throughSaturday
Sentinel providers report the number ofpatients seen with influenza-like illness as well as total patients seen each week.

Influenza Outbreaks: In Oregon, 28 influenza/ILI outbreaks have occurred since October 1, 2015, with 1 reported during week 16. The red dots on the map show where flu outbreaks have occurred throughout the state this season. The numbers inside the dots indicate that multiple outbreaks have occurred in that area. The chart below shows the week during which ILI outbreaks occurred.





US Data (from CDC FluView): During week 16 (April 17-23, 2016), influenza activity decreased in the United States.

- **Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories during week 16 was influenza B. The percentage of respiratory specimens testing positive for influenza in clinical laboratories decreased.

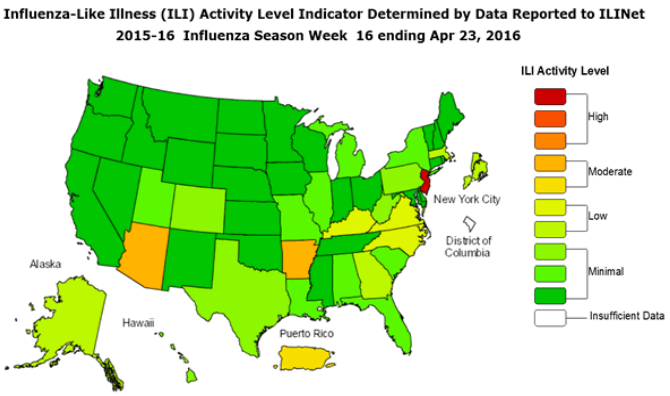
- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below their system-specific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.

- **Influenza-associated Pediatric Deaths:** Four influenza-associated pediatric deaths were reported.

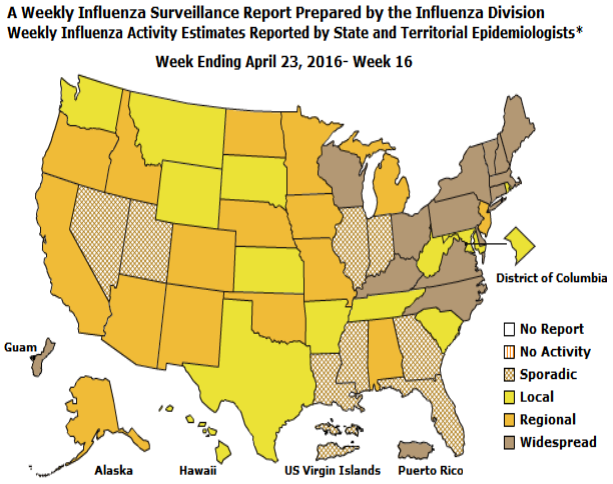
- **Influenza-associated Hospitalizations:** A cumulative rate for the season of 29.8 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported.

- **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 2.0%, which is below the national baseline of 2.1%. Three of 10 regions reported ILI at or above region-specific baseline levels. One state experienced high ILI activity; Puerto Rico and two states experienced moderate ILI activity; New York City and six states experienced low ILI activity; 41 states experienced minimal ILI activity; and the District of Columbia had insufficient data.

- **Geographic Spread of Influenza:** The geographic spread of influenza in Guam, Puerto Rico, and 13 states was reported as widespread; 16 states reported regional activity; the District of Columbia and 13 states reported local activity; and the U.S. Virgin Islands and eight states reported sporadic activity.



Map above left: This map uses the proportion of outpatient visits to ILINet sentinel providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.



Map above right: This map measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

Additional resources:

- CDC Weekly Surveillance Report: http://www.cdc.gov/flu/weekly

FluBites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

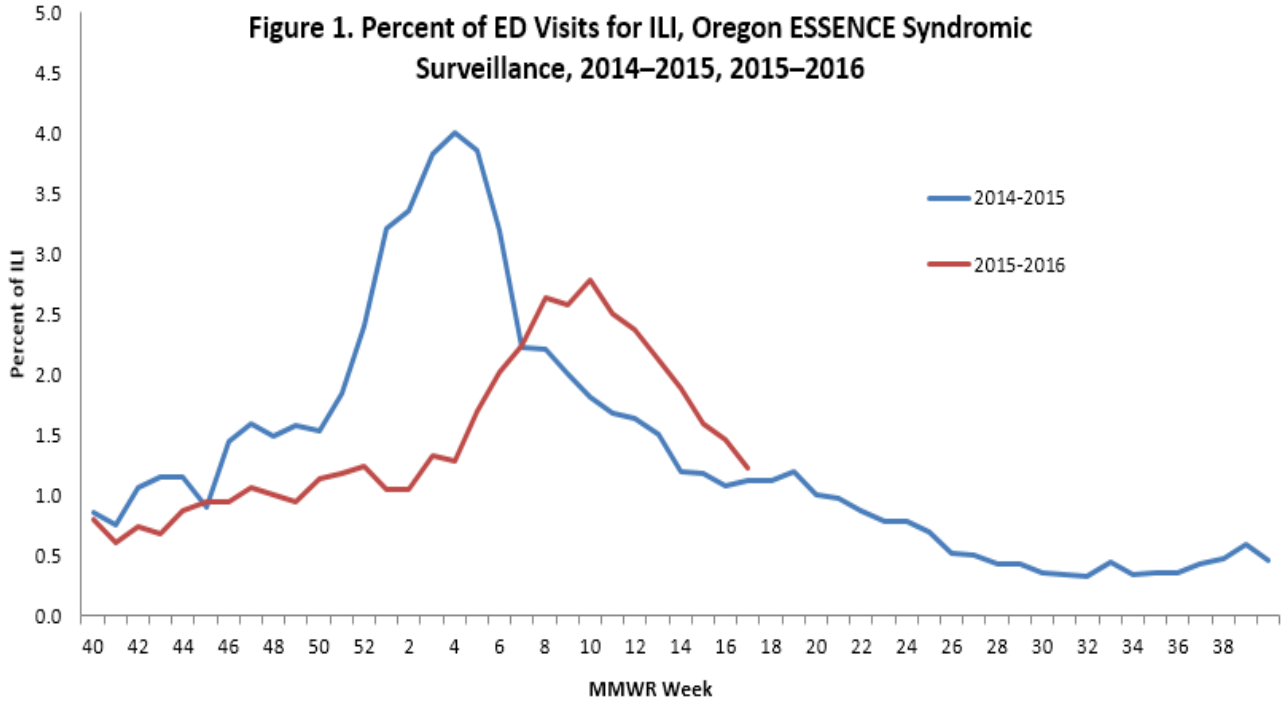
Oregon Health Authority

Oregon Public Health Division

Published May 6, 2016

Data at a Glance April 24–April 30, 2016 (Week 17)		
	Current Week (17)	**Previous Week (16)**
Percentage of emergency department visits for ILI[1]	**1.2%**	**1.5%**
Percentage positive influenza tests[2]	**12.7%**	**11.7%**
Influenza-associated hospitalizations[3]	**11**	**18**
Reported ILI/influenza outbreaks	**1**	**1**
Influenza-associated pediatric mortality	**0**	**0**
Percentage of outpatient visits for ILI	**0.8%**	**0.9%**
Respiratory Syncytial Virus (RSV) activity[4]	**5%**	**6%**

[1]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.
[2]Percent positivity based on data from Oregon reporters to the National Respiratory and Enteric Virus Surveillance System (NREVSS)
[3]Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.
[4]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.



Oregon ESSENCE Syndromic Surveillance: Oregon Public Health tracks hospital emergency department (ED) visits throughout the state using the Oregon ESSENCE syndromic surveillance system. ESSENCE categorizes chief complaints into syndrome categories, which include ILI. Figure 1, above, displays percentages for all of Oregon during this flu season. The percent of ED visits for ILI in all of Oregon was 1.2% during week 17, 2016.

Laboratory Surveillance:

The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based system that monitors influenza and other respiratory viruses circulating the United States. More information is at CDC's website.

Table 1 shows the current week and cumulative totals (since October 1, 2015) for influenza in specimens tested at the Oregon laboratories reporting to NREVSS. Figure 2 shows that 12.7% of specimens tested at Oregon labs were positive for influenza during week 17, and the bar chart displays the number of influenza-positive tests by flu type.

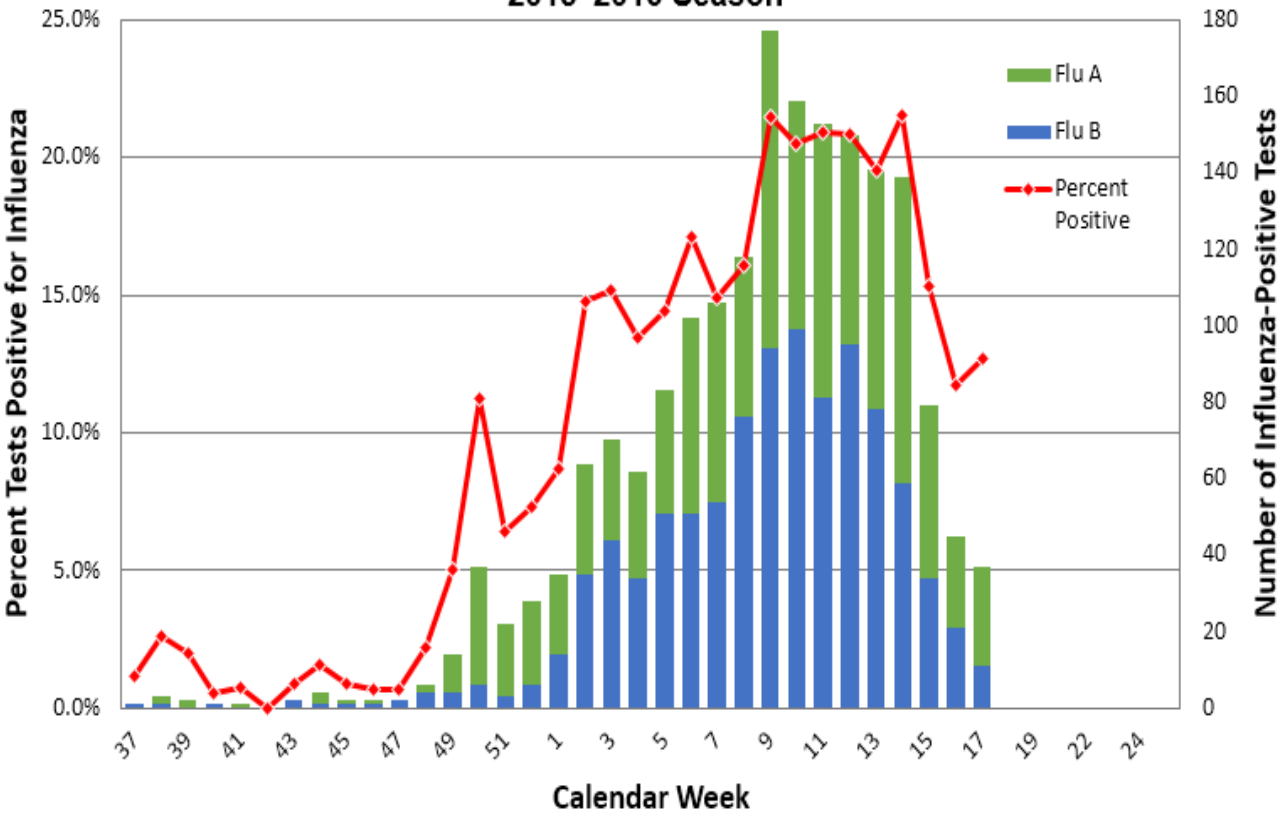
Participation by laboratories is voluntary. Current labs participating in NREVSS in Oregon include:

- Legacy Emanuel Hospital and Health Center, Portland, OR
- Mercy Medical Center, Roseburg, OR
- Oregon Medical Laboratories, Eugene, OR
- Oregon State Public Health Laboratories, Portland, OR
- Salem Hospital, Salem, OR
- Santiam Memorial Hospital, Stayton, OR

Table 1. Influenza Test Results in Oregon, NREVSS, 2015–2016.

	Current Week	Cumulative
No. of specimens tested	**291**	**13,742**
No. of positive specimens (%)	**37 (12.7%)**	**1,847 (13.4%)**
Positive specimens by type		
Influenza A	**26 (70%)**	**883 (48%)**
Influenza B	**11 (30%)**	**964 (52%)**

Figure 2. Oregon Influenza Surveillance
Percent Positive Influenza Tests by Week, NREVSS
2015–2016 Season



Hospitalizations:
In Clackamas, Multnomah, and Washington counties, 443 total reported influenza-associated hospitalizations occurred up through MMWR week 17, with 11 cases reported during week 17. Of reported cases, 42% were among people aged ≥65 years and 49% of illnesses were caused by influenza B.

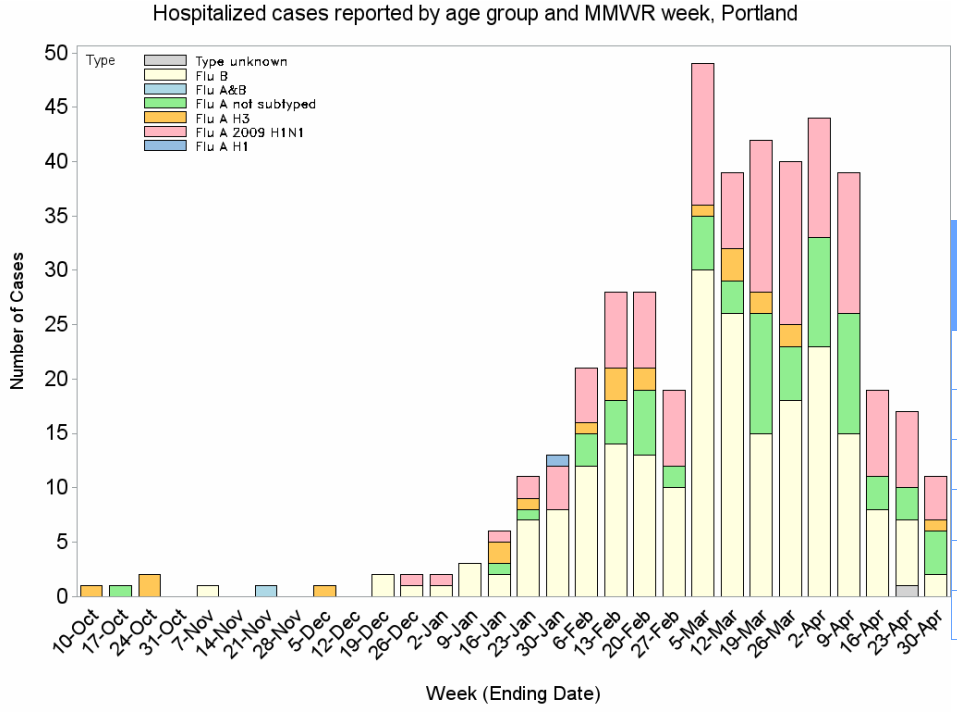
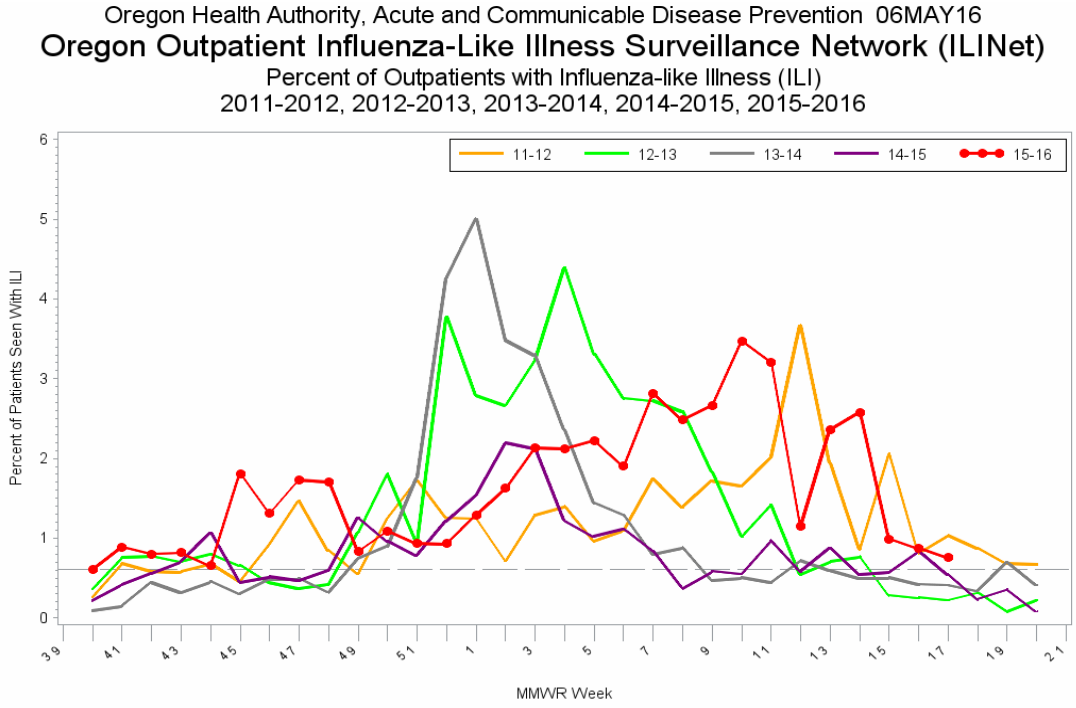


Table 2. Portland Metro-area Hospitalized Influenza Cases by Age Group, 2015–2016.

Age Group (years)	n (%)
<5	15 (3%)
5-17	21 (5%)
18-49	97 (22%)
50-64	125 (28%)
65+	185 (42%)
Total	443

ILINet: Oregon's Outpatient Influenza-like Illness Surveillance Network: Oregon's outpatient influenza-like illness (ILI) network comprises 24 voluntary healthcare providers from across Oregon who report the number of patients with influenza-like illness as well as total number of patient visits for each week during the surveillance season. The percent of outpatients seen with ILI for week 17 of 2016 was 0.8% which is above Oregon's seasonal threshold of 0.6%.*

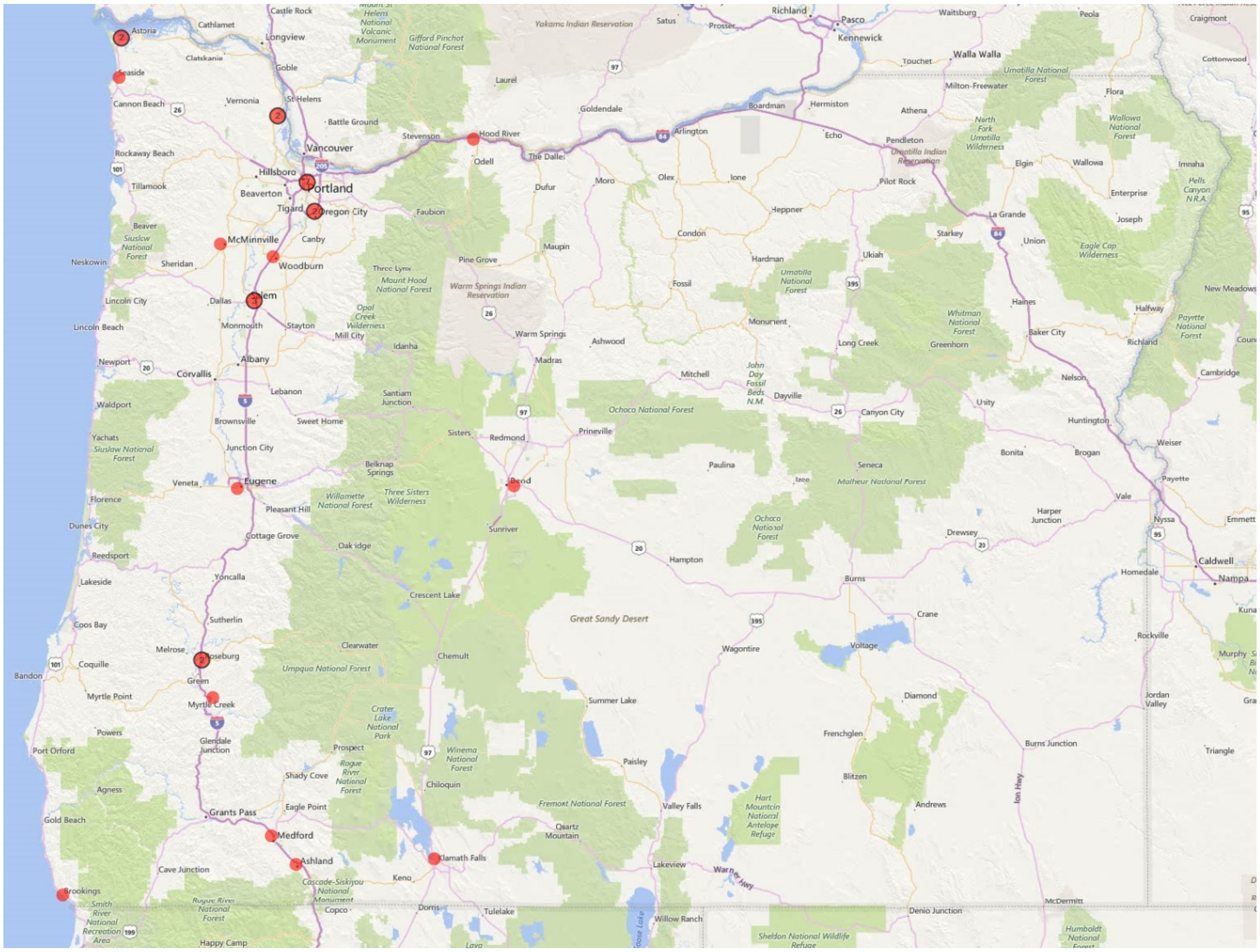


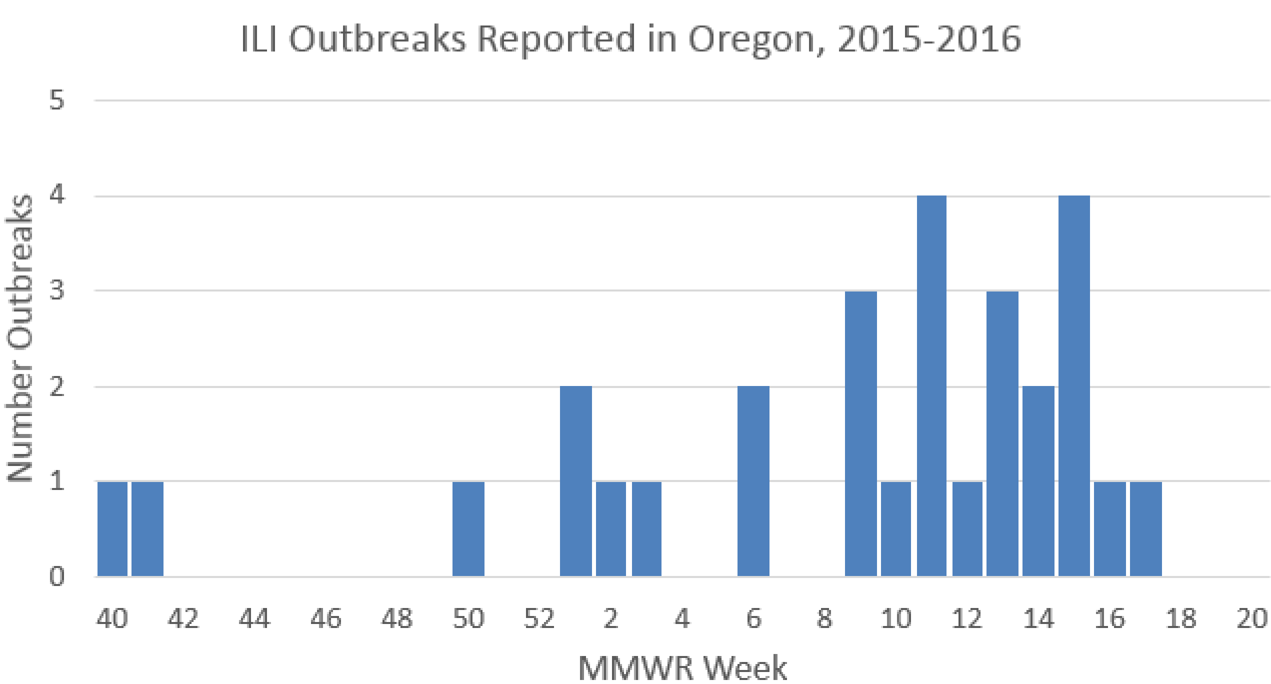
Note: ILI is defined as fever (≥100°F) and cough or sore throat.
*The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

All Flu Bites data provided are preliminary and may change as additional reports are received.

Surveillance weeks run from Sunday through Saturday
Sentinel providers report the number of patients seen with influenza-like illness as well as total patients seen each week.

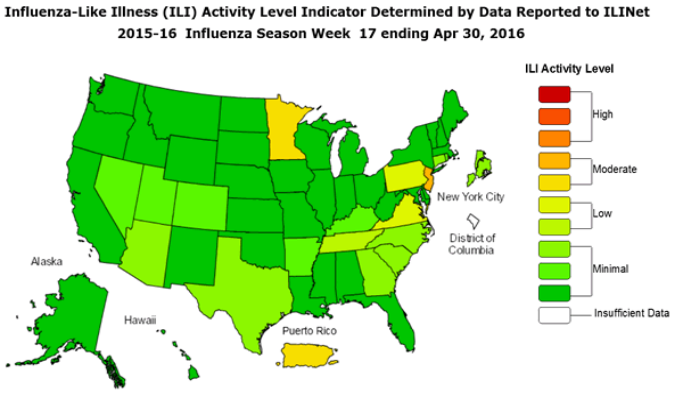
Influenza Outbreaks: In Oregon, 29 influenza/ILI outbreaks have occurred since October 1, 2015, with 1 reported during week 17. The red dots on the map show where flu outbreaks have occurred throughout the state this season. The numbers inside the dots indicate that multiple outbreaks have occurred in that area. The chart below shows the week during which ILI outbreaks occurred.



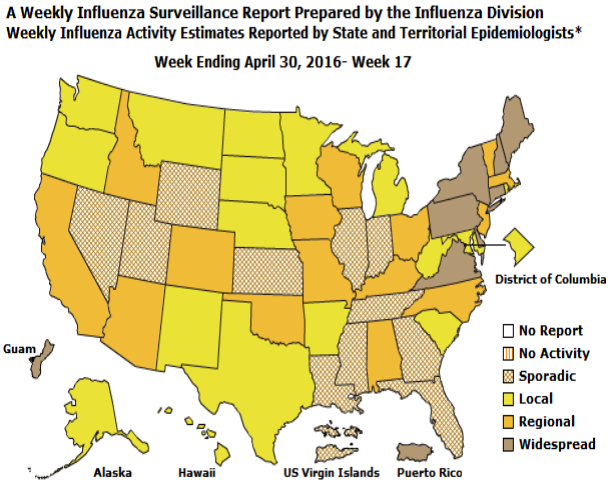


US Data (from CDC FluView): During week 17 (April 24-30, 2016), influenza activity decreased in the United States.

- **Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories during week 17 was influenza B. The percentage of respiratory specimens testing positive for influenza in clinical laboratories decreased.
- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below their system-specific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.
- **Influenza-associated Pediatric Deaths:** Four influenza-associated pediatric deaths were reported.
- **Influenza-associated Hospitalizations:** A cumulative rate for the season of 30.6 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported.
- **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 1.8%, which is below the national baseline of 2.1%. Three of 10 regions reported ILI at or above region-specific baseline levels. Puerto Rico and two states experienced moderate ILI activity; three states experienced low ILI activity; New York City and 45 states experienced minimal ILI activity; and the District of Columbia had insufficient data.
- **Geographic Spread of Influenza:** The geographic spread of influenza in Guam, Puerto Rico, and 7 states was reported as widespread; 15 states reported regional activity; the District of Columbia and 17 states reported local activity; and the U.S. Virgin Islands and 11 states reported sporadic activity.



Map above left: This map uses the proportion of outpatient visits to ILINet sentinel providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.



Map above right: This map measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

Additional resources:

- CDC Weekly Surveillance Report: http://www.cdc.gov/flu/weekly

FluBites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

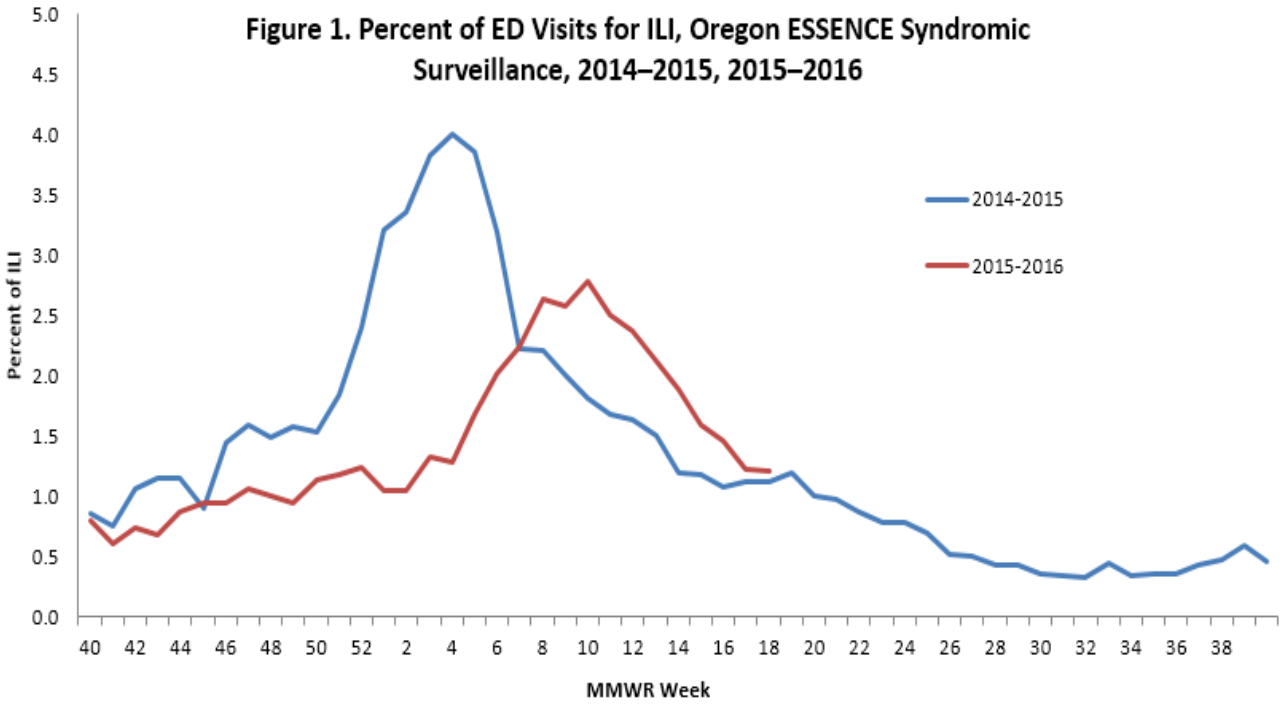
Oregon Health Authority

Oregon Public Health Division

Published May 13, 2016

Data at a Glance May 1–May 7, 2016 (Week 18)		
	Current Week (18)	**Previous Week (17)**
Percentage of emergency department visits for ILI[1]	**1.2%**	**1.2%**
Percentage positive influenza tests[2]	**6.0%**	**12.5%**
Influenza-associated hospitalizations[3]	**-**	**11**
Reported ILI/influenza outbreaks	**1**	**1**
Influenza-associated pediatric mortality	**0**	**0**
Percentage of outpatient visits for ILI	**0.8%**	**0.6%**
Respiratory Syncytial Virus (RSV) activity[4]	**-**	**5%**

[1]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.
[2]Percent positivity based on data from Oregon reporters to the National Respiratory and Enteric Virus Surveillance System (NREVSS)
[3]Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.
[4]Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.



Oregon ESSENCE Syndromic Surveillance: Oregon Public Health tracks hospital emergency department (ED) visits throughout the state using the Oregon ESSENCE syndromic surveillance system. ESSENCE categorizes chief complaints into syndrome categories, which include ILI. Figure 1, above, displays percentages for all of Oregon during this flu season. The percent of ED visits for ILI in all of Oregon was 1.2% during week 18, 2016.

Laboratory Surveillance:

The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based system that monitors influenza and other respiratory viruses circulating the United States. More information is at CDC's website.

Table 1 shows the current week and cumulative totals (since October 1, 2015) for influenza in specimens tested at the Oregon laboratories reporting to NREVSS. Figure 2 shows that 6.0% of specimens tested at Oregon labs were positive for influenza during week 18, and the bar chart displays the number of influenza-positive tests by flu type.

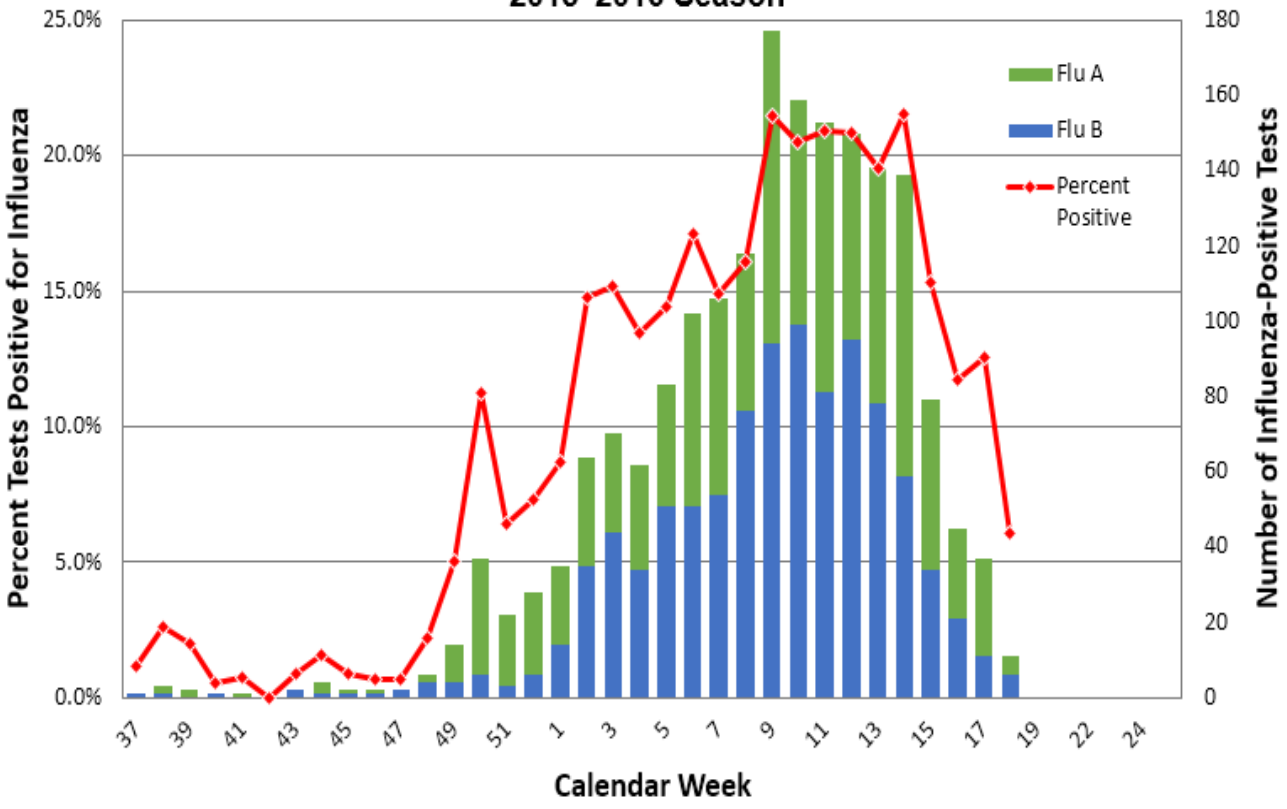
Participation by laboratories is voluntary. Current labs participating in NREVSS in Oregon include:

- Legacy Emanuel Hospital and Health Center, Portland, OR
- Mercy Medical Center, Roseburg, OR
- Oregon Medical Laboratories, Eugene, OR
- Oregon State Public Health Laboratories, Portland, OR
- Salem Hospital, Salem, OR
- Santiam Memorial Hospital, Stayton, OR

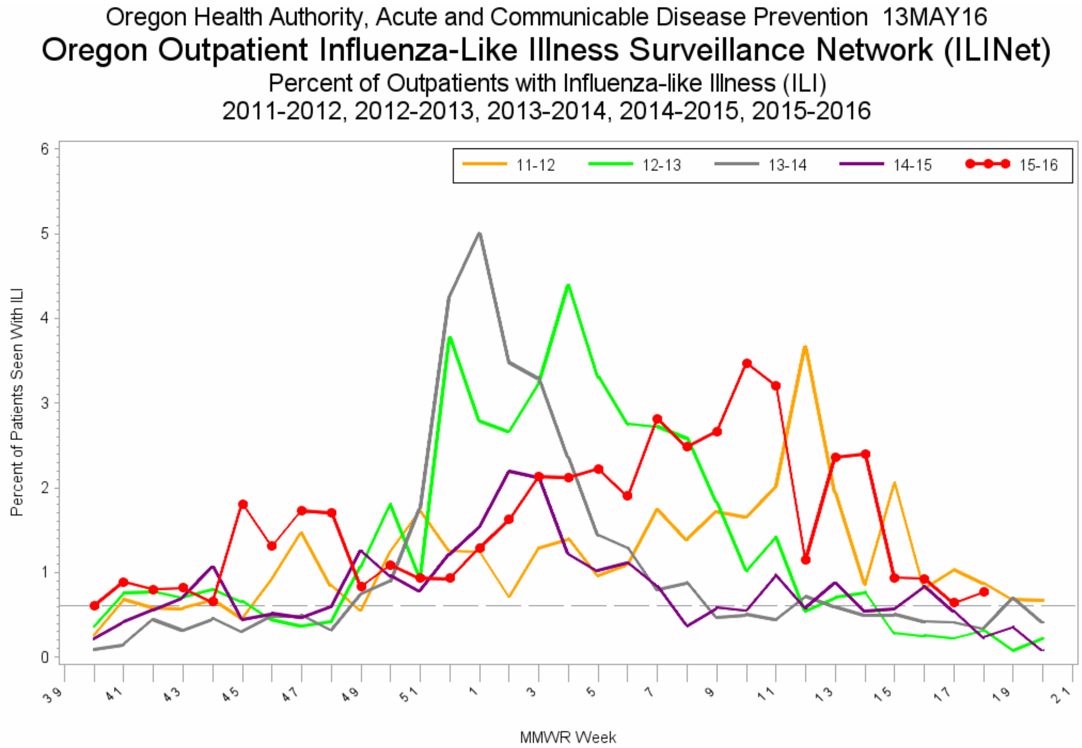
Table 1. Influenza Test Results in Oregon, NREVSS, 2015–2016.

	Current Week	Cumulative
No. of specimens tested	**182**	**13,929**
No. of positive specimens (%)	**11 (6%)**	**1,858 (13.3%)**
Positive specimens by type		
Influenza A	**5 (45%)**	**888 (48%)**
Influenza B	**6 (55%)**	**970 (52%)**

Figure 2. Oregon Influenza Surveillance
Percent Positive Influenza Tests by Week, NREVSS
2015–2016 Season



ILINet: Oregon's Outpatient Influenza-like Illness Surveillance Network: Oregon's outpatient influenza-like illness (ILI) network comprises 24 voluntary healthcare providers from across Oregon who report the number of patients with influenza-like illness as well as total number of patient visits for each week during the surveillance season. The percent of outpatients seen with ILI for week 18 of 2016 was 0.8% which is above Oregon's seasonal threshold of 0.6%.*

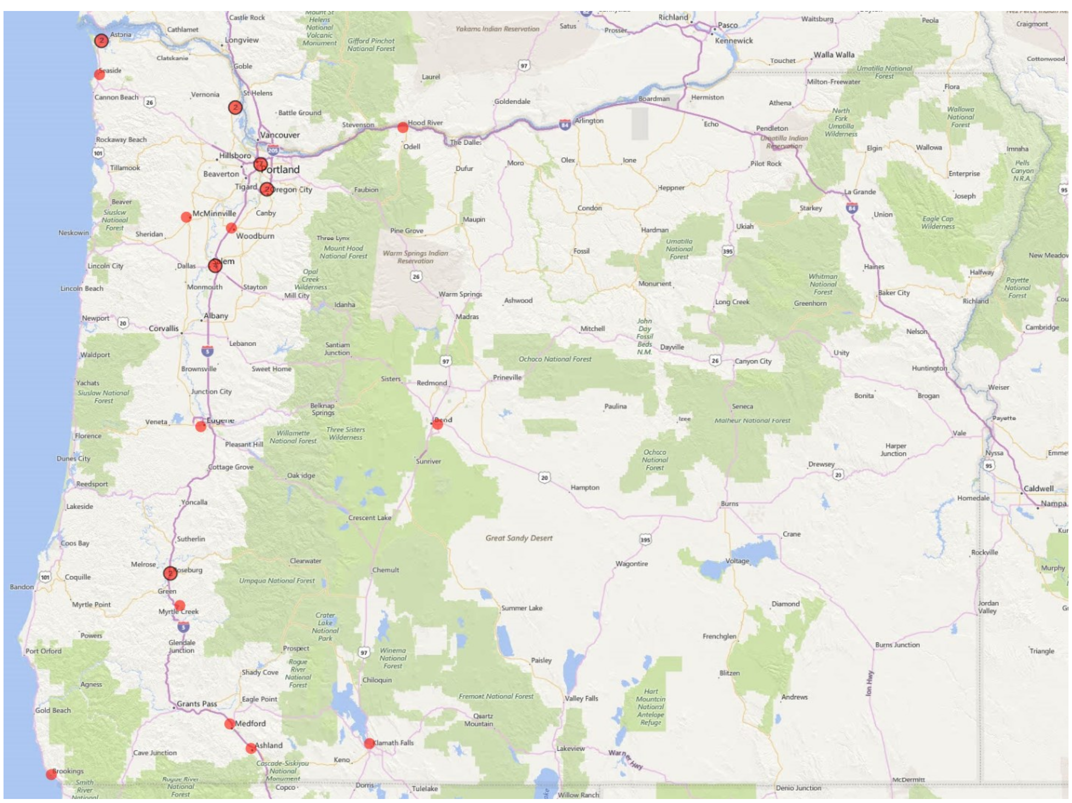


Note: ILI is defined as fever (≥100°F) and cough or sore throat. *The ILI baseline (threshold) is calculated as the mean percentage of visits for ILI during non-influenza weeks (weeks 21-39) with two standard deviations, and is based on the three previous years of data.

All Flu Bites data provided are preliminary and may change as additional reports are received.

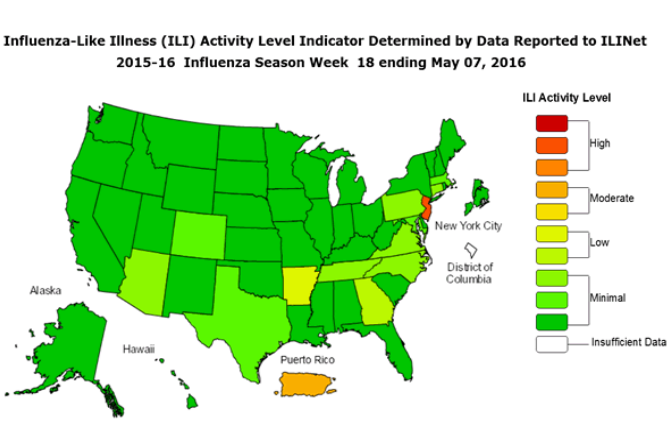
Surveillance weeks run from Sunday through Saturday
Sentinel providers report the number of patients seen with influenza-like illness as well as total patients seen each week.

Influenza Outbreaks: In Oregon, 30 influenza/ILI outbreaks have occurred since October 1, 2015, with 1 reported during week 18. The red dots on the map show where flu outbreaks have occurred throughout the state this season. The numbers inside the dots indicate that multiple outbreaks have occurred in that area. The chart below shows the week during which ILI outbreaks occurred.

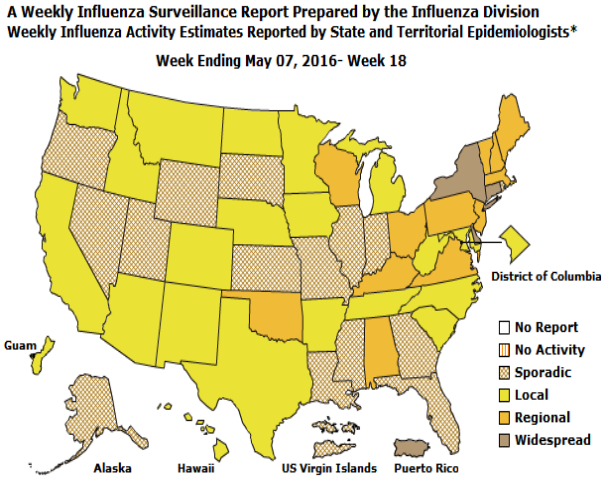


US Data (from CDC FluView): During week 18 (May 1-7, 2016), influenza activity decreased in the United States.

- **Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories during week 18 was influenza B. The percentage of respiratory specimens testing positive for influenza in clinical laboratories decreased.
- **Novel Influenza A Virus:** One human infection with a novel influenza A virus was reported.
- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below their system-specific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.
- **Influenza-associated Pediatric Deaths:** Three influenza-associated pediatric deaths were reported.
- **Influenza-associated Hospitalizations:** A cumulative rate for the season of 31.0 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported.
- **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 1.8%, which is below the national baseline of 2.1%. Three of 10 regions reported ILI at or above region-specific baseline levels. One state experienced high ILI activity; Puerto Rico experienced moderate ILI activity; two states experienced low ILI activity; New York City and 47 states experienced minimal ILI activity; and the District of Columbia had insufficient data.
- **Geographic Spread of Influenza:** The geographic spread of influenza in Puerto Rico and three states was reported as widespread; 12 states reported regional activity; the District of Columbia, Guam, and 20 states reported local activity; and the U.S. Virgin Islands and 15 states reported sporadic activity.



Map above left: This map uses the proportion of outpatient visits to ILINet sentinel providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.



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Additional resources:

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FluBites

Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses

Oregon Health Authority

Oregon Public Health Division

Published May 20, 2016

Data at a Glance May 8–May 14, 2016 (Week 19)		
	Current Week (19)	**Previous Week (18)**
Percentage of emergency department visits for ILI[1]	**1.0%**	**1.2%**
Percentage positive influenza tests[2]	**6.2%**	**6.9%**
Influenza-associated hospitalizations[3]	**-**	**-**
Reported ILI/influenza outbreaks	**0**	**1**
Influenza-associated pediatric mortality	**0**	**0**
Percentage of outpatient visits for ILI	**0.5%**	**0.7%**
Respiratory Syncytial Virus (RSV) activity[4]	**-**	**-**

[1]Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.
[2]Percent positivity based on data from Oregon reporters to the National Respiratory and Enteric Virus Surveillance System (NREVSS)
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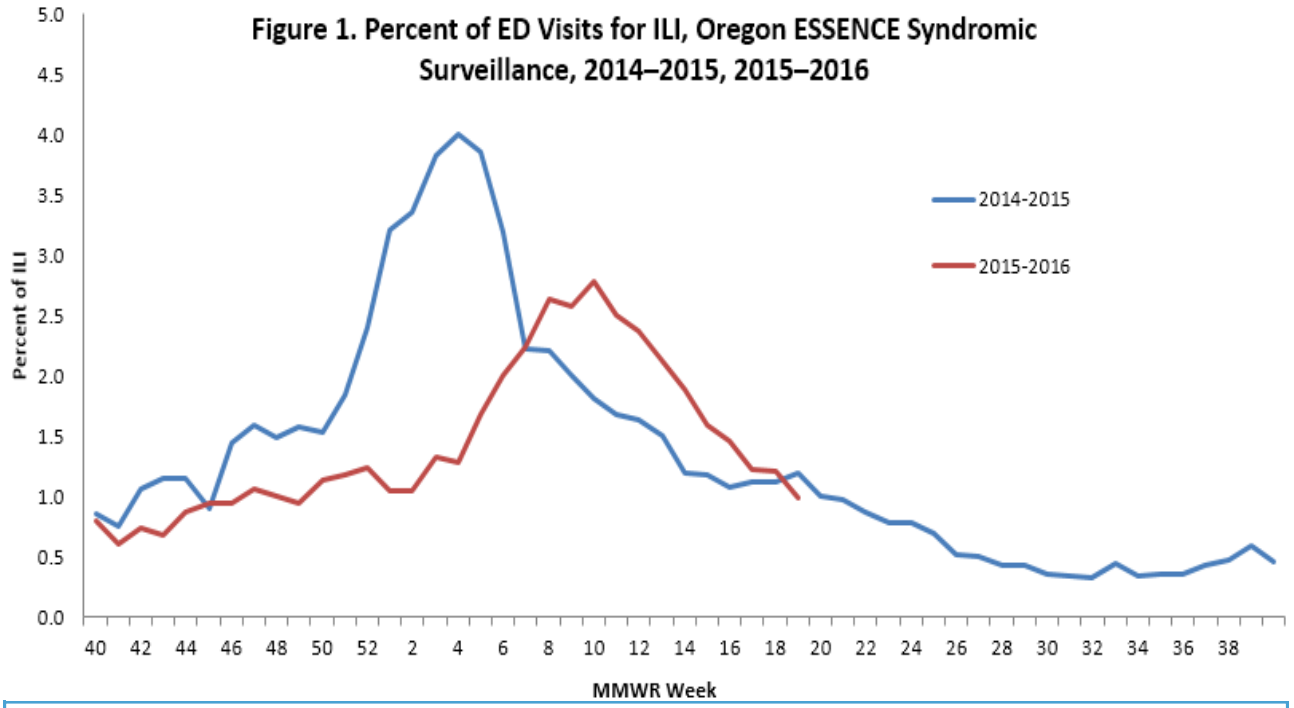

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Laboratory Surveillance:

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Table 1 shows the current week and cumulative totals (since October 1, 2015) for influenza in specimens tested at the Oregon laboratories reporting to NREVSS. Figure 2 shows that 6.2% of specimens tested at Oregon labs were positive for influenza during week 19, and the bar chart displays the number of influenza-positive tests by flu type.

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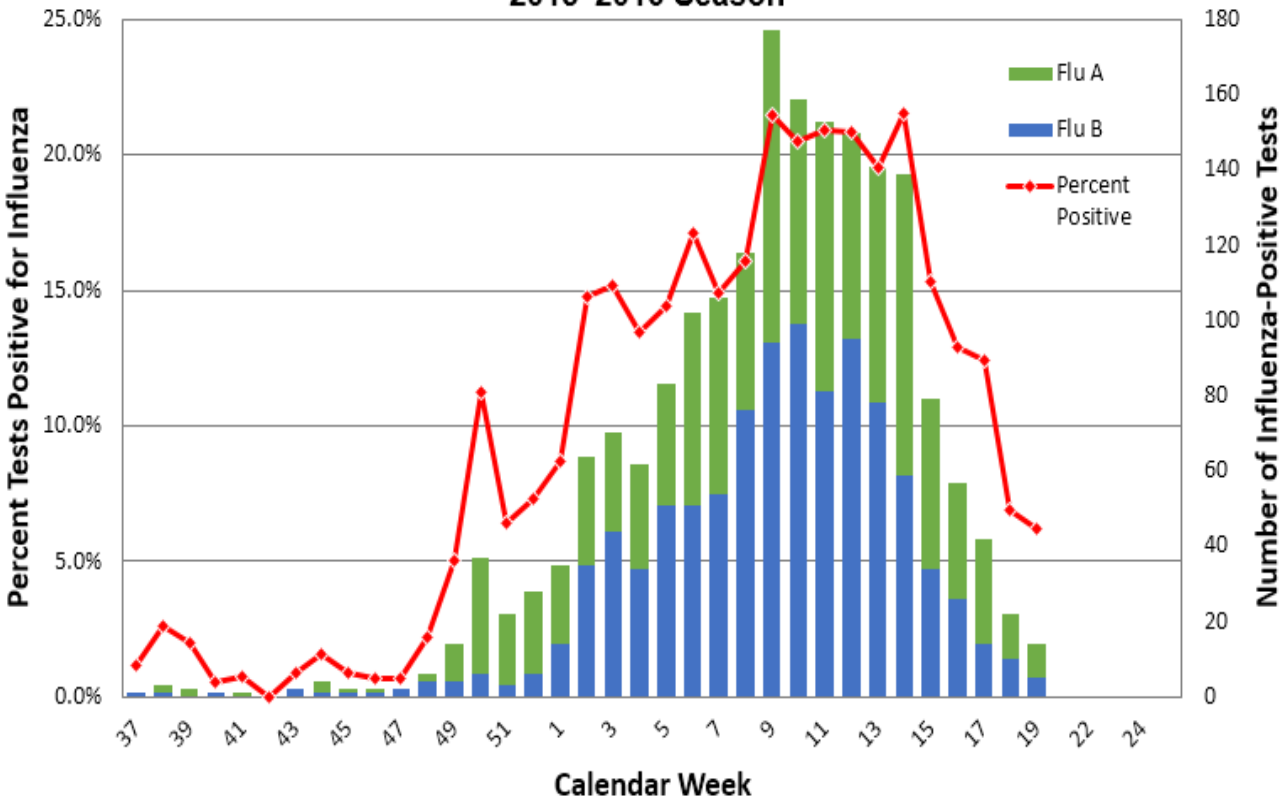
- Salem Hospital, Salem, OR
- Santiam Memorial Hospital, Stayton, OR

Table 1. Influenza Test Results in Oregon, NREVSS, 2015–2016.

	Current Week	Cumulative
No. of specimens tested	**226**	**14,391**
No. of positive specimens (%)	**14 (6.2%)**	**1,900 (13.2%)**
Positive specimens by type		
Influenza A	**9 (64%)**	**913 (48%)**
Influenza B	**5 (36%)**	**987 (52%)**

Figure 2. Oregon Influenza Surveillance
Percent Positive Influenza Tests by Week, NREVSS
2015–2016 Season



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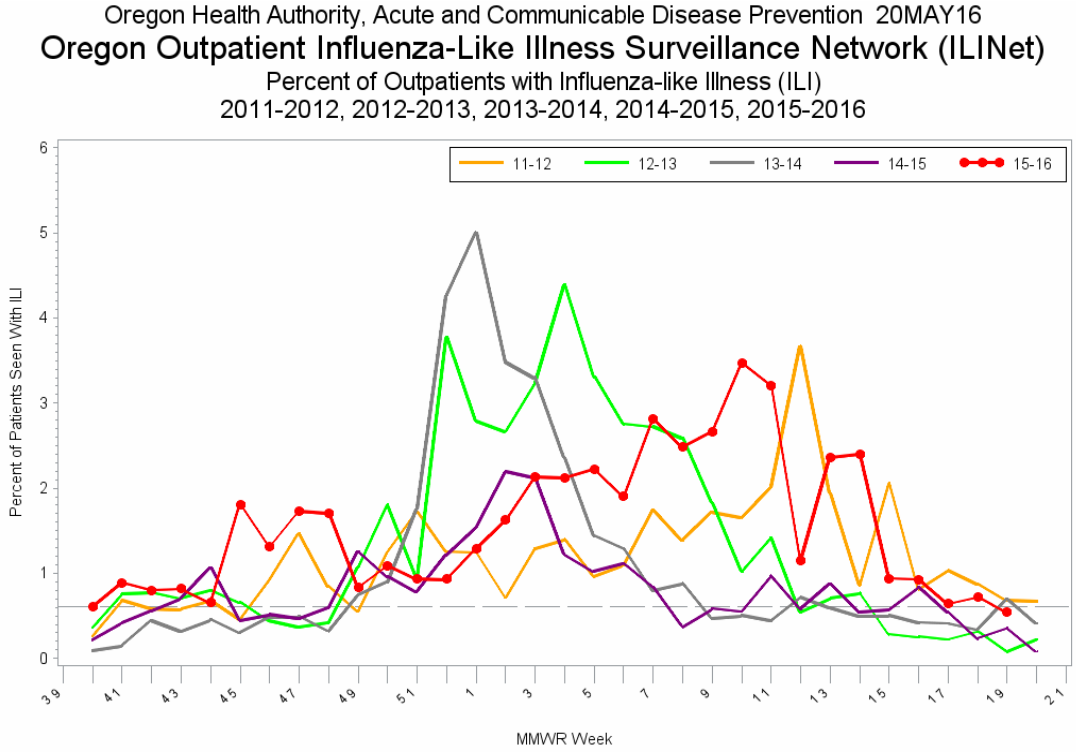

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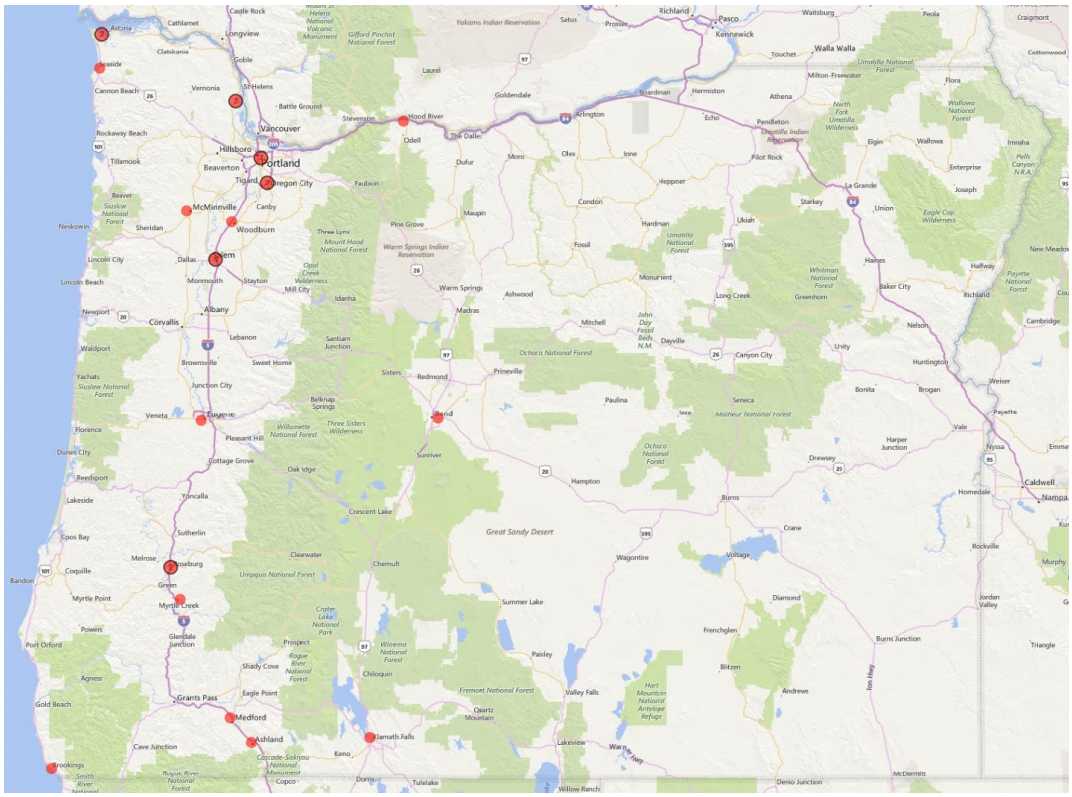
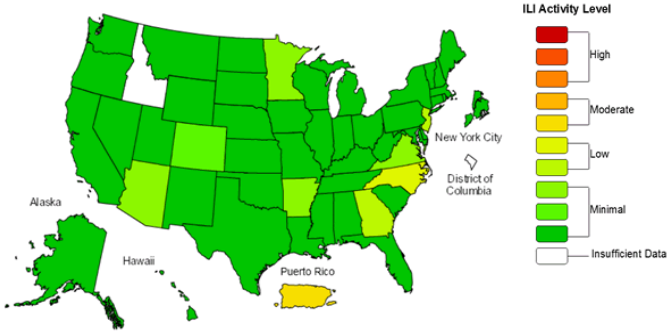


US Data (from CDC FluView): During week 19 (May 8-14, 2016), influenza activity decreased in the United States.

- **Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories during week 19 was influenza B. The percentage of respiratory specimens testing positive for influenza in clinical laboratories decreased.
- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold in the NCHS Mortality Surveillance System and at the system-specific epidemic threshold in the 122 Cities Mortality Reporting System.
- **Influenza-associated Pediatric Deaths:** One influenza-associated pediatric death was reported.
- **Influenza-associated Hospitalizations:** A cumulative rate for the season of 31.3 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported.
- **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 1.4%, which is below the national baseline of 2.1%. One of 10 regions reported ILI at or above region-specific baseline levels. Puerto Rico experienced moderate ILI activity; three states experienced low ILI activity; New York City and 46 states experienced minimal ILI activity; and the District of Columbia and one state had insufficient data.
- **Geographic Spread of Influenza:** The geographic spread of influenza in Puerto Rico and two states was reported as widespread; seven states reported regional activity; the District of Columbia, Guam, and 19 states reported local activity; and the U.S. Virgin Islands and 22 states reported sporadic activity.



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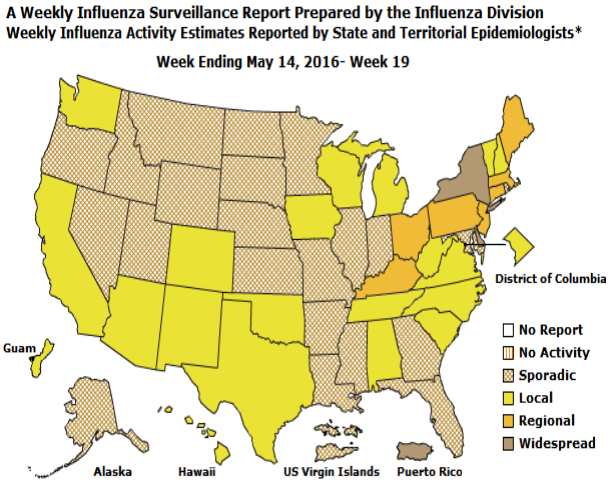

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