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 compared with the previous three flu seasons. The percent of ED visits for ILI in all of Oregon was 1.0% during week 43, 2018.
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, 2018) for influenza in specimens tested at the Oregon laboratories reporting to NREVSS. Figure 2 shows that 0.8% of specimens tested at Oregon labs were positive for influenza during week 43, and the bar chart displays the number of influenza-positive tests by flu type and percent positivity.

Participation by laboratories is voluntary. Current labs participating in NREVSS in Oregon include:
Legacy Emanuel Hospital and Health Center (Portland, OR), Oregon Health & Science University (Portland, OR), Providence Health (Oregon), Kaiser Permanente (Oregon), Veteran’s Administration Hospital (Portland, OR), Bay Area Hospital (Coos Bay, OR), Curry Health Network (Brookings, OR), Mercy Medical Center (Roseburg, OR), Sky Lakes Medical Center (Klamath Falls, OR), Lake Health District, (Lakeview, OR), Rogue Valley Medical Center (SW Oregon), Good Shepherd Medical Center (Hermiston, OR), Mid-Columbia Medical Center (The Dalles, OR), Central Oregon Pediatric Associates (Central Oregon), Harney District Hospital (Burns, OR), St. Charles (Bend, OR), Columbia Memorial Hospital (Astoria, OR), Salem Hospital (Salem, OR), Willamette Valley Medical Center (McMinnville, OR).

Table 1. Influenza Test Results in Oregon, NREVSS, 2018–2019.

<table>
<thead>
<tr>
<th></th>
<th>Current Week</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of specimens tested</td>
<td>1,073</td>
<td>3,671</td>
</tr>
<tr>
<td>No. of positive specimens (%)</td>
<td>9 (0.8%)</td>
<td>36 (1.0%)</td>
</tr>
<tr>
<td>Positive specimens by type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza A</td>
<td>8 (88.9%)</td>
<td>35 (97.2%)</td>
</tr>
<tr>
<td>Influenza B</td>
<td>1 (11.1%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Type Unavailable</td>
<td>0 (0%)</td>
<td>1 (2.8%)</td>
</tr>
</tbody>
</table>

Figure 2. Oregon Influenza Surveillance
Percent Positive Influenza Tests by Week, NREVSS
2018-2019 Season
Oregon’s Outpatient Influenza-like Illness Surveillance: Oregon’s outpatient influenza-like illness (ILI) surveillance comprises 17 voluntary reporting outpatient providers, 64 emergency departments and urgent care clinics reporting to ESSENCE, and 173 OCHIN clinics from across Oregon. The percent of outpatients seen with ILI for week 43 of 2018 was highest in the Central and Gorge area (2.7%) and lowest in the

**Figure 5. Percentage of Visits for ILI at Outpatient Clinics & Emergency Departments, by Oregon Region, 2018-2019**

Influenza Outbreaks: There have been no influenza outbreaks reported to the Oregon Health Authority in the 2018–2019 flu season.
Flu Immunization Update: This week’s reporting is based on ALERT IIS data through Epiweek 43 (October 27th). By this date, ALERT IIS has received over 880,000 reports of seasonal influenza immunizations for Oregon residents. We are past the peak of weekly influenza immunization delivery at this point, and likely will continue to decline into Thanksgiving. Influenza immunization totals to date appear to be slightly above last season. Population increases since last year in Oregon are a possible explanation for the observed increase. As a caveat, while most immunizations are reported quickly and electronically to ALERT IIS, some reporting is delayed—current weekly totals may be adjusted upward later.

For this week we are including a chart showing the ratio of reported male to female influenza immunizations. For children, there is a slight bias to reported influenza immunization among male children, reflecting in part that there are slightly more male than female children in Oregon. However for adults, the ratio is strongly biased toward female influenza immunization. This chart can be interpreted, using men age 21 as an example, as that they are less than half as likely to receive an influenza immunization as women of the same age.
US Data (from CDC FluView): Influenza activity in the United States remains low, although small increases in activity were reported. Influenza A(H1N1)pdm09, influenza A(H3N2), and influenza B viruses continue to co-circulate, with influenza A(H1N1)pdm09 viruses reported most commonly by public health laboratories during the most recent three weeks. Below is a summary of the key influenza indicators for the week ending October 27, 2018:

- **Viral Surveillance:** Influenza A viruses have predominated in the United States since the beginning of July. The percentage of respiratory specimens testing positive for influenza in clinical laboratories was low.
- **Virus Characterization:** The majority of influenza viruses characterized antigenically and genetically are similar to the cell-grown reference viruses representing the 2018–2019 Northern Hemisphere influenza vaccine viruses.
- **Antiviral Resistance:** All viruses tested since late May show susceptibility to the antiviral drugs oseltamivir, zanamivir, and peramivir.
- **Influenza-like Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) increased slightly to 1.7%, which is below the national baseline of 2.2%. All regions reported ILI below their region-specific baseline level.
- **ILI State Activity Indicator Map:** New York City and two states experienced low ILI activity; the District of Columbia and 48 states experienced minimal ILI activity; and Puerto Rico had insufficient data.
- **Geographic Spread of Influenza:** The geographic spread of influenza in five states was reported as local; the District of Columbia, Puerto Rico, the U.S. Virgin Islands and 43 states reported sporadic activity; two states reported no activity; and Guam did not report.
- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold in the National Center for Health Statistics (NCHS) Mortality Surveillance System.
- **Influenza-associated Pediatric Deaths:** Three influenza-associated pediatric deaths were reported to CDC. One occurred during the 2018-2019 season and two occurred during the 2017-2018 season.