Oregon Public Health Division

Published November 9, 2018

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 44, 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 1.0% of specimens tested at Oregon labs were positive for influenza during week 44, 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>977</td>
<td>4,648</td>
</tr>
<tr>
<td>No. of positive specimens (%)</td>
<td>10 (1.0%)</td>
<td>46 (1.0%)</td>
</tr>
</tbody>
</table>

Positive specimens by type

<table>
<thead>
<tr>
<th>Type</th>
<th>Current Week</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza A</td>
<td>10 (100%)</td>
<td>45 (97.8%)</td>
</tr>
<tr>
<td>Influenza B</td>
<td>0 (0%)</td>
<td>1 (2.2%)</td>
</tr>
<tr>
<td>Type Unavailable</td>
<td>0 (0%)</td>
<td>0 (0%)</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 44 of 2018 was highest in the Central and Gorge area (3.6%) and lowest in the Willamette Valley (0.6%).

**Hospitalizations:** In Clackamas, Multnomah, and Washington counties one influenza-associated hospitalization was reported during week 44 of 2018.

**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 44 (November 3rd). To date, the ALERT IIS has received almost one million immunization reports of seasonal influenza immunizations for Oregon residents. Weekly immunizations continue to follow the pattern of last season, declining into November. 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.

As of this date, 59% of influenza immunizations have been reported to ALERT IIS from private practices; 33% are from pharmacies, 2% are from Local Health Departments, 2% are from hospitals, and 4% are from other, mainly non-provider, sources. An age-breakdown of private practice versus pharmacy influenza immunization is in the figure below. Pharmacists provide almost half of reported senior influenza immunizations in Oregon.
**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 since September 30, 2018. Below is a summary of the key influenza indicators for the week ending November 3, 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 1.8%, which is below the national baseline of 2.2%. One of 10 regions reported ILI at or above their region-specific baseline level.
- **ILI State Activity Indicator Map:** One state experienced moderate ILI activity, three states experienced low ILI activity; and New York City, the District of Columbia, Puerto Rico and 46 states experienced minimal ILI activity.
- **Geographic Spread of Influenza:** The geographic spread of influenza in two states was reported as regional; Guam and six states reported local activity; the District of Columbia, Puerto Rico, the U.S. Virgin Islands and 40 states reported sporadic activity; and two states reported no activity.
- **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:** No influenza-associated pediatric deaths were reported to CDC for week 44.

**Map above:** 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 left:** The map left measures the geographic spread of influenza viruses, but does not measure the intensity of influenza activity.

All Flu Bites data are preliminary and may change as additional reports are received. Find the most recent Flu Bites report online at: [http://www.oregon.gov/oha/ph/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/Influenza/Pages/surveillance.aspx](http://www.oregon.gov/oha/ph/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/Influenza/Pages/surveillance.aspx)