



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
And Prevention (CDC)
Atlanta GA 30333

October 19, 2015

SUBJECT: U.S. Influenza Surveillance for the 2015-16 Season

TO: State and Territorial Epidemiologists

Thank you for your continued support of influenza surveillance. The five categories and nine data components of influenza surveillance for the 2015-16 season are:

- **Viral Surveillance:** U.S. World Health Organization (WHO) collaborating laboratories, the National Respiratory and Enteric Virus Surveillance System (NREVSS), and human infection with novel influenza A virus case reporting;
- **Mortality:** National Center for Health Statistics (NCHS) Mortality Surveillance System, 122 Cities Mortality Reporting System (CMRS) and influenza-associated pediatric deaths;
- **Hospitalizations:** Influenza Hospitalization Network (FluSurv-NET) including the Emerging Infections Program (EIP) and three additional states,
- **Outpatient Illness Surveillance:** U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet);
- **Geographic Spread of Influenza:** State and territorial epidemiologists' reports.

Each week, the data are analyzed and a surveillance report (FluView and FluView Interactive) produced. The FluView report is published each Friday afternoon on CDC's website at <http://www.cdc.gov/flu/weekly/>. The first report for the 2015-16 season was posted on October 16, 2015.

Beginning in the 2015-16 season, reports from public health and clinical laboratories will be presented separately in both FluView and FluView Interactive. Influenza testing practices differ in public health and clinical laboratories, but both sources provide valuable information for monitoring influenza activity. Clinical laboratories primarily test specimens for diagnostic purposes, and as influenza activity increases, both the number of specimens tested and the proportion of those samples that are positive for influenza also increase. Data from clinical laboratories provide valuable information on the timing and intensity of influenza activity. Public health laboratories primarily test specimens for surveillance purposes to provide information on what influenza viruses are circulating throughout their jurisdiction and the population being affected. Almost all the public health laboratories are utilizing the CDC real-time reverse-transcriptase polymerase chain reaction (RT-PCR) assay with a fairly standard testing algorithm, thus allowing for consistent interpretation of the data at the national level. They also forward a subset of specimens to CDC for further characterization for vaccine strain selection and antiviral resistance monitoring. However, in order to obtain enough specimens to produce this detailed information in an efficient manner, public health laboratories often receive samples that have already tested positive for influenza at a clinical laboratory. Because of this, monitoring the percent of specimens testing positive for influenza in a public health laboratory is less useful, but fortunately, isn't necessary when clinical laboratory data are available.

CDC will be visualizing the age distribution of influenza positive specimens reported from public health laboratories in FluView. The number and proportion of influenza positive specimens by influenza subtype and influenza B virus lineage will be presented by age group (0-4 years, 5-24 years, 25-64 years, and >64 years) each week and cumulative totals provided for the season.

CDC offers a RT-PCR test to genotype influenza B viruses and the vast majority of the public health laboratories have ordered these reagents. Beginning in the 2015-16 season, CDC will be presenting influenza B lineage data (B/Yamagata and B/Victoria) in both FluView and FluView Interactive.

In the 2014-15 influenza season, the use of NCHS pneumonia and influenza mortality surveillance data for the rapid assessment of influenza-associated mortality was piloted. Beginning in the 2015-16 season, mortality data from NCHS will be the principal component of the U.S. mortality surveillance system. In addition to using standard case definitions that are applied consistently across the United States, NCHS data is presented by date of death while 122 CMRS is by date the death certificate was registered. The length of time from when a death occurs and when the death is registered in the vital statistics office can vary considerably. When deaths are presented by date of occurrence, rather than date the death certificate was filed, it provides a more accurate picture of the timing of influenza-associated mortality. NCHS data are released two weeks after the week of death to allow for collection of enough data to produce a stable P&I percentage. Using a two week lag typically results in almost double the number of deaths initially reported compared to the 122 CMRS, and over time, data from NCHS will include 100% of all deaths that occurred in the United States. Users will be able to download weekly NCHS mortality data by region and/or state on CDC's website at <http://www.cdc.gov/flu/weekly/nchs.htm> when the total number of deaths reported from that region or state reaches 20% or more of the total expected number of deaths. Mortality surveillance data from the 122 CMRS will continue to be included in the FluView report.

Additional information is attached on the following topics:

The Novel Influenza A case definition to be used for reporting purposes and reporting instructions and human infection with novel influenza A virus case report form

- In June 2007, human infection with a novel influenza A virus was added to the list of nationally notifiable diseases and conditions reportable to the National Notifiable Disease Surveillance System. Cases have been reported each week in Table I of the *MMWR* since April 2007.
- A web-based application for the reporting human infections with novel influenza A viruses is available on the Secure Access Management Services (SAMS).

The Influenza-Associated Pediatric Mortality case definition to be used for national reporting purposes and reporting instructions and influenza-associated pediatric death case report form

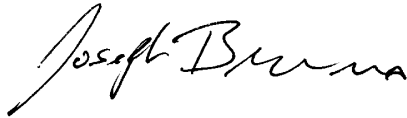
- No changes have been made to the influenza-associated pediatric death case report form for the 2015-16 season
- In 2004, influenza-associated pediatric mortality was added to the list of nationally notifiable diseases. The National Center for Immunization and Respiratory Diseases (NCIRD), Influenza Division hosts the CDC's web-based application for surveying influenza-associated pediatric mortality. Cases have been reported each week in Table I of the *MMWR* since October 2004.
- The Influenza Division would like to be notified of influenza-associated pediatric deaths that occur in your state or territory as soon as possible. Please enter the basic information into the web-based case report form as soon as a death has been laboratory confirmed to notify us of a recent death. More detailed information, including vaccine history, can be added as the data becomes available at a later date.

In addition to influenza surveillance data, we are always interested in hearing about any unusual influenza isolates and outbreaks in schools, nursing homes, and other institutional settings. To contact the Influenza Division during business hours, please call (404) 639-3747 and ask to speak to the

epidemiologist on call. After hours, please contact the CDC emergency response hotline at (770) 488-7100.

Again, thank you for your contribution to influenza surveillance, and we look forward to working with you this season.

Sincerely,

A handwritten signature in black ink, reading "Joseph Bresee". The signature is written in a cursive, flowing style.

Joseph S. Bresee, MD
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Influenza Division
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention