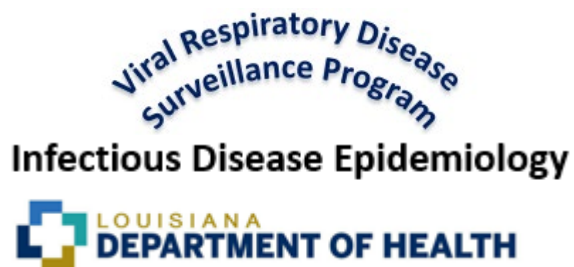


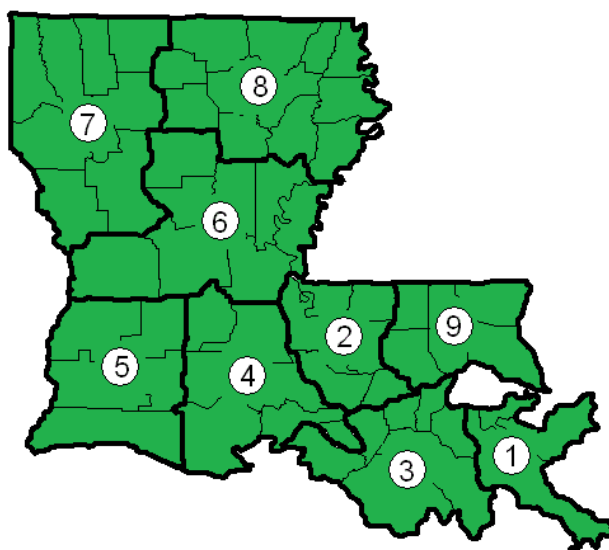
Influenza & Other Respiratory Viruses
 Surveillance Report
 2020-2021 Season
 Week 40, Ending October 5, 2020



Statewide ILI Activity

Minimal			Low		Moderate		High			Very High		
1	2	3	4	5	6	7	8	9	10	11	12	13

Regional ILI Activity



Overall Severity
LOW
 ILI – Low
 Laboratory – Low
 Mortality – Low

Louisiana COVID-19 data: [LDH COVID dashboard](#)

- Page 2 – Influenza-like Illness (ILI) & COVID-like Illness (CLI) Activity
- Page 3 – ILI activity by age group & ILI activity indicator
- Page 4 – Influenza virologic surveillance
- Page 5 – State and National influenza subtyping & characterization data
- Page 6 – Mortality data
- Page 7 – Non-influenza respiratory virus surveillance
- Page 8 – Methodology

For more information, contact: Julie Hand at 504-568-8298 or julie.hand@la.gov

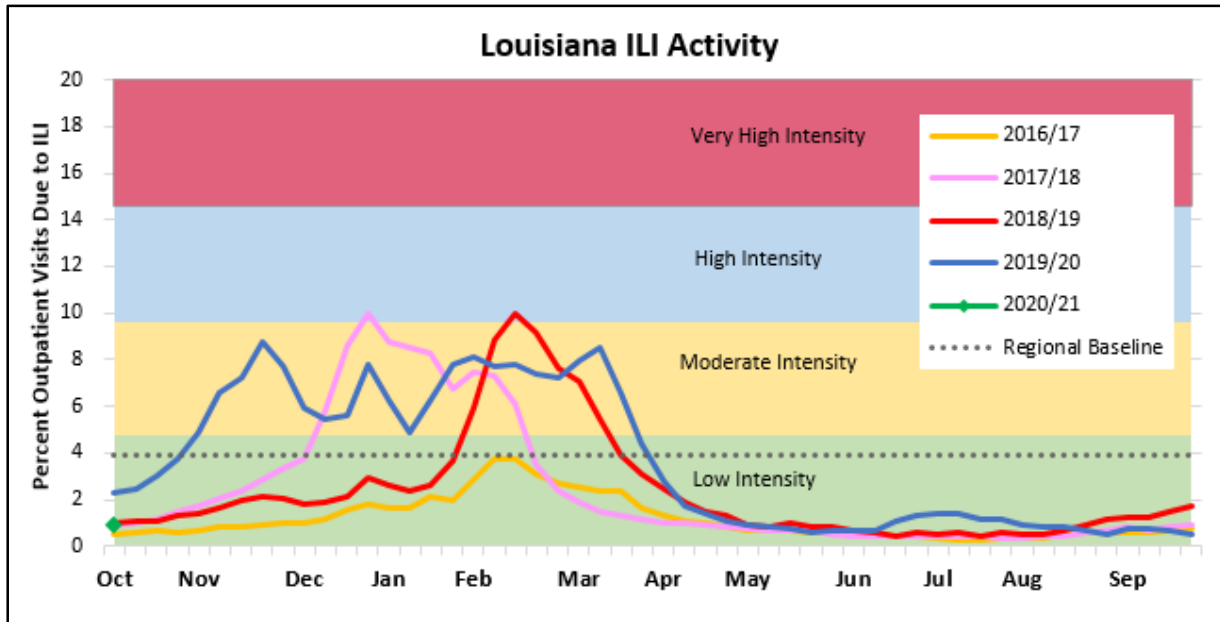
Note: This report includes data from numerous sources and should be viewed as preliminary each surveillance week. The information may be updated in future reports as additional data are received.

ILI Activity

In Louisiana, during week 40, 0.91% of patient visits reported through the U.S. Outpatient Influenza-like illness Surveillance Network (ILINet) were due to influenza-like illness (ILI). This percentage is lower than the regional baseline of 3.9%. ILI is defined as fever >100°F and cough and/or sore throat in the absence of another diagnosis.

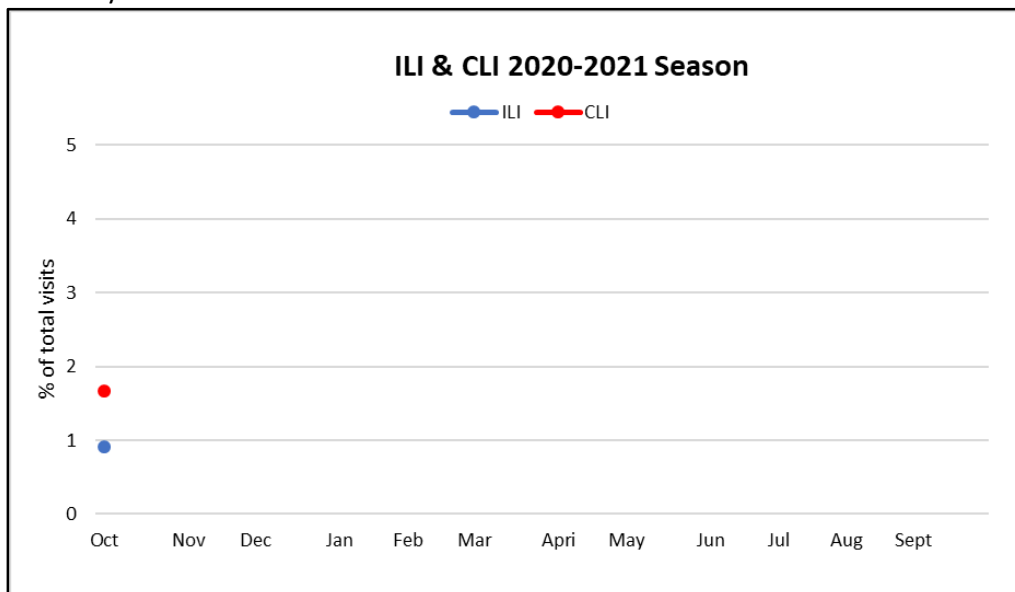
Week 2040: Louisiana ILI: 0.91% **Low Intensity**

U.S. ILI: 1.1% **Below** the national baseline
for more information on the U.S. ILI Activity assessment: [FluView Interactive](#)



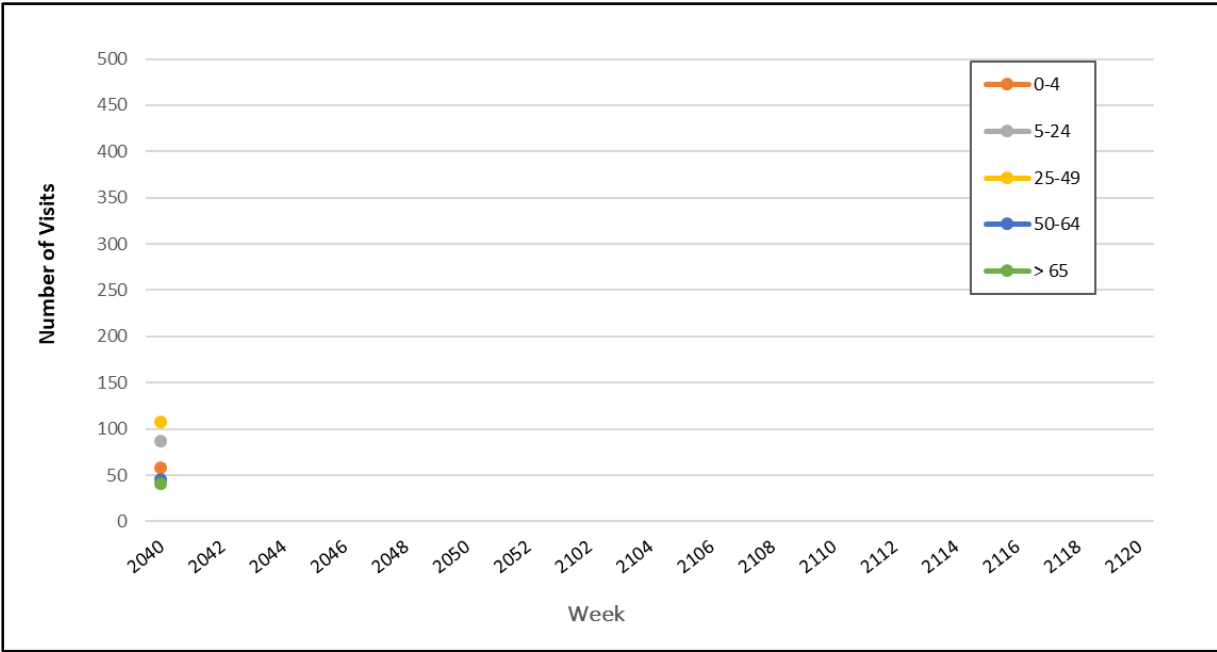
ILI & CLI Activity

In addition to ILINet, COVID-19 surveillance is being monitored through the National Syndromic Surveillance Program (NSSP) using a CLI syndrome. CLI is defined as fever and cough or shortness of breath or difficulty breathing or the presence of a coronavirus diagnosis code. ILI and CLI are used to monitor trends in outpatient and emergency department visits that may be related to COVID-19.



Louisiana ILI Activity by Age Group:

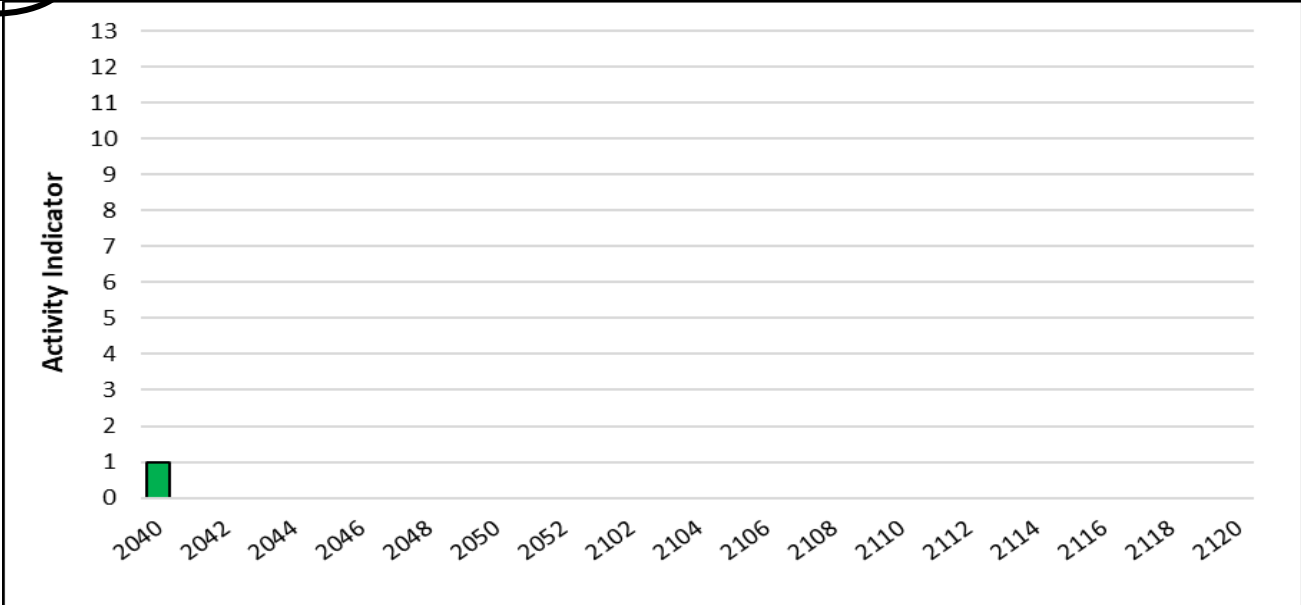
ILINet activity is reported by age group: 0-4 years, 5-24 years, 25-49 years, 50-64 years, and ≥65 years. Below is the cumulative summary of the 2019-20 influenza season by age group.



CDC ILINet Activity Indicator:

ILI Activity Levels compare the mean reported percent of visits due to ILI for the current week to the mean reported percent of visits due to ILI for non-influenza weeks. The 13 activity levels correspond to the number of standard deviations below, at, or above the mean for the current week compared with the mean of the non-influenza weeks. For more information, refer to page 8 of report.

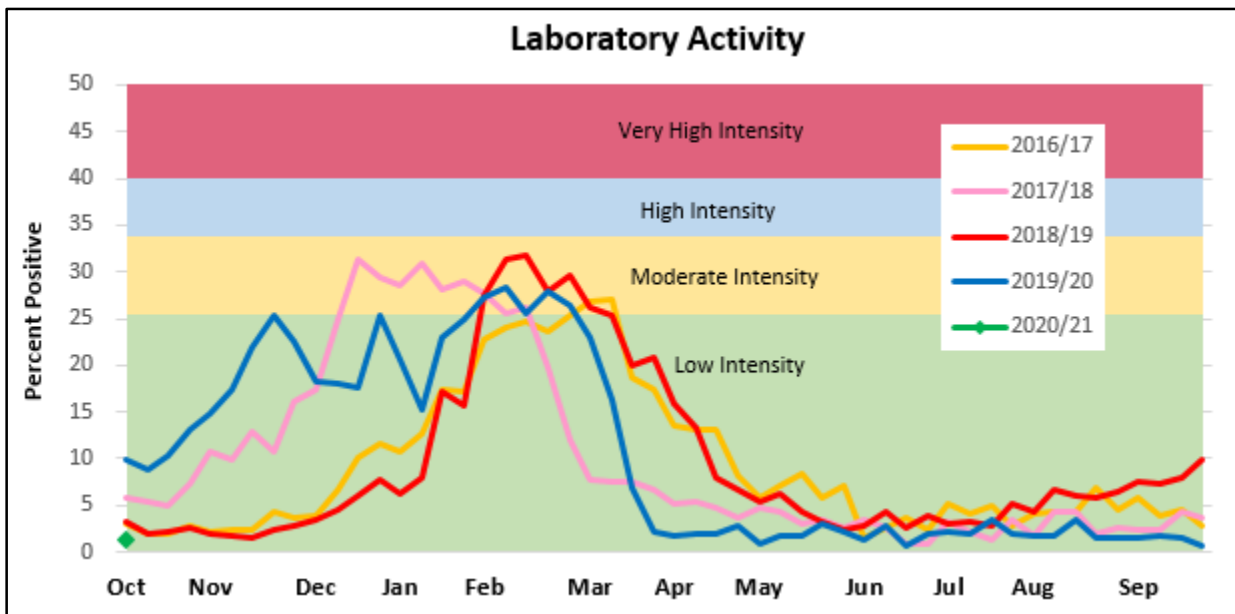
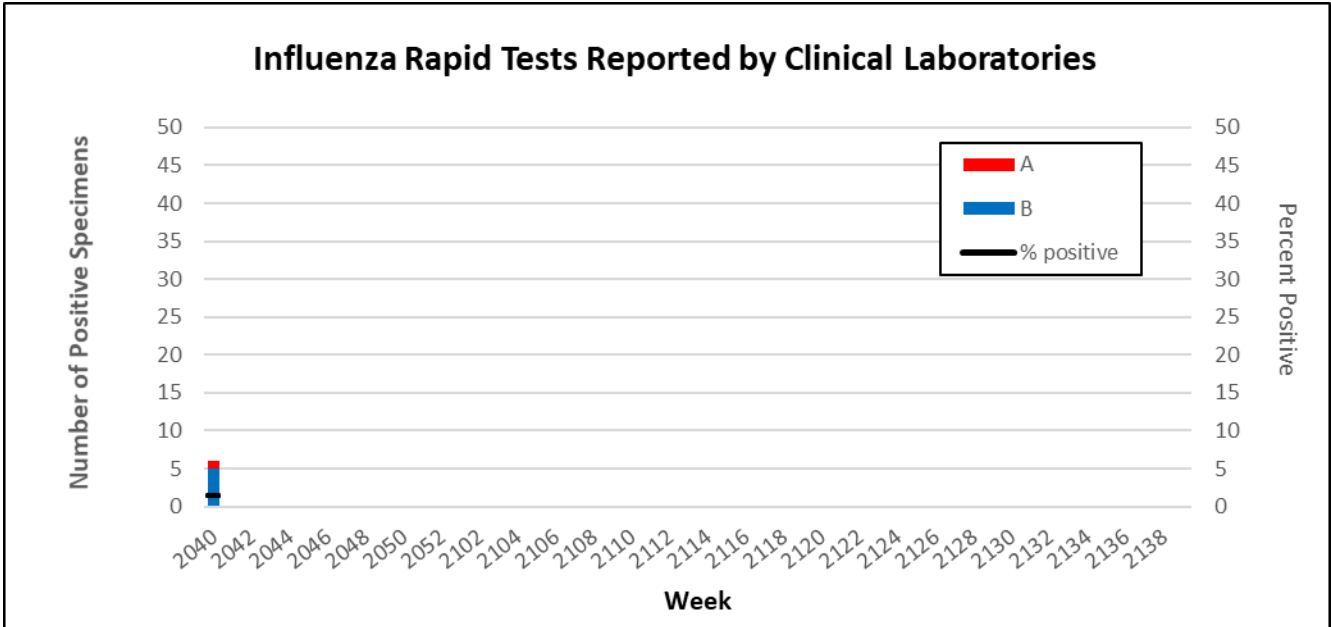
Minimal			Low		Moderate		High			Very High		
1	2	3	4	5	6	7	8	9	10	11	12	13



Virologic Surveillance:

Louisiana virologic surveillance for respiratory viruses consists of data reported by clinical laboratories throughout the state and testing done at the State Public Health Laboratory. Data on influenza testing is presented below, data for other respiratory viruses is on page 7 of report.

Week 2040: Louisiana % influenza positive tests: 1.38% **Low Intensity**
 U.S. % influenza positive tests: 0.21%



Summary of Influenza Testing & Subtyping

	Louisiana Public Health Laboratory	CDC
Number of specimens tested	6	5,755
Number of positive specimens	0	1
Influenza A/H1N1	0	0
Influenza A/H3	0	0
Influenza A not subtyped	0	1
Influenza B/Victoria	0	0
Influenza B/Yamagata	0	0

Summary of Influenza Viruses Antigenically Characterized by CDC that Match Vaccine Strains

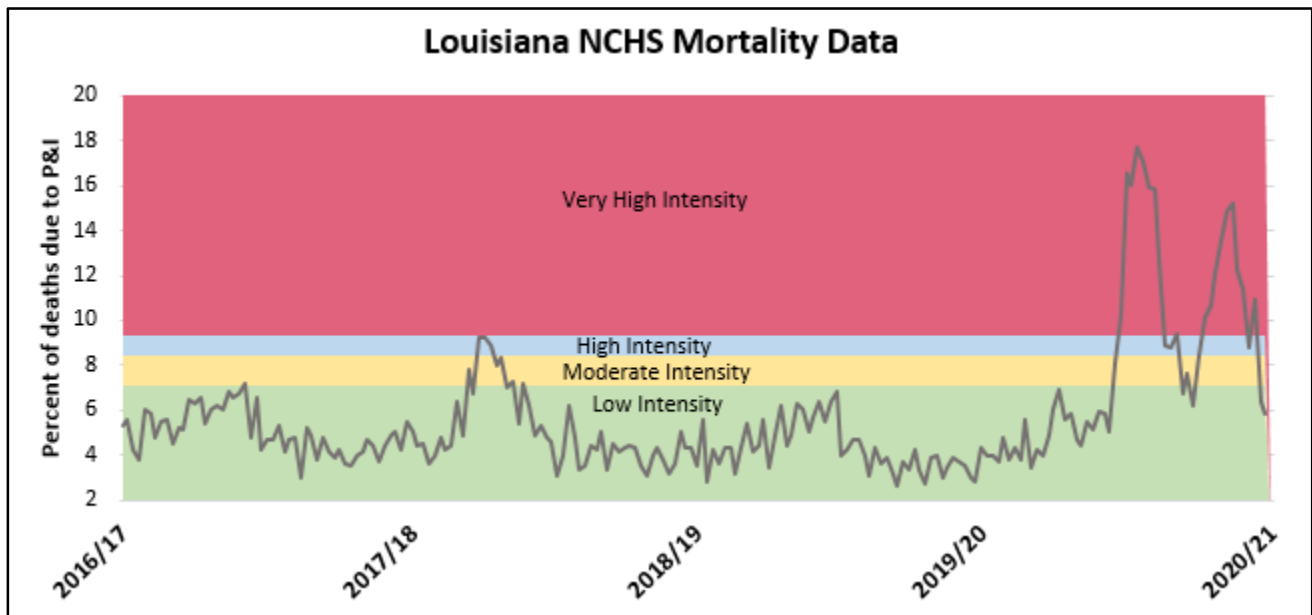
Influenza Subtype/Lineage	Vaccine Strain	Louisiana Characterized/Matched	U.S. Characterized/Matched
Influenza A/H1N1	A/Guangdong- Maonan/SWL1536/2019	0/0	0/0
Influenza A/H3	A/HongKong/2671/2019	0/0	0/0
Influenza B/Victoria	B/Washington/02/2019	0/0	0/0
Influenza B/Yamagata	B/Phuket/3073/2013	0/0	0/0

Mortality Surveillance:

The National Center for Health Statistics (NCHS) collects death certificate data from state vital statistics offices for all deaths occurring in the U.S. Pneumonia and influenza (P&I) deaths are identified based on ICD-10 multiple cause of death codes. NCHS surveillance data are aggregated by the week of death occurrence. To allow for collection of enough data to produce a stable P&I percentage, NCHS surveillance data are released one week after the week of death. The NCHS surveillance data based on P&I percentage for earlier weeks are continually revised and may increase or decrease as new and updated death certificate data are received from the states by NCHS.

Week 2040: Louisiana Mortality: **Low Intensity**

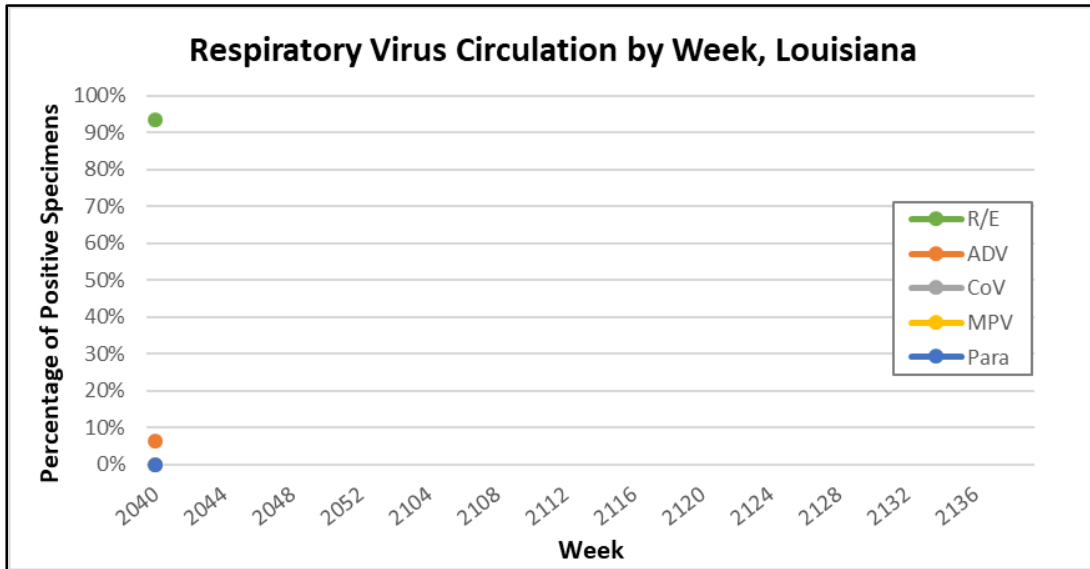
U.S. Mortality: **Above** the epidemic threshold
for more information on the U.S. mortality assessment:
[Pneumonia & Influenza Mortality Surveillance from NCHS](#)



Non-Influenza Respiratory Viruses Update:

Surveillance for non-influenza respiratory virus surveillance is based on data from clinical laboratories statewide and testing done at the state public health laboratory. Data is collected on the following viruses: Rhino/Enterovirus (R/E), Adenovirus (ADV), Coronavirus (CoV), Human Metapneumovirus (MPV), Parainfluenza 1-4 (Para), and Respiratory Syncytial virus (RSV). RSV data is analyzed apart from other respiratory viruses due to the high prevalence of testing and seasonality of the virus.

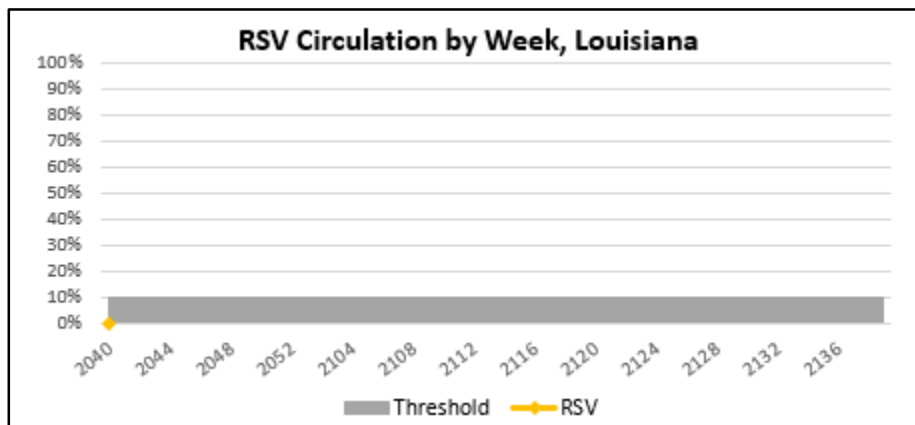
CoV circulation represents Human Coronavirus types 229E, NL63, OC43, and HKUL; it does not include COVID-19.



RSV usually circulates during fall, winter, and spring, but the timing and severity of RSV season can vary from year to year. RSV season onset is defined as the first week of two consecutive weeks when the percent positive of ALL laboratory confirmed tests are greater than or equal to 10%. The end of RSV season is defined as the first of two consecutive weeks when the percent positive of ALL laboratory confirmed tests are less than 10%.

Information on National RSV surveillance can be found at: [CDC RSV surveillance](#)

RSV Season Status: **OFF**



Indicator Methodologies:

- **Intensity/Severity Measurements:** Intensity thresholds are calculated for activity measures to assess influenza season severity; for Louisiana these measurements are 1) ILI Activity, 2) Laboratory Activity, and 3) Mortality Data. Establishing these thresholds based on historical data allow epidemiologists to assign severity levels (low, moderate, high, very high) to weekly data points and overall seasons. This methodology was published in the [American Journal of Epidemiology](#), October 2017.

Season	Severity Ranking
2015-2016	Low
2016-2017	Low
2017-2018	High
2018-2019	Moderate
2019-2020	*

***Due to the COVID-19 pandemic, 2019-2020 season is excluded from calculating severity thresholds.**

- **ILI Activity Level Indicator:** Collected ILI data is used to produce a measure of ILI activity by state. Activity levels are based on the percent of outpatient visits in a state due to ILI and are compared to the average percent of ILI visits that occur during weeks with little or no influenza virus circulation. Activity levels range from minimal, which would correspond to ILI activity from outpatient clinics being below, or only slightly above, the average, to high, which would correspond to ILI activity from outpatient clinics being much higher than average. Intensity does not measure geographic spread within the state. For example, outbreaks occurring in a single city could cause the state to display high activity levels.
- **ILI Regional Baselines:** Regional baselines are calculated by CDC at the beginning of the influenza season. Louisiana is in Region 6 which also includes: Arkansas, Texas, New Mexico, and Oklahoma. The Region 6 baseline for the 2019-2020 season is 3.8%. The regional baselines are developed by calculating the mean percentage of ILI visits during non-influenza weeks for the previous three seasons and adding two standard deviations. A non-influenza week is defined as periods of two or more consecutive weeks in which each week accounted for less than 2% of the season's total number of specimens that tested positive for influenza in public health laboratories.