

Influenza Surveillance Report

Saint Louis County Department of Public Health
Week Ending 06/12/2022 – Week 24

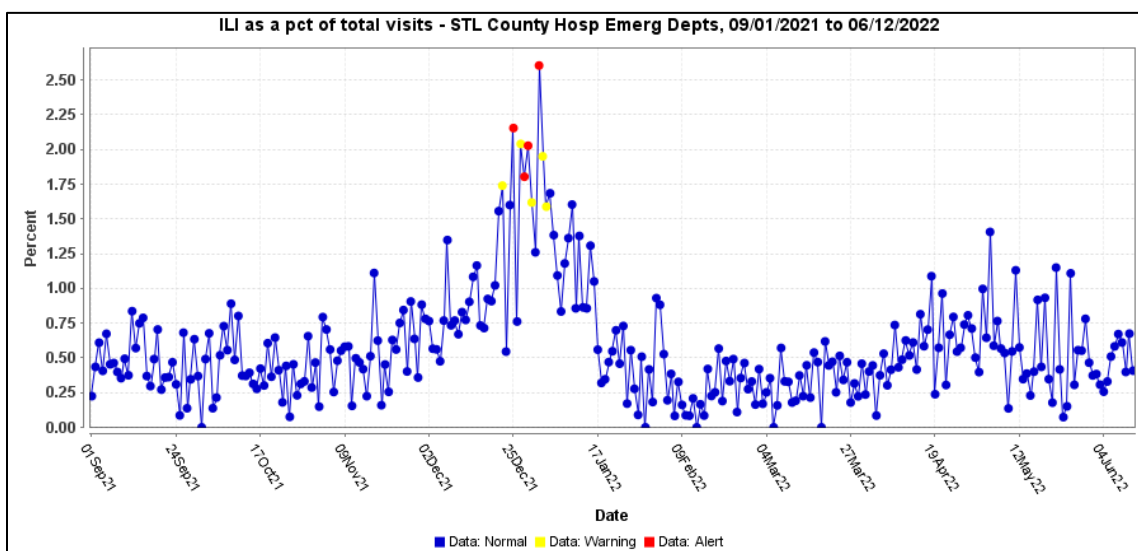


Influenza Surveillance

The Saint Louis County Department of Public Health (DPH) conducts influenza surveillance using three methods – *passive surveillance*, *active surveillance*, and *syndromic surveillance*. Each surveillance method contributes unique information, allowing DPH to gain a fuller picture of influenza activity in Saint Louis County. Although influenza illness occurs year-round, DPH’s seasonal influenza reporting begins in week 40 of one year (e.g., 2021) and usually continues through week 20 of the following year (e.g., 2022) in order to capture data throughout a typical “flu season.” For additional information on the three types of influenza surveillance, please see the notes at the end of the report.

NOTE – DPH will continue to publish a weekly influenza report until week 24 due to unusually elevated case counts

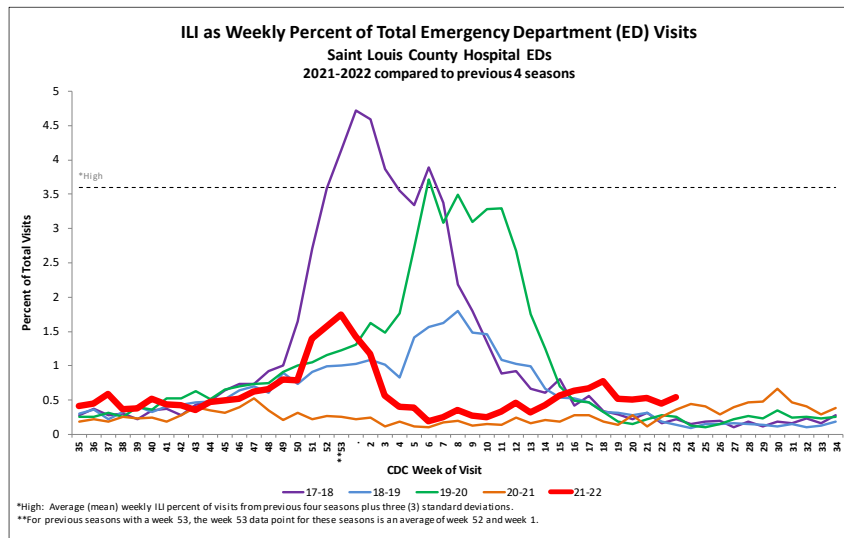
Syndromic Surveillance for Influenza-Like-Illness (ILI)



As determined by ESSENCE, ILI accounted for 0.40% to 0.67% of daily visits to Saint Louis County hospital emergency departments (EDs) during the week ending 06/12/2022. The number of visits to local hospital EDs for ILI ranged from five to nine per day during the week ending 06/12/2022.

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ILI as a weekly percentage of all visits in Saint Louis County hospital EDs was 0.54%, compared to 0.44% in 2021 and 0.13% in 2020, for week 24.

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Active Influenza Surveillance

Surveillance sites reported 23 cases of influenza A and zero cases of influenza B for the week ending 06/12/2022. Influenza A accounted for 100.0% of influenza cases for the week ending 06/12/2022. Overall, for the 2021-2022 influenza season, influenza A has accounted for 98.3% of influenza cases.

Influenza by Report Week and Type

Saint Louis County Residents Only

For Cases Reported between 09/26/2021 and 06/12/2022

Week Ending	Type A	Type B	Unk Type	Total
10/3/2021	0	1	0	1
10/10/2021	0	1	0	1
10/17/2021	0	0	0	0
10/24/2021	1	2	0	3
10/31/2021	4	2	0	6
11/7/2021	0	3	0	3
11/14/2021	8	1	0	9
11/21/2021	28	1	0	29
11/28/2021	84	1	0	85
12/5/2021	115	1	0	116
12/12/2021	167	1	0	168
12/19/2021	223	1	0	224
12/26/2021	253	0	0	253
1/2/2022	203	2	0	205
1/9/2022	91	1	0	92
1/16/2022	42	3	0	45
1/23/2022	30	1	0	31
1/30/2022	35	5	0	40
2/6/2022	17	0	0	17
2/13/2022	26	1	0	27
2/20/2022	45	1	0	46
2/27/2022	42	2	0	44
3/6/2022	36	0	0	36
3/13/2022	58	1	0	59
3/20/2022	91	1	0	92
3/27/2022	84	2	0	86
4/3/2022	112	2	0	114
4/10/2022	147	2	0	149
4/17/2022	179	5	0	184
4/24/2022	163	0	0	163
5/1/2022	168	0	0	168
5/8/2022	156	2	0	158
5/15/2022	128	1	0	129
5/22/2022	87	3	0	90
5/29/2022	71	1	0	72
6/5/2022	48	1	0	49
6/12/2022	23	0	0	23
Total	2965	52	0	3017

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Influenza by Age and Type

Saint Louis County Residents Only

For Cases Reported between 09/26/2021 and 06/12/2022

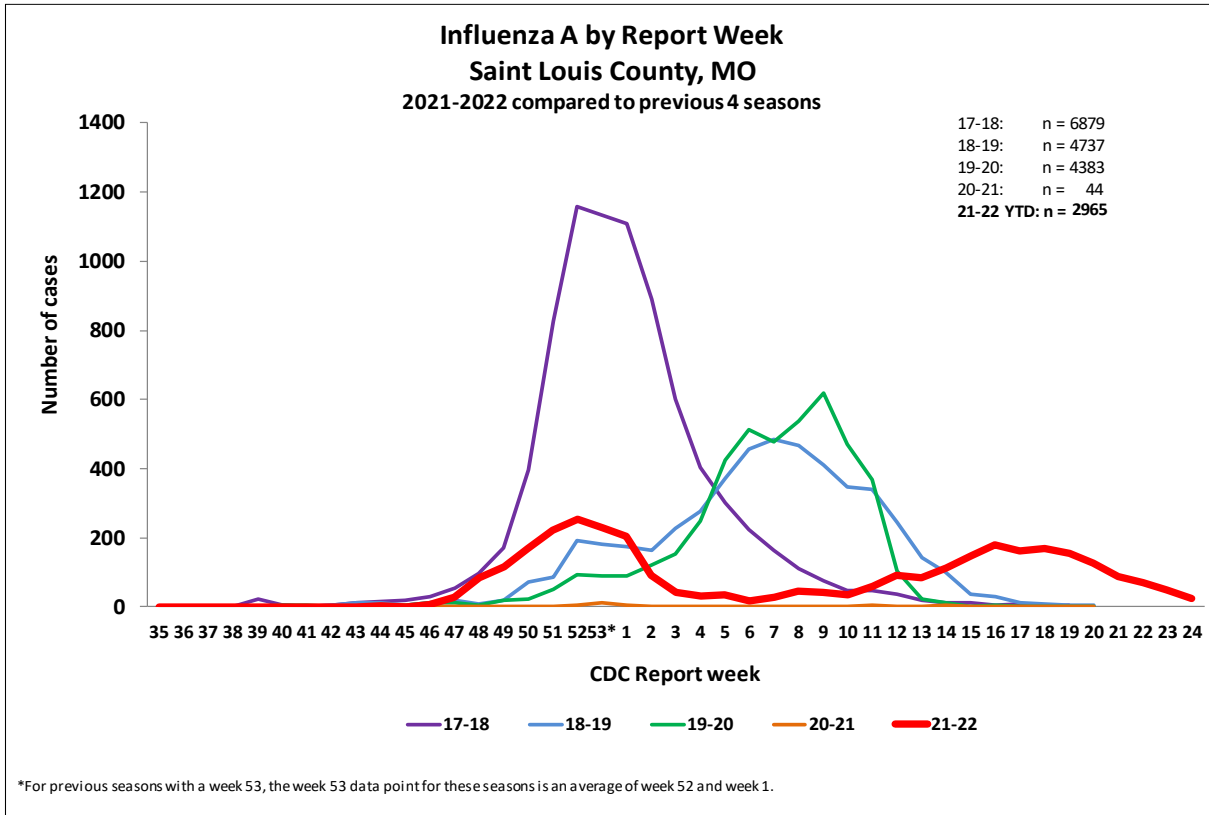
Age Group	Type A	Type B	Unk Type	Total
	n (% of total)	n (% of total)	n (% of total)	n (%)
00 to <02	145 (5)	2 (0)	0 (0)	147 (5)
02 to 04	414 (14)	9 (0)	0 (0)	423 (14)
05 to 14	808 (27)	12 (0)	0 (0)	820 (27)
15 to 24	577 (19)	4 (0)	0 (0)	581 (19)
25 to 49	613 (20)	15 (0)	0 (0)	628 (21)
50 to 64	191 (6)	4 (0)	0 (0)	195 (6)
65+	217 (7)	6 (0)	0 (0)	223 (7)
Total	2965 (98)	52 (2)	0 (0)	3017 (100)

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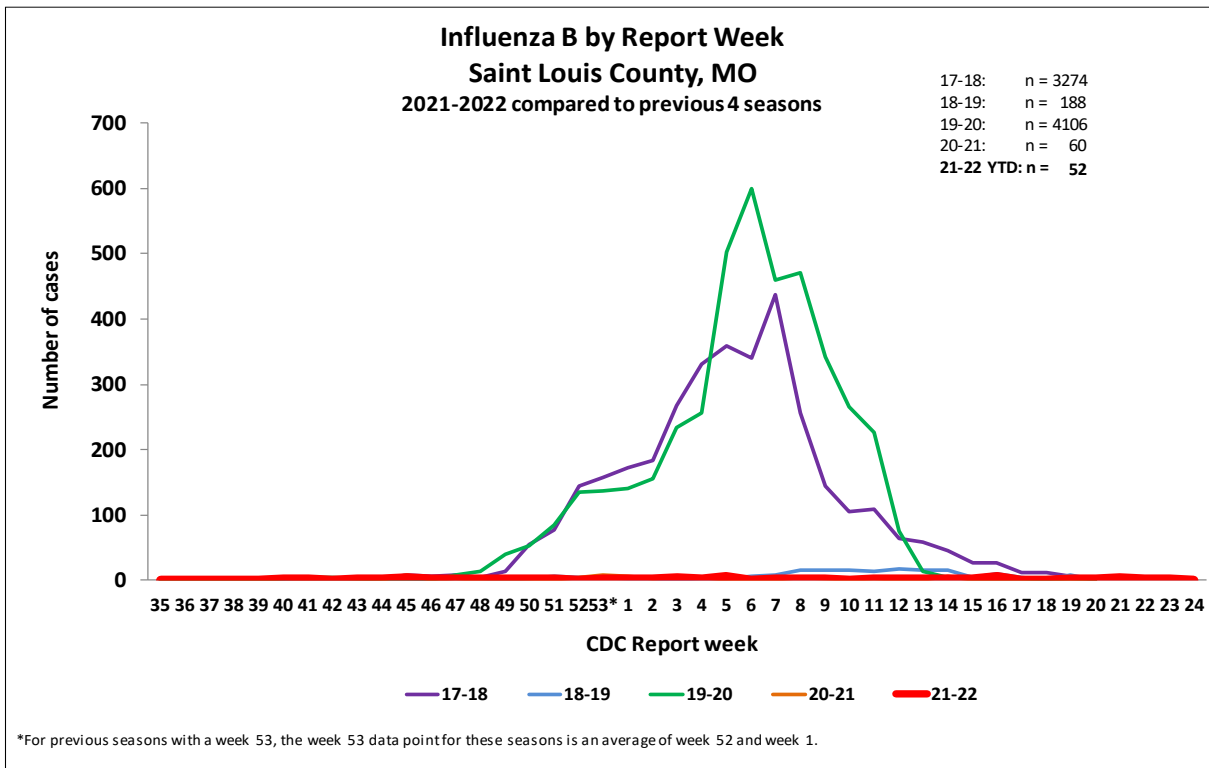
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Influenza A Cases by CDC Report Week, 2021-2022 Compared to the Previous Four Seasons



Influenza B Cases by CDC Report Week, 2021-2022 Compared to the Previous Four Seasons

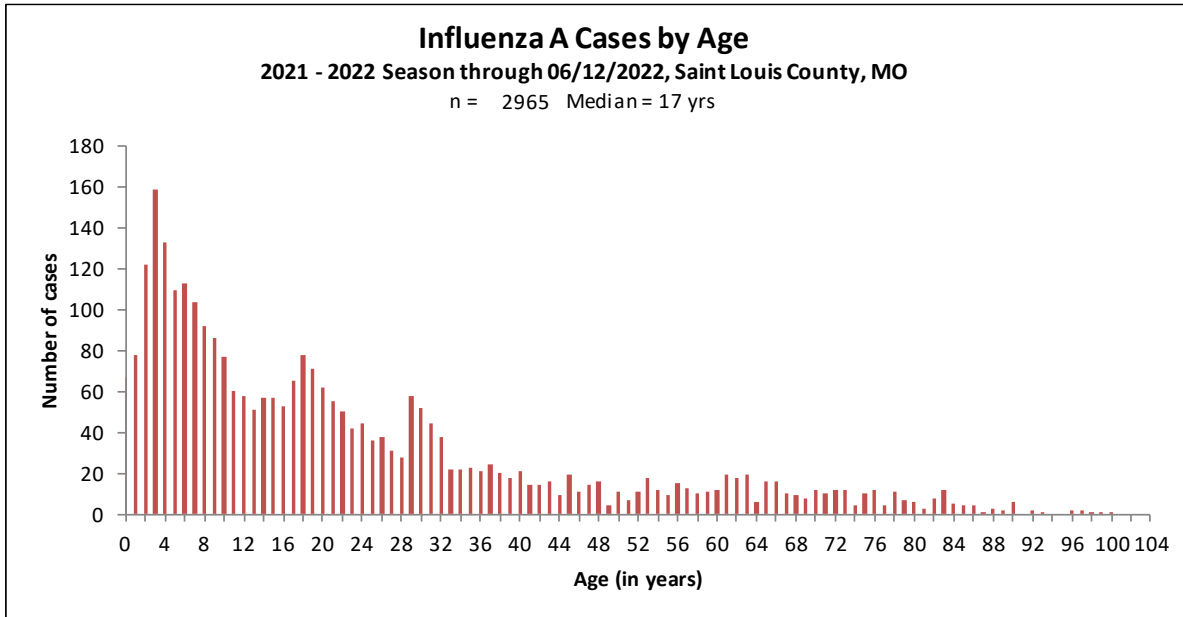


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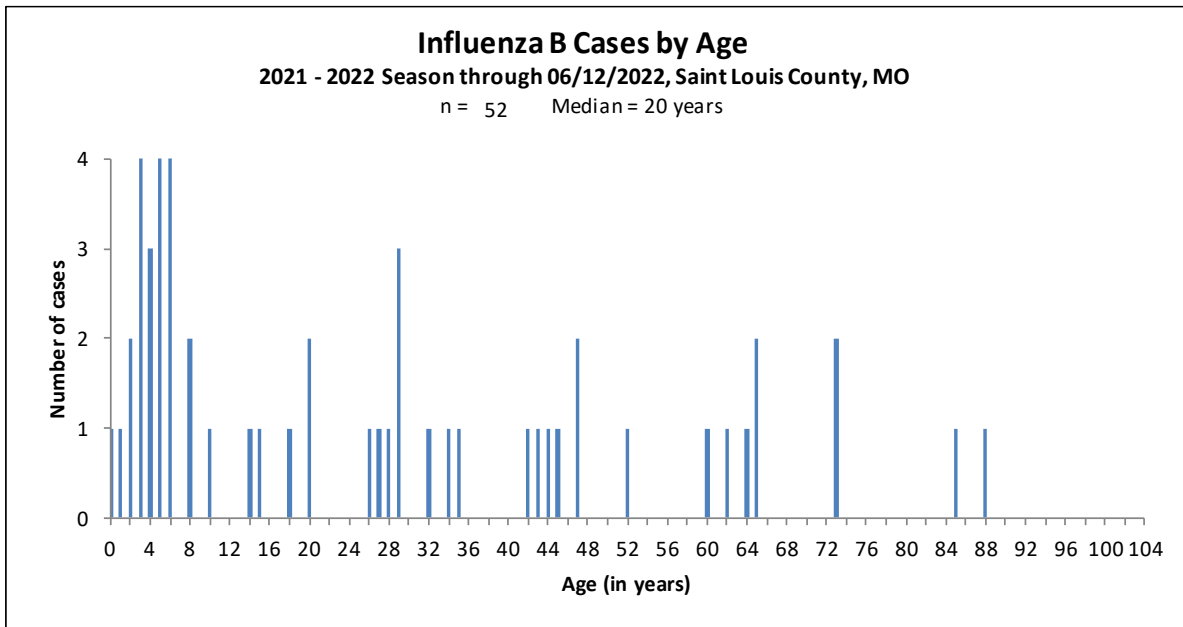
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Influenza A Cases by Age



Influenza B Cases by Age



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Passive Influenza Surveillance

Twenty-eight total cases of influenza A and two total cases of influenza B were reported to DPH during the week ending 06/12/2022. Influenza A accounted for 93.3% of total influenza cases for the week ending 06/12/2022. Overall, for the 2021-2022 influenza season, influenza A has accounted for 96.8% of total influenza cases.

Influenza by Report Week and Type

Saint Louis County Residents Only

For Cases Reported between 09/26/2021 and 06/12/2022

Week Ending	Type A	Type B	Unk Type	Total
10/3/2021	0	2	0	2
10/10/2021	1	2	0	3
10/17/2021	0	0	0	0
10/24/2021	1	2	0	3
10/31/2021	4	4	0	8
11/7/2021	1	3	0	4
11/14/2021	9	1	0	10
11/21/2021	36	1	0	37
11/28/2021	105	2	0	107
12/5/2021	189	1	0	190
12/12/2021	214	1	0	215
12/19/2021	340	2	0	342
12/26/2021	312	3	0	315
1/2/2022	297	15	0	312
1/9/2022	137	10	0	147
1/16/2022	64	8	1	73
1/23/2022	47	3	0	50
1/30/2022	98	3	0	101
2/6/2022	32	3	0	35
2/13/2022	43	3	0	46
2/20/2022	59	2	0	61
2/27/2022	58	5	0	63
3/6/2022	63	0	0	63
3/13/2022	80	1	0	81
3/20/2022	116	5	0	121
3/27/2022	164	5	0	169
4/3/2022	152	8	0	160
4/10/2022	225	3	0	228
4/17/2022	249	6	0	255
4/24/2022	268	4	0	272
5/1/2022	227	2	0	229
5/8/2022	232	7	0	239
5/15/2022	172	5	0	177
5/22/2022	114	4	0	118
5/29/2022	98	3	0	101
6/5/2022	65	1	0	66
6/12/2022	28	2	0	30
Total	4253	138	1	4392

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Saint Louis County Influenza Outbreaks:

As of the week ending 06/12/2022, there have been no outbreaks of influenza reported to DPH.

Weekly Virus/Microbiology Update, St. Louis Children's Hospital*:

<https://slchlabtestguide.bjc.org/Default.aspx?url=61eefc26-31ef-4646-acec-e5e824e95f53>

**courtesy of Gregory Storch, MD, and the St. Louis Children's Hospital Clinical Laboratory*

For additional information on national influenza surveillance, please visit the Centers for Disease Control and Prevention website:

<https://www.cdc.gov/flu/weekly/>

For additional information on statewide influenza surveillance, please visit the Missouri Department of Health and Senior Services website:

<http://health.mo.gov/living/healthcondiseases/communicable/influenza/reports.php>

Active, Passive, and Syndromic Influenza Surveillance

Passive surveillance

Influenza is a reportable condition in the state of Missouri; positive influenza tests are reported to DPH year-round. DPH conducts passive influenza surveillance by collecting and aggregating data on all positive influenza tests in Saint Louis County residents. Passive surveillance provides information on the true burden of influenza illness in Saint Louis County, but is limited by variations in testing and reporting practices. If diagnostic tests are not conducted on patients presenting to health care providers with influenza-like-illness, or if test results (e.g., of rapid influenza tests) are not reported to DPH, those persons will not be included in the passive surveillance data. Thus, passive surveillance is likely an underestimate of the true burden of influenza illness in Saint Louis County.

Active surveillance

DPH conducts active influenza surveillance through a network of sentinel providers. This network is geographically distributed throughout the county, comprised of a wide range of care providers, and designed to capture a representative sample of provider types. Although active influenza surveillance does not capture the true magnitude of disease burden, it allows for year-to-year comparisons of influenza data. DPH can then assess trends in influenza data, as well as the relative magnitude of disease burden with respect to previous influenza seasons. Further, DPH works closely with sentinel sites throughout the influenza season, making the active surveillance data less susceptible to bias arising from testing or reporting variation. Because of these advantages, active surveillance using a network of sentinel providers is the primary method of influenza surveillance utilized by DPH.

Syndromic surveillance

DPH uses the ESSENCE system to conduct syndromic surveillance for ILI at Saint Louis County hospital emergency departments (EDs). ESSENCE captures data on all ED visits in persons with chief complaints (rather than final diagnoses or positive laboratory tests) of ILI. ILI chief complaints are those which include the word "influenza" or those that the ESSENCE system parses to [fever and (cough or sore throat)]. The syndromic surveillance data presented above include all visits for ILI (regardless of county of residence) to the ten Saint Louis County hospital EDs that contribute data to the ESSENCE system. Data from private physicians, clinics, or urgent care centers are not included in ESSENCE. Syndromic surveillance contributes to our understanding of the burden of influenza experienced by the health care system, as well as demonstrating the relative impact over time of influenza with respect to other illnesses.